

Comparison Chart for Plans with Maternity Benefits

Company		Assurant Health	Assurant Health	Assurant Health
Plan		OneDeductible HSA	OneDeductible HSA	CoreMed Plan
Routine Maternity. Please note that this part of the policy is treated completely separately and differently from the rest of the plan.	MATERNITY BENEFITS	Pays 100% of covered routine maternity services after you meet your maternity deductible of \$2500. No dollar limit as seen on most plans!	Pays 100% of covered routine maternity services after you meet your maternity deductible of \$2500. No dollar limit as seen on most plans!	Pays 100% of covered routine maternity services after you meet your maternity deductible of \$2500. No dollar limit as seen on most plans!
Routine Maternity Waiting Period		Covers any pregnancy that begins after a three-month waiting period.	Covers any pregnancy that begins after a three-month waiting period.	Covers any pregnancy that begins after a three-month waiting period.
Routine maternity claim of \$7500 example -Insurance pays: -You pay:		\$5000 \$2500	\$5000 \$2500	\$5000 \$2500
Routine maternity claim of \$10,000 example -Insurance pays: -You pay:		\$7500 \$2500	\$7500 \$2500	\$7500 \$2500
Deductible			\$2850	\$3750
Coinsurance (insurance pays after deductible)		100%	100%	80%
Out-of-pocket maximum. Includes deductible, but not copays or access fee		\$2850	\$3750	\$5500
Hospital access fee		None	None	\$750/day first 3 days

Outpatient surgery access fee	NON-MATERNITY BENEFITS	None	None	\$200 per surgery
Doctor copay (no deductible)		None. Insurance pays 100% after deductible	None. Insurance pays 100% after deductible	\$35 per visit for 4 visits/year. After 4 visits must meet deductible.
Prescription drugs		Insurance pays 100% after deductible	Insurance pays 100% after deductible	Generic:\$15 copay Brand: \$500 drug deductible, then \$25 copay + 50% coinsurance
Pap smear & mammogram		Paid at 100%. Deductible waived	Paid at 100%. Deductible waived	Paid at 80%. Deductible waived
Routine annual check up (optional)		Pays up to \$500 per year <i>without</i> a deductible! 12 month wait applies.	Pays up to \$500 per year <i>without</i> a deductible! 12 month wait applies.	Pays up to \$500 per year after \$35 copay. 6 month wait applies.
Network		Cofinity, PHCS, or Great West (Great West quoted)	Cofinity, PHCS, or Great West (Great West quoted)	Cofinity, PHCS, or Great West (Great West quoted)
Lifetime maximum		\$3 million (\$8 mil. option available.)	\$3 million (\$8 mil. option available.)	\$2 million (\$6 mil. option available.)
Rate guarantee		12 months	36 months	36 months
Strengths		-Pays at 100% after deductible. - No dollar limit on routine maternity payout. -Gives you a network discount on all covered medical expenses (very important!) -Allows you to put money into HSA and pay deductible on <i>pre-tax</i> basis!	-Pays at 100% after deductible. - No dollar limit on routine maternity payout. -Gives you a network discount on all covered medical expenses (very important!) -Allows you to put money into HSA and pay deductible on <i>pre-tax</i> basis!	- No dollar limit on routine maternity payout. -Gives you a network discount on all covered medical expenses (very important!) -Doctor & Drug copays included.
Sample premium: Female 25, non-smoker in Fort Collins area as of 07/2008 (Other zip codes or ages will have different premiums. Rates change during the year.)		\$280.18 (Great West network)	\$272.69 (Great West network)	\$276.10 (Great West network)
Extra features available	-Dental-vision discount rider (\$9.95) - Can increase lifetime max to \$8 million	- Dental-vision discount rider (\$9.95) -Can increase lifetime max to \$8 million	- Dental-vision discount rider (\$9.95) -Can increase lifetime max to \$6 million	

All coverage descriptions assume use of network providers.

General Disclaimer Statements

We have taken great care to be accurate in the information presented. However, while the above information is believed to be accurate, neither the benefits nor the prices shown are guaranteed to be accurate. Prices are subject to change and can be influenced by many factors, such as your health status or choice of network. Sample premiums shown assume excellent health and qualification for preferred class. Final rates are subject to insurance home office approval after an application has been submitted. All benefits shown assume use of participating network providers. Use of non-network providers will result in out of network penalties.

This outline presents only a brief comparative outline of plans and should not be used as the only criteria for selecting a plan of insurance. For a fuller description of coverage, please request or download company provided brochures to check on coverages as well as exclusions.

Never cancel any in-force insurance, until written formal approval from the insurance company has been received.

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