



ExpressMed Saver at-a-Glance

	ExpressMed Saver 80		ExpressMed Saver 50		ExpressMed Saver 50 with Express Limit Option	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Available Deductible (Maximum of 3 per family, per calendar year)	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	3 times PPO deductible, in addition to In-Network deductible. This deductible accumulates separately from the PPO deductible. <i>(NC - 2 times PPO deductible.)</i>	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	3 times PPO deductible, in addition to In-Network deductible. This deductible accumulates separately from the PPO deductible. <i>(NC - 2 times PPO deductible.)</i>	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	3 times PPO deductible, in addition to In-Network deductible. This deductible accumulates separately from the PPO deductible. <i>(NC - 2 times PPO deductible.)</i>
Coinsurance	You choose 80/20 of next \$12,500 or 80/20 of next \$25,000	60/40 to \$25,000	50/50 of next \$5000 or 50/50 of next \$10,000	50/50 to next \$14,000	50/50 of next \$5000 or 50/50 of next \$10,000	50/50 to \$14,000
Lifetime Maximum	\$3 million		\$3 million		\$3 million	
Physicians Office Visit	\$45 copay	Subject to deductible and coinsurance	\$45 copay	Subject to deductible and coinsurance	\$45 copay	Subject to deductible and coinsurance
Prescription Drugs	Generic – \$15; Brand name - \$50; after separate \$1000 deductible per calendar year.		Generic – \$15; Brand name - \$50; after separate \$1000 deductible per calendar year.		Generic – \$15; Brand name - \$50; after separate \$1000 deductible per calendar year. Max. \$2000 per person per calendar year	
Inpatient Hospital	\$500 access fee per admission, then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		\$500 access fee per admission, then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		\$500 access fee per admission, then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year) Max. \$200,000 per person per calendar year	
Outpatient Medical <i>(Not applicable to chemo or dialysis)</i>	\$250 access fee per day, then subject to deductible and coinsurance (maximum of 4 per covered person/ per calendar year)		\$250 access fee per day, then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		\$250 access fee per day, then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year) Max. \$5000 per person per calendar year	
Emergency Room	Subject to deductible and coinsurance after a \$250 copayment. Copayment is waived if patient is admitted directly into hospital as inpatient.					
Foreign Travel	Coverage for Emergency Treatment within the first 60 days outside the U.S. with a \$100,000 lifetime limit subject to the same deductible and coinsurance limits as the base plan.					
Rate Guarantee	12 month rate guarantee period					
Term Life Insurance Rider	Available					
Outpatient Accident Rider	Available					

Agent use only. Not intended for consumers. State variations may apply.