



Revolution in
Health Insurance™

Next Generation HSA™

For Individuals and Families

Introducing Next Generation HSA

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The Revolution in Health Insurance is Here

There's a revolutionary new way of thinking about health insurance—it's called "Consumer Choice," and it's designed to help people make the right choices for their own health care. The idea is simple—you choose and pay for only what you need, keeping costs at the lowest possible levels.

Next Generation HSA is a Big Part of the Revolution

Next Generation HSA is part of a suite of revolutionary Consumer Choice products from American Community. It's a qualified high-deductible PPO health plan that can be used with a Health Savings Account (HSA). Beyond the catastrophic coverage everyone needs, Next Generation HSA sets a new standard for HSA plans—it also offers the choice and value everyone wants.

What Sets Next Generation HSA Apart?

All qualified high deductible health plans provide health insurance that can be used with a special savings account—the HSA—to help people meet their deductibles and pay their share of medical expenses with tax-free funds. What sets Next Generation HSA apart from the others is greater choice and more value for the consumer. This PPO/HSA plan comes complete with the best HSA fund administration around and some cool tools, including personalized advocacy support, that help you make the best health care decisions for you and your family—all at no additional cost.

The Health Plan—Revolutionary Protection and Revolutionary Choices

Protection and flexibility define Next Generation HSA. Along with standard doctor and hospital benefits, the plan includes an accident benefit—we'll even waive the deductible and provide immediate coverage for the first 30 days following an injury. Preventive care and prescription drug coverage are also included. Next Generation HSA offers PPO plan design flexibility with 6 deductibles and 2 coinsurance choices.

The standard deductible is “common family” (the family must meet a deductible before any family member begins receiving benefits), which re-sets at the beginning of each benefit period. But Next Generation HSA offers other deductible arrangements:

- ✓ Single “Embedded” Deductible on a Family Policy (optional)—a family member begins receiving benefits after reaching his or her single “embedded” deductible instead of waiting to reach the common family deductible (of \$4,200* or higher).

** This amount may be adjusted annually for changes in the U.S. Consumer Price Index (CPI).*

- ✓ Benefit Period Deductible (included)—the deductible re-sets on the anniversary of the policy effective date rather than at the beginning of the next calendar year, giving you a full 12 months to fund your HSA.

Other plan options include maternity care and dental coverage.



Cool Tools for Better Health at your Fingertips

Imagine being able to call a doctor or nurse for medical advice and even treatment, 24/7/365 days of the year. How about medication cost and comparison information that's just a click away? Better yet, what if these tools were free with your health insurance? With Next Generation HSA, they are!

About the HSA Fund



Helpful and Hassle-Free HSA Fund Administration and Support: A Revolutionary Approach

The real value of Next Generation HSA is a fund administration and support package that's unlike any other. The best part? It's included! It's also seamless, integrated, immediate and personalized:

Included—no set-up fees, no monthly administration fees, no transaction fees.

Seamless—claims can be paid directly to providers from the HSA, or you can use a debit card—it's your call.

Integrated—claims and fund information are available in one spot, online.

Immediate—online and telephone tools provide immediate medical assistance to help you make the best health care decisions for you and your family.

Personalized—at your option, you can call a personalized advocate who will tell you about cost-saving opportunities and help you find providers and resources specific to your needs.

Flexible low-cost health insurance, HSA fund administration that's included, and medical support at your fingertips. That's Next Generation HSA.

How Your HSA Works

If you are covered by a qualified high-deductible health insurance plan, you can make contributions to an HSA. Each year, you can deposit up to the lesser of 100% of your deductible, or \$2,700* per individual and \$5,450* per family. You withdraw money from the account, as needed, to pay for medical expenses to satisfy deductibles, pay for medical expenses not covered by your insurance, and pay for certain premiums such as a long-term care insurance contract. Any funds left over at the end of the year remain in your account, accumulating interest, tax-deferred, year after year. Any withdrawals used for qualified medical expenses are never taxed.

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HSA Requirements and Eligibility

- ✓ You must be enrolled in a qualified high-deductible health insurance plan, like the Next Generation HSA, and not be covered under any other health insurance providing similar benefits.
- ✓ The plan must have a deductible of at least \$1,050* for individuals and \$2,100* for families.
- ✓ You or your dependents cannot be enrolled in Medicare.
- ✓ The policyholder cannot be claimed as a dependent on another person's tax return.

** This amount may be adjusted annually for changes in the U.S. Consumer Price Index (CPI).*



About the HSA Fund

How Your HSA Saves

Because Next Generation HSA is a qualified high-deductible health plan, you pay lower premiums. Let's look at some examples:

Individual Plan Example— Monthly Costs	HSA*	Traditional**
<i>*Figures are based on rates for a 42-year-old, non-smoking male.</i>		
Premium	\$113	\$229
Tax-Deductible Monthly HSA Deposit (optional)	+ \$116	+ \$0
Total Monthly Cost	\$229	\$229
Tax Savings (33% of deposit)	– \$38	– \$0
Net Monthly Cost (Premium plus Monthly HSA Deposits)	\$191	\$229
Annual Cost (Premium plus HSA Deposits)	\$2,292	\$2,748
Annual Savings Premium Savings of \$456 + \$1,392 in your HSA		

Family Plan Example — Monthly Costs	HSA*	Traditional**
<i>Figures are based on rates for a family of four with 42-year-old, non-smoking parents and two dependent children.</i>		
Premium	\$301	\$736
Tax-Deductible Monthly HSA Deposit (optional)	+ \$435	+ \$0
Total Monthly Cost	\$736	\$736
Tax Savings (33% of deposit)	– \$144	– \$0
Net Monthly Cost (Premium Plus Fund)	\$592	\$736
Annual Cost (Premium Plus Fund)	\$7,104	\$8,832
Annual Savings Premium Savings of \$1,728 + \$5,220 in your HSA		

*These figures are used for illustrative purposes. Exact premiums and cost of coverage may vary. *HSA Plan: \$2,700 deductible, then claims paid at 100% network, 75% non-network. **Traditional Plan: \$500 deductible, then claims paid at 80% network; 50% non-network. This example assumes that no medical expenses are incurred.*

Tax Advantages

- ✓ Deposits to the HSA are 100% tax deductible.
- ✓ Interest that accrues on the money in the account is tax deferred.
- ✓ Withdrawals from the account, which are used to pay for qualified healthcare expenses as defined by the IRS, are tax free.

About the Health Plan

How Your Health Plan Works:

- ✓ Choose your deductible for either an individual or family plan.
- ✓ Choose your benefit percentage, either:
 - 100% network/75% non-network
 - 80% network/50% non-network
- ✓ Select plan options: maternity, dental and/or embedded single deductible of \$2,100/\$4,200 family or higher**.

100% Plan	Individual	Family
Deductible*	\$1,050**	\$2,100**
	\$1,500	\$3,000
	\$2,100**	\$4,200**
	\$2,700**	\$5,450**
	\$3,500	\$7,000
	\$5,000	\$10,000
Benefit Percentage	100% network 75% non-network	100% network 75% non-network

80% Plan	Individual	Family
Deductible*	\$1,050**	\$2,100**
	\$1,500	\$3,000
	\$2,100**	\$4,200**
	\$2,700**	\$5,450**
	\$3,500	\$7,000
Benefit Percentage	80% network 50% non-network	80% network 50% non-network

* Network deductible shown. The deductible for non-network is two times the network deductible. ** These may be adjusted annually for changes in the U.S. Consumer Price Index (CPI).

Covered Expenses

- Allergy testing
- Ambulance
- Chemotherapy
- Durable medical equipment
- Emergency room
- Home healthcare
- Hospice care
- Hospital Charges
- Intensive care
- Mammograms
- Miscellaneous tests, services, and medical supplies
- Nursing care
- Organ transplants
- Oxygen, blood, and plasma
- Physician visits
- Prescription drugs
- Preventive care
- Radiation treatment
- Second surgical opinions
- Semi-private room
- Skilled nursing facilities
- Speech, physical and occupational therapy
- Surgery and anesthesia
- X-rays and lab tests

Please refer to your state-specific benefit chart for more details.

About the Health Plan



Your Preferred Provider Organization (PPO)

A Preferred Provider Organization (PPO) gives you the freedom to choose your own doctor or hospital. You can minimize your share of the healthcare costs by seeking medical services from doctors and hospitals that have contracted with the PPO. If your doctor or hospital is not a member of the PPO, you share in more of the costs of your medical expenses. What makes our PPO plan so desirable is that it allows you access to a specialist when you feel it is necessary. A referral is not required to access a specialist. Your PPO network is shown on the front of your medical identification (ID) card.

In addition, you can receive the PPO network level of benefits when traveling outside your PPO network service area through a coordinated program with a nationwide preferred provider network. There is no additional fee for this value-added benefit and a toll-free number is provided on the back of your medical ID card to locate available network providers.

Contact your American Community agent for the PPO networks available to you. For a list of available providers, visit our website at www.american-community.com and click on “Provider Locator.”

Network

Network refers to the group of hospitals and physicians that contract with us to provide healthcare services to our policyholders at discounted fees.

Deductible

The deductible is the amount of covered charges an individual or family must incur in a 12-month benefit period before the plan begins to pay benefits

Coinsurance

This is the set percentage of costs you pay for health care after your deductible is met. For example, after your deductible is met, you might pay 20% of your health care expenses while your plan pays the remaining 80%.

Key Plan Features

Benefit Period Deductible

With this arrangement, your deductible period runs for 12 months beginning with the actual effective date of your policy. This allows you to fully fund your annual deductible through your HSA. With the traditional calendar year deductible, your deductible period begins and ends with the calendar year. But with the benefit period deductible, if your policy effective date is July 1, your plan year will run July 1 – June 30, allowing you a full 12 months to fund your HSA.

Accident Benefit

You have enough to worry about when you or an insured family member is injured. With Next Generation HSA's accident benefit, you have immediate coverage for an injured family member:

- ✓ The deductible is waived for the first 30 days following an injury
- ✓ Covered charges are paid at the selected benefit percentage

\$5 Million Lifetime Maximum

Your peace of mind is assured. Next Generation HSA provides total plan benefits up to a lifetime maximum of \$5 million.

Accidental Death and Dismemberment Benefit (AD&D)

Next Generation HSA's Accidental Death and Dismemberment benefit provides up to \$10,000 for the accidental death or dismemberment of the primary insured.



Prescription Drug Program

The Prescription Drug program provides:

- ✓ Use of a prescription drug discount card and mail-order service
- ✓ Your choice of generic or brand name prescription medicines
- ✓ Eligible prescriptions are covered at your selected network benefit percentage once your deductible is met

For prescription medicines obtained at a non-network pharmacy or at a network pharmacy without presenting your discount card, you must submit copies of the receipts to American Community for reimbursement. Once the non-network benefit period deductible has been met, eligible prescriptions will be covered at the non-network benefit percentage.

Health Plan Options



Optional Embedded Deductible

For family deductibles of \$4,200* or higher, you can choose an “embedded” deductible. With this option, each family member begins receiving benefits at the network/non-network levels as appropriate once his/her single deductible has been reached. Once the family deductible is met, all covered family members receive benefits at the network/non-network levels.

** This amount may be adjusted annually for changes in the U.S. Consumer Price Index (CPI).*

Optional Maternity Coverage

Maternity coverage is available for you or your spouse (if covered under the policy), with a 270-day waiting period from the effective date of maternity coverage. Covered charges include:

- ✓ Prenatal care
- ✓ Routine delivery services
- ✓ In-hospital care of well newborn
- ✓ Inpatient care and associated charges

Please refer to your state-specific benefit chart for details.

Optional Dental Coverage

Dental coverage is also available for you and your family. The dental deductible and benefit percentage are separate from the medical deductible and benefit percentage. The maximum benefit per person, per benefit period is \$1,000 (Type 1 and 2 combined).

Type 1

- ✓ No deductible is required; charges for covered services are covered at 80% after a 6-month waiting period.
- ✓ Benefits include: office visits and examinations, cleanings, x-rays, diagnostics, space maintainers and pathology.

Type 2

- ✓ Charges for covered services are subject to a \$100 benefit period deductible, and then covered at 50% after a 12-month waiting period.
- ✓ Benefits include: fillings, oral surgery, extractions, endodontics, periodontics, crowns, inlays, bridges and dentures.

Cool Tools™ For Better Health

Setting the Precedent for Your Good Health

American Community believes informed consumers, and healthier consumers, can make better choices about their healthcare protection and their healthcare needs. So, with our consumer-choice plans, we provide the tools for healthier planning, healthier living and healthier cost-conscious decisions about your health protection usage. Cool Tools for better health. Cool Tools for greater control of your healthcare dollars. That's what we're calling them and that's what they are. Available to you at no extra premium.

TelaDoc™

Imagine calling a doctor from where you are sitting, anywhere in the world, 24 hours a day, 365 days a year. That's TelaDoc. Just pick up the phone and call. A network of licensed primary care physicians is available to diagnose your individual medical problems, recommend treatment and prescribe medication when appropriate over the phone.

TelaDoc is a great tool when you cannot reach your primary care physician, when it's after hours, when you're on vacation or a business trip, when you need a recurring prescription filled and can't get to your doctor's office, or when you need medical attention for a common condition: cold, sinus infection, allergy or similar condition. TelaDoc guarantees a physician will contact you within three hours. In most cases, your call is returned in 30-40 minutes. You will be billed \$35 for the cost of consultation.

World Doc™

World Doc is medical assistance on the web. This tool assists you with decision-making in the areas of health, wellness, prevention and clinical aspects of healthcare. The online Medical Library offers access to a Test & Treatments Section reflecting the latest accepted methods of managing specific conditions and illnesses. The site also provides health tips, information on disease prevention and a comprehensive medical care search feature.

24-Hour Nurseline

A team of licensed nurses is also available 24/7/365 by telephone or online to offer individual and confidential assistance on a personalized basis. They can help you with health decisions and answer questions about common symptoms and medications. They do not offer the in-depth consultation of TelaDoc. They cannot diagnose ailments. Nor can they prescribe medications. There is no charge for their consultation.

RXaminer™

Everything you ever wanted to know about medicines and prescription costs is available online. Research the latest drugs, their uses and side effects. Compare costs of various medications, brand names and generics. Locate convenient pharmacy providers.

Personal Health & Symptom Evaluator

A Cool Tool for personal diagnoses. Enter your symptoms. Evaluate your symptoms online. Get a quick diagnosis of possible causes and treatment.

Treatment Cost Calculator

An informative online tool designed to inform you about the total approximate costs of treating various illnesses, injuries and medical conditions.

Health Helpers

Health Helpers is a suite of health planning tools available online, designed to help you manage lifestyle, prevention, healthcare and healthcare dollars. Highlights include a calorie counter, hospital comparison charts and the newest treatment evaluations.

Information on registering for Cool Tools for better health usage, toll-free numbers and web addresses will be provided with your new American Community policy.

Additional Provisions

Eligibility

The following are considered eligible for coverage:

- ✓ The key applicant and his or her spouse, and
- ✓ The key applicant's children and his or her spouse's children and adopted children (regardless of whether a final order granting adoption is ultimately issued), provided they are:
 - Not married
 - Dependent on the key applicant for at least 50% of their support
 - Not older than age 22 at the time of application.

Premium Rates

Your premium rate is guaranteed for the first 12 months of coverage. After 12 months, American Community may modify, at any time, the applicable premium rates for all Next Generation HSA policies in your state. Modification of premium rates is determined by ALL Next Generation HSA policies within the same state, not just your claims experience. Dependents age 19 to 21, who are full-time students, are eligible for student rates.

Renewability

Renewability is guaranteed in accordance with state and federal law, as shown in the policy. Renewability is NOT based on your claims experience.

Survivorship

If you die while the policy is in force, American Community will refund the unearned portion of your premium. The refund will be prorated. If your spouse is covered as a family member, then American Community will deem the policy to be issued to your spouse. If your spouse is not a covered family member and other family members are covered by this policy, we will issue a rider naming your spouse or the family member's legal guardian as owner of the policy, but that person is not eligible to receive benefits under the policy.

End of Coverage

You or your dependent's coverage ends:

- ✓ Upon your request,
- ✓ If you or your dependent enters the military service,
- ✓ When the maximum lifetime benefit has been paid for you or your dependent,
- ✓ If you or your dependent commit fraud or intentional misrepresentation of material facts in applying for benefits, or
- ✓ If you or your dependent change your residence and move outside the United States, are deported or are not able to re-enter the United States.

Your spouse's coverage ends on the first premium due date after your marriage is dissolved.

Your child's coverage ends on the first premium due date after:

- ✓ The child attains age 23,
- ✓ The child marries, or
- ✓ The child is no longer dependent upon you for at least 50% of his or her support; whichever is earliest.

All coverage ends:

- ✓ If you fail to pay the premium when it is due, or
- ✓ If we end all policies in your state which are issued using this form.



American Community We Set the Precedent in Service

Unprecedented Service is Part of the Plan

With beginnings dating back to 1938 and headquartered in Livonia, Michigan, American Community is one of the nation's oldest and most respected health insurance providers. Health insurance is what we do. Health insurance is all we do. We are known for innovation in health coverage and for the creation of products for the budget-conscious health insurance consumer like our new suite of leading-edge consumer-choice plans. We have become known for a lot more, as well:

Unprecedented Customer Service

The finest service in the health insurance industry is just a phone call away. Our knowledgeable and experienced staff of customer service representatives is on call Monday through Thursday, 8:00 a.m. to 6:00 p.m., Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 8:00 a.m. to 2:00 p.m., EST, to answer any question you may have regarding coverage, billing or payment of claims. Contact information will be provided with your new American Community policy.

Unprecedented Payment of Claims

We are known for prompt payment of claims. In fact, over 80% of our claims are received electronically and processed within 10 business days of receipt. Isn't that why you are insured? You want protection against unforeseen accident or illness, and prompt payment of claims should medical expenses arise.

Your American Community Agent

Your American Community agent is an independent health insurance specialist. Health insurance is your agent's business. Dedication to the full, best interest of you, the client, is his or her specialty. You can count on this.

This booklet is intended to highlight certain provisions of the plan described. It is not a contract, an insurance policy or a summary plan description booklet. Please see the policy for complete details, terms, conditions and full provisions of coverage.





39201 Seven Mile Road, Livonia, Michigan 48152-1094
(800) 991-2642 (734) 591-9000 (734) 591-4628 Fax
www.american-community.com