

# American's Omega Solutions™

For Large Groups



AMERICAN  COMMUNITY  
MUTUAL INSURANCE COMPANY®



# Welcome Agents

AMERICAN'S OMEGA SOLUTIONS

We appreciate your interest in working with American Community. Health insurance has been our primary focus for over six decades. Being a mutual company supports our goal of being the most responsive and committed health insurer. It allows us to put the interests and priorities of our policyholders and agents first, rather than investors. Our broad range of flexible, affordable products and great service confirm that we're an agent-focused company. Our job is to help you serve the needs of large group employers efficiently and knowledgeably. We encourage you to give us your input on everything from our products, to customer service, to sales tools. We have a very accessible organization, offering you direct access to the appropriate department within American Community to get information or answers. This brochure contains an overview of our coverage for American's Omega Solutions™, our large group product.

In addition, please refer to the following for details:

- Sample Policy
- Group Field Underwriting Guidelines
- Group Administrative Guidelines.

These documents are available for downloading on our website, [www.american-community.com](http://www.american-community.com). Information on our website includes current and historical commission data, incentive programs, quoting applications, product materials, supplies and forms, product presentations, agent announcements, newsletters and publications, and links to each of our PPO networks. We're here to help. If you have any questions as you move through the process, please contact your Group Marketing Director or the National Sales Office at (800) 233-3444 ext. 4717 or [nsalesoffice@american-community.com](mailto:nsalesoffice@american-community.com).

## An Industry Leader

With beginnings dating back to 1938, American Community was the first health insurance company in Michigan, and one of the first in the nation. Today, we market quality, affordable health insurance products for groups and individuals in eight states.

Our goal is to provide the highest quality healthcare solutions backed by outstanding service.



## Agent Commissions

Agents are issued a single-case commission agreement. This agreement determines the agent's rate of commission on a case-by-case basis. The rate of commission may be adjusted after the first year for renewals. The commission agreement applies to the Writing Agent. If applicable, an override commission for a General Agent or Brokerage General Agent will be provided. A bonus program may apply for new business. Please contact your Group Marketing Director for further information.

# Quality Products Backed by Exceptional Service

## Prompt Claims Processing

American Community receives approximately 100,000 claims per month—90% of which are received electronically to expedite processing.

Most claims are processed within days of receipt. Our claims department has a 99% financial accuracy rate regarding payment of claims.

## Nationwide Travel Network

In addition to our comprehensive regional PPO networks, American Community has contracted with a nationwide network to provide network-level benefits when employees travel outside of their home state. Benefits apply to long-term travel situations, such as part-time residents of another state or dependent children away at college. National access to network benefits is available in all 50 states for emergency and non-emergency care.

## Freedom of Choice

American's Omega Solutions is designed specifically for group employers, with 51 or more employees, who want flexible benefits. The menu-based approach helps to lower administrative expenses, which keeps premium costs down for the employer. Employers may choose from three types of plans with multiple plan design options in each:

- ☒ Preferred Provider Organization (PPO) network coverage
- ☒ Qualified High-Deductible Health Plan for a health savings account (HSA)
- ☒ Comprehensive Major Medical coverage (CMM)

Our PPO/HSA products use some of the best local PPO networks in each of our markets for comprehensive network access. With a PPO network, employers have the freedom to choose their own physician or hospital. Of course, choosing a doctor who has contracted with the network minimizes out-of-pocket expenses for the insured. In addition, employees are free to access a specialist when needed.

## Exceptional Service

At American Community, we're committed to delivering exceptional service. Our proposal, underwriting, and marketing staff can assist you from the initial proposal and enrollment through the renewal underwriting process. We encourage you to compare the level of support we offer our agents to that offered by other insurers.

- ☒ Marketing Directors assist you with product information, sales and enrollment.
- ☒ Senior Account Managers serve as a single point of contact for our business owners, benefit administrators and/or human resource contacts. They assist in the enrollment of new accounts as well as resolving issues and questions throughout the year. They also work with agents on annual group renewals.
- ☒ Teams of state-specific underwriters and assistants will discuss your case with you throughout the submission process, and can answer underwriting and renewal questions you or your Group may have.

Toll-free access to customer service representatives is available Monday – Friday, 8:00 a.m. to 5:00 p.m. EST at (800) 991-2642 for claims and administrative issues.

## Underwriting Options

American Community offers three methods of underwriting for American's Omega Solutions.

- ☒ **Medically Underwritten**– Available for employers with 51-125 employees that do not have previous claims experience. Each employee completes a medical application and applicable individual medical questionnaire. The rating is then based on group demographics and the medical information.
- ☒ **Experience Rated** – Available for employers with a minimum of two years of previous claims experience. Employees complete a non-medical application and the employer submits both experience information and a gatekeeper questionnaire.
- ☒ **Gatekeeper Underwriting** – For employers with 51-125 employees that do not have the minimum required claims experience, employees complete the non-medical application and the employer completes the gatekeeper questionnaire. An additional rating applies to Gatekeeper Underwriting, due to the limited information received. The Gatekeeper option must be pre-approved by the large group underwriter when a proposal is requested. This option may not be available to all groups.

## Carve-out Options

Unless prohibited by law, carve-out groups are acceptable as long as they are part of an eligible class or location. A group cannot be “classed out” (i.e. carved out by employee class) based on health-related factors. Carve-out groups that are part of a larger group, but have between 2-50 eligible employees, will be underwritten as a small group.



# Medical Coverage

## Medical Coverage—PPO, HSA, CMM

American's Omega Solutions offers employers a choice from three types of plans:

- ☒ PPO—discounted coverage through networks of Preferred Provider Organizations; non-network coverage also included
- ☒ HSA—a qualified high-deductible PPO plan for use with a health savings account
- ☒ CMM—traditional comprehensive major medical coverage

This brochure outlines PPO and HSA plan design options. If you are interested in designing a CMM plan, please contact our Group Underwriting Department at (800) 991-2642, extension 4478.

## Medical Benefits

Both our PPO and HSA plan designs include medical benefits for inpatient and outpatient coverage.

## Hospital Charges

- ☒ Semi-private room
- ☒ Intensive care
- ☒ Surgery
- ☒ Anesthesia
- ☒ Nursing care
- ☒ Physician visits
- ☒ Emergency room
- ☒ Prescription drugs while confined
- ☒ Miscellaneous tests, services, and medical supplies

## Outpatient Charges

- ☒ Ambulance
- ☒ Surgery and anesthesia
- ☒ Allergy testing
- ☒ X-rays and lab tests
- ☒ Physician services
- ☒ Physical and occupational therapy
- ☒ Speech therapy
- ☒ Second surgical opinions
- ☒ Mammograms
- ☒ Chemotherapy
- ☒ Skilled nursing facilities
- ☒ Oxygen, blood and plasma
- ☒ Preventive care-optional
- ☒ Durable medical equipment
- ☒ Home healthcare
- ☒ Radiation treatment
- ☒ Hospice care

## PPO Deductible Options

PPO plan deductibles range from \$0 to \$10,000. The non-network deductible must be equal to or greater than the network deductible selected. Family deductibles can be a multiple of two or three times the individual deductible, again offering incomparable flexibility. Employers choose what best fits their company's needs.

### Network Deductible Choices

- \$0
- \$100
- \$150
- \$200
- \$300
- \$400
- \$500
- \$750
- \$1,000
- \$1,500
- \$2,000
- \$2,500
- \$3,000
- \$3,500
- \$4,000
- \$5,000
- \$10,000

### Non-Network Deductible Choices

- \$100
- \$200
- \$250
- \$300
- \$400
- \$500
- \$750
- \$1,000
- \$1,500
- \$2,000
- \$2,500
- \$3,000
- \$3,500
- \$4,000
- \$5,000
- \$7,000
- \$8,000
- \$10,000

## PPO Benefit Percentages

We offer ten benefit percentage options for PPO plans, from 100% network and 80% non-network coverage to 70% network and 50% non-network coverage.

### Network/Non-Network

- 100/80
- 100/70
- 100/50
- 90/80
- 90/70
- 90/60
- 90/50
- 80/70
- 80/50
- 70/50
- 80/60



### PPO Copays

Employers can select copays for office visits, emergency room visits, urgent care, diagnostic x-ray and lab, and inpatient admissions. Emergency room and inpatient copays help lower premiums and only affect those who use these types of services.

Office Visit Copay	Urgent Care Copay	ER Copay*	Inpatient Copay*
\$5	Same as office visit copay	No copay	No copay
		Waive copay if admitted	
\$10	\$10	\$25	\$100
\$15	\$15	\$50	\$250
\$20	\$20	\$75	\$500
\$25	\$30	\$100	\$1,000
\$30	\$40	\$150	
\$35	\$50		
\$40	\$60		

\*Subject to deductible and benefit percentage after copay.

### PPO Prescription Drug Coverage

Prescription drug coverage is included with our PPO plan designs. Please refer to page 13 of this brochure for details.

### Supplemental Accident Coverage (Effective January 1, 2007)

The deductible is waived for first 30 days for covered charges incurred within the first 30 days of an injury.

### Organ Transplants

The maximum lifetime transplant benefit is \$1 million when performed in a designated transplant facility. The maximum lifetime transplant benefit is \$150,000 when performed in a non-designated transplant facility. A designated transplant facility is a medical facility with a proven, exceptional success rate for organ transplants that has agreed to provide approved transplant services to our insureds. Anti-rejection prescription drugs are a covered benefit included in the lifetime maximum. When a designated transplant facility is used, the benefit includes \$10,000 for travel and lodging expenses for the insured and one companion (meals and lodging are limited to \$150 per day). All transplant procedures require prior approval from American Community.

## PPO Optional Benefits

Optional Benefits the employer may choose are:

### Preventive Care

This option may be selected for each eligible family member (except in Iowa and Ohio). Covers physical exams, immunizations, lab tests, prostate exams, pelvic exams, pap smears and mammograms. Unless required by law, non-network services are not covered.

Coverage is subject to the office visit copay, then up to one of three maximums options: \$100, \$250 or \$500.

If the Preventive Care option is not chosen, only state-mandated benefits will be covered.

### Mental Health

Coverage is subject to deductible and benefit percentage.

### Substance Abuse

Treatment for both alcohol and drug abuse. Coverage is subject to deductible and benefit percentage. Annual and/or lifetime maximums vary by state as directed by state laws.

### Deductible Carryover

This option may be selected only at the time a new group is written and will apply throughout the duration of the group policy. The two choices for the Deductible Carryover are:

**Option 1:** Covered charges incurred during the last 3 months of a calendar year which were applied to that year's deductible may be applied to the next year's deductible.

**Option 2:** If covered charges incurred during a calendar year do not exceed the deductible, then covered charges incurred during the last 3 months of that calendar year will be applied to the next year's deductible.



# Designing an HSA Plan

American's Omega Solutions offers employers a choice to design a qualified high-deductible health plan that can be used with a health savings account—an HSA. This type of arrangement can save on premium and, if used with an HSA, offers employees significant tax advantages.

## HSA Deductible Options

The standard deductible for our HSA plan design is “common family” (the family must meet a deductible before any family member begins receiving benefits), which re-sets at the beginning of each calendar year. American's Omega Solutions offers other, optional deductible arrangements:

- ☒ **Optional Embedded Deductible**—For family deductibles of \$5,000\* or higher, employers may choose an “embedded” deductible. With this option, each family member begins receiving benefits at the network/non-network levels as appropriate once his or her single deductible has been reached. Once the family deductible is met, all covered family members receive benefits at the network/non-network levels as appropriate.

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

- ☒ **Optional Benefit Period Deductible**—With this arrangement, the deductible period runs for 12 months beginning with the group's actual policy effective date rather than the beginning of the calendar year. This allows employees to fully fund their annual deductible through their HSA. With the traditional calendar year deductible, the deductible period begins and ends with the calendar year. But with the Benefit Period deductible, if the policy effective date is July 1, the plan year will run from July 1 – June 30, allowing a full 12 months to fund the HSA.

**HSA Common Family Deductible, Benefit Percentage, and Out-of-Pocket Maximum Choices**

Deductible Options Single/Common Family	Benefit Percent Options	Out-of-Pocket Maximum In-Network (Including Deductible)	
\$1,500/\$3,000 \$2,000/\$4,000 \$2,500/\$5,000 \$3,000/\$6,000 \$4,000/\$8,000 \$5,000/\$10,000	100/80 100/70 100/50	Equal to deductible	
		<b>Single/Common Family</b>	
\$1,500/\$3,000	90/80	\$2,000/\$4,000	\$2,500/\$5,000
	90/70	\$3,000/\$6,000	\$3,500/\$7,000
	90/60	\$4,000/\$8,000	\$4,500/\$9,000
	80/60	\$2,000/\$4,000	\$2,500/\$5,000
	80/50	\$3,000/\$6,000	\$3,500/\$7,000
			\$4,500/\$9,000
\$2,000/\$4,000	90/80	\$2,500/\$5,000	\$3,000/\$6,000
	90/70	\$3,500/\$7,000	\$4,000/\$8,000
	90/60	\$4,500/\$9,000	\$5,000/\$10,000
	80/60	\$2,500/\$5,000	\$3,000/\$6,000
	80/50	\$3,500/\$7,000	\$4,000/\$8,000
			\$5,000/\$10,000
\$2,500/\$5,000	90/80	\$3,000/\$6,000	\$3,500/\$7,000
	90/70	\$3,500/\$7,000	\$4,500/\$9,000
	90/60	\$5,000/\$10,000	
	80/60	\$3,000/\$6,000	\$3,500/\$7,000
	80/50	\$4,000/\$8,000	\$4,500/\$9,000
\$3,000/\$6,000	90/80	\$3,500/\$7,000	\$4,000/\$8,000
	90/70	\$4,500/\$9,000	\$5,000/\$10,000
	90/60		
	80/60	\$3,500/\$7,000	\$4,000/\$8,000
	80/50	\$4,500/\$9,000	\$5,000/\$10,000
\$4,000/\$8,000	90/80	\$4,500/\$9,000	\$5,000/\$10,000
	90/70		
	90/60		
	80/60	\$4,500/\$9,000	
	80/50		

# HSA Plan Coverage

## Supplemental Accident (Effective January 1, 2007)

The deductible is waived for the first 30 days for covered charges incurred within the first 30 days of an injury.

## HSA Plan Optional Benefits

Optional benefits for our qualified high-deductible health plan include:

### Preventive Care

Covers physical exams, immunizations, lab tests, prostate exams, pelvic exams, pap smears and mammograms.

Two Preventive Care options are available:

- Each eligible family member (no age limit for dependent children), or
- Eligible employee, spouse, and dependent children up to age 36 months (except in Iowa and Ohio).

Coverage maximums available:

- \$250 or \$500 maximum after member has satisfied deductible and coinsurance. Insured is responsible for 100% of all charges after maximum has been paid. Or
- First \$250 or \$500 of expenses incurred paid at 100%. Insured is responsible for 100% of all charges incurred after maximum has been paid.

If the Preventive Care option is not chosen, only state-mandated benefits will be covered.

### Prescription Drug Coverage

Our HSA plan includes a discount card for prescription drugs. For enhanced prescription drug coverage, please refer to page 12 of this brochure for details.

### Annual Deductible Reduction Benefit

Eligible expenses (up to a maximum of \$500) incurred during the last three months of a calendar year which are applied to the deductible will be “carried over” and reduce the next calendar year deductible by that amount. The deductible reduction applies only if the deductible was not met in the previous year. This option is available on plans with deductibles of \$2,000 (individual) or higher. It is only available with a calendar year deductible arrangement.



## No-Fee HSA Fund Administration and Care Management Tools

American Community has partnered with HealthEquity to provide seamless integration of the health plan and HSA fund administration at no additional cost! In addition to managing the HSA funds, HealthEquity provides insured employees with a complete suite of self-directed care management tools to help them stay healthy, make informed decisions regarding their healthcare use, and receive access to health providers. These tools include:

- ☒ **World Doc™**—offers medical assistance on the web. Assists with health, wellness, prevention and clinical aspects of healthcare to make informed decisions. The online medical library offers access to a Test & Treatments section reflecting the latest accepted methods of managing specific conditions and illness. The website also provides health tips, information on disease prevention, and a comprehensive medical care search facility.
- ☒ **24-Hour Nurseline**—provides access to a team of licensed nurses 24/7 by telephone or online for individual and confidential assistance for health decisions. Although they cannot diagnose or prescribe medications, these nurses can answer questions about common medical conditions and medications.
- ☒ **RXaminer™**— provides online information on drug interactions, side effects, and pricing for prescriptions and alternatives. Also helps locate convenient pharmacy providers.
- ☒ **Personal Health & Symptom Evaluator**—provides personal diagnosis information based on symptoms entered and evaluated online.
- ☒ **Treatment Cost Calculator**—an online tool that estimates total approximate costs of treating various illnesses, injuries, and medical conditions.
- ☒ **Health Helpers**—a suite of health planning tools available online to help manage lifestyle, prevention, healthcare and healthcare dollars. Includes a calorie counter, hospital comparison charts, and the newest treatment evaluations.

## HSA Prescription Drug Options

The plan includes a Discount Only Rx Card (claims are not applied to the deductible). Two options are available for enhanced coverage:

**Option 1:** Discount Rx card, claims subject to deductible and reimbursed at the **network** benefit percentage.

As an added service for 100% in-network plans, claims are *paid* (not reimbursed) once the deductible is met.

**Option 2:** Discount Rx card, claims subject to deductible and reimbursed at the **non-network** benefit percentage.

# Prescription Drug Coverage

## PPO Prescription Drug Plan Designs

A variety of prescription drug plans are available with the PPO plan that include both retail and mail-order pharmacy benefits. Plan designs include 2- and 3-tier flat dollar and percentage copays. A mail-order only plan and discount drug card are also available.

With the escalating costs of prescription drugs, the 2- and 3-tier drug plans encourage the use of generic drugs. Members can elect to use the brand name drugs at increased out-of-pocket amounts. If a generic drug is available, and the member elects to use the select brand name or additional brand name drug, the member will pay the generic copayment plus the difference between the cost of the brand name and generic drug.

For additional flexibility, employers can carve out their drug program with another carrier or cover their employees' drug expenses under their American Community medical plan, subject to deductible and co-insurance.



Plan	Retail Copay 31-Day Supply	Mail Order Copay 90-Day Supply
1	\$5/\$10/\$20	\$10/\$20/\$40
2	\$7/\$15/\$30	\$14/\$30/\$60
3	\$8/\$20	\$15/\$40
4	10%/30% (\$10/\$30 min./\$100 max.)	\$20/\$60
5	\$100 Deductible; 10%/20%/40% (\$10/\$20/\$40 min./\$100 max.)	\$100 Deductible; 10%/20%/40% (\$20/\$40/\$80 min./\$100 max.)
6	Mail order only	\$15/\$30/\$60
7	\$10/\$25/\$40	\$20/\$50/\$80

# Dental

Dental insurance is an important component of an employee benefit program. American's Omega Solutions offers employers benefit options to design affordable, comprehensive dental coverage for employees and their families. With American Community, employers can choose from multiple plan options.

All dental plans include coverage for preventive, basic and major dental services. Optional orthodontics coverage is also available. As with all American Community dental plans, employees and their dependents enjoy the freedom to use the dentist of their choice — they are not restricted to a small list of network providers.

By choosing different combinations of deductibles, benefit percentages, annual maximums and waiting periods, the employer has the ability to create a practical yet affordable dental plan. Cost sharing encourages employees to be more accountable for the services they choose.

With flexible solutions, employers can build a plan from the following options:



Service Type	Deductible	Benefit Percentage	Plan Maximum	Waiting Period
<b>Type 1</b> (Preventive)	NA	50%	\$500	NA
		60%		
		75%		
		80%		
		90%		
		100%		
<b>Type 2</b> (Basic)	\$0 \$25 \$50 \$75	50%	\$800	NA
		60%	\$900	
		75%	\$1,000	
		80%	\$1,250	
		50%	\$1,500	
<b>Type 3</b> (Major)	\$100 Waive Type 2 Waive Type 3	60%		6 months
		75%		12 months
		80%		24 months
		80%		

- Diagnostic and preventive — office visits, cleaning, x-rays, fluoride treatment, sealants, space maintainers, oral exams, and lab tests.
- Basic — fillings, root canals, extractions, and surgical extractions.
- Major — restorative and prosthodontics including crowns, full or partial dentures, bridges, inlays, onlays, and maintenance of bridges and crowns.

The employer may select sealants and space maintainers as either a diagnostic or basic benefit. The employer may also select endodontics and periodontics to be either a basic or major benefit.

- Orthodontics — treatment and procedures for the correction of malposed teeth including diagnostic procedures, fixed or removable appliances, and full-banded treatment.

### Orthodontic Benefit Options

**Deductible:** \$25, \$50, \$75, or \$100

**Benefit Percentage:** 50% or 60%

**Waiting Period:** 6 months, 12 months, or 24 months

**Lifetime Maximum:** \$800, \$900, \$1,000, \$1,250, or \$1,500

The waiting period for Orthodontic coverage is waived on original enrollees if replacing prior coverage.

# Life and Accidental Death and Dismemberment

AMERICAN'S OMEGA SOLUTIONS

Life insurance is the foundation of family financial security. It protects financial assets against the uncertainties of life so insureds can safeguard their families' future. American Community can provide this valuable, low-cost benefit for the employee, spouse and dependent children.

American Community makes life insurance coverage easy and convenient. To offer life coverage with medical and dental plans, the employer only needs to complete one application. And for the employer's convenience, we will send them one consolidated billing.

All American Community life insurance plans include these features:

- ☒ Conversion privilege, to a maximum of \$20,000.
- ☒ Optional waiver of premium applies when an active employee becomes disabled before age 60. The waiver continues until age 65 or when disability ends.
- ☒ Accidental Death and Dismemberment benefit is equal to the life benefit, and the employer may elect it as 24-hour coverage.

The employer may choose from the following life options:

- ☒ Flat Plan — Life and AD&D may be selected in \$5,000 increments to a maximum of \$100,000 (minimum amount is \$15,000)
- ☒ Earnings Plan — 1, 2, or 3 times earnings (rounded to the next highest \$1,000) with the same maximums as the flat plan.
- ☒ Classed Plan — Employers may establish differing benefits based on employee classes. A classed plan can include either flat or earnings-based benefits. The maximum benefit for each bracket cannot exceed 2 1/2 times the next lower bracket.

Life and AD&D benefits are available for employees age 65 and older at reduced amounts.

Dependent life is optional. It provides life coverage for spouses and dependent children from birth to 19 years. There are three dependent life options available:

If selected by the employer, and is noncontributory for employees, all employees with dependents must enroll, regardless of dependent status for medical benefits.

## Dependent Life Insurance Benefits

### Option 1:

**Spouse coverage** — ranges from \$2,500-\$7,500, depending on age.

**Child coverage** — is \$1,000 or \$5,000, depending on age.

### Option 2:

**Spouse coverage** — \$5,000

**Child coverage** — is \$0, \$500 or \$2,500, depending on age.

### Option 3:

**Spouse coverage** — \$2,000

**Child coverage** — \$1,000

# Weekly Income

American Community offers valuable income protection for employees when an accident or illness prevents them from working, to help them provide for themselves and their families.

Our structured flexibility plan design gives the employer the opportunity to build coverage from several plan options:

- ☒ Flat Plan — Provides a specific dollar amount per week for all employees (in \$10 increments), not to exceed  $66\frac{2}{3}\%$  of income, or \$750.
- ☒ Percent of Earnings — Provides a specific percentage of earnings, up to  $66\frac{2}{3}\%$  of salary, or \$750.
- ☒ Classed Plan — Specific employee classes can be established by the employer (same classes as the life and AD&D benefit).

The employer may also choose from the following benefit design options:

## Waiting Period Options:

- ☒ Benefits would begin on the 1st or 8th day for an accident and the 8th day for an illness.

## Benefit Duration Options:

- ☒ Benefits can last up to 13 or 26 weeks.

The weekly income coverage is designed to replace earnings lost due to a non-occupational accident or injury. A maternity disability is covered the same as any other sickness. The disability must begin while the employee is insured. If the employer selects weekly income coverage, all eligible employees are required to enroll.



American Community offers comprehensive vision benefits through our partnership with Vision Services Plan (VSP). As the nation’s largest eye care network, VSP offers broad network access through thousands of doctors nationwide, serving both rural and metropolitan areas.

With American Community, the employer can choose from five vision plans, with varying copay and service frequency options. All American Community vision plans include in-network coverage for:

- ☒ Comprehensive eye examinations — The VSP network includes both optometrists and ophthalmologists. Exams are covered in full after the copay.
- ☒ Corrective lenses — either eyeglasses or contact lenses.
- ☒ Frames — many frames are covered in full, after copay.
- ☒ Discounts — on additional pairs, optional services, and laser vision correction.

Reimbursement for non-network services is provided through a fee schedule.

Even if a vision plan is not selected, American Community automatically includes an Eye Exam Plus benefit (not available in Missouri) that covers an eye exam through VSP member doctors. Corrective lenses are available through VSP’s preferred discount pricing.



Plan	Per Exam Copay	Exam Allowed Every	Material Copay	1 Pair of Lenses Allowed Every	1 Pair of Frames Allowed Every
A	\$10	12 months	\$25	24 months	24 months
B	\$10	12 months	\$15	12 months	24 months
C	\$10	12 months	\$0	12 months	12 months
Modified A	\$10	24 months	\$0	24 months	24 months
Modified B	\$10	12 months	\$0	12 months	24 months





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