

Ohio

Small Group Proposal Request



American's Advantage Group Plan/Pep 2000/
American's Equity Advantage HSA/American's Preferred Employer Plan/
American's Choice Options

Company Name _____
 County _____ Zip Code _____ SIC _____
 Nature of Business _____
 Type of Business: Corporation Sole Proprietorship Partnership Other _____
 Effective Date of Plan: _____
 Month _____ Day _____ Year _____

PPO Network (Choose one network in your state of residence.) **Please circle benefit selection.**

Ohio SuperMed Plus Pennsylvania InterGroup

American's Advantage Group Plan (AAGP)

Deductible (in network/out of network) Groups of 2-14 circle one, groups of 15+ may circle up to three.	\$100/\$300	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	
Benefit Percentage (in network/out of network)	100/70%	90/70%	80/60%	80/50%	
Coinsurance Limit (in network/out of network)	\$3,500/\$7,000	\$5,000/\$10,000	\$7,500/\$15,000		
Copay	\$15	\$20	\$25		
Supplemental Accident Option	\$500 or waive copays				
Prescription Drug Option (Groups of 2-14 MUST select a plan.)	High	Medium	Low	Mail Order	None
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None
Orthodontia	\$1,000 max	\$2,000 max	None		
Vision (Eye Exam Plus benefit included with Medical)	Plan A	Plan B	None	YES	NO
Mental Disorders (15+)	YES	NO	Options		
Enhanced Mental Disorders (OH only, 15+)			Substance Abuse (15+)		

American's Preferred Employer Plan (Ohio Only)

Choose one:	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Deductible	\$250/500	\$500/1,000	\$500/1,000	\$750/1,500	\$1000/2,000	\$1,500/3,000	\$2,500/5,000
Benefit Percentage	80/60%	90/70%	80/60%	80/60%	80/60%	80/60%	100/60%
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None		
Orthodontia	\$1,000 max	\$2,000 max	None				
Vision	Plan A	Plan B	None				
	Options						
Mental Health (15+)	YES	NO	Prescription Drug Coverage (Buy-up options; select one)				
Enhanced Substance Abuse (15+)	YES	NO	Generic Drugs Only/Mail Order Program			YES	NO
Deductible Carryover	YES	NO	High Plan			YES	NO
24-Hour Occupational Coverage	YES	NO	Medium Plan			YES	NO
Preventive Care	\$250	\$500	Mail Order Program			YES	NO
Supplemental Accident	Opt 1	Opt 2					

American's Equity Advantage HSA

Choose one:	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	
Deductible	\$1500/3000	\$1500/3000	\$2500/5000	\$2500/5000	\$3500/7000	\$3500/7000	\$5000/10,000	
Benefit Percentage	90/70%	80/60%	100/70%	90/60%	100/70%	90/60%	100/70%	
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None			
Orthodontia	\$1,000 max	\$2,000 max	None					
Vision (Eye Exam Plus benefit included with medical)	Plan A	Plan B	None					
	Options							
Mental Disorders (15+)	YES	NO	Preventive Care				Opt 1	Opt 2
Substance Abuse (15+)	YES	NO	Supplemental Accident				Opt 1	Opt 2
Annual Deductible Reduction Benefit	YES	NO	Prescription Drug (discount card included)				Opt 1	Opt 2
24-Hour Occupational Coverage	YES	NO						
(applies to Medical only)								

American's Choice Options (ACO)

Dental	Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None
		Orthodontia	\$1,000 max	\$2,000 max	None	
Vision		Plan A	Plan B	None		

All Products: Life and AD&D and Weekly Income Option (Life insurance is mandatory for Nebraska)

Weekly Income Option			
Weekly Income Plan Selection (Choose one) All Products <input type="checkbox"/> 1-8-13 <input type="checkbox"/> 1-8-26 <input type="checkbox"/> 8-8-13 <input type="checkbox"/> 8-8-26 <input type="checkbox"/> 15-15-13 <input type="checkbox"/> 15-15-26		AAGP, APEP and AEA HSA minimums are \$15,000	
Also Available for AAGP only: <input type="checkbox"/> 31-31-13 <input type="checkbox"/> 31-31-26		AAGP maximums 2-14 employees \$50,000 15-29 employees \$75,000 30-50 employees \$100,000	
Benefit Maximums AAGP \$1,000 per week PEP2000, AEA HSA, ACO \$700 per week		APEP and AEA HSA maximums 2-14 employees \$50,000 25-50 employees \$75,000	
ACO 2-5 employees \$10,000 6-15 employees \$10,000 to \$25,000 (in \$5,000 increments) 16-50 employees \$10,000 to \$50,000 (in \$5,000 increments)			
Class Description	Amount	Class Description	Amount
1.		1.	
2.		2.	Life and AD&D
3.		3.	
4.		4.	
Dependent Life Option <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employee Census

- For groups with more than 14 employees, attach a separate sheet of paper indicating the date of birth, sex, dependent status, life only, salary, class and occupation for each additional employee.
- The minimum is two employees for all coverages selected.
- 100% of full-time employees must apply for Life, AD&D and Weekly Income.
- "Full-time" is defined by the State of Ohio as working 25 or more hours per week. All other states define full-time as working 30 or more hours per week.
- Dependent Status:** S=Employee Only, C=Employee + Spouse, P = Employee + Child(ren), F=Employee + Spouse and Child(ren), N = Waived.
- List **Salary** only if selecting benefits based on salary such as Weekly Income, Life and AD&D.
- Class** is to be completed only if classing Life and AD&D and/or Weekly Income.

Date of Birth	Sex M/F	Dependent Status S/C/P/F	Life Only	Salary	Class
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Agent Information		
_____	_____	_____
Agent Name	Telephone #	Email Address
_____	<input type="checkbox"/> Email Proposal	_____
Agent #		Fax #
_____	<input type="checkbox"/> Fax Proposal	
Info Taken By		

Ohio/Pennsylvania Small Group Proposal Request



American's Advantage Group Plan/Pep 2000/
American's Equity Advantage HSA/American's Preferred Employer Plan/
American's Choice Options

Company Name _____			
County _____	Zip Code _____	SIC _____	
Nature of Business _____			
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
Effective Date of Plan:	Month _____	Day _____	Year _____

PPO Network (Choose one network in your state of residence.) **Please circle benefit selection.**

<input type="checkbox"/> Ohio SuperMed Plus	<input type="checkbox"/> Pennsylvania InterGroup
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Copay	\$15	\$20	\$25		
Supplemental Accident Option	\$500 or waive copays				
Prescription Drug Option (Groups of 2-14 MUST select a plan.)	High	Medium	Low	Mail Order	None
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None
Orthodontia	\$1,000 max	\$2,000 max	None		
Vision (Eye Exam Plus benefit included with Medical)	Plan A	Plan B	None	YES	NO
Mental Disorders (15+)	YES	NO	Options Substance Abuse (15+)		
Enhanced Mental Disorders (OH only, 15+)					

American's Preferred Employer Plan (Ohio Only)

Choose one:	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Deductible	\$250/500	\$500/1,000	\$500/1,000	\$750/1,500	\$1000/2,000	\$1,500/3,000	\$2,500/5,000
Benefit Percentage	80/60%	90/70%	80/60%	80/60%	80/60%	80/60%	100/60%
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None		
Orthodontia	\$1,000 max	\$2,000 max	None				
Vision	Plan A	Plan B	None				
	Options						
Mental Health (15+)	YES	NO	Prescription Drug Coverage (Buy-up options; select one)				
Enhanced Substance Abuse (15+)	YES	NO	Generic Drugs Only/Mail Order Program			YES	NO
Deductible Carryover	YES	NO	High Plan			YES	NO
24-Hour Occupational Coverage	YES	NO	Medium Plan			YES	NO
Preventive Care	\$250	\$500	Mail Order Program			YES	NO
Supplemental Accident	Opt 1	Opt 2					

American's Equity Advantage HSA

Choose one:	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	
Deductible	\$1500/3000	\$1500/3000	\$2500/5000	\$2500/5000	\$3500/7000	\$3500/7000	\$5000/10,000	
Benefit Percentage	90/70%	80/60%	100/70%	90/60%	100/70%	90/60%	100/70%	
Dental Prior coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan 1	Plan 2	Plan 3	Plan 4	None			
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(applies to Medical only)								

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Vision		Plan A	Plan B	None		

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Weekly Income Plan Selection (Choose one) All Products		AAGP, APEP and AEA HSA minimums are \$15,000	
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<input type="checkbox"/> 15-15-13	<input type="checkbox"/> 15-15-26		
Also Available for AAGP only:		AAGP maximums 2-14 employees \$50,000 15-29 employees \$75,000 30-50 employees \$100,000	
<input type="checkbox"/> 31-31-13		APEP and AEA HSA maximums 2-14 employees \$50,000 25-50 employees \$75,000	
<input type="checkbox"/> 31-31-26			
Benefit Maximums		ACO	
AAGP	\$1,000 per week	2-5 employees	\$10,000
PEP2000, AEA HSA, ACO	\$700 per week	6-15 employees	\$10,000 to \$25,000 (in \$5,000 increments)
		16-50 employees	\$10,000 to \$50,000 (in \$5,000 increments)
Class Description		Class Description	
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6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Agent Information		
_____	_____	_____
Agent Name	Telephone #	Email Address
_____	<input type="checkbox"/> Email Proposal	_____
Agent #		Fax #
_____	<input type="checkbox"/> Fax Proposal	
Info Taken By		