

Coverage On Demand™

For Individuals & Families

Texas Benefit Chart

Coverage Levels				
	Initial Level	Additional Coverage Levels		
Benefits Payable at each level, per person per benefit period for all covered charges	Level 1 \$0-\$5,000	Level 2* \$5,001-\$15,000	Level 3* \$15,001-\$30,000	Level 4* Over \$30,000
Benefit Percentages per person per benefit period for all covered charges. (Network / Non-Network)	AC pays: 80% / 50% You pay: 20% / 50%	Once activated, AC pays: 100% / 70% You pay: 0% / 30%	Once activated, AC pays: 100% You pay: 0%	Once activated, AC pays: 100% You pay: 0%
Individual Deductibles per benefit period Family Deductible: At least 2 family members must separately meet the individual deductible.	\$250 ~ \$500 ~ \$1,000 Both network and non-network covered charges apply toward the benefit period deductible.			
Lifetime Policy Maximum per person	\$5 Million			
Provider Networks Available	PHCS			

Accident Benefit	
Accident	Applies to any covered charges incurred due to an injury when treatment is received within 30 days after the injury is sustained. We will waive the deductible and pay the covered charges at the applicable benefit percentage. The deductible will be applied to any covered charges incurred after the 30-day limit has been met. However, if a single accident causes injury to more than one family member, only one deductible will be applied to any covered charges incurred after the 30-day limit has been met.
Common Accident	If a single accident causes injury to more than one family member, only one deductible will be applied to any covered charges associated with the common accident and incurred after the 30-day limit has been met under the Accident Benefit.

	Level 1	Level 2*	Levels 3 & 4*
Physician Services	Benefit percentages apply after the deductible is met.		
In Office and Urgent Care Centers Visits for sickness, injury, surgery, or follow-up, including lab tests, X-rays, consultations, equipment, supplies, and injections (except allergy injections)	Network Services: AC pays 80%, you pay 20% Non-Network Services: AC pays 50%, you pay 50%	Network Services: AC pays 100%, you pay 0% Non-Network Services: AC pays 70%, you pay 30%	Network & Non-Network Services: AC pays 100%, you pay 0%
In-Hospital Services Surgery; consultations; radiology; anesthesiology; pathology; physical, occupational & speech therapy			
Allergy Testing, Serums, and Injections \$500 maximum benefit per person per benefit period			
Outpatient Spinal Manipulation \$500 maximum benefit per person per benefit period			
Telehealth/Telemedicine			
Immunizations Limited up to age 6	Deductible does not apply. Network & Non-Network: AC pays 100%	Deductible does not apply. Network & Non-Network: AC pays 100%	Deductible does not apply. Network & Non-Network: AC pays 100%
Newborn Hearing Screening Limited to screening from birth to age 30 days. Diagnostic follow-up testing from birth to 24 months.	Deductible does not apply. Network: AC pays 80%, you pay 20% Non-Network: AC pays 50%, you pay 50%	Deductible does not apply. Network: AC pays 100% Non-Network: AC pays 70%, you pay 30%	Deductible does not apply. Network: AC pays 100% Non-Network: AC pays 100%, you pay 0%

* Activation Premium required to move from one Coverage Level to the next.

THIS IS A LIMITED BENEFIT PLAN

