

Mini Premier PPO Plans

Mini Premier PPO Plan is not a major medical insurance plan; however, it is designed to function like one with a \$25,000 (silver plan) or \$50,000 (gold plan) annual maximum. It is not a scheduled or indemnity type plan. It's a NEW and different program than those offered in the past. The PPO networks, provide great discounts (making your benefit dollars go further) and the doctors and hospitals accept assignment, you do not have to pay and be reimbursed like most plans!

Coverage is available for qualified individuals or families on a guaranteed issue basis during the open enrollment period (regardless of health) as long as you are actively working. There is a 12 month pre-existing condition clause. Pre-existing conditions will not be covered for the first 12 months.

Schedule of Benefits				
Plan of Insurance	In-Network Silver Plan	Out-of-Network Silver Plan	In-Network Gold Plan	Out-of-Network Gold Plan
Lifetime Plan Maximum	\$100,000 Lifetime Maximum		\$100,000 Lifetime Maximum	
Calendar Year Plan Maximum	\$25,000 Annual Maximum		\$50,000 Annual Maximum	
Policy year Deductible (Individual/Family) Calendar year deductible applies to every expense listed below, unless otherwise noted. Co-payments are not applied to the Calendar Year Deductible	\$250/\$750	\$500/\$1,500	\$500/\$1,500	\$1,000/\$3,000

The Right Plan for Families and Individuals



ITC has you covered.

With ITC you can pick from two HI-Plus options or two Mini Premier options (pick one) and then add catastrophic coverage to either program up to \$1,000,000. You choose the plan that best fits your needs and your budget.

Hospital Indemnity
HI PLUS

\$25,000 Mini Premier
PPO Plan

\$50,000 Mini Premier
PPO Plan

\$1,000,000
Preferred Catastrophic

Mini Premier PPO Plan-underwritten by AMLI

	Silver Plan		Gold Plan	
	In-Network (PPO) Covered Percentage	Out-of-Network Covered Percentage	In-Network (PPO) Covered Percentage	Out-of-Network Covered Percentage
In-patient Care				
Surgery-Inpatient, Physicians Services	80%	60%	80%	60%
Hospital Inpatient (Facility)	80%	60%	80%	60%
Other Hospital Charges (Including hospital based professional charges)	80% up to \$10,000 /yr	60% up to \$10,000 /yr	80% up to \$25,000 /yr	60% up to \$25,000 /yr
Physician Services (Inpatient visits)	80%	60%	80%	60%
Out-patient Care Categories	up to \$10,000/yr	up to \$10,000/yr	up to \$25,000/yr	up to \$25,000/yr
Physician/Specialist Office Visit (Co-pay does not apply to any other service rendered in the office.)	\$20 Co-pay Then 100%	60%	\$20 Co-pay Then 100%	60%
Other Office Services provided during an Office Visit	80% No Calendar Deductible	60%	80% No Calendar Deductible	60%
Urgent Care Facility	80%	60%	80%	60%
Surgery, Outpatient	80%	60%	80%	60%
Maternity Care (Insured Person and covered spouse only)	80%	60%	80%	60%
Emergency Room (if not admitted inpatient)	80% after \$100 Co-pay No Deductible	60% after \$100 Co-pay No Deductible	80% after \$100 Co-pay No Deductible	60% after \$100 Co-pay No Deductible
Cardiac, Occupational, Physical, Pulmonary, & Speech Therapies (subject to 20 visits/calendar yer max per category)	80%	60%	80%	60%
Transplant-Related Expenses	80%	60%	80%	60%
Routine Physical Exams, including Well Child Care	\$15 Co-pay Then 100% \$100 Calendar Benefit	60% No Calendar Deductible \$100 Calendar Benefit	\$15 Co-pay Then 100% \$100 Calendar Benefit	60% No Calendar Deductible \$100 Calendar Benefit
Other Services	80%	60%	80%	60%
Mental Health/Substance Abuse	Varies by State	Varies by State	Varies by State	Varies by State
Pharmacy Benefits	See M	Varies by State	Varies by State	Varies by State

Underwritten by American Medical and Life Insurance Company (AMLI) 8 West 38th St. Suite 1002, New York NY 10018 This material describes health insurance available through AMLI, but is not a contract Group Policy Form #AMLIASG MM 2006 POL TX CDAoA

Weekly Rates*	Silver	Gold
Member Only	\$68.20	\$86.42
Member Plus One	\$149.70	\$187.35
Member & Family	\$237.97	\$303.82
PPO and Billing Administration Benefits & PPO	The cost for the PPO and Administration is \$2.02/ weekly and is added to the premiums above for the final rate	
Weekly Rates (final)*	Silver	Gold
Member Only	\$70.22	\$88.44
Member Plus One	\$151.72	\$189.37
Member & Family	\$239.99	\$305.84

* Rates are valid through 12/01/08 effective dates. Rates thereafter, are subject to change.