

<p style="text-align: center;">Montgomery & Associates Health Insurance <i>Individuals and Small Businesses</i> 770.234.4849 www.MontgomeryHealthInsurance.com mike@MontgomeryHealthInsurance.com</p>										
COMPARISON TABLE PREPARED FOR: YOU										
	CARRIER	Assurant TIME	Blue Cross	Blue Cross	Kaiser	Kaiser	Aetna	UHC Golden Rule	UHC Golden Rule	World
	PLAN NAME Doctor Network	One Deductible HSA Coventry	Blue Value PPO - 3000 BCBSGa	Blue Value PPO HSA 2600 BCBSGa	HMO- 2000	HMO-3000	PPO Value Aetna	HSA 100 United Health Care	Copay Select United Health Care	Freedom Care Great West
LIFETIME MAXIMUM										
	per person	\$3,000,000	\$5,000,000	\$5,000,000	Unlimited	Unlimited	\$5,000,000	\$3,000,000	\$3,000,000	\$2,000,000
	per family									
	buy up to \$8 million available	yes	no	no	n/a	n/a	no	no	no	yes to \$5,000,000
DEDUCTIBLE										
	per person	\$2,700	\$3,000	\$2,600	\$2,000	\$3,000	\$2,000	\$2,500	\$2,500	\$5,000
	per family						\$4,000	\$5,450		
	Co-insurance				70/30	70/30	70/30		80/20	
	100% / 0%	yes	70/30	yes	no	no	no	yes	no	yes
OUT OF POCKET EXPENSE (OOP)										
	per person	\$0	\$2,000	\$0	\$2,000	\$2,000	\$2,000	\$0	\$2,000	\$0
	per family						\$4,000			\$0
MAXIMUM OUT OF POCKET = Deductible + OOP (not including RX deductible)										
		\$2,700	\$5,000	\$2,600	\$4,000	\$5,000	\$8,000	\$5,450	\$4,500	\$5,000
MONTHLY PREMIUM										
		\$230	\$190	\$209	\$222	\$203	\$287	\$257.49	\$284	\$229
COMMENTS ON PREMIUM										
<p>THIS IS A SAMPLE COMPARISON. YOUR CHOICES MAY BE HIGHER OR LOWER BASED ON AGE AND HEALTH CONDITIONS. CALL FOR YOUR PERSONALIZED COMPARISON.</p>		<p>This is an HSA Plan. Includes optional accident coverage which pays up to \$2500 per accident and Critical Illness which pays up to \$2500 per critical illness. This is a preferred rate.</p>						<p>includes preventive care package - Mammo, PAP, PSA and \$35 Copay for adult preventive to \$300; Generics have a \$20 copay, Brand have \$250 deductible then \$50 copay. This is a STANDARD rate. Plan without Preventive Care is \$282.</p>	<p>for history and exam \$25 copay then 100%. For other services including lab and x-ray 80%; For Mammogram and PAP \$25 copay then 100%. Geric Drugs have \$15 copay, Brand have \$100 deductible then \$30 copay. This is a STANDARD rate</p>	<p>accidents covered up to single deductible after \$100 copay; This is a Standard rate</p>
<p>Plans and rates are for comparison purposes only. Rates may increase or decrease based on information disclosed on application. For full plan details refer to policy.</p>										
	non-Specialist Office Visit	PPO discount	6 @ \$40	PPO discount	\$30	\$30	6 @ \$40	PPO discount	80%	\$40
	Specialist Office Visit	PPO discount		PPO discount	\$50	\$50	6 @ \$50	PPO discount	80%	\$40
	Hospital Admission	deductible	70%	deductible	70%	70%	70%	deductible	80%	deductible
	Outpatient Surgery	deductible	70%	deductible	70%	70%	70%	deductible	80%	deductible
	High Tech Radiology (MRI, CT, PET, others)	deductible	70%	deductible	70%	70%	70%	deductible	80%	\$250 then deductible
	Emergency Room copay (waived if admitted)	deductible	\$150	deductible	150	150	\$150	deductible	\$100 then deductible	\$250
	Annual Routine Ob/GYN Mammogram or PSA test	covered	70%	covered	plan pays 100%	plan pays 100%	covered	covered	covered	see preventive
	Preventive/Wellness Annual Physical	deductible	up to \$250	deductible	plan pays 100%	plan pays 100%	up to \$200	deductible	\$25 copay then 100%	up to \$200 per person
	Lab / X-ray	deductible	70%	deductible	plan pays 100%	plan pays 100%	70%	deductible	80%	\$50 copay
	Pharmacy / Rx Deductible	none	300	none	200	200	\$200	none	\$100	500
	Generics	Rx applies to plan deductible MEDCO discount card	No deductible for Generics then \$15 copay;	Rx applies to plan deductible	deductible then \$15 co-pay	deductible then \$15 co-pay	deductible WAIVED then \$15 co-pay	Rx applies to plan deductible	No deductible for Generics then \$15 copay;	deductible WAIVED then \$15 co-pay
	Brandname	Rx applies to plan deductible MEDCO discount card	BRAND subject to deductible then \$30 copay	Rx applies to plan deductible	RX deductibel then \$30 copay	RX deductibel then \$30 copay	RX deductibel then \$25/\$40 copay	Rx applies to plan deductible	BRAND subject to deductible then \$30 copay	RX deductibel then \$35/\$50 copay