

Horizons[®] Cost Saver **PLUS**

**Major Medical
Benefits
for Small Groups**

MAJOR MEDICAL

What is Horizons[®] Cost Saver PLUS Major Medical?

Horizons[®] Cost Saver PLUS Major Medical is a benefit option which adds major medical coverage for catastrophic conditions to the Horizons Cost Saver limited benefit plan. By combining the cost effective first dollar coverage of the Horizons Cost Saver limited benefit plan with catastrophic coverage, an employer is able to offer an affordable employee health plan.

Who should Purchase Horizons Cost Saver PLUS Major Medical?

Horizons Cost Saver PLUS Major Medical is the perfect option for the employer priced out of traditional health insurance plans but still wanting to offer a health benefit plan to the company's employees. Everyday needs for basic services (such as office visits, emergency rooms and even outpatient surgery) that are important to many employees are covered by Horizons Cost Saver.

Horizons Cost Saver PLUS Major Medical adds true insurance coverage for catastrophic conditions (such as heart attacks, cancer, stroke and organ transplants) for an affordable total cost.



How does Horizons Cost Saver PLUS Major Medical work?

Basic medical care an insured uses is covered under Horizons Cost Saver benefits. If an insured suffers a major illness or injury, after a specified point, they will begin receiving major medical benefits. The point at which Horizons Cost Saver benefits end and major medical benefits begin is called the Catastrophic Attachment Point (CAP). Major Medical benefits are paid at 100% to Plan maximums.

What is the CAP?

The Catastrophic Attachment Point (CAP) is determined by the total dollar amount of eligible incurred charges in any calendar year. There are two CAP levels for the employer to choose from - \$10,000 or \$15,000. Once an insured has required enough medical care during a calendar year to reach the CAP, major medical benefits are paid at 100%.

The CAP, and the dollar amounts applied toward the CAP, are not affected by the base medical benefits paid under Horizons Cost Saver. Regardless of the amount of base medical benefits received, major medical benefits begin after the accumulated incurred charges reach the CAP.

Another way to understand the CAP is that once the combined total of Horizons Cost Saver benefits paid plus the insured's out of pocket expense reaches the CAP, then major medical benefits begin.

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Horizons Cost Saver PLUS Major Medical Benefit Highlights

Base Medical Benefits	Horizons Cost Saver limited benefits for first dollar, routine care— see Horizons Cost Saver brochure for details.	
Major Medical Benefits	Catastrophic Attachment Point (CAP)	\$10,000 or \$15,000 as selected by employer.
	Coinsurance	100% In-Network and Out-of-Network to Lifetime Maximum.
	Lifetime Maximum Benefit	Total \$2,000,000 , including Horizons Cost Saver Benefits, while insured, per person (\$1,000,000 per calendar year)
Outpatient Prescription Drugs	<ul style="list-style-type: none"> • Option One: Generic: \$15 copay; Brand Name: \$30 copay + 20% Coinsurance. \$150 Deductible on brand name only. \$5,000 maximum benefit per calendar year. Includes oral contraceptives. • Option Two: \$15 generic copay (\$20 generic oral contraceptive copay). Brand name drugs are provided at Allied’s contracted (discounted) price only, except when a brand name drug has a generic alternative, a benefit equal to the benefit for that generic drug will be paid. No limit on number of prescriptions. \$2,500 maximum benefit per calendar year. Once the CAP is reached, for the remainder of the calendar year, Horizons Cost Saver Major Medical pays 100% Generic/80% Brand Name after the copay, with no calendar year maximum. 	

Catastrophic Attachment Point (CAP) Details

- Horizons Cost Saver benefits are paid first. Then, after an insured receives a certain dollar amount of medical care (the CAP), regardless of benefits already paid, Horizons Cost Saver benefits end and the Major Medical option begins to pay benefits at 100% for expenses exceeding the CAP.
- There is one CAP for each family member which combines in-network and out-of-network charges.
- Charges from a participating PPO provider are applied to the CAP after the PPO discount. Charges from a non-participating PPO provider are: a) limited to the lesser of billed charges or usual and customary amount and b) are applied to the CAP at a reduced rate of 50%. That is, non-network charges are applied at the rate of 50 cents on the dollar to the CAP.
- Charges eligible to be applied to the CAP are those charges that are eligible for benefits under the policy. Charges excluded under the policy do not apply to the CAP.
- Once an individual has reached their CAP and begun receiving major medical benefits, no additional charges are applied to the CAP.
- Family CAP limit – in any calendar year the family CAP limit is two times the individual CAP. When the total charges applied to each family member’s CAP reaches two times the individual CAP all additional charges for all family members for the balance of the year will be paid under the major medical benefit provision.

Major Medical Plan Details

The following benefit provisions override similar limitations in the Horizons Cost Saver policy when an individual becomes eligible for major medical benefits.

- Doctor Office visits - Following \$20 copay, paid at 100% in-network or out-of-network.
- Outpatient Prescription Drugs – Any eligible drug not reimbursed under the drug card plan is eligible for major medical benefits after the CAP has been reached.
- Organ transplants – limited to \$1,000,000 maximum lifetime benefit when participating in an approved Health Care Coordination care plan. If not participating in an approved plan, benefits are limited to 50% coinsurance to a maximum benefit of \$100,000. Human organ or tissue donor expenses are limited to \$10,000.
- Extended Care facility – not to exceed a daily benefit of \$125 or 60 days.
- Air Ambulance – transportation per trip: Maximum benefit \$5,000.

Underwriting

- The Horizons Cost Saver PLUS option requires evidence of insurability for each employee and their family members. Acceptance and final rates can only be determined after submission to Allied underwriting. Any existing health insurance should not be terminated until approval and final rates have been provided in writing by Allied.

This is a supplement to the Horizons Cost Saver brochure. Please refer to the Horizons Cost Saver brochure and the policy for details including benefits, limitations and exclusions.

The Horizons Cost Saver PLUS option offers two separate and distinct health plans, packaged together for ease of enrollment and administration. Evidence of insurability is required for each employee and any family members applying for coverage. Participation in both plans under this option is not guaranteed and may be declined by the carrier. Depending on the product and state, Guaranteed Issue may be available if a group elects to participate in only one plan.