

Care Alternative Programs & Services

"We Build Relationships"

New Jersey Washington, DC

MINI-MED PROGRAM

(Not a Major Medical Health Insurance Program)



Supplemental Hospital Indemnity Plan

Note: There is a One Time \$10.00 Non-Refundable Processing Fee on all Care Alternative Programs



**Creative
Benefits
Services, LLC**
FEATURING THE CARE ALTERNATIVE PROGRAMS & SERVICES

Mini-Med Medical Program



Supplemental Hospital Indemnity Plan

Program Covers

Hospital
Wellness Visits
Surgery
Rx Discount Card

Doctor Visits
Accident Coverage
Vision Services
Dental Services

Emergency Room
Intensive Care
Hearing Services
Ambulance

Please visit **www.carealternative.com** for more information on this affordable program that will fit your families needs and budget.

Monthly Premiums range from \$177.50 (Individual Coverage) up to \$283.50 (Family Coverage)

SERVICES Covered	What Plan Pays
<p>PHYSICIAN OFFICE VISIT EMERGENCY ROOM SICKNESS VISIT</p> <p>Primary, or Specialist, Chiropractic care Covers any Emergency Room visit as a result of an Illness Maximum 6 visits per certificate year per covered person</p>	<p>Plan pays \$50 per visit per member Plan pays \$300 annual max per member Example: Office Visit (NON-Network Provider) - \$100.00 Office Visit (Network Provider) - \$70.00 Plan Pays Per Member - \$50.00 Member Pays Out of Pocket (NON-Network Provider) - \$50.00 Member Pays Out of Pocket (Network Provider) - \$20.00</p>
<p>OUTPATIENT DIAGNOSTIC LAB & X-RAY</p> <p>Per covered person, per annual period, hospital confinement is not required, lab (glucose, urinalysis, CBC, blood tests), X-Ray (chest, broken bones). Advanced Studies (CT SCAN, MRI)</p>	<p>Plan pays \$75 lab visit per member (up to 3 visits annual), Plan pays \$50 X-Ray per visit), Plan Pays \$500 Advanced Studies, \$250 CT Scan, \$250 MRI, with \$1,250 annual max per member</p>
<p>WELLNESS BENEFIT</p> <p>Routine exams, medical treatment, injections, mammograms, well child care, cancer screening and PSA</p>	<p>Plan pays \$50 per certificate year (See Physician Office Visit Example Above)</p>
<p>ACCIDENT COVERAGE</p> <p>Charges must be incurred within ninety (90) days of the date of the accidental injury. Covers: medical, dental or surgical treatment or supplies. Non-Occupational Only</p>	<p>Up to \$500 per occurrence per member</p>

What's Covered		What Plan Pays
<p>DAILY HOSPITAL CONFINEMENT</p> <p>30 days per confinement (based on plan selection) due to a covered accident or sickness. Must be admitted as an inpatient.</p> <p>Mental or Substance Abuse limited to 30 days per certificate year</p>		<p>Plan pays \$1,000 first day per member</p> <p>Plan pays \$500 each additional day per member (30 days max per confinement)</p> <p>Maximum of 30 days per year</p>
<p>INTENSIVE CARE CONFINEMENT</p> <p>Up to 30 days per confinement if you are confined in a hospital intensive care or critical care unit as a result of a covered accident or sickness</p>		<p>Plan pays \$500 per day per member, \$15,000 maximum per certificate year for ICU or CCU</p> <p>Plan pays 30 days maximum per member, per confinement for ICU, CCU benefit</p>
<p>SURGICAL SCHEDULE</p> <p>Inpatient or outpatient, maximum benefit paid by schedule, see schedule of operations</p>		<p>Plan pays \$2,500 per member per certificate year, per procedure (maximum scheduled amount for the most costly procedure during surgical session)</p>
<p>OUTPATIENT SURGICAL FEE</p>		<p>Plan pays \$100 maximum per procedure</p>
<p>AMBULANCE</p>		<p>Plan pays \$100 per occurrence</p>
<p>ANESTHESIA BENEFIT</p> <p>25% of the amount paid under the surgical benefit</p>		<p>Plan pays \$125 per member per annual period (maximum per member)</p>

<i>What's Covered</i>	<i>Plan Pays</i>
<p><u>DISCOUNT SAVINGS VALUE PACKAGE</u> <i>(Network Access Programs)</i></p> <ul style="list-style-type: none"> - Dental Services Program - Vision Services Program - Drug Card Program - Hearing Services Program 	<p><i>ALL DISCOUNT VALUE PACKAGE SERVICES INCLUDED</i></p>

Program Costs...

<u>Monthly Premiums</u>	
Individual	\$177.50
Husband - Wife	225.50
Single Parent + Child(ren)	231.50
Family	283.50

