Prepared For:	64152
Prepared By:	Gateway Insurance Marketing
Phone Number:	800-368-6711
Date Prepared:	5/4/2006
Zip Code:	64152
Effective Date:	5/15/2006
Applicant:	Female,age 47, non smoker

Company	American Community Mutual Insurance Company		American Community Mutual Insurance Company		American Community Mutual Insurance Company	
Plan Name	Community Med HSA		Community Med HSA		Community Med HSA	
Estimated Monthly Premium	$168.47		$124.66		$87.60	
Plan Type	PPO		PPO		PPO	
Networks	Networks / Premiums Open Access II / $168.47 HealthLink / $198.19		Networks / Premiums Open Access II / $124.66 HealthLink / $146.66		Networks / Premiums Open Access II / $87.60 HealthLink / $103.06	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Copay	N/A		N/A		N/A	
Deductible	Individual $1,500, Family $3,000	Individual $3,000, Family $6,000	Individual $2,600, Family $5,200	Individual $5,200, Family $10,400	Individual $5,000, Family $10,000	Individual $10,000, Family $20,000
Coinsurance (% Paid by Insurance Company)	100%	50%	100%	50%	100%	50%
Coinsurance Limit	$0	$0	$0	$0	$0	$0
Out-of-Pocket Maximum	see brochure		see brochure		see brochure	
Lifetime Maximum	$5,000,000		$5,000,000		$5,000,000	
Office Visit	❑ Subject to coinsurance. ❑ Includes Office visits, Office surgery, X-rays, Laboratory tests, Visits for injury		❑ Subject to coinsurance. ❑ Includes Office visits, Office surgery, X-rays, Laboratory tests, Visits for injury		❑ Subject to coinsurance. ❑ Includes Office visits, Office surgery, X-rays, Laboratory tests, Visits for injury	
Prescription Drugs	❑ Discount Drug Card, then coinsurance.		❑ Discount Drug Card, then coinsurance.		❑ Discount Drug Card, then coinsurance.	
Emergency Room	❑ Subject to coinsurance. ❑ Emergency Injuries: Deductible waived for expenses incurred within 30 days of an injury ❑ After 30 days, normal plan benefits apply.		❑ Subject to coinsurance. ❑ Emergency Injuries: Deductible waived for expenses incurred within 30 days of an injury ❑ After 30 days, normal plan benefits apply.		❑ Subject to coinsurance. ❑ Emergency Injuries: Deductible waived for expenses incurred within 30 days of an injury ❑ After 30 days, normal plan benefits apply.	
Adult Preventive Care	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, PSA Testing, Bone Density Test, Colonoscopy, Pap Smear, Routine Mammograms, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, PSA Testing, Bone Density Test, Colonoscopy, Pap Smear, Routine Mammograms, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, PSA Testing, Bone Density Test, Colonoscopy, Pap Smear, Routine Mammograms, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A
Child Preventive Care	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A	❑ $300 calendar year maximum per Family Member ❑ Subject to coinsurance. ❑ Includes Immunizations, Routine Physical Exams, Inoculations or Prophylactic Drugs for Travel.	N/A
Lab/X-ray	❑ See Office Visit and Hospital Care section. ❑ Subject to Coinsurance		❑ See Office Visit and Hospital Care section. ❑ Subject to Coinsurance		❑ See Office Visit and Hospital Care section. ❑ Subject to Coinsurance	
Maternity	❑ Available with Maternity Benefit Option ❑ 270-day waiting period, measured from the rider effective date to the date the pregnancy began (the date the pregnancy began is determined by the attending physician) ❑ Calendar Year Deductible and Benefit Percentage per Family Member		❑ Available with Maternity Benefit Option ❑ 270-day waiting period, measured from the rider effective date to the date the pregnancy began (the date the pregnancy began is determined by the attending physician) ❑ Calendar Year Deductible and Benefit Percentage per Family Member		❑ Available with Maternity Benefit Option ❑ 270-day waiting period, measured from the rider effective date to the date the pregnancy began (the date the pregnancy began is determined by the attending physician) ❑ Calendar Year Deductible and Benefit Percentage per Family Member	
Physical Therapy	❑ Outpatient Physical, Occupational and Speech Therapy ❑ Limited to 60 visits per Calendar Year (this is a combined total for all therapies) ❑ Subject to coinsurance.		❑ Outpatient Physical, Occupational and Speech Therapy ❑ Limited to 60 visits per Calendar Year (this is a combined total for all therapies) ❑ Subject to coinsurance.		❑ Outpatient Physical, Occupational and Speech Therapy ❑ Limited to 60 visits per Calendar Year (this is a combined total for all therapies) ❑ Subject to coinsurance.	
Skilled Nursing	❑ $75 per day, 60 days per Calendar Year ❑ Subject to coinsurance.		❑ $75 per day, 60 days per Calendar Year ❑ Subject to coinsurance.		❑ $75 per day, 60 days per Calendar Year ❑ Subject to coinsurance.	
Home Health Care	❑ 20 visits per Calendar Year ❑ Subject to coinsurance		❑ 20 visits per Calendar Year ❑ Subject to coinsurance		❑ 20 visits per Calendar Year ❑ Subject to coinsurance	
Mental Health	Not Covered		Not Covered		Not Covered	
Hospital Care	❑ Subject to coinsurance ❑ Diagnostic Services: Includes Pre-admission testing, X-rays, Laboratory tests, Nuclear Medicine, MRIs, Ultrasounds, Mammograms.		❑ Subject to coinsurance ❑ Diagnostic Services: Includes Pre-admission testing, X-rays, Laboratory tests, Nuclear Medicine, MRIs, Ultrasounds, Mammograms.		❑ Subject to coinsurance ❑ Diagnostic Services: Includes Pre-admission testing, X-rays, Laboratory tests, Nuclear Medicine, MRIs, Ultrasounds, Mammograms.	
Optional Benefits (not included in base rate quotation)	❑ Dental Benefit		❑ Dental Benefit		❑ Dental Benefit	

Fees	see brochure	see brochure	see brochure
Policy Form Number	see brochure	see brochure	see brochure
Note	Once approved, an additional billing fee of $4.75 will be applied for Monthly billing mode (fee is waived for EFT, Quarterly, Semi-Annual and Annual modes); a $10 per month billing fee will be charged for List Bill	Once approved, an additional billing fee of $4.75 will be applied for Monthly billing mode (fee is waived for EFT, Quarterly, Semi-Annual and Annual modes); a $10 per month billing fee will be charged for List Bill	Once approved, an additional billing fee of $4.75 will be applied for Monthly billing mode (fee is waived for EFT, Quarterly, Semi-Annual and Annual modes); a $10 per month billing fee will be charged for List Bill

General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.