

# *Care Alternative North America*

*“We Build Relationships”*

**New Jersey**

**Washington, DC**

**Dallas, TX**

*Marketing Partner: David Macgregor Group*

**The Care Alternative Family of Products & Services Presents...**

## **MINI-MED PROGRAM**



*Supplemental Hospital Indemnity Plan*

[www.carealternative.com](http://www.carealternative.com)

## **MINI-MED Benefit Plan**

*Supplemental Hospital Indemnity Plan*

*Marketing Partner-Care Alternative North America*

### **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](http://www.carealternative.com)** for more information on this affordable program that will fit your families needs and budget.

**Monthly Premiums range from \$150.71 (Individual Coverage) up to \$253.71 (Family Coverage)**

<b>SERVICES Covered</b>		<b>What Plan Pays</b>										
<p><b>PHYSICIAN OFFICE VISIT</b>  <b>EMERGENCY ROOM SICKNESS VISIT</b></p> <p>Primary or Specialist, Chiropractic Care, maximum <b>6</b> visits per annual period per member (Per covered person)</p>		<p><b>Plan pays \$50</b> per visit per member  <b>Plan pays a \$300</b> annual max per member</p> <p><b>Example:</b></p> <table data-bbox="1052 446 1793 630"> <tr> <td>Office Visit (NON-Network Provider)</td> <td style="text-align: right;"><b>\$100.00</b></td> </tr> <tr> <td>Office Visit (Network Provider)</td> <td style="text-align: right;"><b>70.00</b></td> </tr> <tr> <td>Plan Pays Per Member</td> <td style="text-align: right;"><b>50.00</b></td> </tr> <tr> <td>Member Pays Out of Pocket (NON-Network Provider)</td> <td style="text-align: right;"><b>\$50.00</b></td> </tr> <tr> <td>Member Pays Out of Pocket (Network Provider)</td> <td style="text-align: right;"><b>\$20.00</b></td> </tr> </table>	Office Visit (NON-Network Provider)	<b>\$100.00</b>	Office Visit (Network Provider)	<b>70.00</b>	Plan Pays Per Member	<b>50.00</b>	Member Pays Out of Pocket (NON-Network Provider)	<b>\$50.00</b>	Member Pays Out of Pocket (Network Provider)	<b>\$20.00</b>
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<p><b>OUTPATIENT DIAGNOSTIC LAB &amp; X-RAY</b></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><b>Plan pays \$75</b> lab visit per member (up to <b>3</b> visits annual),  <b>Plan pays \$100</b> X-Ray per visit (up to <b>2</b> visits),  Plan Pays <b>\$1,000</b> for advanced studies CT Scan-\$500 MRI-\$500, with <b>\$2,500</b> annual max per member</p>										
<p><b>WELLNESS BENEFIT</b></p> <p>Routine exams, medical treatment, injections, mammograms, well child care, cancer screening and PSA</p>		<p><b>Plan pays \$50</b> per year  <b>(See Physician Office Visit Example Above)</b></p>										
<p><b>ACCIDENT COVERAGE</b></p> <p>Charges must be incurred within ninety (<b>90</b>) days of the date of the accidental injury. Covers: medical, dental or surgical treatment or supplies.  Non-Occupational Only</p>		<p>Up to <b>\$500</b> per occurrence per member</p>										

<b>What's Covered</b>			<b>What Plan Pays</b>
<p><b>DAILY HOSPITAL CONFINEMENT</b></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><b>Plan pays \$1,000</b> first day per member</p> <p><b>Plan pays \$500</b> each additional day per member (30 days max per confinement)</p>
<p><b>INTENSIVE CARE CONFINEMENT</b></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><b>Plan pays \$500</b> per day per member</p> <p><b>Plan pays 30 days maximum</b> per member, per confinement for ICU, CCU benefit</p>
<p><b>SURGICAL SCHEDULE</b></p> <p>Inpatient or outpatient, maximum benefit paid by schedule, see schedule of operations</p>			<p><b>Plan pays \$500</b> per member, per procedure (maximum scheduled amount for the most costly procedure during surgical session)</p>
<p><b>OUTPATIENT SURGICAL FEE</b></p>			<p><b>Plan pays \$100</b> per procedure</p>
<p><b>AMBULANCE</b></p>			<p><b>Plan pays \$100</b> per occurrence</p>
<p><b>ANESTHESIA BENEFIT</b></p> <p>25% of the amount paid under the surgical benefit</p>			<p><b>Plan pays \$125</b> per member per annual period (maximum per member)</p>

<b><i>What's Covered</i></b>			<b><i>Plan Pays</i></b>
<b><u>DISCOUNT SAVINGS VALUE PACKAGE</u></b> <i>(Network Access Programs)</i> - Dental Services Program - Vision Services Program - Drug Card Program - Hearing Services Program			<b><i>ALL DISCOUNT VALUE PACKAGE SERVICES INCLUDED</i></b>

<b><u>Monthly Premiums</u></b>			
<b>Individual</b>			<b>\$150.71</b>
<b>Husband - Wife</b>			<b>198.71</b>
<b>Single Parent + Child(ren)</b>			<b>204.71</b>
<b>Family</b>			<b>253.71</b>

**For additional Information, please call Customer Service at – 866-641-2622**

