

Product Portfolio

Health Net								
Package Name	Office Visit In Network	Deductible		Coinsurance		OOPM In-Network	RX Plan: Non-Packaged	Well Net Included?
		In Network	Out-of-Network	In Network	Out-of-Network			
PPO 500	\$20	\$500 Combined		20%	40%	\$2,500	\$15/\$30/\$50 or \$10/\$50/\$75	Yes
PPO 1000	\$20	\$1000 Combined		25%	50%	\$3,000	\$15/\$30/\$50 or \$10/\$50/\$75	Yes
PPO 2000	\$30	\$2000 Combined		30%	50%	\$4,000	\$15/\$30/\$50 or \$10/\$50/\$75	Yes
PPO 5000	\$35	\$5000 Combined		20%	40%	\$3,000	\$15/\$30/\$50 or \$10/\$50/\$75	Yes
Enhanced Choice (EC) Packages - Employees can choose any one plan out of the following options. (Riders must be the same.)								
Package Name	Office Visit In Network	Deductible		Coinsurance		OOPM In-Network	RX Plan: Packaged	Well Net Included?
		In Network	Out-of-Network	In Network	Out-of-Network			
EC - 750	\$20	\$750 Combined		25%	50%	\$2,000	\$15/30%/50% RX \$5000 OOP Max.	Yes
EC - 1000	\$20	\$1000 Combined		25%	50%	\$3,000	\$15/30%/50% RX \$5000 OOP Max.	Yes
EC - 1500	\$20	\$1500 Combined		25%	50%	\$4,000	\$15/30%/50% RX \$5000 OOP Max.	Yes
Above Packages Include:								
\$15 Office Visit Copay for Chiro, Naturopathic, and Acupuncture, \$25 Copay for Massage Therapy (Max. 18 Visits), \$1000 Annual Benefit Max. (Not available with HSA.)								
Preventive Care Coverage (Also included in HSA)								
Optional Benefits Available (For Additional Premium):								
Vision: With Participating Providers exams are \$10 Copay once every 12 months, Lenses at \$25 Copay once every 12 months, Frames \$100 Allowance every 24 months. Contact Lenses allowance of \$90 plus								
Vision available with the purchase of medical only.								
Well Net Buy Up: Increases Maximum to \$1500 and Massage Therapy visits to 27.								
Provider Directory: www.healthnet.com								
Health Net - HDHP - HSA Qualified								
Package Name - HSA Qualified	Office Visit In Network	Deductible		Coinsurance		OOPM In-Network	RX Plan - After Medical Ded.	Well Net Included?
		In Network	Out-of-Network	In Network	Out-of-Network			
HSA - 1500	Ded. Then 20%	\$1,500	\$3,000	20%	40%	\$3,000	20%	No
HSA - 2500	Ded. Then 20%	\$2,500	\$5,000	20%	40%	\$5,000	20%	No
Contact us:								
Interested Employers and Agents: Call (877) 588-0002. Direct questions regarding joining AOI Health Choice Trust to:								
Lance Barnwell Managing Agent				Mike Beyrouly Managing Agent				
lbarnwell@benefitadvisorslp.com				mbeyrouly@benefitadvisorslp.com				
For quotes fax quote request form to 503-968-2817 attention Stephanie.								

Product Portfolio

Kaiser								
Package Name	Office Visit	Deductible		Copay or Coinsurance		OOPM	RX Plan	Chiropractic Included
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	In-Network		
HMO \$15	\$15	No Deductible	N/A	\$250/ Admission Hosp.	N/A	\$1,000	\$10 Gen/\$20 Brand	\$15 Copay/ 15 Visits
HMO \$20	\$20	No Deductible	N/A	\$500/ Admission Hosp.	N/A	\$1,500	\$10 Gen/\$20 Brand	\$15 Copay/ 15 Visits
HMO 250	\$15/\$25	\$250	N/A	20%	N/A	\$2,000	\$15 Gen/\$30 Brand	\$15 Copay/ 15 Visits
HMO 500	\$20/\$30	\$500	N/A	20%	N/A	\$2,500	\$15 Gen/\$30 Brand	\$15 Copay/ 15 Visits
HMO 1000	\$25/\$35	\$1,000	N/A	20%	N/A	\$3,000	\$15 Gen/\$30 Brand	\$15 Copay/ 15 Visits
Optional Benefits Available (For Additional Premium):								
Vision: \$150 Allowance for Eyeglasses and Frames every 24 Months.								
Dental: (See Dental section of this summary) Kaiser dental available for purchase with Kaiser Medical.								
Provider Directory: http://members.kaiserpermanente.org/kpweb/toc.do?theme=locate_members								
Package Name - HSA Qualified	Office Visit In Network	Deductible		Coinsurance		OOPM In-Network	RX Plan - After Medical Ded.	Chiropractic Included
HSA - 2600	Ded. Then 20%	\$2,600	N/A	20%	N/A	\$5,000	\$15 Gen/\$30 Brand	No

AOI HealthChoice Dental Options

Kaiser Dental - Available with the Purchase of Kaiser Medical Only								
Package Name	Office Visit Exams	Deductible	Out-of-Network	Preventive Coinsurance	Basic Coinsurance	Major Coinsurance	Annual Maximum	Endo and Perio covered as?
Preferred	N/A	\$25	N/A	100%	80%	\$50	No Maximum	Covered as Basic
Standard	N/A	\$50	N/A	100%	80%	\$50	\$1,500	Covered as Basic
Value	\$20	\$50	N/A	100%	80%	\$50	\$1,000	Covered as Major

* Deductible waived for Preventive Services

** If group does not have prior coverage they are limited to selecting the Value Plan.