



**BASICPLUS INSURANCE SERVICES, LLC**  
**PREMIUM BENEFITS**

**Aegis**  
 ADMINISTRATIVE SERVICES  
 6970 W. DIVERSEY AVE.  
 CHICAGO, IL 60707  
 888.881.2307

Agent Information  
 Geri Ann Cangelosi  
 6970 W. Diversey Avenue  
 Chicago, IL 60707  
 PH: (773) 889-2307  
 FAX: (773) 889-2308

	Gold	Silver	Bronze
<b>Physician &amp; Other Medical Expenses</b>			
<b>Office Visit</b>			
Physician's Office Visit			
Benefits Paid Per Visit	\$50	\$100	\$50
Number of Visits	6	6	6
Maximum Benefit			
<b>DXL</b>			
Diagnostic X-Ray & Laboratory			
Benefits Paid Per Visit	\$400	\$100	\$50
Number of Visits	3	3	3
Maximum Benefit			
<b>Wellness</b>			
Preventive Care			
Benefits Paid Per Visit	\$450	\$100	\$100
Number of Visits	1	1	1

Maximum Benefit

**Emergency Room**

Emergency Room Visits

Benefits Paid Per Visit

0

\$100

\$75

Number of Visits

2

2

Maximum Benefit

**Supplemental Accident**

Benefits Paid per Accident

Benefits Paid Per Visit

Number of Visits

Maximum Benefit

\$2,500

\$2,500

\$1,500

**Surgical**

Physician Charges for Surgery

Benefits Paid Per Visit

Number of Visits

Maximum Benefit

Payment determined per surgical schedule - maximum = \$5,000

Payment determined per surgical schedule - maximum = \$2,000

Payment determined per surgical schedule - maximum = \$1,500

**Anesthesia**

Anesthesia charges for surgery

Benefits Paid Per Visit

Number of Visits

Maximum Benefit

Benefit paid at 25% of Surgical Benefit Paid

Benefit paid at 25% of Surgical Benefit Paid

Benefit paid at 25% of Surgical Benefit Paid

**Outpatient Surgical**

Charges for use of Outpatient Surgical Facility

Benefits Paid Per Visit

\$1,000

0

0

Number of Visits

1

Maximum Benefit

**Outpatient Chemo/Radiation**

## Charges for Outpatient Chemotherapy and Radiation Therapy

Benefits Paid Per Visit	\$300	0	0
Number of Visits	11		
Maximum Benefit			

**Hospital Benefits****Hospital**

## Daily Indemnity for Regular Hospital

Benefits Paid Per Visit	\$1,000	\$1,000	\$500
Number of Visits	150	150	150
Maximum Benefit			

**ICU**

## Daily Indemnity for Intensive Care Hospitalization

Benefits Paid Per Visit	\$2,000	\$2,000	\$1,000
Number of Visits	30	30	30
Maximum Benefit			

**Mental Illness**

## Daily Indemnity for Confinement due to Mental Illness

Benefits Paid Per Visit	0	\$500	\$250
Number of Visits		30	30
Maximum Benefit			

**Substance Abuse**

## Daily Indemnity for Confinement due to Substance Abuse

Benefits Paid Per Visit	0	0	0
Number of Visits			
Maximum Benefit			

**Skilled Nursing**

## Daily Indemnity for Confinement in a Skilled Nursing Facility

Benefits Paid Per Visit	\$500	0	0
-------------------------	-------	---	---

Number of Visits

30

Maximum Benefit

**Heart, Cancer, Stroke**

Daily Indemnity for Confinement due to a Heart Attack, Cancer or Stroke

Benefits Paid Per Visit

\$2,000

Same as Regular Hospital

Same as Regular Hospital

Number of Visits

30

Maximum Benefit

**1st Day in Hospital**

Daily Indemnity for the First Day of Hospital Confinement

Benefits Paid Per Visit

\$1,500

\$2,000

\$1,000

Number of Visits

Maximum Benefit

**Available Optional Benefits**

Insured Prescription Drug Card

\$100 ded plus \$15 Generic Co-Pay; \$50 or 50% Brand Co-pay

This is not Comprehensive Medical or Major Medical Coverage

Copyright 2010 Digital Bay Media, Inc.

[Terms of Service](#) [Privacy Statement](#)

## **Plans For Individuals & Families**

- Fully Insured By An A+ Rated Carrier
- Individuals Can Choose One Of Three Plans
- Only One Underwriting Question Is Asked (About Pregnancy), And Coverage Is Guaranteed For Eligible Applicants
- Dependent Coverage Is Available

## **What is a Limited Benefit Health Plan?**

Limited benefit health plans provide insurance coverage for basic medical expenses such as physician's office visits, lab and X-ray testing, and preventive care. In addition, it offers partial coverage for hospitalizations and surgeries, which often result in significant financial expenses. You can also choose to add an insured prescription drug card to the plan for an additional premium.

This is not Comprehensive Medical or Major Medical Coverage

**Copyright 2010 Digital Bay Media, Inc.**

[Terms of Service](#)   [Privacy Statement](#)