

AIM COMPARISONS

PLAN BENEFIT	HEALTH SOLUTIONS SILVER	HEALTH SOLUTIONS GOLD	HEALTH SOLUTIONS DIAMOND	HEALTH MAX PLUS
DOCTOR'S OFFICE VISITS	\$50 PER VISIT UP TO 5 VISITS PER YEAR	\$75 PER VISIT UP TO 5 VISITS PER YEAR	\$75 PER VISIT UP TO 5 VISITS PER YEAR	\$100 PER VISIT UP TO 7 VISITS PER YEAR
PREVENTIVE CARE TEST	\$100 VISIT, ONE PER YEAR	\$ 100 VISIT, ONE PER YEAR	150 VISIT, ONE PER YEAR	\$150 VISIT, ONE PER YEAR
HOSPITAL CONFINEMENT	\$750 1ST DAY, \$750 THEREAFTER MAXIMUM 100 days	\$1,000 1ST DAY, \$1,000 THEREAFTER MAXIMUM 100 DAYS	\$1,000 1ST DAY, \$ 1000 THEREAFTER MAXIMUM 100 DAYS	\$3,000 1ST DAY, \$1,000 THEREAFTER MAXIMUM 100 DAYS
INTENSIVE/ACUTE CARE	NO COVERAGE	NO COVERAGE	\$1,000 PER DAY, 5 DAYS	\$1,000 PER DAY, MAXIMUM 15 DAYS
DIAGNOSTIC TESTING AND LAB BENEFIT	\$ 50 PER VISIT, 3 PER YEAR	\$ 100 PER VISIT, 3 PER YEAR	\$150 PER VISIT, 3 PER YEAR	\$400 PER VISIT, 5 PER YEAR
SURGICAL BENEFIT	50% OF MEDICARE /RBRVS BENEFIT SCHEDULE	80 % OF MEDICARE /RBRVS BENEFIT SCHEDULE	100% OF MEDICARE /RBRVS BENEFIT SCHEDULE	100% MEDICARE/RBRVS BENEFIT SCHEDULE
ANESTHESIA	NO BENEFIT	20% OF THE SURGEONS BENEFIT	20% OF THE SURGEONS BENEFIT	25% OF THE SURGEON'S BENEFIT
ACCIDENT BENEFIT	\$2,500 PER ACCIDENT, \$100 DEDUCTIBLE 80% COINSURANCE	\$5,000 PER ACCIDENT, \$100 DEDUCTIBLE 80% COINSURANCE	\$5,000 PER ACCIDENT, \$100 DEDUCTIBLE 80% COINSURANCE	RIDER
PRESCRIPTION CARD	AIM Rx CARD INCLUDED	AIM Rx CARD INCLUDED	AIM Rx CARD INCLUDED	AIM Rx CARD INCLUDED
CRITICAL ILLNESS	COVERAGE AVAILABLE SEE RIDER BELOW	\$ 2500 ONE TIME BENEFIT	\$ 2500 ONE TIME BENEFIT	\$5,000 ONE TIME BENEFIT
CRITICAL ILLNESS	OPTIONAL RIDERS \$25,000 ONE TIME BENEFIT UPON FIRST DIAGNOSIS	OPTIONAL RIDERS ADDS AN ADDITIONAL \$ 22,500 ONE TIME BENEFIT UPON FIRST DIAGNOSIS DIAGNOSIS	OPTIONAL RIDERS ADDS AN ADDITIONAL \$ 22,500 ONE TIME BENEFIT UPON FIRST DIAGNOSIS DIAGNOSIS	OPTIONAL RIDERS ADDS AN ADDITIONAL \$20,000 ONE TIME BENEFIT UPON FIRST DIAGNOSIS DIAGNOSIS
HOSPITAL 500	HOSPITAL INDEMNITY \$500 PER DAY FOR 31 DAYS ADDITIONAL \$500 PER DAY FOR 31 DAYS IF IN ICU OR CCU	HOSPITAL INDEMNITY \$500 PER DAY FOR 31 DAYS ADDITIONAL \$500 PER DAY FOR 31 DAYS IF IN ICU OR CCU	HOSPITAL INDEMNITY \$500 PER DAY 31 DAYS ADDITIONAL \$500 PER DAY FOR 31 DAYS IF IN ICU OR CCU	HOSPITAL INDEMNITY \$ 500 PER DAY 31 DAYS ADDITIONAL \$500 PER DAY FOR 31 DAYS IF IN ICU OR CCU
ACCIDENT RIDER	INCLUDED IN BASE PLAN	INCLUDED IN BASE PLAN	INCLUDED IN BASE PLAN	\$5,000 AT 100%. AFTER \$100 DEDUCTIBLE \$10,000 ACCIDENTAL DEATH AND DISMEMBERMENT PRIMARY INSURED ONLY AMBULANCE COVERED IN FULL
CATALYST RX RIDER	\$10. CO PAY, NO DEDUCTIBLE, \$1,500 ANNUAL MAXIMUM	\$10. CO PAY, NO DEDUCTIBLE, \$1,500 ANNUAL MAXIMUM	\$10. CO PAY, NO DEDUCTIBLE, \$1,500 ANNUAL MAXIMUM	AIR AMBULANCE BENEFIT UP TO \$4,000 \$10. CO PAY, NO DEDUCTIBLE, \$1,500 ANNUAL MAXIMUM