

AVMA GHLIT Medical Insurance Plan Overview

Designed by veterinarians
for veterinarians



Insurance you can trust.

Medical Coverage As Diverse As Our AVMA Members

As veterinarians, we understand the diverse needs of our colleagues, so we designed medical insurance offerings to meet a wide range of requirements – from low deductibles, to more control over your healthcare dollars, to complete choice of physicians. And regardless of which you choose, all our plans include:

- **Portability*** so your coverage goes wherever your life or work takes you
- **Freedom to choose your own physicians, even specialists, without referrals**
- **Benefit options for you, your spouse or domestic partner, and your children**
- **Eligibility for coverage, even with existing conditions**

*Plans not available in all states. Contact your agent or visit www.avmaghlit.org for details.

DEDUCTIBLE INDIVIDUAL

DEDUCTIBLE FAMILY

CO-INSURANCE

CO-INSURANCE LIMITS*

OUT-OF-POCKET LIMITS*

DOCTOR OFFICE VISIT

HOSPITALIZATION**

LIFETIME MAXIMUM

ADULT PREVENTIVE CARE

CHILDREN'S ROUTINE
PREVENTIVE CARE

MATERNITY

PRESCRIPTION DRUGS†

ADDITIONAL DEDUCTIBLE

OUT-PATIENT SURGICAL (per procedure)

CT SCAN/MRI OUTPATIENT (per procedure)

ER (PER VISIT) WAIVED IF ADMITTED

PPO VALUE PLANS		PPO PLANS	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$1,000 or \$2,500	\$1,500 or \$3,750	\$1,000	\$1,500
\$3,000 or \$7,500	\$4,500 or \$11,250	\$3,000	\$4,500
80/20%	60/40%	80/20%	60/40%
To \$10,000 ¹ (individual) or \$30,000 ¹ (family) after Deductible		To \$5,000 ¹ after Deductible	
\$2,000 ² (individual) or \$6,000 ² (family) after Deductible	\$4,000 ² (individual) or \$12,000 ² (family) after Deductible	\$1,000 ² after Deductible	\$2,000 ² after Deductible
\$35 co-pay per visit or Deductible & Co-Insurance	Deductible & Co-Insurance	\$20 co-pay per visit	Deductible & Co-Insurance
Deductible & Co-Insurance		Deductible & Co-Insurance	
\$5 million		\$5 million	
Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance		Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance	
Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300:		Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300: \$20 co-pay per visit	Deductible & Co-Insurance
\$35 co-pay per visit or Deductible & Co-Insurance	Deductible & Co-Insurance		
Optional Benefit: Up to \$3,000 in benefits per pregnancy after 12 month waiting period subject to Deductible & Co-insurance		Optional Benefit: Up to \$3,000 in benefits per pregnancy after 12 month waiting period subject to Deductible & Co-insurance	
\$15 co-pay for generic*** \$25 co-pay for preferred brand plus 20% Co-Insurance*** \$35 co-pay for other brand name drugs plus 40% Co-Insurance***	Deductible & Co-Insurance	\$15 co-pay for generic*** \$25 co-pay for preferred brand plus*** \$35 co-pay for other brand name drugs plus***	Deductible & Co-Insurance
In-Network	Out-of-Network		
\$250	\$500		
\$250	\$500		
\$250	\$250		

¹ Based on eligible expenses incurred by the insured(s) in calendar year.

² Based on out-of-pocket eligible expenses paid by the insured(s) in calendar year.

* Based on eligible expenses incurred in calendar year.

** Subject to an additional \$250 deductible if hospitalization is not-pre-certified.

*** Up to 30-day supply

† If you purchase a brand-name drug when a generic drug equivalent can be substituted, you will be responsible for paying your brand-name drug co-pay plus the difference in cost between the brand-name and generic equivalent.

†† Only applies to one plan. See brochure for more details.

Plans underwritten by New York Life Insurance Company (NY, NY 10010) on Group Policy Form GMR-FACE/14884

HSA-QUALIFIED PLANS

In-Network

Out-of-Network

\$1,500, \$2,600, \$3,500 or \$5,000

\$3,000, \$5,200, \$7,000 or \$10,000

80/20% or 100%
(\$5,000 Deductible only)

60/40% or 80/20%
(\$5,000 Deductible only)

\$5,000 (individual)
\$10,000 (family)
Including Deductible

\$7,500² (individual)
\$15,000² (family)
Including Deductible

Deductible & Co-Insurance

Deductible & Co-Insurance

\$5 million

Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance

Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance

Included as any other condition

Deductible & Co-Insurance

TRADITIONAL PLANS

\$3,000 or \$5,000

\$6,000 or \$10,000

80/20%

^{††}To \$5,000¹ (individual)
or \$10,000¹ (family) after Deductible

\$1,000² or \$1,500² (individual) or
\$2,000² or \$3,000² (family) after Deductible

Deductible & Co-Insurance

Deductible & Co-Insurance

\$5 million

Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance

Up to \$300 first dollar calendar year benefit. Expenses in excess of \$300 are subject to Deductible & Co-Insurance

Included as any other condition

Deductible & Co-Insurance

Over 50 Years of Service

AVMAGHLIT



Group Health & Life
Insurance Trust Programs

Insurance you can trust.

Choose The Plan That's Right For You

PREFERRED PROVIDER ORGANIZATION (PPO) PLANS

These plans offer valuable preventive care, hospital benefits, and prescription drug coverage at an affordable price. With our PPO plans you have access to a leading national network of physicians and in-network doctor visits for a \$20 co-pay. Plus, you maintain the flexibility to use your own out-of-network providers (at reduced benefits). Prescription drugs are also covered with additional savings from our mail order pharmacy partner.

PPO VALUE PLANS

Choose one of our PPO Value Plans to reduce your monthly premium in exchange for higher deductibles and co-pays. With the PPO Value Plans, you'll still have access to one of the nation's largest networks of doctors and hospitals, as well as the freedom to visit specialists without a referral and to choose your own out-of-network providers (at reduced benefits).

HEALTH SAVINGS ACCOUNT (HSA) & HSA-QUALIFIED PLANS

With a Health Savings Account you can make pre-tax deposits into an interest-earning account and make withdrawals – tax free – to pay for qualified medical costs not covered by your health plan. In order to have an HSA, you'll need one of our HSA-Qualified High Deductible Health Plans. These plans can cover up to the first \$300 of routine preventive care. Other covered healthcare costs are only covered after you meet your deductible. But remember, you can use the money in your HSA to help cover these costs. In addition, these plans have out-of-pocket limits, so your out-of-pocket costs for eligible medical expenses can be limited.

TRADITIONAL MAJOR MEDICAL PLANS

These plans cover 80% of most covered medical costs,* including doctor office visits, hospitalizations, and prescription drugs – once you meet your deductible. With these plans, you can use any doctor, any hospital, and any pharmacy you want, and you'll never pay more than a pre-determined out-of-pocket limit during a calendar year.

*Plans pay 70% of hospitalizations at out-of-network hospitals. Some benefits covered at only 50% and do not apply to out-of-pocket limits.

**The AVMA Group Health
and Life Insurance Trust**

3501 Frontage Road
Tampa, FL 33607
800.621.6360
www.avmaghlit.org

Broker/Administrator

HealthPlan Services
3501 Frontage Road
Tampa, FL 33607

Claims Administrator

Harrington Health
233 N. Michigan Avenue, Suite 1050
Chicago, IL 60601

Underwritten by:

New York Life Insurance Co.
51 Madison Avenue
New York, NY 10010

A Membership Service of the American
Veterinary Medical Association

For a list of ASA PPO Network providers in your area, visit www.avmaghlit.org or call 800.621.6360. This is a brief overview of the plans. For more details, including exclusions, limitations, rates, eligibility and renewal provisions, please contact the Trust Office at 800.621.6360 or visit www.avmaghlit.org.



Insurance you can trust.