



ARIZONA SELF-STORAGE ASSOCIATION PROGRAM PLAN OVERVIEW

Health benefit costs rank as one of the top concerns for the Arizona Self-Storage Association membership today. This program provides AZSA members a strategic health benefits solution. By offering affordable coverage along with proactive cost management & employee wellness features, member companies can strategically manage healthcare costs while still maximizing employee benefits.



HealthyChoice

Healthy100

HealthyValue

HealthyConsumer

Deductible Options	\$1000/1500/2000/2500	\$2500/3000/3500/5000	\$2500/3500/6850/10,000	\$3000/3500/5000/6500
Lifestyle Deductible Credit	Up to \$500 in Year 1	Up to \$500 in Year 1	Up to \$500 in Year 1	Up to \$500 in Year 1
Co-insurance	80/20 Co-insurance	No Co-insurance	50/50 No Co-insurance	No Co-insurance
Office Visit Copay ¹	\$5 PCP / \$50 Specialist	\$5 PCP / \$50 Specialist	\$5 PCP / \$50 Specialist	Deductible
Telemedicine Consult	Included, \$0 Copay	Included, \$0 Copay	Included, \$0 Copay	Included, \$0 Copay
Allergy Treatment	\$25 Copay	\$25 Copay	\$25 Copay	Deductible
Urgent Care Visits ²	\$50 Copay	\$50 Copay	\$50 Copay	Deductible
Hospital ER Visits ³	\$250 Copay	\$250 Copay	\$250 Copay	Deductible
Rx Drug Benefits Copay ⁴	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	After Deductible, Rx Copays
Diabetic Testing Supplies	100% Coverage (preferred vendor)	100% Coverage (preferred vendor)	100% Coverage (preferred vendor)	Deductible
Outpatient Lab Testing	100% Coverage (preferred vendor)	100% Coverage (preferred vendor)	100% Coverage (preferred vendor)	Deductible



For questions about the program or to receive a proposal, call:

Constance Lemere at
(480) 839-6100 or email:
Constance@ebxaz.com

SAMPLE MEDICAL RATES

Illustrative purposes only. Each client group will go through medical underwriting. Premiums may be higher or lower based on underwriting results.

PLAN OPTION	HealthyChoice 1500	Healthy100 3000	HealthyValue 6850	HealthyConsumer 5000
Employee Only	\$402.46	\$377.09	\$317.06	\$305.65
Employee / Spouse	\$825.04	\$773.04	\$649.98	\$626.58
Employee / Child(ren)	\$772.72	\$724.02	\$608.76	\$586.84
Family	\$1,179.20	\$1,104.88	\$928.99	\$895.55

¹ After Copay, then 100% to \$225 per visit for all services during visit expect lab services, then Deductible/Co-insurance. ² After copay, then 100% to \$500 per visit, then Deductible / Co-insurance. ³ Hospital ER Facility Charge Only, after Copay then Deductible / Co-insurance. Copay is waived if admitted. ⁴ Copays for Generic / Brand / Non-preferred Brand / Specialty. Plans are underwritten by our re-insurance partners and utilize various provider networks throughout the country. Contact your Lifestyle Sales Representative for more details.