

Package Comparisons



BLOOM BENEFITS

Single: \$4,000+ of additional coverage
 Couple: \$8,000+ of additional coverage
 Family: \$16,000+ of additional Coverage

Single: \$7,000+ of additional coverage
 Couple: \$14,000+ of additional coverage
 Family: \$28,000+ of additional Coverage

Single: \$9,000+ of additional coverage
 Couple: \$18,000+ of additional coverage
 Family: \$36,000+ of additional Coverage

	Competitor Current Offering	Basic For those looking for basic benefits coverage.	Comfort For those looking for a boost to their benefits coverage.	Premium For those looking for premium coverage across all categories.
Drugs	Drug Coverage: Coinsurance at 70%, Max \$750/year	Drug Coverage: Coinsurance at 70%, Max \$1000/year Vaccines: \$100/year	Drug Coverage: Coinsurance at 80%, Max \$3000/year Vaccines: \$100/year	Drug Coverage: Coinsurance at 80%, Max \$5000/year Vaccines: \$100/year
Major Medical	Coinsurance: 100% Hospital Stays: Semi-private & private Out of Country Coverage (60 days): 100%; \$5 million per person per incident. Orthotic Inserts: \$200/year Orthopedic Shoes: \$250/year Hearing Aids: \$600 per 4 year CPAP/ APAP/ BPAP: \$1,500 every 5 years MRI: N/A Private Duty Nursing: \$15,000/year	Coinsurance: 80% Hospital Stays: Semi-private Out of Country Coverage (90 days): 100%; \$5 million per person per incident. Orthotic Inserts: \$300/year Orthopedic Shoes: \$300/year Hearing Aids: \$500 per 3 year CPAP/ APAP/ BPAP: 1 machine per lifetime with a doctor's referral MRI: \$1000/year Private Duty Nursing: \$10,000/year	Coinsurance: 90% Hospital Stays: Semi-private Out of Country Coverage (90 days): 100%; \$5 million per person per incident. Orthotic Inserts: \$300/year Orthopedic Shoes: \$300/year Hearing Aids: \$500 per 3 year CPAP/ APAP/ BPAP: 1 machine per lifetime with a doctor's referral MRI: \$1000/year Private Duty Nursing: \$10,000/year	Coinsurance: 100% Hospital Stays: Semi-private Out of Country Coverage (90 days): 100%; \$5 million per person per incident. Orthotic Inserts: \$300/year Orthopedic Shoes: \$300/year Hearing Aids: \$500 per 3 year CPAP/ APAP/ BPAP: 1 machine per lifetime with a doctor's referral MRI: \$1000/year Private Duty Nursing: \$10,000/year
Vision	No coverage	Eye Exam only	Coinsurance: 90% Glasses, Contacts, Etc.: \$150 every 24 months	Coinsurance: 100% Glasses, Contacts, Etc.: \$250 every 24 months
Paramedical Services	Coinsurance: 100% Medical Practitioners: \$480 per practitioner per year, includes: \$40 per visit for Physiotherapist, Speech Therapist, Chiropodist/ Podiatrist Mental Health Practitioner: \$500/year, includes: \$50/visit for Psychologists	NO Per Visit Maximums* Coinsurance at 80% Medical Practitioners: \$400 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropodist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. Mental Health Practitioner: \$750/year, includes: Psychologist/ Counselor/ Social Worker.	NO Per Visit Maximums* Coinsurance at 80% Medical Practitioners: \$400 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropodist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. Mental Health Practitioner: \$750/year, includes: Psychologist/ Counselor/ Social Worker.	NO Per Visit Maximums* Coinsurance at 80% Medical Practitioners: \$500 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropodist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. Mental Health Practitioner: \$750/year, includes: Psychologist/ Counselor/ Social Worker.
Dental Care	Dental Care: \$750/year with no deductible. Exam frequency: 12 mo Adults, 6 mo Child with 6 units of scaling per patient. 80% Coinsurance for Basic, Endodontic, Surgical and Preventative Services 60% Coinsurance for Periodontic Services Major Dental Coverage: No Coverage	Dental Care: \$1000/year with no deductible. Exam frequency: 12 mo Adults, 6 mo Child with 8 units of scaling per patient. Basic and Periodontic Dental Coinsurance: 80%	Dental Care: \$1000/year with no deductible. Exam frequency: 9 mo Adults, 6 mo Child with 8 units of scaling per patient. Basic and Periodontic Dental Coinsurance: 80% Major Dental Coinsurance: 50%	Dental Care: \$1500/year with no deductible. Exam frequency: 6 mo Adult or Child with 8 units of scaling per patient. Basic and Periodontic Dental Coinsurance: 80% Major Dental Coinsurance: 50%
Other	Health Care Spending Account*: User Determined Annual Amount <i>*not included in annual cost</i>	Health Care Spending Account*: User Determined Annual Amount <i>*not included in annual cost</i>	Health Care Spending Account*: User Determined Annual Amount <i>*not included in annual cost</i>	Health Care Spending Account*: User Determined Annual Amount <i>*not included in annual cost</i>

Monthly Cost
 Single \$79.40
 Couple \$158.80
 Family \$219.90

Monthly Cost
 Single \$109.59
 Couple \$211.92
 Family \$248.48

Monthly Cost
 Single \$132.88
 Couple \$257.91
 Family \$302.60

Monthly Cost
 Single \$147.52
 Couple \$289.85
 Family \$340.17