

Premier

Industry Specific Plans

(Through Association Membership)

Network Access Available:

- Cigna PPO
- United Healthcare Choice Plus PPO

Please Note:

Online enrollment only. All members must be enrolled by the 17th of the month prior to have a 1st of the month effective date. (NO Exceptions)

Renewal: 12/31/19 (Deductible and MOOP Reset 1/1/20)

Industry Specific Categories

- Accountants, Book Keeping, Payroll
- Agriculture, Farming and Dairy
- Art, Design, Fashion, Photography
- Boating, Yachting, Marine
- Construction Trade
- Commercial Services
- Cosmetology and Beauty
- Dental
- Distributors, Short Haul
- Financial, Insurance & Executive Services
- Gas Station, Vehicle Maintenance
- Health, Wellness & Sports
- Information Technology
- Jewelers
- Legal
- Medical
- Promotional and Marketing
- Publishing, Editing and Writing
- Real Estate
- Religion
- Restaurant – Bars and Hospitality
- Travel Industry
- Trucking, Moving & Commercial Drivers
- Veterinarian & Animal Related

2019 Rates

Premier PPO Plans

Groups 1+

Plan Name:	PPO HSA 6750	PPO 2500	PPO \$0 Deductible
Network Search: States Available:	United Healthcare Choice Plus Available in 50 states	United Healthcare Choice Plus Available in 50 states	United Healthcare Choice Plus Available in 50 states
Network Search	www.unitedhealthcare.com	www.unitedhealthcare.com	www.unitedhealthcare.com
Member:	\$549.00	\$660.00	\$1,085.00
Member + 1 Child:	\$920.00	\$1,101.00	\$1,814.00
Member + Spouse:	\$1,048.00	\$1,261.00	\$2,090.00
Family:	\$1,356.00	\$1,644.00	\$2,771.00
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: \$6,750 Out-of-Net: \$10,000	In-Net: \$2,500 Out-of-Net: \$6,750	In-Net: None Out-of-Net: \$7,900
Co-Insurance:	In-Net: 0% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: None Out-Net: 50% After Deductible
Out of Pocket Max:	In-Net: \$6,750 Single / \$ 13,500 Family Out-Net: \$20,000 Single / \$40,000 Family	In-Net: \$7,000 Single / \$ 14,000 Family Out-Net: \$7,900 Single / \$15,800 Family	In-Net: \$7,900 Single / \$ 15,800 Family Out-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	\$40/\$60 Not subject to deductible Out-Net: Deductible & Co-Insurance	\$25 Primary / \$50 Specialist Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$50 Copay Out-Net: Deductible & Co-Insurance
Chiropractor: (30 Visits Per/Yr.)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$50 Copay Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: Deductible & Co-Insurance <small>(Balance Paid at In-Network Rate)</small>
Prescription Benefits:	RX Subject to Deductible Generic: Deductible & Co-Insurance Brand Preferred: Deductible & Co-Insurance Non-Preferred: Deductible & Co-Insurance	RX Not Subject to Deductible Generic: \$25 Brand Preferred: \$50 Non-Preferred: \$75	Generic: \$10 Brand Preferred: \$30 Non-Preferred: \$50
Emergency Medical Transportation:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: \$250 Copay <small>(Balance Paid at In-Network Rate)</small>
Emergency Room:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: \$250 Copay <small>(Balance Paid at In-Network Rate)</small>
X-Ray, Bloodwork:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$40 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$25 Copay Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: Deductible & Co-Insurance Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: Deductible & Co-Insurance
Advanced Imaging:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$75 Copay/Test Out-Net: Deductible & Co-Insurance
Home Health Care: (90 visit max 12 month period)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: Deductible & Co-Insurance
Hospital: (Outpatient Facility)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$250 Copay Out-Net: Deductible & Co-Insurance <small>(Balance Paid at In-Network Rate)</small>
Physician and Surgeon Fees:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$50 Copay Out-Net: Deductible & Co-Insurance <small>(Balance Paid at In-Network Rate)</small>
Out-of-Network Payment Type:	125% Medicare	125% Medicare	125% Medicare
United Healthcare Choice Plus Network - All 50 States			
Notes:	One-Time Processing Fee: \$125 Monthly Association Fee: \$20 January 1, 2020 Renewal Deductible and MOOP Reset every January 1st A parent with multiple children must enroll at the family rate.		

Premier PPO Plans

Groups 1+

Plan Name:	Advantage 5000	
Network Search:	Cigna PPO	
States Available:	Available in 50 states	
Network Search	www.cigna.com	
	All Other States	New England States
Member:	\$548.00	\$527.00
Member + 1 Child:	\$888.00	\$851.00
Member + Spouse:	\$1,011.00	\$973.00
Family:	\$1,309.00	\$1,277.00
Referrals:	No Referrals Required	
Preventative Care:	No Charge	
Deductible:	In-Net: \$5,000 Out-of-Net: \$10,000	
Co-Insurance:	In-Net: 30% After Deductible Out-Net: 50% After Deductible	
Out of Pocket Max:	In-Net: \$7,000 Single / \$ 14,000 Family Out-Net: \$20,000 Single / \$40,000 Family	
Office Co-payments:	In-Net: \$20/\$60 Not subject to deductible Out-Net: Deductible & Co-Insurance	
Mental Health: (Out-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Chiropractor: (30 Visits Per/Yr.)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Hospital: (In-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Prescription Benefits:	RX Subject to Deductible Generic: 30% After Deductible Brand Preferred: 30% After Deductible Non-Preferred: 30% After Deductible	
Emergency Medical Transportation:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Emergency Room:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
X-Ray, Bloodwork:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Urgent Care:	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	
Child Eye Exam & Dental Check-up:	In-Net: Deductible & Co-Insurance Out-Net: Not Covered	
Durable Medical:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Advanced Imaging:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Home Health Care: (90 visit max 12 month period)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Hospital: (Outpatient Facility)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Physician and Surgeon Fees:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	
Out-of-Network Payment Type:	125% Medicare	
Cigna PPO Network - All 50 States		
Notes:	One-Time Processing Fee: \$125 Monthly Association Fee: \$20 January 1, 2020 Renewal Deductible and MOOP Reset every January 1st A parent with multiple children must enroll at the family rate.	
<small>New England States: Connecticut, Vermont, Rhode Island, New Hampshire, Maine, Massachusetts</small>		

Please Note these are Optional Third-Party Benefits not affiliated with the Medical Plan

SOLSTICE EPO (MDG) DENTAL PLAN (NY, NJ, CT, FL, and GA only)

NETWORK - S500 A

- No Deductible
- No Benefit Waiting Periods
- No Claim Forms to Submit

MEMBER RECEIVES:

- Most diagnostic and preventative care at no charge
- Restorative, Endodontic Periodontics & Oral Surgery all covered at co-pays
- Cosmetic an orthodontia treatment covered
- **Includes \$5,000 Term Life and \$5,000 AD&D**

RATES:

EE: \$37.00 EE + Spouse: \$61.00 EE + Child(ren): \$73.00 Family: \$91.00

SOLSTICE PPO 1500 (All 50 States)

- **Deductible:** \$50 Single / \$150 Family – Waived for preventative care
- **Plan Covers** (In and Out-of-Network): 100% Preventative Care /80% Basic Services /50% Major Services
- **Out-of-network coverage:** Reimbursement for both are based on participating Provider Contracted Fees.
- **Maximum Yearly Benefit:** \$1,500
- **Includes \$5,000 Term Life and \$5,000 AD&D**

RATES:

EE: \$62.00 EE + Spouse: \$118.00 EE + Child(ren): \$133.00 Family: \$182.00

SOLSTICE DENTAL PPO 2000 (All 50 States)

- **Deductible:** \$50 Single / \$150 Family – Waived for preventative care
- **Plan Covers** (In and Out-of-Network): 100% Preventative Care /80% Basic Services /50% Major Services
- **Out-of-network coverage:** Reimbursement for both are based on participating Provider Contracted Fees.
- **Maximum Yearly Benefit:** \$2,000
- **Includes \$5,000 Term Life and \$5,000 AD&D**

RATES:

Employee: \$67.00 EE + Spouse: \$128.00 EE + Child(ren): \$143.00 Family: \$197.00

SOLSTICE VISION (Davis Vision Network) (All 50 States)

- **Eye Exam:** 12 months
- **Spectacle Lenses:** 12 months
- **Contact Lenses (in lieu of eyeglasses):** 12 months
- **Frame Allowance (Retail):** Up to \$100, plus 20% discount (Except Walmart and Sam's Club)
- **Eyeglass Benefit:** Spectacle Lenses – Various Copays
- **Contact Lenses Benefit (in lieu of eyeglasses):** Up to \$100, plus 15% discount (Except Walmart and Sam's Club)
- **Out-of-network Reimbursement Schedule (up to):** Eye Exam \$40, Single Vision Lenses \$40, Trifocal Lenses \$80, Elective Contact Lenses \$80, Frame \$50

RATES:

Employee: \$12.00 EE + Spouse: \$20.00 EE + Child(ren): \$24.00 Family: \$30.00