Premier

Industry Specific Plans

(Through Association Membership)

Network Access Available:

- Cigna 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:	Advantage 5000		Silver 3000	Elite 1000
Network Search:	Cigna PPO		Cigna PPO	Cigna PPO
Network Search	www.cigna.com		www.cigna.com	www.cigna.com
States Available	All Other States	New England States	Available in 50 States	Available in 50 States
Member:	$548.00	$527.00	$639.00	$984.00
Member + 1 Child:	$888.00	$851.00	$1,048.00	$1,516.00
Member + Spouse:	$1,011.00	$973.00	$1,202.00	$1,894.00
Family:	$1,309.00	$1,277.00	$1,569.00	$2,484.00
Referrals:	No Referrals Required		No Referrals Required	No Referrals Required
Preventative Care:	No Charge		In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: $5,000 Out-of-Net: $10,000		In-Net: $3,000 Out-of-Net: $6,000	In-Net: $1,000 Out-of-Net: $6,000
Co-Insurance:	In-Net: 30% After Deductible Out-Net: 50% After Deductible		In-Net: 30% After Deductible Out-Net: 40% After Deductible	In-Net: 20% 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		In-Net: $7,000 Single / $ 14,000 Family Out-Net: $12,000 Single / $24,000 Family	In-Net: $7,150 Single / $ 14,300 Family Out-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: $20/$60 **Not** subject to deductible Out-Net: Deductible & Co-Insurance		$40/$60 **Not** subject to deductible Out-Net: Deductible & Co-Insurance	$30/$50 **Not** subject to deductible 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: (20 Visits Per/Yr.)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance 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: 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		RX **Not** Subject to Deductible Generic: $25 Brand Preferred: $50 Non-Preferred: $75	RX **Not** Subject to Deductible Generic: $25 Brand Preferred: $50 Non-Preferred: $75
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: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Emergency Room:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
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: $60 Copay **Not** subject to deductible 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
Child Eye Exam & Dental Check-up:	In-Net: No Charge 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: Deductible & Co-Insurance 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: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Home Health Care:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance 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: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
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: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Out-of-Network Payment Type:	125% Medicare		125% Medicare	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.**			

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 preventive 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 preventive 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