

Insurance Shops

Cigna 3000 EMERALD PPO

Single	\$795
Couple	\$1595
Parent and Child(ren)	\$1295
Family	\$1870

3000 EMERALD

In Network Deductible: \$3,000 Single / \$6,000 Family

Out of Network Deductible: \$6,000 Single / \$12,000 Family

Coinsurance: 70/30 In Network—60/40 Out Of Network

PCP: \$40 Copay

Specialist: \$60 Copay

In-patient Hospital: 30% after Deductible

ER Copay: 30% after Deductible

RX: \$25 (generic) / \$50 (brand) / \$75 (non-preferred brand)

*Rates good thru 8/31/20. **One time \$250 application fee and a \$25 monthly administration fee.** Plan utilizes Cigna Open Access PPO, search www.cigna.com for participating providers.

Insurance Shops

Cigna 3000 EMERALD PPO

	In-Network	Out of Network
Deductible	\$3,000 Single / \$ 6,000 Family	\$6,000 Single / \$12,000 Family
Co-Insurance	70/30	60/40
Out of Pocket Max	\$7,000 Single / \$14,000 Family	\$12,000 Single / \$24,000 Family
PCP	\$40	40% After Deductible
Specialist	\$60	40% After Deductible
Preventative Care	No charge, 1 visit per year	Not Covered
Routine Lab	No Charge	40% After Deductible
Complex Imaging (MRI, CT/PET)	30% After Deductible	40% After Deductible
Prescription Drugs	\$25 Generic/\$50 Brand/ \$75 Non Preferred	Not Covered
Emergency Room Services	30% After Deductible	40% After Deductible
Urgent Care	\$60 Copay	40% After Deductible
Outpatient Surgery	30% After Deductible	40% After Deductible
In Patient Hospital	30% After Deductible	40% After Deductible
Mental Health/Substance Abuse	30% After Deductible	40% After Deductible
Maternity	\$40 Office Copay 30% After Dec	40% After Deductible
Home Health/Hospice	30% After Deductible	40% After Deductible
Rehabilitation	30% After Deductible	40% After Deductible
Durable Medical Equipment	30% After Deductible	40% After Deductible
Pediatric Vision	No Charge Exam Glasses not covered	Not covered
Pediatric Dental	No Charge	Not Covered
Infertility, Podiatry, and Cosmetic Surgery	Not Covered	Not Covered

Insurance Shops

Cigna 5000 RUBY PPO

Single	\$595
Couple	\$1095
Parent and Child(ren)	\$895
Family	\$1295

5000 RUBY

In Network Deductible: \$5,000 Single / \$10,000 Family
Out of Network Deductible: \$10,000 Single / \$20,000 Family
Coinsurance: 70/30 In Network—50/50 Out Of Network
PCP: \$20 Copay
Specialist: \$60 Copay After Deductible
In-patient Hospital: 30% after Deductible
ER Copay: 30% after Deductible
RX: 30% Coinsurance

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Insurance Shops

Cigna 5000 RUBY PPO

	In-Network	Out of Network
Deductible	\$5,000 Single /\$10,000 Family	\$10,000 Single/\$20,000 Family
Co-Insurance	70/30	50/50
Out Of Pocket Max	\$7,000 Single / \$14,000 Family	\$20,000 Single/\$40,000 Family
PCP	\$20	50% Coinsurance
Specialist	\$60 After Deductible	50% Coinsurance
Preventative Care	No Charge, 1 Visit Per Year	50% Coinsurance
Routine Lab	30% Coinsurance	50% Coinsurance
Complex Imaging (MRI, CT/PET)	30% Coinsurance	50% Coinsurance
Prescription Drugs	30% Coinsurance	Not Covered
Emergency Room Services	30% Coinsurance	50% Coinsurance
Urgent Care	\$60 Copay Ded Waived	50% Coinsurance
Outpatient Surgery	30% Coinsurance	50% Coinsurance
In Patient Hospital	30% Coinsurance	50% Coinsurance
Mental Health/Substance Abuse	30% Coinsurance	50% Coinsurance
Maternity	30% Coinsurance	50% Coinsurance
Home Health/Hospice	30% Coinsurance	50% Coinsurance
Rehabilitation	30% Coinsurance	50% Coinsurance
Durable Medical Equipment	30% Coinsurance	50% Coinsurance
Pediatric Vision	No Charge Eye Exam Glasses Not Covered	Not covered
Pediatric Dental	No Charge	Not Covered
Infertility, Podiatry, and Cosmetic Surgery	Not Covered	Not Covered

Insurance Shops

Cigna 1000 DIAMOND PPO

Single	\$945
Couple	\$1895
Parent and Child(ren)	\$1595
Family	\$2395

1000 DIAMOND

In Network Deductible: \$1,000 Single / \$2,000 Family

Out of Network Deductible: \$6,000 Single / \$12,000 Family

Coinsurance: 80/20 In Network—50/50 Out Of Network

PCP: \$30 Copay

Specialist: \$50 Copay

In-patient Hospital: 20% after Deductible

ER Copay: 30% after Deductible

RX: \$25 (generic) / \$50 (brand) / \$75 (non-preferred brand)

*Rates good thru 8/31/20. **One time \$250 application fee and a \$25 monthly administration fee.** Plan utilizes Cigna Open Access PPO, search www.cigna.com for participating providers.

Insurance Shops

Cigna 1000 DIAMOND PPO

	In-Network	Out of Network
Deductible	\$1,000 Single / \$2,000 Family	\$6,000 Single / \$12,000 Family
Co-Insurance	80/20	50/50
Out of Pocket Max	\$7,150 Single / \$14,300 Family	Unlimited
PCP	\$30	50% Coinsurance
Specialist	\$50	50% Coinsurance
Preventative Care	No Charge, 1 Visit Per Year	Not Covered
Routine Lab	No Charge	50% Coinsurance
Complex Imaging (MRI, CT/PET)	20% Coinsurance	50% Coinsurance
Prescription Drugs	\$25 Generic/\$50 Brand/ \$75 Non Preferred	Not Covered
Emergency Room Services	20% Coinsurance	50% Coinsurance
Urgent Care	\$50 Copay	50% Coinsurance
Outpatient Surgery	20% Coinsurance	50% Coinsurance
In Patient Hospital	20% Coinsurance	50% Coinsurance
Mental Health/Substance Abuse	\$50 Copay out-patient In-patient 20% Coinsurance	50% Coinsurance
Maternity	20% Coinsurance	50% Coinsurance
Home Health/Hospice	20% Coinsurance	50% Coinsurance
Rehabilitation	20% Coinsurance	50% Coinsurance
Durable Medical Equipment	20% Coinsurance	50% Coinsurance
Pediatric Vision	No Charge Eye Exam Glasses Not Covered	Not covered
Pediatric Dental	No Charge Check Up	Not Covered
Infertility, Podiatry, and Cosmetic Surgery	Not Covered	Not Covered

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Reference Sheet For Association Plans

- All payments are made to AMA Inc., our third party billing entity.
- There is a 1 time membership fee of \$250 (refundable if the applicant is not accepted) and a monthly administration fee of \$25.
- All dues associated with Production Service Employees Union Local 143 are included in the monthly rate.
- The applicant is required to either be actively employed or self employed, under the age 64, and pass medical underwriting to qualify.
- Marriage Certificate for spousal coverage and Birth Certificate(s) for dependent coverage are **Required with Application**
- **United Health and Welfare Fundamental APP** - Completely Fill this page out. The plan selection must be checked off on this page. All dependent information must be filled out, and social security numbers are required (those without a ssn cannot be enrolled). Signature is required on this page. Employer section MUST BE COMPLETED!
- **Local 143**- The form says “for office use only” but this must be fully completed by the applicant. The starting date is the effective date for coverage. Initiation date is the start date.
- **Statement Of Health Form (2 Pages)** - Applicant must complete for self (and all dependents is applicable), sign, and beneficiary information must be filled in. Please provide detailed info to any yes answers and provide any medication info.
- **Application for Membership** - Fill out completely and have applicant sign, this is the billing entity’s form.
- All applications must be submitted to Custom Benefit Plans by the 15th of the month prior to the effective date
- Fax completed applications to Custom Benefit Plans at 215.830.0908 or e-mail to jcovell@custombenefitplans.com