



Enroll Prime

***ASSOCIATION GROUP
HEALTH PLAN***

Administered by:



CIGNA PPO

Most employers treat Employee Benefits as a required line-item expense. Our Employers treat theirs as a profit and loss center. Now, Membership to our Pooled Employer Program has its privileges!

Employee benefit plans have been around for many years. Defined Benefit Plans (Pension plans) were once the “best” benefit, but now are not offered. Most Health Plans have become unaffordable. The combined effect has had a resounding effect upon employers. Our competitors offer separate, disjointed employee benefit plans.

We are different. We combine all employee benefit plans in one offering, seamlessly integrating into your payroll and new hire processing systems. On the 401-k side, we offer quick no fee setup, and on the health and wellness side we share in your risk and reward by returning your profits (if any) back to you to provide additional value for your employees through benefits. Since 2005, we have been offering flexible plan designs, those utilizing a traditional High Deductible Health Plan with technology, Health Savings Accounts, and/or Health Reimbursement Arrangements to reduce premiums and obtain claim costs. Larger employers (over 200 employees) use Self-Funded techniques as well as Workers Compensation rules, to control the P&L of their health plan and so do we. When you have data about true claim costs, and employee productivity, then, just like in business, you know what your expenses and revenue are with your health plan. Now, since 2020 with the Department of Labor rule changes, we now have added 401-k employee benefit plans to our platform. That is what we offer. Control.

How do we do it? Our larger employers have the advantage of a large number of employees to spread the risk of their health plan. The larger the risk pool, the less expensive the cost of insurance. Now, through our exclusive plan you can offer the same benefits as larger employers through our Pooled Employer Program (PEP). We are proud to be one of the only companies offering this type of program, which reduces the overall cost of your benefit plans, while offering more benefits, so you are able to recruit, retain, and reward employees, your #1 asset within your organization.

You receive a tax benefit by paying a portion of an employee’s monthly premium. If you choose to take some of the savings to contribute towards an employee’s Health Savings Account (HSA) or 401-k, your tax benefits may grow.

We are glad you are taking the time to learn about our revolutionary products and services that we offer. Our Health Plans are different, as they contain the top 10 requested benefits by employees, according to a survey by Kaiser Permanente. We know you will love our program!

MVP Options

Plan	BASIC	FUNDAMENTAL	ENHANCED
Network	CIGNA PPO	CIGNA PPO	CIGNA PPO
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Ind/Fam)	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services			
Preventive & Wellness (Non- Hospital Based)	Included	Included	Included
Primary Care Office Visit (Non- Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)
Allergy Services (Applied to PCP or Specialist Office visit limits)	\$25 Copay	\$25 Copay	\$25 Copay
Hospital & Facility Services (Subject to Referenced Based Pricing)			
Inpatient Hospitalization (per admission) (Prior Authorization Required)	\$350 Copay (5 days per plan year)	\$350 Copay (7 days per plan year)	\$350 Copay (10 days per plan year)
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)
Outpatient Hospital or Free- Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)	\$350 Copay (2 visits per plan year)
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)
Emergency Room	\$350 Copay (1 visit per plan year)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)

These plans are not traditional major medical insurance. These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

Ambulance Service (Ground Services Only)	\$250 Copay (1 per plan year)	\$250 Copay (1 per plan year)	\$250 Copay (2 per plan year)
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits (Subject to Referenced Based Pricing)			
Professional Services	Not Covered	\$350 Copay	\$350 Copay
Maternity / Childbirth / Delivery (per admission) (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay	\$350 Copay
Other Services (Subject to Referenced Based Pricing)			
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)
Treatment for Chemical Abuse & Dependency – Inpatient (per Day) (Prior Authorization Required)	\$250 Copay (5 days per plan year)	\$250 Copay (7 days per plan year)	\$250 Copay (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (per day) (Prior Authorization Required)	\$25 Copay (5 days per plan year)	\$25 Copay (7 days per plan year)	\$25 Copay (10 days per plan year)
Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Authorization Required)	Not Covered	Not Covered	\$50 Copay per Day (12 visits per plan year)
Pharmacy Benefits (Subject to Formulary)			
Mail Order copay is 3x's the retail copay for a 3-month supply where applicable.			
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	\$5 Copay (Generic)	\$5 Copay	\$5 Copay
Preferred Brand Non-Preventive (Retail)	Not Covered	\$40 Copay	\$40 Copay
Non-Preferred Brand-Preventive (Retail)	Not Covered	\$80 Copay	\$80 Copay
Plan	BASIC	FUNDAMENTAL	ENHANCED
Employee	\$580.30	\$624.87	\$659.67
Employee & Spouse	\$881.57	\$979.63	\$1,038.09
Employee & Child(ren)	\$803.31	\$883.55	\$928.61
Family	\$1,129.59	\$1,263.30	\$1,332.03

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