

Association Group Benefit Proposal



Summary of Benefits



Features

- ERISA plans fully compliant with the ACA and federal regulations
- Web-based enrollment and combined billing platform
- Multiple plan options
- Minimum Essential Coverage option to ensure compliance with the ACA

Cost Savings

- Self funding removes carrier profit from the cost of your health plan as well as several taxes and fees levied by the ACA.

Stability

- By setting the rates at maximum cost, there is no risk for underfunding the cost of the plan.
- Reserves are owned by the plan sponsor and can be used to stabilize future costs.

Simplicity

- Our web-based enrollment, billing, and account management platform makes administration of the program a breeze.
- Enrollment changes are “real-time,” eliminating the need to reconcile invoices from month-to-month.

Predictability

- You get all of the benefits of self-funded health plans without the worries that have prevented small to mid-sized businesses from utilizing self-funded arrangements.
- Stop-loss coverage provides the protection you need from unexpected and catastrophic health claims as well as providing a backstop should the plan run beyond expected costs.

Flexibility

- Health care is not a “one-size-fits-all” proposition. OutFront Health is built to meet the needs of multiple employer groups.

Summary of Benefits

Plan Designs	Premier 750		Professional 1000		Smart Choice 2500		Balance 3000	
Plan Provisions	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$750	\$1,500	\$1,000	\$2,000	\$2,500	\$5,000	\$3,000	\$6,000
Family	\$1,500	\$3,000	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000
Coinsurance	80/50		80/50		80/50		80/50	
Annual Out-of-Pocket	Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance	
Individual	\$2,500	\$5,000	\$3,500	\$7,000	\$5,000	\$10,000	\$6,000	\$12,000
Family	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	\$12,000	\$24,000
Physician Services								
In Office	\$30 Copay	Ded. Then 50%*	\$30 Copay	Ded. Then 50%*	\$30 Copay	Ded. Then 50%*	\$30 Copay	Ded. Then 50%*
Specialist	\$50 Copay		\$50 Copay		\$50 Copay		\$50 Copay	
Hospital Services								
Inpatient	Ded. then 20% Coinsurance	Ded. then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Outpatient	\$500 Copay		\$500 Copay		\$500 Copay		\$500 Copay	
Urgent Care	\$100 Copay	Ded. Then 50%*	\$100 Copay	Ded. Then 50%*	\$100 Copay	Ded. Then 50%*	\$100 Copay	Ded. Then 50%*
Emergency Room Copay	\$250 Copay	Ded. Then 50%*	\$200 Copay	Ded. Then 50%*	\$250 Copay	Ded. Then 50%*	\$250 Copay	Ded. Then 50%*
Maternity	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Routine Exams/Procedures								
Adult Physical Exams	No Copay	Ded. Then 50%*	No Copay	Ded. Then 50%*	No Copay	Ded. Then 50%*	No Copay	Ded. Then 50%*
Well Child Exams/Immunizations								
GYN Exams								
Mammograms								
Digital Rectal Exams/PSA Test & Colorectal Cancer Screening								
Prescription Drugs	Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$75		Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$75		Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$75		Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$75	
Max Out-of-Pocket								
Individual	\$2,500		\$3,500		\$2,500		\$6,000	
Family	\$5,000		\$7,000		\$5,000		\$12,000	
Network	Cigna		Cigna		Cigna		Cigna	
Rate Tier								

*% of Coinsurance after Annual Deductible plus amounts that exceed the Reasonable and Allowed Charge.

Summary of Benefits

Plan Designs	Base 6350		Value 5000		Smart Choice HDHP 2500		Value 5000 HDHP	
Plan Provisions	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$6,350	\$12,700	\$5,000	\$10,000	\$2,500	\$5,000	\$5,000	\$10,000
Family	\$12,700	\$25,400	\$10,000	\$20,000	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance	50/40		60/50		80/50		80/50	
Annual Out-of-Pocket	Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance		Includes Ded., Copay & Coinsurance	
Individual	\$6,500	\$12,700	\$6,350	\$12,700	\$5,000	\$10,000	\$6,550	\$13,100
Family	\$13,100	\$25,400	\$12,700	\$25,400	\$10,000	\$20,000	\$13,100	\$26,200
Physician Services								
In Office	\$50 Copay	Ded. Then 60%*	\$50 Copay	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Specialist	\$75 Copay		\$75 Copay					
Hospital Services								
Inpatient	Ded. then 50% Coinsurance	Ded. Then 60%*	Ded. then 40% Coinsurance	Ded. then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Outpatient								
Urgent Care	\$150 Copay	Ded. Then 60%*	\$150 Copay	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Emergency Room Copay	Ded. then 50% Coinsurance	Ded. Then 60%*	Ded. then 40% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Maternity	Ded. then 50% Coinsurance	Ded. Then 60%*	Ded. then 40% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Routine Exams/Procedures								
Adult Physical Exams	No Copay	Ded. Then 60%*	No Copay	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*	Ded. then 20% Coinsurance	Ded. Then 50%*
Well Child Exams/Immunizations								
GYN Exams								
Mammograms								
Digital Rectal Exams/PSA Test & Colorectal Cancer Screening								
Cancer Screening								
Prescription Drugs	Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: Ded. then 50% Coinsurance		Generic: \$10 Preferred Brand: \$30 Non-Preferred Brand: \$75		Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$75		Rx Copay: Ded. then 20% Coinsurance for Generic, Preferred, & Non-preferred Brands	
Max Out-of-Pocket							\$5,000 \$10,000	
Individual	\$6,350		\$6,350		\$2,500			
Family	\$12,700		\$12,700		\$5,000			
Network	Cigna		Cigna		Cigna		Cigna	
Rate Tier								

*% of Coinsurance after Annual Deductible plus amounts that exceed the Reasonable and Allowed Charge.

Group Health Insurance Preliminary Proposal

Presented to:

Quote Date:

City:

State:

Effective Date:

Zip:

Network: Cigna

Plan Designs	Premier 750		Professional 1000		Smart Choice 2500		Balance 3000		Base 6350		Value 5000		Smart Choice HDHP 2500		Value 5000 HDHP	
Rate Tier	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants	Total Rate	Number Participants
Employee																
Employee + Spouse																
Employee + Children																
Family																
Total	\$		\$		\$		\$		\$		\$		\$		\$	
Selected Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Terms and Conditions:

- Sample Text
- Sample Text
- Sample Text

These rates are NOT an offer to bind coverage, they are provided for illustrative purposes only. Final rates are dependent upon Medical Underwriting and Enrollment.

Accepted By:

Name Title Date