



Enroll Prime

AFI ASSOCIATION HEALTH PLAN

CIGNA PPO Network

Administered by:



Major Medical Options

Plan	HSA 8050	3500 HSA	COPAY 4500	COPAY 3500
NETWORK	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO
Individual Deductible (In/Out)	\$8,050 / \$18,900	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$16,100 /	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$8,050 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,500
Family Out-of-Pocket Maximum (In/Out)	\$16,100 /\$48,000	\$14,000 / \$35,000	\$16,300 / \$40,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 100%	30% / 50%	30% / 50%	20% / 50%
Direct Primary Care (Not Available in all Counties)				
Office Services-Value Choice DPC/PCP	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Services-Value Choice DPC/Specialist	\$0 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Preventive & Physician Services				
Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Supplemental Benefit (Health Screen Benefit)	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year
Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services-Family Physician	Deductible + 0%	Deductible + 30%	\$40 Copay	\$40 Copay
Office Services-Specialist	Deductible + 0%	Deductible + 30%	\$75 Copay	\$75 Copay
Supplemental Benefit (PCP/Spec. Visit Benefit)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay
Laboratory & Imaging Services				
Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 0% <i>100% of covered charges up to \$500 performed in DPC Office</i>	Deductible + 30%	100% of covered charges up to \$500 then Deductible + 30%	100% of covered charges up to \$500 then Deductible + 20%
X-ray Benefit-Sickness (Payable 2x per year)	Pays \$25	Pays \$25	Pays \$25	Pays \$25
X-ray Benefit-Injury (Payable per separate incidents.)	Pays \$85	Pays \$85	Pays \$85	Pays \$85
Advanced Imaging	Deductible + 0% \$200 Copay from DPC Referral	Deductible + 30%	\$300 Copay	\$300 Copay
Adv. Image. -Sickness (payable 1x per year)	Pays \$500	Pays \$500	Pays \$500	Pays \$500
Adv. Image. -for Injury (payable 1x per year)	Pays \$700	Pays \$700	Pays \$700	Pays \$700

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions. These rates are good only if the employer offers the entire suite of products to their employees.

Hospital & Surgical Services				
Inpatient Hospital Services	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Hospital Confinement: Sickness	Pays \$2,500	Pays \$2,500	Pays \$2,500	Pays \$2,500
Hospital Confinement: Injury	Pays \$3,500	Pays \$3,500	Pays \$3,500	Pays \$3,500
Outpatient Surgery	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Outpatient Surgery Benefit (payable up to \$1,500/year) Tier1 / Tier 2	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000
Emergency Room	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
ER Benefit-Sickness (Payable 2x per year)	Pays \$100	Pays \$100	Pays \$100	Pays \$100
ER Benefit-Injury (Payable per separate incidents.)	Pays \$250	Pays \$250	Pays \$250	Pays \$250
Pharmacy Benefits (Subject to Formulary)				
Deductible	In-Network Deductible	In-Network Deductible	\$0	\$0
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$20 Copay	\$20 Copay
Preferred Brand Non-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$65 Copay	\$65 Copay
Non-Preferred Brand-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$95 Copay	\$95 Copay
Specialty Drugs (Retail)	Deductible + 0%	Deductible + 30%	\$200 Copay	\$200 Copay
Plan Specific Pharmacy Notes	All prescriptions up to \$200 covered, above \$200 not covered.	N/A	N/A	N/A
Plan	HSA 8050	HSA 3500	COPAY 4500	COPAY 3500
Premium Notes	Incl. \$25/month towards HSA Visa Card	N/A	N/A	N/A
Member	\$624.10	\$722.36	\$758.45	\$849.45
Member & Spouse	\$974.52	\$1,331.93	\$1,412.48	\$1,481.81
Member & Child(ren)	\$1,074.65	\$1,216.45	\$1,298.39	\$1,449.44
Family	\$1,324.66	\$1,820.10	\$1,855.85	\$2,105.61

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FAQ: Frequently Asked Questions

1. How do I know what to save for retirement? How much goes into my HSA vs 401-k?

Our one-on-one advisors will walk you through the entire process.

2. How will I know if a medical, dental, or vision provider is in-network?

Please check our online provider directory for an in-network specialist or provider.

3. What pharmacies can members use for prescriptions?

All plans use preferred pharmacies that include Publix, Walgreens, Walmart, Winn-Dixie, CVS, and many other local pharmacies. Members pay less when they use preferred pharmacies to fill prescriptions.



4. Should I go to Urgent Care or the Emergency Room?

Most medical conditions can be treated at an Urgent Care facility, and your cost may be greatly reduced. However, if you are experiencing an extreme medical condition such as a stroke, a heart attack, uncontrolled bleeding, severe burns, or electrical shock, please go directly to the nearest Emergency Room. The average cost for an Urgent Care visit is \$90 to \$100, while the average cost for an Emergency Room visit is \$1,300 to \$3,000.

5. Why Should I Consider a High Deductible Plan with "First Dollar" Supplemental Coverage?

- On average, only 1 in 100 (1%) Americans will spend more than \$5,000 on healthcare expenses, and only 1 in 20 (5%) will spend more than \$1,700 in medical expenses. That means 95% of people spend less than \$1,700 in out-of-pocket medical expenses
- Lower Premiums: Lowering premiums with first dollar coverage with supplemental products will save 99% of Americans 36% on their premiums (on average \$2,845/year per employee)

6. What will my ID Cards look like?

	
Member Name:	Group ID: 760311
Member ID:	Copay: Preventive \$0
	Primary Care \$40
	Specialist \$75
	Urgent Care \$90
	BIN: 018570
	RXGRP: BENEFIT
	Processor: SCCL01
	Pharmacy Help Desk: 888-209-7148
Members and Providers may visit www.benefitlogistics.com for online access to eligibility and benefits as not all members have all lines of coverage.	

7. My card has a maintenance schedule so what can I do to maintain my health?

For adult health (19+), please review the table on the next page for recommended frequency and age regarding check-ups, screenings, immunizations, etc. For child and adolescent health (Birth-18 years), please review the table on page 8 for this information.