



**Enroll Prime**

**AFI  
ASSOCIATION  
HEALTH PLAN**

Administered by:



**CIGNA PPO Network**

## Major Medical Options

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

<b>Hospital &amp; Surgical Services</b>				
<b>Inpatient Hospital Services</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
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
<b>Outpatient Surgery</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
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
<b>Emergency Room</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
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
<b>Pharmacy Benefits (Subject to Formulary)</b>				
<b>Deductible</b>	<b>In-Network Deductible</b>	<b>In-Network Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive (Generic Only)</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>
<b>Generic Non-Preventive (Retail)</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>\$20 Copay</b>	<b>\$20 Copay</b>
<b>Preferred Brand Non-Preventive (Retail)</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>\$65 Copay</b>	<b>\$65 Copay</b>
<b>Non-Preferred Brand-Preventive (Retail)</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>\$95 Copay</b>	<b>\$95 Copay</b>
<b>Specialty Drugs (Retail)</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>\$200 Copay</b>	<b>\$200 Copay</b>
<b>*Plan Specific Pharmacy Notes*</b>	All prescriptions up to \$200 covered, above \$200 not covered.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Plan</b>	<b>HSA 8050</b>	<b>HSA 3500</b>	<b>COPAY 4500</b>	<b>COPAY 3500</b>
<b>Premium Notes</b>	Incl. \$25/month towards HSA Visa Card	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Member</b>	<b>\$624.10</b>	<b>\$722.36</b>	<b>\$758.45</b>	<b>\$849.45</b>
<b>Member &amp; Spouse</b>	<b>\$974.52</b>	<b>\$1,331.93</b>	<b>\$1,412.48</b>	<b>\$1,481.81</b>
<b>Member &amp; Child(ren)</b>	<b>\$1,074.65</b>	<b>\$1,216.45</b>	<b>\$1,298.39</b>	<b>\$1,449.44</b>
<b>Family</b>	<b>\$1,324.66</b>	<b>\$1,820.10</b>	<b>\$1,855.85</b>	<b>\$2,105.61</b>

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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-one 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?**



**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.