

CAGHEALTH 



BLUE CARD 2500 & BLUE CARD 350 PLANS INCLUDE: UNLIMITED 24/7 VIRTUAL URGENT CARE, 24/7 Online Therapy, for the support you need, when you need it, **Rx Heroes** a discount card that saves up to **80%** on brand medications with a cashback rewards program that allows its users to shop at preferred retailers and a wellness App called, **Bearn!** Earn while you burn calories! Bearn rewards the user for healthy living and earns cashback that can be used in the Bearn Marketplace which has over **250,000** retailers! **CareGuide** world class advocates use their knowledge, experience and these tools to help you **get free or discounted healthcare at over 5000 hospitals.**

\*BLUE CARD HSA 6750 does not provide unlimited virtual care, or 24/7 online therapy but does contain Care Guide, Rx Heroes a discount card and our wellness App, Bearn! And a **Union death Benefit of \$5,000** (Member Only) included upon death to member's named beneficiary.

Anthem  
BlueCross BlueShield



MY VIRTUAL DOCS  
HEALTHCARE, WHEREVER, WHENEVER



Plan Name:

Blue Card HSA 6750

Blue Card 2500

Blue Card 350

Network:

Blue Card

Blue Card

Blue Card

Network Search

<http://www.anthem.com/>

<http://www.anthem.com/>

<http://www.anthem.com/>



**VIRTUAL URGENT CARE**

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\$0 consult fee for "immediate 24/7/365 in-the-moment" consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) \*with no call-backs or need to schedule\*

**Bearn™ App** to improve your team's engagement in health and wellness by inviting them to "earn while they burn" calories!

**RxHeroes™ App** for additional discounts of up to 80% off on brand medications that rewards shoppers with points that can be used at favorite retailers.

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**Pricing Portal**

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	Blue Card HSA 6750	Blue Card 2500	Blue Card 350
<b>Enrollment Deadline</b>	18th of month Prior to Effective date	18th of month Prior to Effective date	18th of month Prior to Effective date
<b>Plan Availability</b>	All 50 States	All 50 States	All 50 States
<b>Referrals</b>	No Referrals Required	No Referrals Required	No Referrals Required
<b>Preventative Care</b>	In-Net: 100% Out-Net: Not Covered	In-Net: 100% Out-Net: Deductible & Co-Insurance	In-Net: 100% Out-Net: Deductible & Co-Insurance
<b>Preventative Services</b>	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
<b>Deductible</b>	In-Net: \$6,750 Single / \$13,500 Family Out-Net: \$10,000 Single / \$20,000 Family	In-Net: \$2,500 Single / \$5,000 Family Out-Net: \$6,750 Single / \$13,500 Family	In-Net: \$350 Single / \$700 Family Out-Net: \$700 Single / \$1,400 Family
<b>Coinsurance</b>	In-Net: Subject to Deductible no copay Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible
<b>Out-Of-Pocket Max</b>	In-Net: \$6,750 Single / \$13,500 Family Out-Net: \$20,000 Single / \$40,000 Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family
<b>Office copayments</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: \$40 copay: Deductible does not apply \$60 copay: Deductible does not apply Out-Net: Deductible & Co-Insurance	In-Net: \$25 copay: Deductible does not apply \$35 copay: Deductible does not apply Out-Net: Deductible & Co-Insurance
<b>Out-Patient Mental Health</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$35 copay Out-Net: Deductible & Co-Insurance
<b>Chiropractic</b> (Limited to 30 Visits Per/Yr.)	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: \$60 copay Out-Net: Deductible & Co-Insurance	In-Net: \$35 copay Out-Net: Deductible & Co-Insurance

Plan Name:	Blue Card HSA 6750	Blue Card 2500	Blue Card 350
Network:	Blue Card	Blue Card	Blue Card
Network Search	<a href="http://www.anthem.com/">http://www.anthem.com/</a>	<a href="http://www.anthem.com/">http://www.anthem.com/</a>	<a href="http://www.anthem.com/">http://www.anthem.com/</a>
			
<b>Rehabilitation Services</b> Out-Patient: 30 visits per cal. year In-Patient: 120 visits per cal. year	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Hospital (In-Patient)</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Hospital (Out-Patient)</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Childbirth/Delivery Facility</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Prescription Benefits</b> Covers up to 34-day supply retail. 90-day supply mail order maximum.	<b>Generic:</b> Subject to Deductible No copay <b>Brand preferred:</b> Subject to Deductible No copay <b>Non-Preferred:</b> Subject to Deductible No copay	<b>Generic:</b> \$0 <b>Brand preferred:</b> 25% <b>Non-Preferred:</b> 50% Not Subject to Deductible	<b>Generic:</b> \$0 <b>Brand preferred:</b> 25% <b>Non-Preferred:</b> 50% Not Subject to Deductible
<b>Emergency Medical Transportation</b> (No coverage for Air Transport)	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Emergency Room</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Diagnostic Testing</b> (X-Ray, Bloodwork)	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: no charge Out-Net: Deductible & Co-Insurance	In-Net: no charge Out-Net: Deductible & Co-Insurance
<b>Advanced Imaging</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Urgent Care</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: \$40 Out-Net: Deductible & Co-Insurance	In-Net: \$40 Out-Net: Deductible & Co-Insurance
<b>Child Eye Exam &amp; Dental check-up</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: no charge Out-Net: Deductible & Co-Insurance	In-Net: no charge Out-Net: Deductible & Co-Insurance
<b>Durable Medical</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Home Health Care</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Hospital Out-patient Facility</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Physician and Surgeon Fees</b>	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Union death Benefit (Member Only)</b>	\$5,000	\$5,000	\$5,000
<b>Out-of-Network Payment Type</b>	125% Medical	125% Medical	125% Medical
<b>Member:</b>	\$ 891.00	\$ 1,043.00	\$1,311.00
<b>Member + Spouse</b>	\$ 1,792.00	\$ 2,132.00	\$2,691.00
<b>Member + Child(ren)</b>	\$ 1,515.00	\$ 1,797.00	\$2,247.00
<b>Family</b>	\$ 2,217.00	\$ 2,654.00	\$3,369.00





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HEALTHCARE, WHEREVER, WHENEVER

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Plan Name:

**PPO 5000**

**Silver 3000 PPO**

**Elite 1000**

Network:

**Cigna**

**Cigna**

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Network Search

<http://hcpdirectory.cigna.com/web/public/providers>



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<b>Plan Availability</b>	All 50 States	All 50 States	All 50 States
<b>Referrals</b>	No Referrals Required	No Referrals Required	No Referrals Required
<b>Preventative Care</b>	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
<b>Preventative Services</b>	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
<b>Deductible (Family x2)</b>	In-Net: \$5,000 Single / \$10,000 Family Out-Net: \$10,000 Single / \$20,000 Family	In-Net: \$3,000 Single / \$6,000 Family Out-Net: \$6,000 Single / \$12,000 Family	In-Net: \$1,000 Single / \$2,000 Family Out-Net: \$6,000 Single / \$12,000 Family
<b>Coinsurance</b>	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 40% After Deductible	In-Net: 20% After Deductible Out-Net: 50% After Deductible
<b>Out-Of-Pocket Max</b>	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family
<b>Office copayments</b>	\$20/\$60 copay: Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance	\$40/\$60 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance	\$30/\$50 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance
<b>Hospital (In Patient)</b>	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance

Plan Name:

PPO 5000

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Elite 1000

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<b>Prescription Benefits</b>	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible
<b>Emergency Room</b>	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
<b>Outpatient Imaging (CT/PT/MRI)</b>	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance
<b>Urgent Care</b> (Not Sub. to Ded.)	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance
<b>Child Eye Exam &amp; Dental check-up</b>	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
<b>Durable Medical</b>	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
<b>Lab (Blood work)</b>	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
<b>Home Health Care (90 visit max 12 month prd)</b>	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
<b>Hospital Based Out-patient Facility</b>	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance
<b>Physician and Surgeon Fees</b>	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
<b>Out-of-Network Payment Type</b>	125% Medicare	125% Medicare	125% Medicare
<b>Member:</b>	\$ 844.00	\$ 1,097.00	\$ 1,549.00
<b>Member + Spouse</b>	\$ 1,695.00	\$ 2,231.00	\$ 3,223.00
<b>Member + Child(ren)</b>	\$ 1,432.00	\$ 1,875.00	\$ 2,685.00
<b>Family</b>	\$ 2,114.00	\$ 2,779.00	\$ 4,029.00

**7350 VALUE**

**5000 HSA**

**3500 HSA**



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**Plan Availability**

All 50 States

All 50 States

All 50 States

**Enrollment Deadline**

18th of month Prior to Effective date

18th of month Prior to Effective date

18th of month Prior to Effective date

**Deductible**

\$7,350/\$14,700

\$5,000/\$10,000

\$3,500/\$10,000

**Max out of pocket**

\$7,350/\$14,700

\$7,350/ \$14,700

\$7,350/ \$14,700

**Coinsurance**

100%

80%

80%

**Primary**

\$50

Deductible then 20%

Deductible then 20%

**Specialist**

\$100

Deductible then 20%

Deductible then 20%

**Urgent Care**

\$100

Deductible then 20%

Deductible then 20%

**Preventive Care**

Covered 100%

Covered 100%

Covered 100%

**Diagnostic Test (1)**

Deductible then 100%

Deductible then 20%

Deductible then 20%

(1) Cigna network providers, additional providers allowed up to plan allowance

**CT, PET, MRI's up to plan allowance**

Deductible then 100%

Deductible then 20%

Deductible then 20%

**Hospitalization (2)**




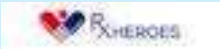
Deductible then 100%

Deductible then 100%

Deductible then 100%

(2) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)



	<b>7350 VALUE</b>	<b>5000 HSA</b>	<b>3500 HSA</b>
			
<b>Emergency Room</b>	Deductible then 100%	Deductible then 20%	Deductible then 20%
<b>Emergency Medical Transport</b>	Deductible then 100%	Deductible then 20%	Deductible then 20%
<b>Mental health outpatient</b>	Deductible then 100%	Deductible then 20%	Deductible then 20%
<b>Mental health inpatient (3)</b>	Deductible then 100% (3) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
<b>Maternity</b>	Deductible then 100%	Deductible then 20%	Deductible then 20%
<b>Home Health Care (4)</b>	Deductible then 100% (4) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
<b>Rehab/ Habilitative Service (5)</b>	Deductible then 100% (5) Limited to 20 visits per calendar year for physical, speech and occupational therapies each; 15 visits for Chiro (Habilitative 20 visits per year)	Deductible then 20%	Deductible then 20%
<b>Skilled Nursing (6)</b>	Deductible then 100% (6) Limited to 60 days per calendar year Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
<b>Durable medical equipment (7)</b>	Deductible then 100% (7) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum) Limited to 12 month rental or purchase price whichever is less	Deductible then 20%	Deductible then 20%
<b>Hospice Services (8)</b>	Deductible then 100% (8) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
<b>Specialty Rx</b>	Not Covered	Not Covered	Not Covered
<b>OUT OF NETWORK</b>			
<b>Deductible</b>	\$14,700/ \$29,400	\$10,000/\$20,000	\$7,000/\$20,000
<b>MOOP</b>	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
<b>Coinsurance</b>	100%	100%	100%
<b>Reimbursement</b>	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
<b>RX</b>			
<b>RX</b>		Discount Card	Discount Card
	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered
<b>Member:</b>	\$ 679.98	\$ 734.68	\$ 762.29
<b>Member + Spouse</b>	\$ 1,288.11	\$ 1,397.51	\$ 1,452.76
<b>Member + Child(ren)</b>	\$ 1,166.48	\$ 1,264.95	\$ 1,314.66
<b>Family</b>	\$ 1,896.26	\$ 2,060.37	\$ 2,143.22

**Pricing is for illustrated purposes only and is subject to underwriting.**

**5000 CLASSIC    3500 CLASSIC    2500 CLASSIC    1500 CLASSIC**



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\$5,000/\$10,000

\$3,500/\$7,000

\$2,500/\$5,000

\$1,500/\$3,000

**Max out of pocket**

\$7,350/\$14,700

\$7,350/ \$14,700

\$7,350/ \$14,700

\$7,350/ \$14,700

**Coinsurance**

80%

80%

80%

80%

**Primary**

\$45

\$45

\$40

\$40

**Specialist**

\$90

\$90

\$80

\$80

**Urgent Care**

\$90

\$90

\$40

\$40

**Preventive Care**

Covered 100%

Covered 100%

Covered 100%

Covered 100%

**Diagnostic Test (1)**

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

(1) Cigna network providers, additional providers allowed up to plan allowance

**CT, PET, MRI's up to plan allowance**

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

**Hospitalization (2)**





Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

(2) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)

	<b>5000 CLASSIC</b>	<b>3500 CLASSIC</b>	<b>2500 CLASSIC</b>	<b>1500 CLASSIC</b>
				
<b>Emergency Room</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Emergency Medical Transport</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Mental health outpatient</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Mental health inpatient (3)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(3) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Maternity</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Home Health Care (4)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(4) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Rehab/ Habilitative Service (5)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(5) Limited to 20 visits per calendar year for physical, speech and occupational therapies each; 15 visits for Chiro (Habilitative 20 visits per year)			
<b>Skilled Nursing (6)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(6) Limited to 60 days per calendar year Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Durable medical equipment (7)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(7) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum) Limited to 12 month rental or purchase price whichever is less			
<b>Hospice Services (8)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(8) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Specialty Rx</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>OUT OF NETWORK</b>				
<b>Deductible</b>	\$10,000/ \$20,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>MOOP</b>	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
<b>Coinsurance</b>	100%	100%	100%	100%
<b>Reimbursement</b>	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
<b>RX</b>				
<b>RX</b>	\$15/\$65/\$100	\$15/\$65/\$100	\$15/\$45/\$85	\$15/\$45/\$85
	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered
<b>Member:</b>	\$ 799.76	\$ 865.91	\$ 1,014.90	\$ 1,096.38
<b>Member + Spouse</b>	\$ 1,527.67	\$ 1,660.00	\$ 1,957.96	\$ 2,120.89
<b>Member + Child(ren)</b>	\$ 1,382.09	\$ 1,501.18	\$ 1,769.34	\$ 1,915.99
<b>Family</b>	\$ 2,255.61	\$ 2,454.09	\$ 2,901.04	\$ 3,145.44

**Pricing is for illustrated purposes only and is subject to underwriting.**

**7350 VALUE**

**HSA 5000**



**Virtual PRIMARY Care Program**

(1:1) Dedicated Virtual Primary Care Licensed Doctor (8-5PM)

Select and keep your own physician and Schedule a visit with the same physician online from M-Friday (8-7 PM. Avoid costly in-person visits.

Annual wellness visits in minutes

Ongoing chronic care treatment

Routine follow-up appointments

Specialty referrals and Care navigation

24/7 access to virtual doctors used to address acute symptoms, discuss prescriptions, and screen for healthcare 24/7 in the comforts of your home without the commute or office visit waiting rooms.

EMR/Health assessment tool for continuity of care

\$0 consult fee for immediate 24/7/365 in-the-moment consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) with no call-backs or need to schedule"

**Virtual URGENT Care Program**

24/7 access to virtual doctors used to address acute symptoms, discuss prescriptions, and screen for healthcare 24/7 in the comforts of your home without the commute or office visit waiting rooms.

\$0 consult fee for immediate 24/7/365 in-the-moment consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) with no call-backs or need to schedule"

Bearn App to improve your team s engagement in health and wellness by inviting them to earn while they burn calories!

RxHeroes App for additional discounts of up to 80% off on brand medications that rewards shoppers with points that can be used at favorite retailers.

**Hospital Bill Eraser**

Within seconds, we find the best-priced discounts or free care based on your income and family size at over 5,000 hospitals.

**Money Map**

Within seconds, our advocates find the better-priced providers for routine care in your zip code.

**Pricing Portal**

Hospitals want their pricing kept a secret but our advocates know them and use them to your advantage.

**Plan Availability**

All 50 States

All 50 States

**Enrollment Deadline**

18th of month Prior to Effective date

18th of month Prior to Effective date

**Deductible**

\$7,350/\$14,700

\$5,000/\$10,000

**Max out of pocket**

\$7,350/\$14,700

\$7,350/ \$14,700

**Coinsurance**

100%

80%

**Primary**

\$50

Deductible then 20%

**Specialist**

\$100

Deductible then 20%

**Urgent Care**

\$100

Deductible then 20%

**Preventive Care**

Covered 100%

Covered 100%

**Diagnostic Test (1)**

Deductible then 100%

Deductible then 20%

(1) Cigna network providers, additional providers allowed up to plan allowance

**CT, PET, MRI's up to plan allowance**

Deductible then 100%

Deductible then 20%

**Hospitalization (2)**

Deductible then 100%

Deductible then 20%

(2) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)

**7350 VALUE**

**5000 HSA**



<b>Emergency Room</b>	Deductible then 100%	Deductible then 20%
<b>Emergency Medical Transport</b>	Deductible then 100%	Deductible then 20%
<b>Mental health outpatient</b>	Deductible then 100%	Deductible then 20%
<b>Mental health inpatient (3)</b>	Deductible then 100% (3) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%
<b>Maternity</b>	Deductible then 100%	Deductible then 20%
<b>Home Health Care (4)</b>	Deductible then 100% (4) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%
<b>Rehab/ Habilitative Service (5)</b>	Deductible then 100% (5) Limited to 20 visits per calendar year for physical, speech and occupational therapies each; 15 visits for Chiro (Habilitative 20 visits per year)	Deductible then 20%
<b>Skilled Nursing (6)</b>	Deductible then 100% (6) Limited to 60 days per calendar year Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%
<b>Durable medical equipment (7)</b>	Deductible then 100% (7) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum) Limited to 12 month rental or purchase price whichever is less	Deductible then 20%
<b>Hospice Services (8)</b>	Deductible then 100% (8) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%
<b>Specialty Rx</b>	Not Covered	Not Covered

**OUT OF NETWORK**

<b>Deductible</b>	\$14,700/ \$29,400	\$10,000/\$20,000
<b>MOOP</b>	\$20,00/\$40,000	\$20,00/\$40,000
<b>Coinsurance</b>	100%	100%
<b>Reimbursement</b>	Referenced Based Pricing	Referenced Based Pricing

**RX**

<b>RX</b>	Specialty Rx Not Covered	Discount Card Specialty Rx Not Covered
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<b>Member:</b>	\$ 595.27	\$ 667.84
<b>Member + Spouse</b>	\$ 1,118.69	\$ 1,263.83
<b>Member + Child(ren)</b>	\$ 1,014.01	\$ 1,144.63
<b>Family</b>	\$ 1,642.13	\$ 1,856.84

**Pricing is for illustrated purposes only and is subject to underwriting.**



**5000 CLASSIC    3500 CLASSIC    2500 CLASSIC    1500 CLASSIC**



**Virtual PRIMARY Care Program**

(1:1) Dedicated Virtual Primary Care Licensed Doctor (8-5PM)  
 Select and keep your own physician and Schedule a visit with the same physician online from M-Friday (8-7 PM. Avoid costly in-person visits.  
 Annual wellness visits in minutes  
 Ongoing chronic care treatment  
 Routine follow-up appointments  
 Specialty referrals and Care navigation  
 24/7 access to virtual doctors used to address acute symptoms, discuss prescriptions, and screen for healthcare 24/7 in the comforts of your home without the commute or office visit waiting rooms.  
 EMR/Health assessment tool for continuity of care  
 \$0 consult fee for immediate 24/7/365 in-the-moment consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) with no call-backs or need to schedule"

**Virtual URGENT Care Program**

24/7 access to virtual doctors used to address acute symptoms, discuss prescriptions, and screen for healthcare 24/7 in the comforts of your home without the commute or office visit waiting rooms.  
 \$0 consult fee for immediate 24/7/365 in-the-moment consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) with no call-backs or need to schedule"  
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Within seconds, our advocates find the better-priced providers for routine care in your zip code.

**Pricing Portal**

Hospitals want their pricing kept a secret but our advocates know them and use them to your advantage.

Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States
<b>Enrollment Deadline</b>	18th of month Prior to Effective date	18th of month Prior to Effective date	18th of month Prior to Effective date	18th of month Prior to Effective date
<b>Deductible</b>	\$5,000/\$10,000	\$3,500/\$7,000	\$2,500/\$5,000	\$1,500/\$3,000
<b>Max out of pocket</b>	\$7,350/\$14,700	\$7,350/ \$14,700	\$7,350/ \$14,700	\$7,350/ \$14,700
<b>Coinsurance</b>	80%	80%	80%	80%
<b>Primary</b>	\$45	\$45	\$40	\$40
<b>Specialist</b>	\$90	\$90	\$80	\$80
<b>Urgent Care</b>	\$90	\$90	\$40	\$40
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Diagnostic Test (1)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>CT, PET, MRI's up to plan allowance</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Hospitalization (2)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%

(1) Cigna network providers, additional providers allowed up to plan allowance

(2) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)

**5000 CLASSIC 3500 CLASSIC 2500 CLASSIC 1500 CLASSIC**



<b>Emergency Room</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Emergency Medical Transport</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Mental health outpatient</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Mental health inpatient (3)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(3) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Maternity</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Home Health Care (4)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(4) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Rehab/ Habilitative Service (5)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(5) Limited to 20 visits per calendar year for physical, speech and occupational therapies each; 15 visits for Chiro (Habilitative 20 visits per year)			
<b>Skilled Nursing (6)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(6) Limited to 60 days per calendar year Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Durable medical equipment (7)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(7) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum) Limited to 12 month rental or purchase price whichever is less			
<b>Hospice Services (8)</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
	(8) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)			
<b>Specialty Rx</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>OUT OF NETWORK</b>				
<b>Deductible</b>	\$10,000/ \$20,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>MOOP</b>	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
<b>Coinsurance</b>	100%	100%	100%	100%
<b>Reimbursement</b>	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
<b>RX</b>				
<b>RX</b>	\$15/\$65/\$100	\$15/\$65/\$100	\$15/\$45/\$85	\$15/\$45/\$85
	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered
<b>Member:</b>	\$ 726.35	\$ 785.84	\$ 886.99	\$ 957.41
<b>Member + Spouse</b>	\$ 1,380.87	\$ 1,499.84	\$ 1,702.14	\$ 1,842.98
<b>Member + Child(ren)</b>	\$ 1,249.96	\$ 1,357.04	\$ 1,539.11	\$ 1,665.87
<b>Family</b>	\$ 2,035.39	\$ 2,213.86	\$ 2,517.30	\$ 2,728.56

**Pricing is for illustrated purposes only and is subject to underwriting.**

# Standalone Virtual Programs



**MY VIRTUAL DOCS**  
HEALTHCARE. WHEREVER, WHENEVER

## Virtual Primary Care

Dedicated Licensed Physician (8a-5p) virtual primary care leverages technology to give patients convenient face time with their primary care provider. The entire visit can be done from wherever, whenever. All you need is a smartphone, tablet, or laptop. No need to leave work early to beat traffic on the way to the doctor's office or waste time sitting in a waiting room.

## Virtual Urgent Care

(24/7)- Board-certified doctors available on your phone or computer from the comfort of your home with \$0 copays and unlimited access, video visits to receive treatment and diagnosis for non-urgent injuries and illnesses. Annual Labs- Zero cost (through LabCorp & Quest diagnostics)

## Unlimited In Person Urgent Care Visits

## Annual Labs

Unlimited Zero cost, No Copays, No Claims (through Quest diagnostics)

## Emotional Well-Being & Behavioral Health

Immediate, In-The-Moment Consultations- 24/7/365

## Rx Heroes

**At RX Heroes, OVER 1,000 Generic Medications, \$0 Co-Pay, 68,000 Retail Pharmacies, and FREE Mail Order.** We carry the most used medications at no cost to the customer. Subscribe today and get Duloxetine, Simvastatin, Atorvastatin, Finasteride, Bupropion, Lisinopril and Hundreds more for FREE! And our Save on Diabetes Program!





## Virtual Primary Care

The future of  
healthcare is in your hands



### Modern Medicine Just Got Better!

My Virtual Docs is making  
doctor's office visits a thing of the past.

- › Select and keep your own physician
- › Annual wellness visits in minutes
- › Lab work (Quest)
- › Free or discounted prescriptions\*
- › Urgent care visits
- › Ongoing chronic care treatment
- › Routine follow-up appointments
- › Specialty referral
- › Skip the germ-filled waiting rooms
- › Avoid costly in-person visits
- › 24 -hour access to care health professionals
- › Helpful customer service



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# Virtual Counseling

Most people experience some distress in the course of their lives.



Stress in society is so prevalent that the U.S. Public Health Service has made reducing stress one of its major health promotion goals. We know that 60% of visits to primary care physicians are for stress related symptoms. Professional assistance helps to ensure successful management of personal challenges. Virtual Counseling is a convenient first step in getting such support.

**NO COST  
To The  
Member**

**Assistance  
For Every Day  
Problems**

**Call Center  
Available  
24/7\***

**My Virtual Docs offers  
Confidential Counseling\*\*  
and Referral Services  
Including:**

- Master Level Counselors
- Comprehensive Problem Assessment and Resolution
- Education and Tools
- Supportive Counseling and Subsequent Sessions

\*Our call centers are available 24/7 to assist with in-take information, and advise on how to schedule your appointment with the counselor.

\*\*The number of times you or a family member may call in for a different issue/problem is unlimited. Each issue will be handled separately, and the number of counseling sessions will be determined as clinically appropriate, based on each issue at that time. This program is for short-term problem resolution, referral, and crisis intervention services. If you are experiencing an emergency, call 911, or go to your nearest emergency room.



**MY VIRTUAL DOCS**  
HEALTHCARE, WHEREVER, WHENEVER





**MY VIRTUAL DOCS**  
HEALTHCARE, WHEREVER, WHENEVER



## Free Prescriptions For Everyone!

Prescription drug prices have skyrocketed over the last few years making them unaffordable for many. You shouldn't have to choose between feeding your family or taking your medications. Our mission is to help others gain access to affordable care. With our prescription plan, you actually PAY NOTHING for your prescriptions. Through strategic partnerships and our buying power, we give you access to the most widely used generic medications for **FREE!**

**1000** MOST WIDELY PRESCRIBED MEDICATIONS

### Acute Medications (Immediate Need)

If you have an immediate need for these types of medications, members will be able to pick up these medications at their local retail pharmacy. This part of the program makes available the top 125 most prescribed acute medications for FREE, for up to a 21-day supply at over 68,000 pharmacies nationwide.

**View Our List Of Free Acute Medications At Our Website**

### Chronic Medications (Regularly Refilled)

These drugs are prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions are: high blood pressure, high cholesterol and diabetes, to name a few. These drugs are well-established medications that have proven safety and effectiveness and are considered standard therapy options for the treatment of common chronic conditions.

**View Our List Of Free Chronic Medications At Our Website**

### Pharmacy Coaching Professionals You Can Count On!

Rx Heroes has a team of highly educated, well trained pharmacists (RPh and/or PharmD) with decades of clinical experience. Our pharmacists are focused on helping patients achieve the highest quality of life through medication, counseling, education and adherence to the latest pharmacology standards.

### Our Pharmacists Are Here To Help!

Our experienced team of customer service and licensed pharmacists provide the highest level of care when members need it most. Through pharmacy coaching, we educate members on possible medication options and opportunities to save additional money when available. We will consult with you and your doctor to inform you of the alternatives and help make the best decision for your personal and financial health.



[www.myvirtualdocs.com](http://www.myvirtualdocs.com)



[support@myvirtualdocs.com](mailto:support@myvirtualdocs.com)



888-685-0080



**FOR FREE!**

## Here Are Just A Few Medications You Can Get!

- ✓ ACYCLOVIR
- ✓ ALLOPURINOL
- ✓ AMITRITYLINE
- ✓ AMLODIPINE
- ✓ AMOXICILLIN
- ✓ ANASTRAZOLE
- ✓ ATENOLOL
- ✓ ATORVASTATIN
- ✓ AZITHROMYCIN
- ✓ VITAMIN D3

- ✓ BUPROPION
- ✓ CARVEDILOL
- ✓ CEFDINIR
- ✓ CELECOXIB
- ✓ CEPHALEXIN
- ✓ CIPROFLOXACIN
- ✓ CITALOPRAM
- ✓ CLOPIDOGREL
- ✓ CYCLOBENZAPRINE
- ✓ DICLOFENAC

- ✓ DIPHENHYDRAMINE
- ✓ DOXYCYCLINE
- ✓ DULOXETINE
- ✓ ESCITALOPRAM
- ✓ ESTRADIOL
- ✓ EZETIMIBE
- ✓ FENOFIBRATE
- ✓ FINASTERIDE
- ✓ FLUCONAZOLE
- ✓ FLUOXETINE

- ✓ GLIMEPIRIDE
- ✓ GLIPIZIDE
- ✓ HYDROXYCHLOROQUINE
- ✓ IBUPROFEN
- ✓ LAMOTRIGINE
- ✓ LEVOTHYROXINE
- ✓ LIOTHYRONINE
- ✓ LISINAPRIL
- ✓ LISINAPRIL/HCTZ
- ✓ LOSARTAN

- ✓ MELOXICAM
- ✓ METFORMIN
- ✓ METHYLPREDNISOLONE
- ✓ METOPROLOL
- ✓ MONTELUKAST
- ✓ OMEPRAZOLE
- ✓ PANTOPRAZOLE
- ✓ PAROXETINE
- ✓ PRAVASTATIN
- ✓ PROGESTERONE

- ✓ ROSUVASTATIN
- ✓ SERTRALINE
- ✓ SIMVASTATIN
- ✓ SINGULAIR
- ✓ TAMSULOSIN
- ✓ TRAMADOL
- ✓ TRAZODONE
- ✓ TRIAMCINOLONE
- ✓ VALACYCLOVIR
- ✓ VENLAFAXINE





**MY VIRTUAL DOCS**  
HEALTHCARE, WHEREVER, WHENEVER



### **GET "PAID" TO EXERCISE – EARN WHILE YOU BURN – FREE**

My Virtual Docs™ Care Package includes free access to Burn ("earn while you burn"), the unique wellness app for your smartphone that rewards you for exercise and good health.

Burn rewards you with a penny in Burn cash for every calorie you burn above your resting heart rate.

Only an iOS or Android smartphone is needed to earn for walking or running. Other wearables like Fitbit or Apple Watch are needed for fun challenges.

### **SPEND UNLIMITED BEARN CASH, INSTANTLY**

On average, users earn \$6.78 in Burn cash every day – that's \$200 in Burn cash each month – over \$2000 a year!

And you can spend your Burn cash instantly in the Burn Marketplace, dollar-for-dollar just like cash, (for huge savings on 5000 products – cell phone earbuds, cases and chargers; Titleist golf clubs; Lululemon exercise apparel; Nike running shoes; Ray-ban and Oakley sunglasses; Roomba vacuums, Calvin Klein cosmetics, even grocery savings!)

Burn cash can be used for travel savings on 900,000 Airbnbs, VRBOs, and major hotel brands, and for savings on thousands of local stores right in your own neighborhood (restaurants, movie theaters and concerts, dry cleaners, auto repair, dance lessons and more).

### **GOT A WEARABLE? EVEN BETTER**

Sync the Burn app with an Apple Watch, Fitbit or other fitness tracker and earn even more for calories you burn walking, running, cycling, swimming, weightlifting, playing tennis – any activity that burns calories.

### **IT'S EASY AND IMMEDIATE**

It's easy ... just download the app, start burning calories, and instantly earn cash to redeem in the Marketplace. There is no cap or limit on how much you can earn!

And there's still more !

The Burn app includes a free 3-D Scanner using a smartphone's camera – in just 2 minutes users can scan themselves, get 100 biometric measurements on their health to share with advisors to design just the right exercise program based on scan results.

The scanner can be used again and again to chart progress toward good health.

It will even report if you might be a candidate for developing Type 2 diabetes – valuable data to learn and act on to protect your good health.

Burn is FREE and included when you subscribe to the My Virtual Docs™ Care Package and can be purchased as a standalone wellness program for businesses.

Have fun, stay healthy, and earn while you burn!



# Helping Millions

## Save Billions on Healthcare Costs

### CAG Health as a MEC Plan Benefit

#### Employer Highlights:

- ✔ HR and Benefits Directors – get burden relief. Never answer a question about hospital bills or Explanation of Benefits (EOB) again. CAG Health with CareGuide Advocates has your back.
- ✔ Better benefits means better recruitment and retention – the other R & R.
- ✔ Happy employees are productive employees. We save them money on healthcare to keep them happy.
- ✔ It's your money. Either pay Uncle Sam a bigger tax bill or use a MEC plan with an IRS Cafeteria 125 plan that includes a Cag Health and CareGuide Advocates benefit to keep your money in-house, improve your financial bottom line, and give your employees a better benefit.

#### Employee Highlights:

- ✔ Hospital Bill Eraser. Free hospital care in the Blue Zone. Discounted hospital care, or even free care, at some hospitals with double the income shown.
- ✔ Money Map. Better priced providers for care beyond the doctor's office are found on our money map and shared with each plan member. Get the care you need. Take home more pay.
- ✔ Pricing Portal. Never overpay for care when you know the price of care. We share those secret prices with you.
- ✔ Employees get great health benefits at a great price- they pay nothing - when CAG Health with CareGuide Advocates services are part of a MEC plan within an IRS Cafeteria 125 plan.

Your care is almost always free below the household salary levels displayed, and sometimes still discounted significantly for households with double the income listed below.

