

7350 VALUE

5000 HSA

3500 HSA



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

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

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Money Map





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Pricing Portal

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	All 50 States	All 50 States	All 50 States
Plan Availability			
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)		

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Emergency Room	Deductible then 100%	Deductible then 20%	Deductible then 20%
Emergency Medical Transport	Deductible then 100%	Deductible then 20%	Deductible then 20%
Mental health outpatient	Deductible then 100%	Deductible then 20%	Deductible then 20%
Mental health inpatient (3)	Deductible then 100% (3) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
Maternity	Deductible then 100%	Deductible then 20%	Deductible then 20%
Home Health Care (4)	Deductible then 100% (4) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
Rehab/ Habilitative Service (5)	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%
Skilled Nursing (6)	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%
Durable medical equipment (7)	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%
Hospice Services (8)	Deductible then 100% (8) Failure to obtain Precertification will result in 50% benefit reduction (\$2,500 maximum)	Deductible then 20%	Deductible then 20%
Specialty Rx	Not Covered	Not Covered	Not Covered
OUT OF NETWORK			
Deductible	\$14,700/ \$29,400	\$10,000/\$20,000	\$7,000/\$20,000
MOOP	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
Coinsurance	100%	100%	100%
Reimbursement	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
RX			
RX		Discount Card	Discount Card
	Specialty Rx Not Covered	Specialty Rx Not Covered	Specialty Rx Not Covered
Member:	\$ 679.98	\$ 734.68	\$ 762.29
Member + Spouse	\$ 1,288.11	\$ 1,397.51	\$ 1,452.76
Member + Child(ren)	\$ 1,166.48	\$ 1,264.95	\$ 1,314.66
Family	\$ 1,896.26	\$ 2,060.37	\$ 2,143.22

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5000 CLASSIC 3500 CLASSIC 2500 CLASSIC 1500 CLASSIC



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Deductible	\$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%
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	5000 CLASSIC	3500 CLASSIC	2500 CLASSIC	1500 CLASSIC
				
Emergency Room	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Medical Transport	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
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Specialty Rx	Not Covered	Not Covered	Not Covered	Not Covered
OUT OF NETWORK				
Deductible	\$10,000/ \$20,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000
MOOP	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
Coinsurance	100%	100%	100%	100%
Reimbursement	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
RX				
RX	\$15/\$65/\$100 Specialty Rx Not Covered	\$15/\$65/\$100 Specialty Rx Not Covered	\$15/\$45/\$85 Specialty Rx Not Covered	\$15/\$45/\$85 Specialty Rx Not Covered
Member:	\$ 799.76	\$ 865.91	\$ 1,014.90	\$ 1,096.38
Member + Spouse	\$ 1,527.67	\$ 1,660.00	\$ 1,957.96	\$ 2,120.89
Member + Child(ren)	\$ 1,382.09	\$ 1,501.18	\$ 1,769.34	\$ 1,915.99
Family	\$ 2,255.61	\$ 2,454.09	\$ 2,901.04	\$ 3,145.44

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Annual wellness visits in minutes

Ongoing chronic care treatment

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Plan Availability

Enrollment Deadline

Deductible

Max out of pocket

Coinsurance

Primary

Specialist

Urgent Care





Preventive Care

Diagnostic Test (1)

CT, PET, MRI's up to plan allowance

Hospitalization (2)

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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	
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Specialty Rx	Not Covered	Not Covered
OUT OF NETWORK		
Deductible	\$14,700/ \$29,400	\$10,000/\$20,000
MOOP	\$20,00/\$40,000	\$20,00/\$40,000
Coinsurance	100%	100%
Reimbursement	Referenced Based Pricing	Referenced Based Pricing
RX		
RX		Discount Card
	Specialty Rx Not Covered	Specialty Rx Not Covered
Member:	\$ 595.27	\$ 667.84
Member + Spouse	\$ 1,118.69	\$ 1,263.83
Member + Child(ren)	\$ 1,014.01	\$ 1,144.63
Family	\$ 1,642.13	\$ 1,856.84

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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%
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Hospitalization (2)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
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Maternity	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
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Specialty Rx	Not Covered	Not Covered	Not Covered	Not Covered
OUT OF NETWORK				
Deductible	\$10,000/ \$20,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000
MOOP	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000	\$20,00/\$40,000
Coinsurance	100%	100%	100%	100%
Reimbursement	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing	Referenced Based Pricing
RX				
RX	\$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
Member:	\$ 726.35	\$ 785.84	\$ 886.99	\$ 957.41
Member + Spouse	\$ 1,380.87	\$ 1,499.84	\$ 1,702.14	\$ 1,842.98
Member + Child(ren)	\$ 1,249.96	\$ 1,357.04	\$ 1,539.11	\$ 1,665.87
Family	\$ 2,035.39	\$ 2,213.86	\$ 2,517.30	\$ 2,728.56

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