

Medical Coverage - Large Group

Groups between 50 and 125 employees currently enrolled in a qualifying health plan do not require employee health underwriting. Rates shown are not age based but composite and apply to all employees regardless of age. Rates may change based on census and demographics info. Groups must have at least 50 eligible employees to qualify for this special program and special pricing.

Medical Deductible

Maximum Out-of-Pocket Expense

PPO NETWORK SERVICES

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

PRESCRIPTION BENEFITS

- Generics

- Preferred

- Non-Preferred

HOSPITAL SERVICES

Inpatient Hospital Facility Services (Includes Maternity)

Outpatient Facility Services (other than surgery)

Outpatient Surgery (hospital or outpatient surgery center charges only)

LABORATORY PROCEDURES

Lab work related to surgery or pre-surgical procedures

Lab work related to regular office visits

Physical and Speech Therapy (up to 30 combined visits per year)

EMERGENCY SERVICES

Professional Services

Emergency Room Facility (co-pay waived if admitted)

Urgent Care

Ambulance Services (ground and air)

OTHER SERVICES

Durable medical equipment/prosthetics/orthotics

Diabetic Equipment

See Benefit Summary for full explanation of benefits/fees

WEEKLY PREMIUMS

Employee only

Employee & Spouse only

Employee & Children only

Family

Note: Rates may change based on group demographics

Contractor's Association Large Group Health Plan

FREE
1 preventive visit per plan year

\$1500 / \$3,000

\$4000 / \$8,000

\$30 co-pay

\$40 co-pay

30% co-insurance

30% co-insurance

30% co-insurance

\$10 co-pay

\$50 co-pay

\$80 co-pay

30% co-insurance

30% co-insurance

30% coinsurance

30% co-insurance

30% co-insurance

30% co-insurance

30% co-insurance

\$75 co-pay + 30%

30% co-insurance

30% co-insurance

30% co-insurance

30% co-insurance

1-YEAR RATE CAP

\$86.00

\$172.00

\$150.00

\$230.00



