



Self-Insured Plan with Everest Re (A Rated), includes Cigna PPO  
Available to the members of the Employers Business Alliance.

- Rates outlined on the following pages are pre-underwritten.
- Rates reflect the expected rate offer for the group of individuals in each age bracket.
- Final Underwritten rates could be more, less, or not offered.

➤ [Search the CIGNA PPO Network : Click Here](#)

1. Select "Employer or School"
2. Continue as Guest
3. Click "Continue" to Select a Plan
4. **Under Select a Plan, choose "PPO, Choice Fund PPO"**

[Click Here to Apply](#)

- Name of your Insurance Agent is required on application.
- Underwriting can take up to 5 business days (Generally 2)
- Final Plan Selection Occurs after Approval.
- **You must include details to any "YES" Answers on Page 2 of the application.**

		1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Deductible		\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$3,500	\$5,000	\$7,350
Max Out of Pocket		\$5,000	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$6,550	\$7,350
Preventative		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care		\$20	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Specialist		\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Urgent Care		\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Chiropractor		\$20	\$20	\$20	\$20	\$20	Ded + 20%	Ded + 20%	\$20
Mental Health		\$30	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Blood / Lab		Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Imaging		Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Hospital		Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Surgery		Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Outpatient Treatment		Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Ages 18 - 34	Employee Only	\$822.87	\$758.06	\$706.53	\$632.51	\$588.97	\$564.32	\$546.15	\$493.04
	Employee + SP	\$1,558.71	\$1,429.11	\$1,326.04	\$1,178.00	\$1,090.94	\$1,041.64	\$1,005.29	\$899.08
	Employee + CH	\$1,416.15	\$1,299.50	\$1,206.74	\$1,073.50	\$995.14	\$950.78	\$918.07	\$822.47
	Employee + FAM	\$2,290.59	\$2,096.17	\$1,941.57	\$1,719.51	\$1,588.91	\$1,514.96	\$1,460.45	\$1,301.13
Ages 35 - 44	Employee Only	\$901.89	\$829.90	\$763.28	\$682.22	\$634.54	\$607.55	\$587.65	\$529.49
	Employee + SP	\$1,716.77	\$1,572.79	\$1,439.55	\$1,277.43	\$1,182.08	\$1,128.09	\$1,088.29	\$971.97
	Employee + CH	\$1,558.40	\$1,428.82	\$1,308.90	\$1,162.98	\$1,077.17	\$1,028.58	\$992.76	\$888.07
	Employee + FAM	\$2,527.66	\$2,311.70	\$2,111.83	\$1,868.65	\$1,725.62	\$1,644.64	\$1,584.93	\$1,410.45
Ages 45 - 55	Employee Only	\$960.21	\$882.92	\$821.45	\$709.06	\$659.15	\$630.89	\$610.05	\$549.17
	Employee + SP	\$1,833.40	\$1,678.82	\$1,555.90	\$1,331.11	\$1,231.29	\$1,174.77	\$1,133.10	\$1,011.32
	Employee + CH	\$1,663.36	\$1,524.24	\$1,413.61	\$1,211.30	\$1,121.46	\$1,070.59	\$1,033.09	\$923.49
	Employee + FAM	\$2,702.60	\$2,470.73	\$2,286.35	\$1,949.17	\$1,799.44	\$1,714.66	\$1,652.15	\$1,469.49
Ages 56 - 60	Employee Only	\$977.22	\$898.37	\$835.68	\$733.02	\$681.12	\$651.73	\$630.06	\$566.73
	Employee + SP	\$1,867.41	\$1,709.73	\$1,584.35	\$1,379.04	\$1,275.22	\$1,216.44	\$1,173.10	\$1,046.46
	Employee + CH	\$1,693.97	\$1,552.06	\$1,439.22	\$1,254.43	\$1,161.00	\$1,108.10	\$1,069.09	\$955.11
	Employee + FAM	\$2,753.61	\$2,517.11	\$2,329.04	\$2,021.06	\$1,865.34	\$1,777.17	\$1,712.16	\$1,522.19
Ages 61 - 64	Employee Only	\$997.55	\$916.87	\$852.70	\$760.55	\$706.34	\$675.66	\$653.03	\$586.91
	Employee + SP	\$1,908.09	\$1,746.71	\$1,618.39	\$1,434.08	\$1,325.68	\$1,264.30	\$1,219.05	\$1,086.81
	Employee + CH	\$1,730.58	\$1,585.34	\$1,469.86	\$1,303.97	\$1,206.41	\$1,151.17	\$1,110.44	\$991.43
	Employee + FAM	\$2,814.63	\$2,572.58	\$2,380.10	\$2,103.62	\$1,941.02	\$1,848.96	\$1,781.08	\$1,582.72

**Please Note:** This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. Refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, & Exclusions. If benefits outlined on this page differ from the Schedule of Benefits or Official Plan Documents, the Schedule of Benefits or Official Plan Documents will govern.

Deductible		\$2,500	\$7,350	
<b>MAX Out Of Pocket</b> (includes Deductible)		<b>\$7,350</b>	<b>\$7,350</b>	
Preventative		Covered 100%	Covered 100%	
Primary Care		\$30	\$50	
Specialist		\$60	\$100	
Urgent Care		\$60	\$100	
Chiropractor		\$20	\$20	
Mental Health		\$30	\$50	
Blood / Lab / Imaging		Ded + 20%	Ded + 0%	
Hospital / Surgery		Ded + 20%	Ded + 0%	
Outpatient Treatment		Ded + 20%	Ded + 0%	
			<b>Monthly Difference</b>	
<b>Ages 35 - 44</b>	Member Only	<b>\$763.28</b>	<b>\$529.49</b>	<b>\$233.79</b>
	Member + SP	\$1,439.55	\$971.97	\$467.28
	Member + CH	\$1,308.90	\$888.07	\$420.83
	Family	\$2,111.83	\$1,410.45	\$701.38
<b>Ages 45 - 55</b>	Member Only	<b>\$821.45</b>	<b>\$549.17</b>	<b>\$272.28</b>
	Member + SP	\$1,555.90	\$1,011.32	\$544.58
	Member + CH	\$1,413.61	\$923.49	\$490.12
	Family	\$2,286.35	\$1,469.49	\$816.86
<b>Ages 56 - 60</b>	Member Only	<b>\$835.68</b>	<b>\$566.73</b>	<b>\$268.95</b>
	Member + SP	\$1,584.35	\$1,046.46	\$537.89
	Member + CH	\$1,439.22	\$955.11	\$484.11
	Family	\$2,329.04	\$1,522.19	\$806.85
<b>Ages 61 - 64</b>	Member Only	<b>\$852.70</b>	<b>\$586.91</b>	<b>\$265.79</b>
	Member + SP	\$1,618.39	\$1,086.81	\$531.58
	Member + CH	\$1,469.86	\$991.43	\$478.43
	Family	\$2,380.10	\$1,582.72	\$797.38

## Add Ancillary Coverages

### Why Pay More just to lower your Deductible

- **Zurich Accident AME** – Covers expenses 100% up to \$7,500 per injury.
- **Zurich Critical Illness** – Lump Sum payout of \$10,000 upon the diagnosis of Heart Attack, Cancer, Stroke, and more.
- **Zurich Hospital Indemnity** – Pays you up to \$1,500 per day when confined to a hospital. (\$750 for inpatient hospital & \$750 per day for Intensive Care)
- **Weekly Accident Disability Income** – Pays you up to \$500 per week for up to 52 weeks

## Ancillary Monthly Totals

Member Only	<b>\$127.15</b>
Member + Spouse	<b>\$245.41</b>
Member + Child(ren)	<b>\$228.01</b>
Family	<b>\$333.48</b>

Ancillary Benefits can be increased or decreased.

*Weekly Accident disability benefits do not apply to dependent children. Association Dues Apply  
Ancillary Benefits are Underwritten by Zurich*

# Ancillary Benefits



## State Availability:

AL, AR, AZ, CA, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, MI, MS, NE, NJ, OH, OK, SC, TN, TX, VA, WI  
*Not all Zurich available in every state listed*

## Hospital Indemnity

Daily Hospital Benefit  
 Up to 10 days per year  
 Benefit Doubled if in ICU

Hospital Indemnity	Member Only	Member + Spouse	Member + Children	Family
<b>\$250 / \$500 - Per Day</b>	17.65	35.40	34.17	56.25
<b>\$500 / \$1,000 - Per Day</b>	35.27	70.74	68.28	112.46
<b>\$750 / \$1,500 - Per Day</b>	52.90	106.12	102.43	168.68
<b>\$1,000 / \$2,000 - Per Day</b>	70.52	141.48	136.55	224.90

## Critical Illness

Lump Sum Payment  
 Upon Diagnosis  
*Cancer, Heart Attack, Stroke, Bypass, Aneurysm, Organ Transplant, & more*

Critical Illness	Member Only	Member + Spouse	Member + Children	Family
<b>\$5,000 Benefit</b>	12.92	25.80	13.22	26.10
<b>\$10,000 Benefit</b>	25.80	51.58	26.43	52.20
<b>\$15,000 Benefit</b>	38.70	77.37	39.62	78.30
<b>\$20,000 Benefit</b>	51.58	103.15	52.83	104.38

## Accident AME

No Deductible  
 100% Coverage  
 Up to \$10,000 per accident

Offering	Member Only	Member + Spouse	Member + Children	Family
<b>AME \$2,500</b>	17.72	28.72	36.18	45.20
<b>AME \$5,000</b>	21.40	35.00	44.32	55.40
<b>AME \$7,500</b>	25.80	42.41	53.85	67.30
<b>AME \$10,000</b>	28.78	46.35	59.08	73.84

## Disability Income

Weekly Accident Disability Income  
 Up to \$1,000 per week / \$4,000 per month.

Offering	Member Only	Member + Spouse
<b>14 Day Elimination - \$250 / week</b>	24.31	48.62
<b>14 Day Elimination - \$500 / week</b>	48.66	97.32
<b>30 Day Elimination - \$500 / week</b>	22.65	45.3
<b>30 Day Elimination - \$750 / week</b>	34.84	69.68
<b>30 Day Elimination - \$1000 / week</b>	47.24	94.48

# Ancillary Benefits

## Dental Insurance

### UNITED CONCORDIA® DENTAL

[Search Network: Click Here](#)  
(select "Advantage Plus" for network)

#### Dental 3500 Rollover Benefit

Up to \$300 of your unused benefit rolls over from one year to the next

- **Preventative covered up to 100%**  
No waiting
- **Basic Covered up to 70%**  
No waiting
- **Major Covered up to 50%**  
No Waiting

Offering	Member Only	Member + Spouse	Member + Children	Family
Dental 1500 – <i>Silver</i>	34.27	62.46	62.46	87.54
Dental 3500 – <i>Gold</i>	66.75	122.06	122.06	180.45
Dental 5000 – <i>Platinum</i>	76.66	140.60	140.60	211.08

No Sale States: AK, CT, CO, HI, ID, IA, ME, MD, MO, MT, NV, NH, NM, NY, NC, ND, OR, PA, RI, SD, UT, VT, WA, WV



[Search Careington Network: Click Here](#)



- **Preventative Covered 100%**  
No waiting
- **Basic Covered 80%**  
No waiting
- **Major Covered 50%**  
12 month waiting period, waived for prior coverage

Offering	Member Only	Member + Spouse	Member + Children	Family
Dental 1500	54	99	103	143
Dental 3000	64	109	119	157
Dental 5,000	74	125	137	197

No Sale States: AK, DC, HI, ME, MA, MN, MT, NH, NJ, NY, ND, OR, RI, SD, VT, WA, WV



- **Preventative covered 100%**  
No waiting
- **Basic Services: Fee Based**  
No waiting
- **Major Covered: Fee Based**  
6 month waiting period

[Click Here: SEARCH NETWORK PROVIDERS](#)  
Select Classic PPO & Plus Network

Ameritas Dental - 360 Max	Member Only	Member+ SP	Member+ CH	Family
Dental 2000 - Region 1	47.35	83.27	83.27	115.02
Dental 2000 - Region 2	51.07	90.81	90.81	126.84
Dental 2000 - Region 3	58.54	96.26	96.26	138.39
Dental 2000 - Region 4	62.58	104.46	104.46	151.23
Dental 2000 – Region 5	70.25	120.03	120.03	175.63

Region 1: AL, AR, KY, MO, TN    Region 2: FL, GA, IA, IL, IN, MI, MN, NE, NM, OH, OK, PA, TX, WI, WY  
Region 3: AZ, CO, ID, VA    Region 4: CT, MA, NJ    Region 5: CA

# Ancillary Benefits

## Vision Insurance



### Vision Insurance

- \$10 Exam Copay
- \$25 Materials Copay
- No Waiting Periods
- Includes frames, lenses, contact lenses, eye exams, and more
- VSP Network

NCD Vision	Member Only	Member + 1	Member + Fam
NCD Vision - All States	21	38	48
NCD Vision - FL	24	41	51
NCD Vision - Oregon	22	37	47

**No Sale States:** AK, DC, HI, ME, MA, MN, MT, NH, NJ, NY, ND, OR, RI, SD, VT, WA, WV



### Vision Insurance

- \$10 Exam Copay
- \$10 Materials Copay
- No Waiting Periods
- Includes frames, lenses, contact lenses, eye exams, and more
- VSP Network

Offering	Member Only	Member + Spouse	Member + Children	Family
<b>Plan 1</b>	11.80	23.60	25.25	40.35
<b>Plan 2</b>	14.50	28.95	30.95	49.50

**No Sale States:** AK, AR, CO, ID, ME, MD, MO, MT, NV, NH, NM, NY, NC, OR, PA, SD, UT, VT, WA