



Enroll Prime

*ASSOCIATION
GROUP HEALTH
PLAN*

Administered by:

PHCS PPO



Most employers treat Employee Benefits as a required line-item expense. Our Employers treat theirs as a profit and loss center. Now, Membership to our Pooled Employer Program has its privileges!

Employee benefit plans have been around for many years. Defined Benefit Plans (Pension plans) were once the “best” benefit, but now are not offered. Most Health Plans have become unaffordable. The combined effect has had a resounding effect upon employers. Our competitors offer separate, disjointed employee benefit plans.

We are different. We combine all employee benefit plans in one offering, seamlessly integrating into your payroll and new hire processing systems. On the 401-k side, we offer quick no fee setup, and on the health and wellness side we share in your risk and reward by returning your profits (if any) back to you to provide additional value for your employees through benefits. Since 2005, we have been offering flexible plan designs, those utilizing a traditional High Deductible Health Plan with technology, Health Savings Accounts, and/or Health Reimbursement Arrangements to reduce premiums and obtain claim costs. Larger employers (over 200 employees) use Self-Funded techniques as well as Workers Compensation rules, to control the P&L of their health plan and so do we. When you have data about true claim costs, and employee productivity, then, just like in business, you know what your expenses and revenue are with your health plan. Now, since 2020 with the Department of Labor rule changes, we now have added 401-k employee benefit plans to our platform. That is what we offer. Control.

How do we do it? Our larger employers have the advantage of a large number of employees to spread the risk of their health plan. The larger the risk pool, the less expensive the cost of insurance. Now, through our exclusive plan you can offer the same benefits as larger employers through our Pooled Employer Program (PEP). We are proud to be one of the only companies offering this type of program, which reduces the overall cost of your benefit plans, while offering more benefits, so you are able to recruit, retain, and reward employees, your #1 asset within your organization.

You receive a tax benefit by paying a portion of an employee’s monthly premium. If you choose to take some of the savings to contribute towards an employee’s Health Savings Account (HSA) or 401-k, your tax benefits may grow.

We are glad you are taking the time to learn about our revolutionary products and services that we offer. Our Health Plans are different, as they contain the top 10 requested benefits by employees, according to a survey by Kaiser Permanente. We know you will love our program!

Plan Highlights for Major Medical Plans

Employees say: ***“We want to be compensated fairly, a way to save for retirement, affordable health insurance, a primary care provider (PCP) who cares about me and my family, open access to specialists, Life Insurance, Telemedicine, help with deductibles and out of pocket costs, and a way to save on taxes.”***

Through membership in our program, you can now offer exactly what employees want through our Pooled Employer Program. We have created a specific employee benefit plan so you can recruit, retain, and reward your employees while maintaining compliance. All major medical plans come with:

- ▶ A specific 401-K Plan with initial setup fees waived (\$0 Cost to entry, no match required)
 - ▶ A dedicated assigned primary care physician for DPC plans, yet they can go to ***any in-network primary care or specialist physician for care.***
 - ▶ Authorizations are required for ***inpatient and/or outpatient services and diagnostic tests.***
 - ▶ ***Emergency services are covered anywhere***, even if out of network, so you are covered while you travel!
 - ▶ \$0 Co-Pay for Primary Care (assigned PCP) and \$0 Telemedicine visits.
 - ▶ Open Access to Primary, Specialists, and Imaging Facilities with Co-Pay assistance
 - ▶ \$20,000.00 Life Insurance Policy (Guaranteed issue up to \$200,000.00).
 - ▶ Deductible Assistance Plan that pays \$2500.00 for INPATIENT Hospital Admission (more than 18 hours), thereby reducing your deductible liability by \$2500.00. (If the result of an accident, the benefit is increased by \$1000.00 PLUS \$250 per day)
 - ▶ Co-Pay assistance for:
 - ▶ Outpatient Procedures- Either \$500 or \$1000, depending on the procedure.
 - ▶ Accidental Injuries (such as burns, broken bones, lacerations, dislocations, concussions, contusions, accidental death)
 - ▶ Diagnostic Testing (MRI, CT-Scan, etc.)- \$500 (if result of an accident, you will receive an additional \$200.)
 - ▶ Cash Incentives for Annual Wellness visits (one per covered person per year)- \$50 and Physician Visits as well (primary care, specialists, etc.)- \$25 (limit of 5 per person)
- Optional benefits included are:***
- Dental PPO, Vision PPO, Short-Term Disability, Cancer, Critical Illness, and Payroll (If needed)

MEC Options

Plan	CLASSIC	CHOICE	CARE
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	N/A	\$8,700 / \$17,400	\$8,700 / \$17,400
Preventive, Physician & Diagnostic Services			
Preventive & Wellness (Non- Hospital Based)	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	NOT COVERED	\$35 Copay	\$25 Copay (4x/yr)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	NOT COVERED	\$75 Copay	\$50 Copay (4x/yr)
Urgent Care	NOT COVERED	\$85 Copay	\$50 Copay (4x/yr)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	NOT COVERED	\$50 Copay	\$50 Copay (3x/yr)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	NOT COVERED	\$500 Copay (3x/yr)	\$350 Copay (1x/yr)
Outpatient Hospital & Facility Services			
Outpatient Hospital or Free- Standing Facility Services and Surgery (Prior Authorization Required)	NOT COVERED	NOT COVERED	\$400 Copay (1x/yr)
Anesthesia	NOT COVERED	NOT COVERED	Included in OP Hospital or FSF Services and Surgery Copay
Second Surgical Opinion	NOT COVERED	NOT COVERED	\$0 Copay
Pharmacy Benefits (Subject to Formulary)			
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	NOT COVERED	\$5 Copay (Generic)	\$5 Copay (Generic)
Employee	\$125.00	\$195.00	\$286.96
Employee & Spouse	\$190.00	\$285.00	\$409.31
Employee & Child(ren)	\$190.00	\$285.00	\$378.52
Family	\$255.00	\$395.00	\$500.87

These plans are not traditional major medical insurance. These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

MVP Options

Plan	BASIC	FUNDAMENTAL	ENHANCED
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services			
Preventive & Wellness (Non- Hospital Based)	Included	Included	Included
Primary Care Office Visit (Non- Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)
Allergy Services (Applied to PCP or Specialist Office visit limits)	\$25 Copay	\$25 Copay	\$25 Copay
Hospital & Facility Services			
Inpatient Hospitalization (per admission) (Prior Authorization Required)	\$350 Copay (5 days per plan year)	\$350 Copay (7 days per plan year)	\$350 Copay (10 days per plan year)
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)
Outpatient Hospital or Free- Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)	\$350 Copay (2 visits per plan year)
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)
Emergency Room	\$350 Copay (1 visit per plan year)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)

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Ambulance Service (Ground Services Only)	\$250 Copay (1 per plan year)	\$250 Copay (1 per plan year)	\$250 Copay (2 per plan year)
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits			
Professional Services	Not Covered	\$350 Copay	\$350 Copay
Maternity / Childbirth / Delivery (per admission) (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay	\$350 Copay
Other Services			
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)
Treatment for Chemical Abuse & Dependency – Inpatient (per Day) (Prior Authorization Required)	\$250 Copay (5 days per plan year)	\$250 Copay (7 days per plan year)	\$250 Copay (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (per day) (Prior Authorization Required)	\$25 Copay (5 days per plan year)	\$25 Copay (7 days per plan year)	\$25 Copay (10 days per plan year)
Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Authorization Required)	Not Covered	Not Covered	\$50 Copay per Day (12 visits per plan year)
Pharmacy Benefits (Subject to Formulary)			
Mail Order copay is 3x's the retail copay for a 3-month supply where applicable.			
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	\$5 Copay (Generic)	\$5 Copay	\$5 Copay
Preferred Brand Non-Preventive (Retail)	Not Covered	\$40 Copay	\$40 Copay
Non-Preferred Brand-Preventive (Retail)	Not Covered	\$80 Copay	\$80 Copay
Plan	BASIC	FUNDAMENTAL	ENHANCED
Employee	\$530.30	\$574.87	\$609.67
Employee & Spouse	\$831.57	\$929.63	\$988.09
Employee & Child(ren)	\$753.31	\$833.55	\$878.61
Family	\$1,079.59	\$1,213.30	\$1,282.03

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Major Medical Options

Plan	PHCS-9450 HSA	PHCS 3500 HSA	PHCS 4500 PPO	PHCS 3500 PPO
NETWORK	PHCS PPO	PHCS PPO	PHCS PPO	PHCS PPO
Individual Deductible (In/Out)	\$9,450 / \$18,900	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$18,900 / \$37,800	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$9,450 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,000
Family Out-of-Pocket Maximum (In/Out)	\$18,900 / \$48,000	\$14,000 / \$35,000	\$16,300 / \$35,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Direct Primary Care (Not Available in all Counties)				
Office Services-Value Choice DPC/PCP	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Services-Value Choice DPC/Specialist	\$0 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Preventive & Physician Services				
Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Colonial Supplemental Benefit (Health Screen Benefit)	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year
Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services-Family Physician	Deductible + 0%	Deductible + 30%	\$40 Copay	\$40 Copay
Office Services-Specialist	Deductible + 0%	Deductible + 30%	\$75 Copay	\$75 Copay
Colonial Supplemental Benefit (PCP/Spec. Visit Benefit)	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)
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay
Laboratory & Imaging Services				
Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 30% <i>100% of covered charges up to \$500 performed in DPC Office</i>	Deductible + 30%	100% of covered charges up to \$500 then Deductible + 30%	100% of covered charges up to \$500 then Deductible + 20%
Colonial X-ray Benefit-Sickness (Payable 2x per year)	Pays \$25	Pays \$25	Pays \$25	Pays \$25
Colonial X-ray Benefit-Injury (Payable per separate incidents.)	Pays \$85	Pays \$85	Pays \$85	Pays \$85
Advanced Imaging	Deductible + 30% \$200 Copay from DPC Referral	Deductible + 30%	\$300 Copay	\$300 Copay
Colonial Adv. Image. -Sickness (payable 1x per year)	Pays \$500	Pays \$500	Pays \$500	Pays \$500
Colonial Adv. Image. -for Injury (Payable per separate incidents.)	Pays \$700	Pays \$700	Pays \$700	Pays \$700

Hospital & Surgical Services				
Inpatient Hospital Services	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial Hospital Confinement: Sickness	Pays \$2,500	Pays \$2,500	Pays \$2,500	Pays \$2,500
Colonial Hospital Confinement: Injury	Pays \$3,500	Pays \$3,500	Pays \$3,500	Pays \$3,500
Outpatient Surgery	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial 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
Emergency Room	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial ER Benefit-Sickness (payable 2x per year)	Pays \$100	Pays \$100	Pays \$100	Pays \$100
Colonial ER Benefit-Injury (payable per separate incidents.)	Pays \$250	Pays \$250	Pays \$250	Pays \$250
Pharmacy Benefits (Subject to Formulary)				
Deductible	In-Network Deductible	In-Network Deductible	\$0	\$0
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	\$20 Copay*	Deductible + 30%	\$20 Copay	\$20 Copay
Preferred Brand Non-Preventive (Retail)	\$65 Copay*	Deductible + 30%	\$65 Copay	\$65 Copay
Non-Preferred Brand-Preventive (Retail)	\$95 Copay*	Deductible + 30%	\$95 Copay	\$95 Copay
Specialty Drugs (Retail)	\$200 Copay	Deductible + 30%	\$200 Copay	\$200 Copay
Plan Specific Pharmacy Notes	All prescriptions up to \$200 covered, above \$200 not covered.	N/A	N/A	N/A
Plan	DPC-9450 HSA	PHCS 3500 HSA	PHCS 4500 PPO	PHCS 3500 PPO
Premium Notes	Incl. \$25/month towards HSA Visa Card	N/A	N/A	N/A
Employee	\$549.10	\$647.36	\$683.45	\$774.45
Employee & Spouse	\$899.52	\$1,256.93	\$1,337.48	\$1,406.81
Employee & Child(ren)	\$999.65	\$1,141.45	\$1,223.39	\$1,374.44
Family	\$1,274.66	\$1,770.10	\$1,805.85	\$2,055.61

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? Can I get one card with all of my member #'s instead of multiple?

 	
Group Name: Member Name: \$fullname Member ID #: \$memberid Effective Date: \$effective_short <small>Each Person is a Cardholder. Add Last 2 Digits with Applicable Suffix: Primary = 01 Spouse = 02 Child = 03 (Oldest child first to youngest)</small>	Deductible: \$0 Individual/ \$0 Family Copay: Preventive \$0 Primary Care \$15 Specialist \$25 Urgent Care \$35 RX Copay: Generic \$0 (Limited to Preventative Generic Only)
	BIN: Processor: RXGRP:
	Member Services: Pharmacy Help Desk:

Fold Here

<p>This card is not a statement of benefits or guarantee of coverage</p> <p>This Plan Requires Pre-Treatment Authorization / Precertification. Before hospital admission or any surgery or other services performed by your plan, your physician must call for pre-treatment authorization (precertification). Failure may result in reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).</p> <p>To Find a Provider: Please visit Multiplan.com or call the PHCS Network at 800-922-4362</p> <p>Members: Please show this card when you or your eligible dependents receive services. If you have questions regarding claims, benefits, prior authorizations, billing, to confirm eligibility, please call 844-462-6334</p> <p>Providers: Please submit all patient claims with Member ID and Group ID. If you have any questions regarding claims, benefits, prior authorizations, or to confirm eligibility, please contact 844-462-6334</p> <p>Please submit all claims to:</p> <p>MBA TPA PO Box 150 St Augustine, FL 32085</p> <p>Payor ID:</p>   	
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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.