

## MEMBERSHIP ACCESS PROGRAMS

(Available to association members only)

2023 Rates			
Premier Plans - Series A			
Plan Name:	Advantage 5000	Silver 3000	Elite 1000
Network:	Cigna PPO	Cigna PPO	Cigna PPO
Network Search:	www.cigna.com	www.cigna.com	www.cigna.com
States Available:	Available in 50 States	Available in 50 States	Available in 50 States
Member Only:	\$722.00	\$919.00	\$1,345.00
Member + Spouse:	\$1,474.00	\$1,899.00	\$2,832.00
Member + 1 Child:	\$1,244.00	\$1,590.00	\$2,353.00
Member + Family:	\$1,840.00	\$2,367.00	\$3,537.00
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: \$5,000 Single / \$10,000 Family Out-of-Net: \$10,000 Single / \$20,000 Family	In-Net: \$3,000 Single / \$6,000 Family Out-of-Net: \$6,000 Single / \$12,000 Family	In-Net: \$1,000 Single / \$2,000 Family Out-of-Net: \$6,000 Single / \$12,000 Family
Co-Insurance:	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
Out of Pocket Max:	In-Net: \$8,150 Single / \$16,300 Family Out-of-Net: Unlimited Single/ Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-of-Net: Unlimited Single/ Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-of-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: \$20/\$60 <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$40/\$60 <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$30/\$50 <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$50 Copay <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance
Chiropractor: (20 Visits Per/Yr.)	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
Hospital: (In-Patient)	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
Prescription Benefits:	<b>RX Subject to Deductible</b> Generic: \$0 Copay After Deductible Brand Preferred: 25% After Deductible Non-Preferred: 50% After Deductible	<b>RX Not Subject to Deductible</b> Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%	<b>RX Not Subject to Deductible</b> Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	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
Emergency Room:	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
X-Ray, Bloodwork:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: \$20 Copay <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$40 Copay <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$30 Copay <b>Not</b> subject to deductible Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	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
Advanced Imaging:	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
Home Health Care:	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
Hospital: (Outpatient Facility)	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
Physician and Surgeon Fees:	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
Union Death Benefit (Member Only)	\$5,000	\$5,000	\$5,000
Out-of-Network Payment Type:	125% Medicare	125% Medicare	125% Medicare
<b>Cigna PPO Network - All 50 States</b>			
Notes:	<p>One-Time Processing Fee: \$125 Does not include monthly association fee: \$20 January 1, 2024 Renewal Deductible and MOOP Reset every January 1st A parent with multiple children must enroll at the family rate. ** Specialty Medications NOT COVERED X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs. This is for illustration purposes only, must meet certain requirements. **SEE SBC FOR OTHER RESTRICTIONS</p>		

As a member of the association you will receive \$7,000 of Term Life Insurance.

## MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

2023 Rates			
Premier Plans - Series B			
Plan Name:	<b>Blue Card HSA 6750</b>	<b>Blue Card 2500</b>	<b>Blue Card 350</b>
Network:	Blue Card	Blue Card	Blue Card
Network Search:	www.anthem.com	www.anthem.com	www.anthem.com
States Available:	Available in 50 states	Available in 50 states	Available in 50 states
Member Only:	<b>\$755.00</b>	<b>\$894.00</b>	<b>\$1,133.00</b>
Member + Spouse:	<b>\$1,550.00</b>	<b>\$1,853.00</b>	<b>\$2,343.00</b>
Member + 1 Child:	<b>\$1,305.00</b>	<b>\$1,555.00</b>	<b>\$1,957.00</b>
Member + Family:	<b>\$1,917.00</b>	<b>\$2,305.00</b>	<b>\$2,947.00</b>
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: \$6,750 Single / \$13,500 Family Out-of-Net: \$10,000 Single / \$ 20,000 Family	In-Net: \$2,500 Single / \$5,000 Family Out-of-Net: \$6,750 Single / \$13,500 Family	In-Net: \$350 Single / \$700 Family Out-of-Net: \$700 Single / \$1,400 Family
Co-Insurance:	In-Net: 0% After Deductible 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
Out of Pocket Max:	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
Office Co-payments:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	\$40/\$60 <b>Not</b> Subject to Deductible Out-Net: Deductible & Co-Insurance	\$25/\$35 <b>Not</b> Subject to Deductible Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$35 Copay Out-Net: Deductible & Co-Insurance
Chiropractor: (30 Visits Per/Yr.)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Out-Net: Deductible & Co-Insurance	In-Net: \$35 Copay Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: Subject to Deductible no co-pay 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
Prescription Benefits:	<b>RX Subject to Deductible</b> Generic: Subject to Deductible no co-pay Brand Preferred: Subject to Deductible no co-pay Non-Preferred: Subject to Deductible no co-pay	<b>RX Not Subject to Deductible</b> Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%	<b>RX Not Subject to Deductible</b> Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	In-Net: Subject to Deductible no co-pay 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
Emergency Room:	In-Net: Subject to Deductible no co-pay 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
X-Ray, Bloodwork:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: \$40 Copay <b>Not</b> Subject to Deductible Out-Net: Deductible & Co-Insurance	In-Net: \$25 Copay <b>Not</b> Subject to Deductible Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: Subject to Deductible no co-pay Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	In-Net: Subject to Deductible no co-pay 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
Advanced Imaging:	In-Net: Subject to Deductible no co-pay 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
Home Health Care:	In-Net: Subject to Deductible no co-pay 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
Hospital: (Outpatient Facility)	In-Net: Subject to Deductible no co-pay 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
Physician and Surgeon Fees:	In-Net: Subject to Deductible no co-pay 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
Union Death Benefit (Member Only)	\$5,000	\$5,000	\$5,000
Out-of-Network Payment Type:	125% Medicare	125% Medicare	125% Medicare
<b>Blue Card Network - All 50 States</b>			
Notes:	<b>One-Time Processing Fee: \$125</b> <b>Does not include monthly association fee: \$20</b> <b>January 1, 2024 Renewal</b> <b>Deductible and MOOP Reset every January 1st</b> <b>A parent with multiple children must enroll at the family rate. ** Specialty Medications NOT COVERED</b> <b>X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs</b> <b>Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs. This is for illustration purposes only, must meet certain requirements. **SEE SBC FOR OTHER RESTRICTIONS</b>		

As a member of the association you will receive \$7,000 of Term Life Insurance.