

MEMBERSHIP ACCESS PROGRAMS

(Available to association members only)

2022 Rates			
Premier Plans - Series A			
Groups 1+			
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:	\$735.00	\$905.00	\$1,285.00
Member + Spouse:	\$1,400.00	\$1,790.00	\$2,635.00
Member + 1 Child:	\$1,213.00	\$1,520.00	\$2,215.00
Member + Family:	\$1,743.00	\$2,225.00	\$3,305.00
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 Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$40/\$60 Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$30/\$50 Not 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 Not 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
RX Subject to Deductible		RX Not Subject to Deductible	RX Not Subject to Deductible
Prescription Benefits:	Generic: \$0 Copay After Deductible Brand Preferred: 25% After Deductible Non-Preferred: 50% After Deductible	Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%	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 Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$40 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$30 Copay Not 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
Cigna PPO Network - All 50 States			
Notes:	One-Time Processing Fee: \$125 Does not include monthly association fee: \$12 January 1, 2023 Renewal Deductible and MOOP Reset every January 1st A parent with multiple children must enroll at the family rate. 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.		

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

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MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

2022 Rates			
Premier Plans - Series B			
Groups 1+			
Plan Name:	Blue Card HSA 6750	Blue Card 2500	Blue Card 350
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:	\$765.00	\$885.00	\$1,080.00
Member + Spouse:	\$1,512.00	\$1,772.00	\$2,202.00
Member + 1 Child:	\$1,302.00	\$1,512.00	\$1,865.00
Member + Family:	\$1,927.00	\$2,257.00	\$2,795.00
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 Not Subject to Deductible Out-Net: Deductible & Co-Insurance	\$25/\$35 Not 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
RX Subject to Deductible	RX Not Subject to Deductible	RX Not Subject to Deductible	RX Not Subject to Deductible
Prescription Benefits:	Generic: Subject to Deductible no co-pay Brand Preferred: Subject to Deductible no co-pay Non-Preferred: Subject to Deductible no co-pay	Generic: \$0 Brand Preferred: 25% Non-Preferred: 50%	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: \$25 Copay Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: \$40 Copay Not Subject to Deductible Out-Net: Deductible & Co-Insurance	In-Net: \$25 Copay Not 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
Blue Card Network - All 50 States			
Notes:	<p>One-Time Processing Fee: \$125 Does not include monthly association fee: \$12 January 1, 2023 Renewal Deductible and MOOP Reset every January 1st A parent with multiple children must enroll at the family rate. 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.</p>		

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