



Enroll Prime

AFI Plans

CIGNA Network



Administered by:



Major Medical Options

Plan	HSA 8050	HSA 3500	COPAY 4500	COPAY 3500
NETWORK	<u>CIGNA PPO</u>	<u>CIGNA PPO</u>	<u>CIGNA PPO</u>	<u>CIGNA PPO</u>
Individual Deductible (In/Out)	\$8,050 / \$16,100	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$16,100 / \$32,200	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$8,050 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,500
Family Out-of-Pocket Maximum (In/Out)	\$16,100 / \$48,000	\$14,000 / \$35,000	\$16,300 / \$40,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Preventive & Physician Services				
Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
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
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay
Laboratory & Imaging Services				
Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 0%	Deductible + 30%	100% of Covered charges up to \$500 then Deductible +30%	100% of Covered charges up to \$500 then Deductible +20%
Advanced Imaging	Deductible + 0%	Deductible + 30%	\$300 Copay	\$300 Copay

Plans utilize the CIGNA PPO Network. Plans are not insured by CIGNA.

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

Hospital & Surgical Services

Inpatient Hospital Services	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Outpatient Surgery	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Emergency Room	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%

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) Copay	Deductible + 0%	Deductible + 30%	\$20 Copay	\$20 Copay
Preferred Brand Non-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$65 Copay	\$65 Copay
Non-Preferred Brand-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$95 Copay	\$95 Copay
Specialty Drugs (Retail)	Deductible + 0%	Deductible + 30%	\$200 Copay	\$200 Copay
Plan Specific Pharmacy Notes	All prescriptions up \$200 covered, above \$200 not covered	N/A	N/A	N/A

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Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

*Prescription [formulary](#) is subject to change.

Valued Benefits

 Lively HSA Account	Included*	Eligible	N/A	N/A
Humana Life Insurance	Included	Included	Included	Included
 BENEFIT LOGISTICS Supplemental	Included	Included	Included	Included

Rates	8050 HSA	3500 HSA	4500 PPO	3500 PPO
Member	\$636.58	\$736.81	\$773.62	\$866.44
Member & Spouse	\$994.01	\$1,358.57	\$1,440.73	\$1,511.45
Member & Child(ren)	\$1,096.14	\$1,240.78	\$1,324.36	\$1,478.43
Family	\$1,351.15	\$1,856.50	\$1,892.97	\$2,147.72

Plans utilize the CIGNA PPO Network. Plans are not insured by CIGNA.

\$20k of life insurance is included for the primary insured only through **Humana**.

Supplemental benefits can be reviewed by viewing the supplemental schedule of benefits.

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

Important HSA Information

8050 HSA Information

The 8050 HSA premium listed in this brochure includes a \$25 per month contribution towards your HSA.

3500 HSA Information

The 3500 HSA premium listed in this brochure does NOT include a \$25 per month contribution towards your HSA. However, you are free to fund an HSA of your choice.

Modern Health Savings Account, delivered by Lively

A Health Savings Account (HSA) makes paying for healthcare easier and less expensive. We've teamed up with Lively to give you access to an account that offers competitive features and lets you save tax-free to pay for a range of medical expenses.

What are the HSA contribution limits for 2024?

For 2024, you can contribute \$4,150 into an HSA for an individual or \$8,300 for family coverage. If you're 55 or older (and not yet enrolled in Medicare), you can make an additional "catch-up" contribution of up to \$1,000 per person in 2024.

HSA Eligible Expenses

What can your HSA funds pay for? There are thousands of qualified medical expenses approved by the IRS, including:

- ✓ *Doctor visits*
- ✓ *Dental care*
- ✓ *Hospital stays*
- ✓ *Prescription drugs*
- ✓ *Chiropractor*
- ✓ *Vision care*
- ✓ *Lab work*
- ✓ *Mental health*
- ✓ *Physical therapy*

For a complete list, search Lively's easy-to-use list: livelyme.com/whats-eligible

Additional HSA Information

Maximize your healthcare savings

If you're enrolled in a High Deductible Health Plan (HDHP), an HSA can provide tax-advantaged savings¹. The funds in your HSA are yours, even if you change health plans or employers. Plus, your account balance can be carried over from year to year. No hidden fees.

Your HSA is free for you and your family

No required monthly fees. No minimum balances. No hidden costs.

Get more from your HSA

- Use your debit card at the doctor's office, pharmacy and other healthcare providers.
- Add expenses for reimbursement now or later, and track all your healthcare expenses in your Lively account dashboard.
- Take your HSA on the go with the Lively HSA mobile app.
- Enjoy quick access to Lively's tools, calculators, resources and support person in 2024.

¹ Contributions to and earnings on HSAs are not subject to federal taxes but may be subject to state taxes depending on where you reside.



Supplemental Highlights - Outpatient Care

Supplemental Benefit (Health Screen Benefit)**	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year
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)
Supplemental X-ray Benefit-Sickness (Payable 2x per year)**	Pays \$25	Pays \$25	Pays \$25	Pays \$25
Supplemental X-ray Benefit-Injury (Payable per separate incidents)**	Pays \$85	Pays \$85	Pays \$85	Pays \$85
Supplemental Adv. Imaging – Sickness (payable 1x per year)**	Pays \$500	Pays \$500	Pays \$500	Pays \$500
Supplemental Adv. Imaging - Injury (Payable per separate incidents)**	Pays \$700	Pays \$700	Pays \$700	Pays \$700



Supplemental Highlights - Hospital & Surgical

Supplemental Hospital Confinement: Sickness**	Pays \$2,500	Pays \$2,500	Pays \$2,500	Pays \$2,500
Supplemental Hospital Confinement: Injury**	Pays \$3,500	Pays \$3,500	Pays \$3,500	Pays \$3,500
Supplemental Outpatient Surgery Benefit (payable up to \$1,500/year) Tier 1 / Tier 2**	Pays \$500/\$1,000	Pays \$500/\$1,000	Pays \$500/\$1,000	Pays \$500/\$1,000
Supplemental ER Benefit – Sickness (payable 2x per year)*	Pays \$100	Pays \$100	Pays \$100	Pays \$100
Supplemental ER Benefit – Injury	Pays \$250	Pays \$250	Pays \$250	Pays \$250

HUMANA Life Insurance

Humana Life Insurance Primary Member Only	\$20,000	\$20,000	\$20,000	\$20,000
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(Payable per separate incidents)**

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

** Supplemental benefits shown are provided through Benefit Logistics [Accident Supplemental Coverage](#) and [Hospital Medical Bridge](#). This brochure is interactive. Please see plan schedule of benefits for supplemental coverages.

\$20k of life insurance is included for the primary insured only through Humana.

FAQ: Frequently Asked Questions

1. What Providers are In-Network?

Providers that participate with the national CIGNA PPO network!

2. Where can I use my plan?

In all 50 states!

3. Do I need a referral to see a specialist?

No, go to any in-network specialist to access an affordable co-pay.

4. What Pharmacies are in network?

All national recognized pharmacies (Walmart, CVS, Walgreens, and many local pharmacies as well)!

5. When should I use an Emergency Room vs Urgent Care?



Most medical conditions can be treated at an Urgent Care facility. By choosing Urgent Care, your cost may be greatly reduced compared to an ER visit. However, if you are experiencing an extreme medical condition such as stroke, 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.

6. Do I Need prior authorization for services?


Yes, most services outside of Primary Care or Specialist will require prior authorization.

6. What will my ID card look like?

Front of Card

	For immediate \$0 Copay Call Telehealth 956-MYMDNOW
John Doe Member ID #: 123456789 Employer Group ID: Medical Plan: Major Medical 4500 PPO	Collect at time of service: Telehealth: \$0 Urgent Care: \$90 PCP: \$40 ER: Deductible Specialist: \$75
Prescription Drug Plan Rx BIN: 012345 Rx PCN: SXXL01 Rx GROUP: BENEFIT	Participating Pharmacies Only: Preventative Prescriptions: \$0 Copay Non-Preventative Generic: \$20 Copay Preferred Brand: \$65 Copay Non-Preferred Brand: \$95 Copay Specialty: \$200 Copay
Call MBA TPA at 844-462-6334 to check on benefits, claims, or to confirm eligibility	

Back of Card

This card is not a statement of benefits or guarantee of coverage	
Members and Providers may visit www.benefitlogistics.com for online access to eligibility and benefits as not all members have lines of coverage.	 Prescription questions? Call ScriptClaim Help Desk: 800-970-5281
Medical plan questions? Call MBATPA Help desk: 844-462-6334	
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).	PLEASE SUBMIT ALL CLAIMS TO: CIGNA PO BOX 188061 Chattanooga, TN 37422-8051 PAYOR ID: 62308
	