Endorsed Health Plan Options
For APMA Employer Members
Integrity

We are your trusted insurance advisor. We care about what product is most suitable for you based on your unique situation. You can count on us to be objective and focused on your best interest. We have the expertise you need to bring the most value to your business and employees.

Excellence

Excellence is a philosophy...it’s an attitude that boldly says, “We are committed to you and your success.” The level of your success is contingent on the team you surround yourself with. The Ark Group team brings over 100 years of combined industry experience and a national perspective to the table for you to leverage for the benefit of your business and your employees.

Innovation

Cutting Edge Technology, Custom Benefits & Products and Next Generation Third Party Administration
Due to the Covid-19 pandemic, APMA and their benefits partners decided to postpone the roll out of the new member benefits program due changes in insurance regulations and not knowing what the claims cost of the pandemic was going to be.

After one year of experience, APMA and their health partners are now comfortable, ready and excited to roll out the new benefits program.
Your Custom Benefit Solution

- With our proprietary health package, we can bring the best solution to your groups.

- Our proprietary plan design will integrate a level funded major medical plan, GAP benefit, Accident benefit and Critical Illness benefit to decrease your out-of-pocket expenses, drive down the monthly premium costs and deliver a better renewal rate.

- Medicare options are available for employees over the age of 65.

IMPORTANT NOTICE: Major Medical product for individuals under age 65 is not a part of this product offering.
APMA Sample Health Plans

Our plan can save anywhere from 15%-40% on your current health plan premiums, while providing better benefits.

**Better Benefits.**

**Quicker Care.**

**Less Expensive.**

### Health Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Cigna / Aetna / PHCS / First Health</th>
<th>Sample Plan A: Copay Low</th>
<th>Sample Plan B: Copay High</th>
<th>Sample Plan C: HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Options</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deductible Individual/Family</td>
<td>$1,500/$2,000</td>
<td>$3,000 / $6,000</td>
<td>$1,500 / $7,000</td>
<td>$7,000 / $14,000</td>
</tr>
<tr>
<td>*Net Deductible with GAP Individual/Family</td>
<td>$500/$1,000</td>
<td>$1,500/$3,000</td>
<td>$500/$1,000</td>
<td>$3,500/$7,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Individual/Family</td>
<td>$3,000 / $6,000</td>
<td>$6,000 / $12,000</td>
<td>$6,000 / $12,000</td>
<td>$12,000 / $24,000</td>
</tr>
<tr>
<td>*Net Out-of-Pocket Maximum with Acc or CI Individual/Family</td>
<td>$50/50</td>
<td>$50/50</td>
<td>$50/50</td>
<td>$50/50</td>
</tr>
<tr>
<td>Coinsurance After Deductible</td>
<td>50%/50%</td>
<td>50%/50%</td>
<td>70%/30%</td>
<td>50%/50%</td>
</tr>
<tr>
<td>Primary/Specialist/Urgent</td>
<td>$15/$50/$75</td>
<td>Ded/Co-Ins</td>
<td>$35/$50/$75</td>
<td>Ded/Co-Ins</td>
</tr>
<tr>
<td>Generic Prescription Drugs</td>
<td>$15 Copay</td>
<td>Not Covered</td>
<td>$20 Copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$15 Copay</td>
<td>Not Covered</td>
<td>$20 Copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$60 Copay</td>
<td>Not Covered</td>
<td>$100 Copay</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*The GAP, Accident, and Critical Illness benefits are administered by separate insurance carriers.*
Our insurance solutions are transparent and engaging. Our proprietary plan design approach delivers risk financing that eliminates catastrophic exposure!

Our Level-Funded, Proprietary Health Packages are structured to accomplish the following objectives:

1. Better manage the actual cost of healthcare for the group
2. Protect the employer from any catastrophic health risk exposure
3. Provide better benefits, for less expensive
4. Provide tools to the employer and employees that help them proactively manage their health care risks
5. Position the employer to retain any underwriting profits
Level Funding is a variation of Self-Funded. It is a newer and more innovative option for smaller employers who are looking for solutions to the rising cost of group health insurance. A Level-Funded plan has the “look and feel” of a Fully Insured plan but provides an employer with the Transparency they need, which positions them to help their employees become better healthcare consumers.

Around 65% of Employers receive money back at the end of the year due to the total amount of claims being lower than what was projected.
Why Level Funding Now?

This sample chart illustration is provided for educational purposes only. Actual results may vary and are not indicative of future performance.
TOOLS TO NAVIGATE YOUR GAP PLAN

Our Claims Process is Simple!
The employee simply presents their primary and secondary insurance cards every time they see a provider. The provider and insurance carriers do all the work and the member pays the final bill. This is called the Two-Card System!

1. Member Shows Both Cards
   Give both primary & secondary cards every time they see a provider.

2. Provider Verification
   Verify coverage with both insurance carriers.

3. Provider Files the Claim
   Once the provider has received the major medical’s EOB, the provider will submit the claim to the secondary insurance carrier by filing electronically or by paper.

4. Premium Saver Pays Provider
   Secondary insurance carrier processes claim and sends payment & EOB to the provider. A copy of the EOB will also be sent to the member.

Client Portal
Premium Saver clients can register and view or download their Explanation of Benefits (EOBs) by visiting: https://my.mwadmin.com/register/insertgroupnumberhere

The group number is required for the registration process. Members can obtain the group number from the Group Administrator.

View the video at www.premiumsaverplan.com
Automatically included in our health insurance plan!

The Ark Accident/CI Combo is custom designed to help employees offset the out-of-pocket medical expenses on your Primary Health Insurance Plan.
Telemedicine is Simple.

✓ It’s **convenient** – 24/7/365 access from anywhere in the US
✓ It’s **unlimited** – $0 Copay; NO fees or per-use charges
✓ It’s **easy** – Just call or click; speak with a doctor in less than 15 minutes
✓ It’s **quality** – US Board Certified & State Licensed Doctors and Specialists
✓ It’s **proven** – Our affiliated network now reaches over 30 million Americans and counting
✓ It’s **comprehensive** – For the body, mind and pocketbook
✓ It’s for your ENTIRE Household!

*Using Telemedicine can help avoid as many as 70% of in person visits!*
Telephonic Counseling

The Right Care At The Right Time

1. In any given year, 25% of the population experiences some type of diagnosable mental health condition (National Institute of Mental Health)
2. 38% of high school seniors have used an illicit drug in the past year (NIDA)
3. Suicide is the 4th leading cause of death among ages 18–65 year olds (NIDA)
4. 75 percent of the general population experiences at least “some stress” every two weeks (National Health Interview Survey)
5. Stress in society is so prevalent that the U.S. Public Health Service has made reducing stress one of its major health promotion goals.
6. Over 60% of visits to primary care physician are for stress related symptoms.

We are here for you and your family!

Confidential and Unlimited

1. 24/7 Availability to master's level counselors
2. No copay or fee to the member
3. Immediate crisis support
4. Comprehensive problem assessment and resolution
5. Supportive counseling and subsequent sessions
6. Education
7. 100% follow up with original counselor
8. Custom referral (if needed) to medical behavioral health plans or local community resources
What is Healthcare Bluebook?

Healthcare Bluebook™ is an added benefit so members can shop for care, compare facilities, save money, and get the best quality for their medical services.

Did you know that in-network prices for the same procedure can vary by over 500% depending on the facility chosen?

Bluebook’s web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing the cost ranges in the member’s area and providing them with a selection of Fair Price™ (green) facilities.

We also provide detailed information on the quality of common inpatient procedures (those that require a hospital stay). We’ll help you to easily identify and select a facility that has a high-quality rating.

The Fair Price™ is the amount you should reasonably expect to pay for a service or procedure and is based on the actual amount paid on the claim, not the billed amount, reflecting the discounts that the health plan has negotiated with the facility.

Here’s an example of dramatic price differences between one facility and another.
Proactive. Positive.

• We are Customer Focused
• Every Customer is Valued
• End to End Customer Support
• Claims are our opportunity to shine
• Customer Success Experience
• All Calls Recorded
Our Process

Step 1 – Complete the basic Interest Form at: www.myvipbenefits.com/apma.

Step 2 – Employee receives and completes a basic data questionnaire.

Step 3 – Once the data questionnaires are complete, employer will receive firm quote with in four business days.

Step 4 – Employer accepts offer and communicates decision to The Ark Group.

Step 5 – Employer completes required paperwork and employees enroll.

Simple. Effective.
Enrollment begins July 1st!

We look forward to meeting you!
Thank You!