# **Real** help.
# Real savings.

## CBSA **BRAVO** PPO

For groups of 2 to 99 employees

Underwritten by

G·T·L
GUARANTEE TRUST LIFE INSURANCE COMPANY

UNIFIED LIFE INSURANCE COMPANY

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Underwriting carrier varies by state.
See www.cbsainc.com for details.

BR27-0605

Administered by

**CORPORATE BENEFIT SERVICES OF AMERICA, INC.**
**www.cbsainc.com**

# Real challenges

Running a small business is a balancing act. To be successful, you need to retain good employees while keeping your costs under control. But with the cost of healthcare rising faster than other costs of living, it can be a challenge to offer a meaningful, competitive benefit plan.

## Real solutions

For nearly 30 years, Corporate Benefit Services of America (CBSA) has offered proven solutions to the challenges faced by employers like you. The CBSA Bravo PPO plan blends unique benefit features and options with affordable rates. The result? You're able to attract and retain a competitive workforce without sacrificing your bottom line.

### Take a closer look at the features that set CBSA Bravo PPO apart:

#### An office visit benefit that overachieves

The unique "Comprehensive Outpatient Services and Office Visit Benefit" applies to all eligible outpatient services – at a doctor's office, clinic, ambulatory surgery center, urgent care center and the outpatient department of a hospital. The benefit applies separately to each billed provider.

#### Built in preventive care protection

In-network coverage up to $200 per year after a $20 copay helps your employees and their families stay healthy.

#### In-network benefits travel nationwide

Because we've contracted with the largest national Preferred Provider Organization (PPO) networks, your employees are covered if they need care when away from home. And medical emergencies (care that can't wait) are covered at the in-network level.

#### Extra care management at no extra cost

CBSA's in-house medical management team delivers utilization and case management as well as disease management outreach services to help educate and coordinate care for employees and their families who need it the most.

#### It all comes down to service

We don't just say we provide fast and efficient claims processing and customer service; we have the numbers to back it up. In 2004, CBSA paid approximately 95% of all claims in 10 business days with a 99.7% accuracy level. Nearly 96% of all calls to customer service are resolved on first contact.

For 24/7 convenience, your employees can take advantage of our automated customer service and online service centers.

## And there's more . . .

We bring together some impressive resources to round out your plan:

- an outpatient laboratory services provider, LabOne, that offers a 100% benefit*
- a respected national network for specific transplants
- a discounted eyecare and eyewear program with no paperwork, no restrictions and no hassles
- a national pharmacy network that includes national chains, independent retail outlets, mail order, outpatient hospitals and Internet options
- a self-service website presenting information and tools on health and well-being
- an around-the-clock nurseline supporting cost-effective decisions about where to get care

*not available with the 50/30 coinsurance option or with certain Utah PPO networks

| Plan highlights | In-network | Out-of-network |
|---|---|---|
| Comprehensive outpatient services and office visit benefit options<br>• physician services, X-ray and lab, CT scans, MRIs, outpatient surgery, chiropractic and physical therapy, injections<br>• benefit applies separately to each billed provider | 1 100% after $20 copay per visit for first $200 of covered expenses<br>2 100% after $30 copay per visit for first $200 of covered expenses<br>3 100% after $40 copay per visit for first $200 of covered expenses<br>then subject to deductible and coinsurance | Subject to out-of-network deductible and coinsurance |
| Preventive care<br>• routine physicals (X-ray and lab, cancer screenings, immunizations)<br>• well-child care<br>• flu shots<br>• vision and hearing exams | 100% after $20 copay up to $200 per year | Not covered |
| Calendar-year deductible options<br>• 3 deductibles per family | 1 $300<br>2 $500<br>3 $600<br>4 $750<br>5 $900<br>6 $1,000<br>7 $1,200<br>8 $1,500<br>9 $2,000<br>10 $2,500<br>11 $5,000 | 1 $600<br>2 $1,000<br>3 $1,200<br>4 $1,500<br>5 $1,800<br>6 $2,000<br>7 $2,400<br>8 $3,000<br>9 $4,000<br>10 $5,000<br>11 $10,000 |
| Coinsurance options | 1 90%<br>2 80%<br>3 50% | 1 60%<br>2 50%<br>3 30%<br>Corresponds to in-network option selected |
| Out-of-pocket maximum options<br>• corresponds to coinsurance option selected<br>• does not include deductible<br>• family maximum is 3 times individual limit | (90%)<br>1 $500<br>2 $1,000<br>3 $1,250<br>4 $1,500<br>(80%)<br>1 $1,000<br>2 $2,000<br>3 $2,500<br>4 $3,000<br>(50%)<br>1 $1,000<br>2 $1,500<br>3 $2,000<br>4 $2,500<br>5 $5,000<br>6 $6,250<br>7 $7,500 | (60%)<br>1 $4,000<br>2 $8,000<br>3 $10,000<br>4 $12,000<br>(50%)<br>1 $5,000<br>2 $10,000<br>3 $12,500<br>4 $15,000<br>(30%)<br>1 $2,800<br>2 $4,200<br>3 $5,600<br>4 $7,000<br>5 $14,000<br>6 $17,500<br>7 $21,000 |
| Emergency room and related services | $100 copay per visit (waived if admitted); then subject to coinsurance | Subject to out-of-network deductible and coinsurance |
| Inpatient hospital facility | $200 copay per stay; then subject to coinsurance | $400 copay per stay; then subject to out-of-network coinsurance |
| Transplant hospital facility | Subject to deductible and coinsurance at transplant network facilities | Not covered |
| Other covered charges | Subject to deductible and coinsurance | Subject to out-of-network deductible and coinsurance |
| Lifetime maximum | $2 million combined in- and out-of-network | |

See back page for prescription drug benefit options and state variations.

## Prescription drug options

- If a brand-name drug is dispensed when there is a generic equivalent, the participant pays the cost difference plus the generic drug copay
- At non-network pharmacies, participants pay pharmacy, file a claim, and are reimbursed at the network pharmacy benefit level less the copay
- Covered injectables and specialty medication (except insulin and emergency epinephrine kits) are subject to deductible and coinsurance
- Copays for mail-order drugs may vary to comply with state requirements

| | | Retail pharmacy (up to a 34-day supply) | Mail order (up to a 90-day supply) |
|---|---|---|---|
| 1 For $2,500 or less deductible options | Generic | $15 copay | $35 copay |
| | Brand name *(no formulary applies)* | 30% after $30 copay | 30% after $60 copay |
| 2 For $2,000 or less deductible options | Generic | $10 copay | $25 copay |
| | Brand formulary | $25 copay | $65 copay |
| | Brand non-formulary | $50 copay | $125 copay |
| 3 For $2,000 or less deductible options | Generic | $15 copay | $35 copay |
| | Brand formulary | $35 copay | $80 copay |
| | Brand non-formulary | $65 copay | $150 copay |
| 4 For $2,500 and $5,000 deductible options | Drug discount card and mail-order program available; subject to deductible and coinsurance | | |

## To complete your benefit package

Consider these other coverages available through CBSA: AD&D, COBRA Administration Support, Dental, Life, Maternity, Short-Term Disability and 24-Hour Coverage.

If five or more employees participate in Bravo PPO medical coverage, you may choose to offer a second medical plan option – such as our HealthDirect℠ HSA consumer-directed health plan. We can also help you set up a premium only plan (POP) that allows your employees to pay their own premium contribution with pre-tax salary dollars. Your employees can save up to 30%, and you save money on payroll tax – at no extra cost to you.

## State variations

The following benefits replace those shown in plan highlights.

### Calendar-year deductible options

**MT** One deductible applies to both in-network and out-of-network covered charges.

### Coinsurance options (in-network/out-of-network)

| | 1 | 2 | 3 |
|---|---|---|---|
| **AR, MO, MT, SC** | 90%/70% | 80%/60% | 50%/30% |
| **GA** | 90%/60% | 80%/60% | N/A |
| **UT** | 90%/70% | 80%/60% | N/A |
| **IA, TX** | 90%/60% | 80%/50% | N/A |

### Out-of-pocket maximum options (in-network/out-of-network)

**IA, IL**

| | (90%/60%) | (80%/50%) | (50%/30%) |
|---|---|---|---|
| 1 | $500/$2,000 | $1,000/$2,500 | $1,000/$1,400 |
| 2 | $1,000/$4,000 | $2,000/$5,000 | $1,500/$2,100 |
| 3 | $1,250/$5,000 | $2,500/$6,250 | $2,000/$2,800 |
| 4 | $1,500/$6,000 | $3,000/$7,500 | $2,500/$3,500 |
| 5 | | | $5,000/$7,000 |
| 6 | | | $6,250/$8,750 |
| 7 | | | $7,500/$10,500 |

- The out-of-pocket maximum for a family is 2 times the individual limit.
- The 50/30 option is not available in Iowa.

**MT**

| | (90%/70%) | (80%/60%) | (50%/30%) |
|---|---|---|---|
| 1 | $500/$2,250 | $1,000/$3,000 | $1,000/$2,800 |
| 2 | $1,000/$4,500 | $2,000/$6,000 | $1,500/$4,200 |
| 3 | $1,250/$4,500 | $2,500/$6,000 | $2,000/$5,600 |
| 4 | $1,500/$4,500 | $3,000/$6,000 | $2,500/$5,250 |
| 5 | | | $5,000/$10,500 |
| 6 | | | $6,250/$10,500 |
| 7 | | | $7,500/$10,500 |



These benefits are subject to change without notice. This is only a general outline of benefits.
A detailed description of benefits, limitations and exclusions can be found in the Certificate of Insurance.