



2010

Vigilant Group Benefits Plan

We've got you covered.

Group Purchasing

Vigilant Group Benefits Plan specializes in combining employers with 5 to 99 employees into one large purchasing arrangement. Experience rating applies for employers with 100+ employees. The result is consistently better rates, better choices, and more flexibility.

Plans That Work

Our designs are proven and road-tested to work in the real world. Our insurers' medical, dental, and vision provider networks are the industry's "gold standard". Regardless of city or state, our networks are well known, comprehensive, and easy to use.

Easing Your Burden

You have enough on your hands running a business. Consider us a part of your team. With our program, your personal benefits administrator supports your administrative needs including COBRA. Access to staff attorneys and benefit specialists is part of our comprehensive program offering.

We Dig Deeper

Benefit design and strategy are increasingly complex, and it takes time and expertise to get them right. We engage outside experts and do our homework to make sure you get it right.

Medical and Prescription Plans: Regence (BlueCross BlueShield)

	PPO PLAN A	PPO PLAN B	PPO PLAN C	PPO PLAN D HSA ELIGIBLE PLAN			
ANNUAL DEDUCTIBLE AND PLAN LIMITS							
Deductibles – individual	Employer selects: \$250, \$500, \$1,000, \$1,500, \$2,500 or \$5,000			\$3,500			
Lifetime benefit maximum	\$2,000,000						
Coinsurance maximum – individual	\$2,000		\$3,000	\$5,000			
Family limits on deductible and coinsurance	3 times individual amount			2 times individual amount			
PREVENTIVE CARE SERVICES							
Immunizations: children and adults	Deductible waived, Regence pays 100%			Deductible waived, you pay 20%			
Annual women’s exam							
Child and adult routine physical exams							
PHYSICIAN SERVICES	Deductible waived, you pay:		Deductible applies, you pay:				
Primary care	\$25 copay		30%	20%			
Specialist	\$50 copay		30%	20%			
Alternative care	\$25 copay, up to \$750 annual maximum			Not covered			
Diagnostic tests and x-rays	Plan A: 20%; Plan B: 30%. NEW: deductible waived first \$500		30%	20%			
PRESCRIPTION MEDICATION	Generic	Preferred	Non-preferred	Generic	Preferred	Non-preferred	Deductible applies, you pay 20% for all covered prescriptions
Retail pharmacy: 34-day supply	*\$15	\$35	50% (\$150 max)	*\$15	\$75	\$150	
Mail order: 90-day supply	*\$30	\$70	\$120	*\$30	\$150	\$300	
OTHER SERVICES	Deductible applies, you pay:						
Hospital: inpatient and outpatient	20%		30%				20%
Emergency room	\$100 copay						20%
24/7 Nurse advice line - 100 languages	Included in all plans at no cost to members						
NON-PREFERRED, NON-PARTICIPATING BENEFITS							
Preventive care	Deductible waived, Regence pays 100%						Deductible waived, you pay 40%
Doctor visits, hospital and other services	Deductible applies, you pay 40%		Deductible applies, you pay 50%				Deductible applies, you pay 40%
Coinsurance maximum	\$4,000		\$6,000				\$5,000

NEW for those without prior creditable coverage, a six-month waiting period for pre-existing conditions applies to all medical plans.

*No copay for generic medications to treat chronic conditions: cholesterol, asthma, diabetes and hypertension.

Vision Plan: Vision Service Plan (VSP)

	VSP MEMBER PROVIDER	NON-PARTICIPATING PROVIDER
SERVICES AND SUPPLIES	Plan Pays	Plan Pays
Exams: all ages, once every 12 months	100% after \$10 copay	Up to \$55 after \$10 copay
Lenses: adults every 24 months, children every 12 months	100% for standard lenses	Varies
Frames: all ages, once every 24 months	\$120 plus 20% discount on charges in excess of allowed amount	\$60
Contacts	\$175	

Dental Plans: ODS (Delta Dental)

	DENTAL PLAN 1000	DENTAL PLAN 2000	DENTAL – PREVENTIVE ONLY
ANNUAL DEDUCTIBLE AND PLAN LIMITS			
Calendar year deductible			
■ Individual	\$50		\$0
■ Family	\$150		\$0
Annual benefit maximum per individual	\$1,000	\$2,000	\$1,000
DENTAL SERVICES			
Preventive*, diagnostic	Deductible waived, you pay 20%		Deductible waived, Plan pays 100%
Basic services	Deductible applies, you pay 20%		Not covered (Could be combined with an HRA option)
Major services	Deductible applies, you pay 50%		
OPTIONAL			
Orthodontic coverage Orthodontic services for adults and children	No deductible, Plan pays 50% up to \$1,000 lifetime maximum per person		

***NEW** Preventive charges do not count toward annual maximum.



For more information about the Vigilant Group Benefits plans please contact:

Jules VanSant
503.221.3944 | jules@ppiassociation.org

This summary presents general information. It does not include all plan provisions, limitations and exclusions.





Features and Benefits Offerings

Cool Features and Services

- Customized open enrollment guides for each employer included
- All plans have 24/7 access to nurse advice line in more than 100 languages
- All insurers have award-winning websites and 24/7 access to claims

Plans to Fit Your Budget

- Full array of medical deductibles from \$250 to \$5,000 per year
- All medical plans work with Health Reimbursement Accounts (HRA)
- One medical plan is compatible with Health Savings Accounts (HSA)

Voluntary Benefits and Group Life & Disability (Optional)

- Unum®, a leading national insurer, is our exclusive provider
- Higher guarantee issue limits and easier participation terms
- Additional packaged discounts on employer-provided plans

Employers with 25 or More Employees

- Dual option medical plans available
- Flexibility to offer packages based on employee classification (e.g. hourly/salaried)
- An HRA and an HSA offering are available

Employers with 100 or More Employees

- Premiums tailored to your company's claim history and our negotiated fixed costs
- Online claim reporting and customized utilization reports
- Option for self-funding arrangement available for 150+ employees

For more information about
Vigilant Group Benefits Plans
please contact:

Jules VanSant
503.221.3944

jules@ppiassociation.org