

A Smarter Way to Get Health Benefits

Since 1983, **Evolve Association** has been proud to provide our members with **affordable health benefits**, quick and personalized customer service, and professional guidance for you and your family's medical care. We are the experts in the medical insurance industry, and we're here to help you navigate your options.



United Health & Welfare **Explanation of Benefits**

PREMIER PLAN

HOSPITAL PLAN

Key Advantages of Joining an Association

Joining an association for your health benefits is a smart choice, especially if you're a self-employed individual, a small business owner, or an employee looking for better options.



Group Health Advantages

Associations negotiate group plans that are more affordable than individual plans



Bulk Buying Power Lower Costs

We leverage the buying power of our many members to secure discounts on premiums, deductibles, and co-pays. Including prescription costs insurance plans.



Simplified Enrollment and Administration

Dedicated support to help you with enrollment, plan selection, and claims. We handle the administrative work.

Because the cost and risk are spread across a larger pool of people, this collective bargaining power gets you better coverage options and lower premiums. You can get access to plans that might otherwise be unavailable.



MORE COMPREHENSIVE BENEFITS

GROUP PLANS INCLUDE PERKS YOU MAY NOT FIND IN INDIVIDUAL POLICIES

- + Preventive care at no extra cost
- + Employee assistance programs
- + Telehealth and mental health services
- + Better rates on bundled dental and vision



Stronger Consumer Protections

Group plans are typically protected by the Employee Retirement Income Security Act (ERISA), which helps safeguard your benefits. As a member, you also have a clear process for grievances and appeals.



Eligibility Flexibility

Our association allows self-employed individuals, independent contractors, and small business owners to get benefits they couldn't get on their own.



Additional Evolve Perks and Discounts

As a member, you can save an average of \$1,600 per year in travel, entertainment, and on ever day purchases, and much more.



WHY EVOLVE ASSOCIATION PLANS ARE DIFFERENT

Our plans are [Major Medical Comprehensive plans](#), which provide true medical coverage. They are not short-term, non-insurance, or healthcare-sharing plans that leave you exposed to the risk of nonpayment for your care.



Control Your Healthcare Costs

We believe controlling your healthcare costs is the most important task we perform. This allows us to pay claims within 25 days of receiving all required billing and level your premiums year after year.



Significant Pharmacy Savings

You also become a member of Shield Pharmacy Benefits, which delivers quantifiable savings—typically [\\$1,000 to \\$1,800 per person annually](#).

Nation's [Largest Network](#) for Outpatient Care

For outpatient care, you become a member of the Multi-Plan PHCS Network, the nation's largest and most comprehensive independent PPO network. It offers access in all 50 states and includes more than 700,000 healthcare professionals, 4,500 hospitals, and 70,000 ancillary care



YOUR CHOICE OF HOSPITAL, NOT A NETWORK

Take control of your medical care! You get to choose the hospital where you receive treatment, not a network. Our team will provide savings that equal **40% to 65%** of in-hospital charges.

TWO TYPES OF CARE

Your medical care is divided into two types:

**In-Hospital
Care**

**Out Patient
Care**

Your deductible does not apply to your most common out-patient treatments.

Important Facts to Consider

When you're deciding on a medical plan, keep these facts in mind:

- + The average person does not meet their full deductible. **Studies show that only about 10-20% of enrollees meet their full annual deductible in a given year.** The other 80-90% pay some out-of-pocket but don't max it out.
- + The average person is not hospitalized each year. **Only about 3-4% of the general population enters the hospital annually.** For children, it's around 2-3% per year.



Choosing the right plan is about finding the best fit for your life, and we're here to help.

MAJOR MEDICAL OVERVIEW

PPO Premier Services	
Primary Care	\$30 co-payment per visit 100% thereafter
Teledemed Visit	\$0 with www.1800md.com
Specialist	\$75 co-pay per visit 100% thereafter
Mental Health	\$60 co-pay per visit 100% thereafter
Substance Abuse	\$60 co-pay per visit 100% thereafter
Diagnostic Testing Doctors Office, Lab, X-rays & Imaging	\$30 co-pay per visit 100% thereafter
Hospital Emergency Room	\$600 co-pay per visit for facility \$600 co-pay per visit for physician Co-payment waived if admitted directly from the ER.
Urgent Care Visits	\$60 co-pay per visit 100% thereafter
Supplemental Services	
	017291
Occupational Therapy	60% per visit (limit 20 visits per plan year)
Physical Therapy	60% per visit (limit 20 visits per plan year)
Speech Therapy	60% per visit (limit 10 visits per plan year)
Private Duty Nurse	60% per visit (limit 10 visits per plan year)
Non-Surgical Treatment of the Spine	60% - \$1000 per visit per plan year
TMJ	60% \$1,000 Lifetime Maximum
Allergy Treatment	
Testing and Injections	\$30 co-pay per visit 100% thereafter
Serum	\$100 co-pay per visit 100% thereafter
Prescriptions	
Prescription Drugs	\$20/\$50/\$80/50%
Generic/Formulary/Non-Formulary Drugs/Specialty Drugs	2 times Mail-Order; SEE NOTE*
<i>You pay 40% of the cost until you have paid your out-of-pocket maximum, after paying the maximum out of pocket amount this plan covers 100% of the remaining costs.</i>	
DEDUCTIBLE APPLIED	
Plan Year Deductibles	\$3,500 Individual \$7,000 Family
Out-of-Pocket Maximum (Non-PPO providers do not satisfy the PPO provider Out-of-Pocket)	\$ 10,600 per Individual \$ 21,200 per Family

DEDUCTIBLE APPLIED		
In-Patient Hospital Services	You choose your hospital	60% after Deductible
Medical Services and Facility		60% after Deductible
Anesthesiologist and Surgeon Fees		60% after Deductible
(Assistants at 20% of Primary)		
Mental Health and Substance Abuse		60% after Deductible
Out-Patient Surgical and Diagnostic	Includes outpatient services, miscellaneous medical procedures & supplies, diagnostic & therapeutic procedures and surgery at a physician's office, freestanding surgery center, or hospital (when approved).	
Medical Services		60% after Deductible
Facility Charges		60% after Deductible
Emergency Services	Urgent care visits include charges for diagnostic, surgical or medical procedures.	
Durable Medical Equipment		60% after Deductible
Epidural Injections		60% after Deductible (Limit 10 visits per plan year)
Home Health		60% after Deductible (Limit 50 visits per plan year)
Skilled Nursing		60% after Deductible (Limit 30 days per plan year)
Ambulance - Ground		60% after Deductible
Ambulance - Air		Deductible, then covered at 60% Limit \$7,500 maximum per trip for air ambulance

Network Providers have agreed to accept the Maximum Allowable Charge (MAC) as payment in full. Please refer to your Summary Plan Description (SPD) for details. The SPD is the final determination of all benefits.

Non-Network providers and Care are not covered benefits for out-patient care. You must be in-network to receive benefits for out-patient treatment and medical care.

In-Hospital Benefits are provided for any eligible benefits without a net-work provider required. You choose the hospital to receive medical care.

Pre-Certification Penalty: Certain procedures or medical care require pre-certification in order to qualify for full benefits. Failure to pre-certify will result in a \$400 penalty per service, procedure or confinement. Please refer to the Pre-Certification section in your SPD for details.

Emergency Admissions Penalty: In the case of an Emergency Admission, the member must call the toll-free number listed on the medical identification card within 48 hours after admission or on the next

Copayments: Copayment does not apply towards deductibles or coinsurance but does apply to maximum out-of-pocket limits

Please Note: This schedule applies as indicated in the SPD. This schedule must be read in conjunction with the entire Summary Plan Description and has no full meaning by itself.

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Plan Year Deductible	An individual with family coverage will only be required to meet the individual deductible amount before the coinsurance begins. Deductible does not apply to Preventive Care Provisions. Eligible claims incurred in the PPO.
Coinsurance	Coinsurance is the share of the cost of a covered service, calculated as a percent of the allowed amount of the service.
Out-of-Pocket Maximum	All allowed deductibles, coinsurance, copayments and pre-certification penalties apply to the Out-of-Pocket Maximum. An individual with family coverage will only be required to meet the individual out-of-pocket maximum. Eligible claims incurred in the PPO Network apply to the Out-of-Network Out-of-Pocket Maximum; however, the Out-of-Network eligible claims do NOT apply to the PPO Network Out-of-Pocket Maximum.
Preventative Care	In-Network charges for preventive care services coverage are at no cost sharing. Out-of-Network preventive care is not covered. Cost sharing may apply if a specific service is for non-preventive care (even if billed in conjunction with preventative care services.) Although not required under the law, this plan pays for Prostatic/Testicular exams.
- Out-Patient Office Visits - Primary Care - Specialist	These charges are billed by the physician for time spent with the patient. Office visits do not include charges for diagnostic, surgical, or medical procedures performed by the physician.
- Mental Health - Substance Abuse	Mental Health and Substance Abuse coverage excludes counseling for behavioral disorders.
- Independent Diagnostic Testing Facility - X-rays & Advanced Imaging (e.g., MRI, MRA, PET, CT) - Out-Patient Surgical and Diagnostic	These charges are billed by an independent facility, separate from any charges billed by the requesting physician.
- Medical Services - Facility Charges	Includes outpatient services, miscellaneous medical procedures & supplies, diagnostic & therapeutic procedures and surgery at a physician's office, freestanding surgery center, or hospital (when approved).
- Emergency Services - Hospital Emergency Room - Urgent care Visits - Ambulance - Ground - Ambulance - Air	Urgent care visits include charges for diagnostic, surgical or medical procedures.
Prescription Drugs	If generics are available and a brand name is purchased, then the covered person must pay the copay PLUS the difference in the cost between the generic and the brand-name drug. In the case of the integrated drug plan, the plan will reimburse only up to the cost of the generic equivalent.
Short-Term Rehabilitation Services	Includes therapies performed in the provider's office or non-hospital based facility only.

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presented by:



Helping Americans Access Affordable Healthcare

At Evolve Association, our mission is simple: to help everyday Americans take back control of their healthcare and reclaim the security, stability, and opportunities they've worked so hard to achieve.

(800) 313-0388 | info@evolveassociation.com | evolveassociation.com

