

The Same Insurance. Now More Affordable.

Rewarding healthy businesses with better health insurance, for less.



At OutFront Health, we believe controlling health care costs should be possible, especially for small and medium sized businesses. To accomplish this, we leverage individually underwritten stop-loss contracts for multiple-employer groups, Chambers of Commerce, PEOs, Associations and staffing organizations.

Our benefit plans are level-funded. Your maximum annual claims are predetermined. You pay a preset amount each month which is set aside to pay your claims and any other fees throughout the year. Once all claims have been paid for the plan year, each employer group is eligible to receive any remaining balance in the claims fund.

3 STEPS TO BETTER INSURANCE

1. PRE-QUALIFY

Complete and upload the Group Health Questionnaire.

2. REQUEST FOR PROPOSAL

If your group qualifies, we will email you Request for Proposal Documents and a link to a secure online tool to upload and submit the required materials.

3. APPLY FOR COVERAGE

A dedicated Account Manager will work closely with you to review rate proposals, complete enrollment steps, and implement the best plans for your group.

Feature Rich for Hard Working Americans

[DO WE QUALIFY?](#)

ACA Compliant



Online Enrollment



Multiple Plans



Cigna PPO



Stable & Reliable

Group Health Insurance Plan Design Summaries

Plan Designs (In-Network Benefits Shown)	Premier 750	Professional 1000	Smart Choice 2500	Balance 3000
Deductible				
Individual	\$750	\$1,000	\$2,500	\$3,000
Family	\$1,500	\$2,000	\$5,000	\$6,000
Coinsurance	80%	80%	80%	80%
Annual Out-of-Pocket				
Individual	\$2,500	\$3,500	\$5,000	\$6,000
Family	\$5,000	\$7,000	\$10,000	\$12,000
Physician Services				
In Office	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Hospital Services				
Inpatient / Outpatient	20% after Deductible*	20% after Deductible*	20% after Deductible*	20% after Deductible*
Emergency Room Copay	\$250 Copay	\$200 Copay	\$250 Copay after Deductible*	\$250 Copay
Pharmacy/Prescription Services				
Generic Retail (31 Day / 90 Day)	\$10 / \$30	\$10 / \$30	\$10 / \$30	\$10 / \$30
Preferred Brand Retail (31 Day / 90 Day)	\$30 / \$90	\$30 / \$90	\$30 / \$90	\$30 / \$90
Non-Preferred Brand Retail (31 Day / 90 Day)	\$75 / \$225	\$75 / \$225	\$75 / \$225	\$75 / \$225
Specialty Drugs	20% after Deductible*	20% after Deductible*	\$150 Copay after Deductible*	20% after Deductible*
Plan Designs (In-Network Benefits Shown)	Value 5000	Base 6350	Smart Choice HDHP 2500	OutFront HDHP 5000
Deductible				
Individual	\$5,000	\$6,350	\$2,500	\$5,000
Family	\$10,000	\$12,700	\$5,000	\$10,000
Coinsurance	70%	70%	80%	100%
Annual Out-of-Pocket				
Individual	\$6,350	\$6,500	\$5,000	\$5,000
Family	\$12,700	\$13,100	\$10,000	\$10,000
Physician Services				
In Office	\$50 Copay	\$50 Copay	20% after Deductible	0% after Deductible
Specialist	\$75 Copay	\$75 Copay		
Urgent Care	\$150 Copay	\$150 Copay		
Hospital Services				
Inpatient / Outpatient	30% after Deductible*	30% after Deductible*	20% after Deductible*	0% after Deductible*
Emergency Room Copay	30% after Deductible*	30% after Deductible*	20% after Deductible*	0% after Deductible*
Pharmacy/Prescription Services				
Generic Retail (31 Day / 90 Day)	\$10 / \$30	\$10 / \$30	\$10 / \$30	0% after Deductible*
Preferred Brand Retail (31 Day / 90 Day)	\$30 / \$90	\$30 / \$90	\$30 / \$90	
Non-Preferred Brand Retail (31 Day / 90 Day)	\$75 / \$225	30% after Deductible*	\$75 / \$225	
Specialty Drugs	30% after Deductible*	30% after Deductible*	\$150 Copay after Deductible*	

*% of Coinsurance after Annual Deductible plus amounts that exceed the Reasonable and Allowed Charge.

TERMS AND CONDITIONS:

- This is not a binder or contract of insurance or insurance coverage.
- An electronic personal health questionnaire or waiver for each benefit eligible employee is required. Any employee not completing a health questionnaire, will not be eligible for plan coverage.
- The TPA, PPO Contract, Plan Document and PBM Contract/Formulary must be approved by the Carrier.
- Proposals are valid up to seven (7) days prior to the Effective Date of the plan.
- The minimum annual aggregate deductible is 100% of the first month's attachment point times 12, or the calculated monthly attachment point times 12, whichever is higher.
- We reserve the right to re-rate if enrollment deviates more than 10% from enrollment census used in the proposal, or if an employee (or dependent) elects to come onto the plan without having completed a personal health questionnaire.



Member Benefits Program

FEATURES

- ERISA plans fully compliant with the ACA and federal regulations
- Web-based enrollment platform
- Multiple plan options
- Minimum Essential Coverage option to ensure compliance with the ACA

COST SAVINGS

- Self funding removes carrier profit from the cost of your health plan as well as several taxes and fees levied by the ACA.

STABILITY

- By setting rates at maximum cost, there is no risk of underfunding the cost of the plan.
- Reserves are owned by the plan sponsor and can be used to stabilize future costs.

SIMPLICITY

- Our web-based enrollment and account management platform makes administration of the program a breeze.
- Enrollment changes are in “real- time,” eliminating the need to reconcile invoices month-to-month.

PREDICTABILITY

- You get all the benefits of self-funded health plans, without the worries preventing small to mid-sized businesses from utilizing self-funded arrangements.
- Stop-loss coverage provides the protection you need from unexpected and catastrophic health claims, as well as providing a backstop should the plan run beyond expected costs.

FLEXIBILITY

- Health care is not a “one-size-fits-all” proposition. OutFront Health is built to meet the needs of multiple employer groups.

OTHER VALUE-ADDED BENEFITS

- Compliance alerts and notifications, educational webinars, open forums, and access to create personalized compensation statements.

OutFront Health is More than Just Insurance.

A suite of features and technology tools to streamline the benefit process and put you in control.



The following Administrative Services built into every product:

- Administration for medical and RX
- Online application portal
- Online and perpetual enrollment
- Call Center
- Consolidated Billing
- Eligibility Maintenance
- Vendor payment remittance
- Commission Administration
- Aggregate Accommodation
- COBRA/HIPPA/HRA/FSA administration
- Case Management
- Cigna Network Access
- Billing audit reviews
- Dental, Life, Vision, Worksite
- Plan documentation preparation services
- Summary of Benefits and Coverage preparation
- Monthly claims reporting

Our secure, modern, web-based Employee Benefits Platform includes:

- Online enrollment – open enrollment, new hire enrollment
- One confirmation page for all benefits
- Multiple carrier benefits platform – no more multiple websites
- Employee benefits self-service, or call center assisted
- Company HR department portal to benefits data
- Consolidated billing – we distribute all funds to all carriers
- Consolidated data exchange – update information once, we update all carriers
- Outcome Analysis/Predictive Modeling
- CWI created and utilizes the Claimsware™ system
- In-house developed, scalable systems
- Modular systems architecture
- Multi-tiered network plan administration
- Member portal (claims history, online ID Card, online EOBs, optional online enrollment)
- HR portal (claims history, document pickup, online reporting)
- Reporting (online self-service, standard monthly packages, and Account Manager assisted)
- Advanced Analytics through Benefit Informatics partnership

