



One Person Group

For Individuals

By combining you into a larger group, we leverage the power of the group into lower medical premiums and better coverage.

- Our medical plans are comprehensive with no lifetime maximum. All include prescription drug coverage and state and federal mandated services, plus many additional benefits usually offered by large employers.
- Monthly premiums are blended and are not based on age, sex, zip code, smoker/ non-smoker or health history. Premiums do not increase as you get older.
- Our plans are fully-insured and guarantee issue, which means there is no medical questionnaire to complete.



PEObenefits

For Employers

- Our plans cover pre-existing medical conditions, provided that you were previously covered by medical insurance. In many instances, pre-existing conditions are covered even though they may have been excluded under your prior plan.
- Our carrier is one of the nation's leading providers with a large local and national provider network. In contrast, if you purchase insurance on your own, you will probably find you will be limited in the doctors you can see and not be able to visit doctors outside of a limited geographic area.
- There are no referrals required to see a specialist.

SUMMARY OF OUR MEDICAL PLANS AND PREMIUMS		
Coverage Level	Monthly Gold Plan PEO Fee	Monthly Health Savings Account PEO Fee
Employee Only	\$1,075	\$1,000
Employee & Child(ren)	\$1,440	\$1,100
Employee & Spouse	\$1,590	\$1,175
Family	\$2,050	\$1,525
Annual Deductible		
Individual	\$2,000	\$2,500
Family Maximum	\$4,000	\$5,000
Office Visit Copay		
Primary	\$30	\$50
Specialist	\$50	\$75
Annual Out-of-Pocket Maximum		
Individual	\$5,800	\$6,250
Family Maximum	\$11,600	\$12,500
Preventive Care		
	100%	100%
Inpatient Hospital/ Outpatient Surgery		
	90% after deductible	\$1,000 copay after deductible/ \$500 copay after deductible
Emergency Room		
	\$200 copay (deductible waived)	\$200 copay after deductible
Coinsurance (Plan Benefit)		
	90% after deductible	100% after deductible
Retail Pharmacy Benefits		
Generic Copay	\$10	\$10, after deductible
Preferred Copay	\$50	\$55, after deductible
Non-Preferred	50%, up to \$750 maximum annual benefit	50%, after deductible, up to \$750 maximum annual benefit
Mail Order Pharmacy Benefits		
Generic Copay	\$20	\$20, after deductible
Preferred Copay	\$100	\$110, after deductible
Non-Preferred	50%, up to \$1,500 maximum annual benefit	50%, after deductible, up to \$1,500 maximum annual benefit
A complete listing of plan provisions are contained in the group policy and booklet-certificate.		
For more information contact us at info@opgus.com		