Amerus Summit
Health Plans

NBBA
Member Benefit Program

MAJOR MEDICAL COVERAGE · PPO

Coverage that holds when it counts.

PLAN OPTION
BRONZE W-1
PPO PLAN

Major medical access, nationwide PPO freedom and supplemental benefits designed to help protect your budget.

Family-focused protection for every stage of life.

Coverage built for real life.

Clear benefits. Nationwide access. Personal support when you need it.

THIS IS MAJOR MEDICAL COVERAGE

Real major medical - not a discount card.

Amerus Summit Health Plans combines access to a nationwide PPO network with straightforward benefits and supplemental protection designed to reduce eligible in-network deductible and coinsurance exposure.

PLAN TYPE	PRIMARY NETWORK	BENEFIT PERIOD
PPO	Cigna PPO National Network	Calendar year

PRIMARY CARE	SPECIALIST CARE	ER / URGENT CARE
$25 copay	$50 copay	$500 / $50

Designed to protect your in-network budget

Eligible supplemental benefits can help offset covered in-network deductible and coinsurance costs. Always review both plan documents for limits, exclusions and claim requirements.

BASE MEDICAL DEDUCTIBLE

$0

SUPPLEMENTAL ANNUAL MAXIMUM

$6,000

WHY MEMBERS VALUE THIS PLAN

- Nationwide PPO network access
- No referrals required for specialists
- Digital ID cards and provider search
- Virtual care and prescription support
- Care navigation and member advocacy

BEFORE YOU ENROLL

Confirm provider participation, prescriptions, prior-authorization rules, eligibility and the exact interaction between the major medical and supplemental plans. Official documents control.

Ask your independent broker for complete plan documents.

WHAT THE PLAN COVERS

Schedule of benefits

Use this summary to compare common services. All amounts below are editable and must be verified against the official plan documents before distribution.

CATEGORY	COMMON SERVICE	MEMBER COST	IMPORTANT NOTES
Preventive care	ACA-required preventive services	Plan pays 100%	In-network; age/frequency limits may apply.
Office visits	Primary care physician	$25 copay	Additional services may have separate cost sharing.
Office visits	Specialist visit	$50 copay	Referral requirements may vary by service.
Virtual care	General telemedicine	See plan documents	Vendor and service availability may vary.
Urgent care	Urgent care center	$50 copay	In-network facility charges may differ.
Emergency	Emergency room	$500 copay	Transport and professional fees may be separate.
Hospital	Inpatient hospitalization	30% coinsurance	Preauthorization may be required.
Outpatient	Outpatient facility / surgery	30% coinsurance	Professional and facility claims may be separate.
Diagnostics	Laboratory services	30% coinsurance	Site-of-service rules may apply.
Diagnostics	X-ray services	30% coinsurance	Advanced studies may require authorization.
Diagnostics	MRI / CT imaging	30% coinsurance	Use participating facilities for best value.

HOW TO USE THIS PAGE

Click any member-cost field to replace the amount, then save a new copy.

ADDITIONAL COVERED SERVICES

Schedule of benefits, continued

The categories below are included for sales clarity and document review. Replace every placeholder with the exact amount or limitation shown in the official plan.

CATEGORY	COMMON SERVICE	MEMBER COST	IMPORTANT NOTES
Behavioral health	Outpatient mental health	See plan documents	Visit limits, vendors and authorization may apply.
Behavioral health	Inpatient mental health	See plan documents	Facility and professional claims may be separate.
Maternity	Prenatal and maternity care	See plan documents	Routine preventive services may differ.
Therapy	Physical / occupational / speech therapy	See plan documents	Medical necessity and visit limits may apply.
Ambulance	Ground ambulance	See plan documents	Emergency and non-emergency rules may differ.
Equipment	Durable medical equipment	30% coinsurance	Supplier participation and authorization rules apply.
Home care	Home health services	See plan documents	Visit limits and care plans may apply.
Facility care	Skilled nursing facility	See plan documents	Days, authorization and necessity limits apply.
Hospice	Hospice services	See plan documents	Care must meet plan eligibility requirements.
Prescription	Generic / preferred / non-preferred	$0 / $35 / $75	Formulary and prior-authorization rules apply.
Prescription	Specialty medication	$200 copay	Designated specialty pharmacy may be required.

SUPPLEMENTAL BENEFIT REMINDER

Supplemental benefits are separate from the major medical plan and have their own eligible expenses, maximums, claim rules, exclusions and limitations.

SIMPLE HOUSEHOLD PRICING

One rate. Every age.

Pricing is organized by coverage tier rather than by age. Rates remain subject to state availability, eligibility, underwriting, plan changes and final approval.

MONTHLY COVERAGE TIER	MONTHLY RATE
Member only	$949.00
Member + spouse	$1,799.00
Member + children	$1,699.00
Family	$2,299.00

ENROLLMENT AND MEMBERSHIP FEES

One-time enrollment fee	$99.00	**Monthly association fee**	$24.95

WHY THIS PRICING IS EASY TO EXPLAIN

1

Straightforward tiers

Choose member, spouse, children or family coverage.

2

Nationwide access

Use the PPO provider search to locate participating care.

3

Personal guidance

Independent brokers help review enrollment and plan documents.

Ready to learn more?

For plan details and enrollment information, contact your independent broker.

PLEASE READ BEFORE DISTRIBUTION

Disclosures, limitations & exclusions

This page is intentionally concise and readable. Add any state-specific, carrier-specific or administrator-required language in the editable custom-disclosure box below.

Summary only

- This brochure is a high-level sales summary, not a contract or guarantee of coverage.
- Official certificates, policies, schedules, formularies and plan documents control when wording differs.
- Benefits, rates, underwriting, availability and administration can change.

Network and authorization

- Verify provider participation before receiving non-emergency care.
- Out-of-network care may have reduced benefits or no coverage, except where required by law.
- Preauthorization, medical necessity, site-of-service and designated-vendor rules may apply.

Supplemental protection

- Supplemental benefits are separate from the major medical plan.
- Eligible expenses, claim submission, maximums, exclusions and payment timing are governed by the supplemental policy.
- Do not describe the combined arrangement as a guaranteed zero-cost plan.

Common exclusions

- Non-medically necessary, experimental or investigational services may be excluded.
- Cosmetic services, non-covered supplies and services outside benefit limits may be excluded.
- Prescription drugs are subject to formulary, specialty-pharmacy and quantity rules.

Enrollment and rates

- Coverage is not effective until all requirements are completed and written approval is issued.
- Rates may change because of eligibility, underwriting, effective date, plan amendments or regulatory requirements.
- Association membership and applicable fees may be required.

Member responsibility

- Read ID cards and plan documents before care.
- Keep copies of authorizations, bills, explanations of benefits and supplemental claim records.
- Contact the administrator or advisor promptly when a claim or balance bill needs review.

CUSTOM / STATE-SPECIFIC DISCLOSURES

Disclosure: Amerus Health is a group health product made available through the National Business Benefit Alliance (“NBBA”). NBBA serves as the group sponsor and is responsible for decisions concerning plan availability, benefits, eligibility requirements, administrative provisions, and renewal terms. The annual plan renewal occurs in June. Plan designs, benefits, provider networks, insurance carriers, premiums, rates, fees, and eligibility requirements are subject to change at renewal or at other times as permitted by the applicable plan documents, insurance contracts, and law. Participation in NBBA membership does not guarantee continued availability of any specific health plan, benefit, rate, carrier, or provider network. In the event of any conflict between marketing materials and the official plan documents or insurance contracts, the terms of the official documents will govern

AMERUS SUMMIT HEALTH PLANS