



2022 Health Insurance Overview

BCBS
Primary Health


ALLIANCE
OptiMed Insurance


MD Treatment 24/7
\$0 Copay/ Unlimited



Pays Out-of-Pocket Costs

- Pays Calendar Year Deductible
- Pays Members Co-Insurance
- Pays Emergency Room Cost
- Pays Outpatient Physician & Facility Costs
- Pays Inpatient Physician & Facility Costs
- Pays Labs, Pathology & Diagnostic Tests
- Pays Ambulance, DME, Chiropractic Services & PT

Non-Covered Services

- Excludes Office Visit Copay & Rx Pharmacy Copay
- Excludes Preventive & Elective Medical Procedures
- Excludes Home Healthcare Treatments
- Excludes Mental Nervous & Substance Abuse

***Covers Pre-Existing Conditions
&***

Provider Files Claims

www.SecondaryHealth.com

(800) 482-8770

Paragon Research Corporation 2022 Summary of Benefits

Medical-Company Pays 65% (Both Individual and Family)

- Default Plan-BCBS Silver Plus Secondary/Gap Insurance
 - Secondary/Gap Insurance
 - Secondary Insurance greatly improves benefit by reducing out-of-pocket costs
 - Inpatient pays \$6,000/person
 - Outpatient pays \$4,200/person
 - Provides Telemedicine at no cost for employees and their family
 - (1-877-775-3006 ext. 1) Use access code **C2216**
 - www.secondaryhealth.com/iselectmd
 - BCBS Highlights for 2022
 - CYD- no change \$4,000 Employee, \$8,000 Family
 - Net CYD \$0 (paid by secondary/GAP insurance)
 - Days 1-5 in hospital – no change \$450 per day
 - Worst case \$250/person, \$500/family
 - Procedure Copay- no change \$450
 - BCBS Prescriptions for 2022- no change
 - Same 6 tier plan- \$15/\$30/\$75/\$100/\$250/40%
 - **CVS and Target are still out of network**
 - Generics no longer mandatory
 - Use website www.goodrx.com to find lowest costs prescriptions and coupons
 - See medical benefit summary for details
- Buyup Plan-BCBS Access Gold Plan plus Secondary Insurance
 - Consider upgrading if you have high cost specialty drugs (tier 5, or tier 6)
 - Prescription Drugs
 - \$10/\$20/\$40/\$80/\$125/\$250
 - Tier 5 Drug \$125, Tier 6 \$250 etc.
 - Gold plan can be better value if you have a tier 5 or tier 6 specialty drug

Life Insurance/ADD- Company Pays 100%

- Employee \$100,000
- All employees can obtain free Will/Power of Attorney

Voluntary Life/ADD Coverage

- Employee Guaranteed Issue up to \$70k as a new hire
 - Add \$20k per year guaranteed issue during open enrollment
- Spouse Guaranteed Issue up to \$20k
 - Add \$10k per year guaranteed issue during open enrollment
- Children \$10k
 - All children, regardless of number, covered for \$10k each, total costs \$1 per paycheck
 - Coverage ends at age 26

[Paragon Research Corporation 2022 Summary of Benefits](#)

Short Term Disability- Company Pays 100%

- 60% of income to a max of \$1,500 per week
- Work Incentive Benefit- Enhancement
 - Allows employees to work while on STD to make 100% of pre-disability earnings
 - Allows employees to work to replace the 40% portion of their pay not covered by STD
 - 16 hours per week based on 40-hour workweek
- Elimination period
 - Day 1 for accident, Day 8 for sickness
 - Max benefit duration: 13 weeks

Long Term Disability- Company Pays 100%

- 60% of earnings to a max of \$9k/month
- 90-day elimination period
- Provides tax free benefit until Social Security Retirement Age

Dental-Company Pays 65% (Both Individual and Family)

- \$1,250 benefit/person
 - 100/100/60 In Network
 - 100% Preventive
 - 100% Basic
 - Composite Filings on Molars
 - General Anesthesia/IV Sedation
 - Simple and Complex Oral Surgery
 - Simple and Complex Endodontics (Root Canals)
 - Periodontal
 - 60% Major
 - Crowns, Inlays, Bridges, Implants, and Dentures
 - 100/80/50 Out of Network
- \$50 CYD for Unit 2 (Basic) or Unit 3 (Major) expenses
 - No deductible for preventative
- Dental Rollover- allows \$312.50/year in extra benefits, up to maximum of additional \$1,250
 - Must see dentist at least 1 time per year to be eligible for rollover.
- Orthodontia For Children
 - \$1,250 per child

Vision VSP Plan- Company Pays 65% (Both Individual and Family)

- Eye Exam
 - \$10 copay
- Prescription Glasses
 - \$25 copay
 - Plan pays \$150 for frames every 24 months
- Contact lenses in lieu of glasses
 - Plan pays \$150

Note: The above is intended as a summary only, please see benefit booklet for details.



**2022 Silver
BCBS**

ALLIANCE
\$6,000 Inpatient / \$4,200 Outpatient
(2 Family Max)

DEDUCTIBLES & OUT OF POCKET MAXIMUM

CYD - Calendar Year Deductible	\$4,000 Single / \$8,000 Family	\$6,000 Inpatient / \$4,200 Outpatient
Coinsurance after CYD	20% to \$4,550 / BCBS 80%	\$6,000 Inpatient / \$4,200 Outpatient
OPM - Out of Pocket Maximum	\$8,550 Single / \$17,100 Family	BCBS Pays 100%
Cost after CYD & OPM have been met	BCBS Pays 100%	BCBS Pays 100%

PHYSICIAN & RX CO-PAYS

Preventive / Wellness	BCBS Pays Preventive	Alliance Excludes Preventive
Primary / Specialist Physician Copay	\$40/\$70	Alliance Pays Excludes Office Copays
Physician Benefits: Labs, Xrays, Pathology, IV Therapy, Dialysis, Chemotherapy, Radiation	100% No Copay or CYD	Services Must Be Performed in MD's Office
Physician Office- Surgery & Anesthesia	\$4,000 CYD then 100%	Alliance Pays \$4,200 Max
iSelectMD Physician Treatment 24/7	\$0 Copay (Unlimited Consults)	MD's Diagnose & Treat Via Phone with Rx
Prescription Drug Benefits: Tier 1, 2, 3,4 Rx Network & Formulary	\$15/\$30/\$75/\$100/\$250/40%	Alliance Excludes Rx Copay

INPATIENT HOSPITAL FACILITY & PHYSICIAN CHARGES

Inpatient Hospital	\$450 Days 1-5	Alliance Pays \$6,000 Max
Inpatient Hospital - Physician Services	\$4,000 CYD then 100%	Alliance Pays \$6,000 Max

OUTPATIENT FACILITY & PHYSICIAN CHARGES

Emergency Room + Physician	\$450 Facility + \$70 MD	Alliance Pays \$4,200 Max
Outpatient Surgical & Ambulatory Centers	\$450 Copay	Alliance Pays \$4,200 Max
Outpatient Physician- Surgery & Anesthesia	\$4,000 CYD then 100%	Alliance Pays \$4,200 Max
Outpatient - Labs & Pathology	\$450 Copay	Alliance Pays \$4,200 Max
Outpatient Diagnostic - CAT,MRI, PET/SPECT, ERCP, Cardiac Cath, Colonoscopy, Endoscopy	\$450 Copay	Alliance Pays \$4,200 Max

MAJOR MEDICAL OTHER COVERED SERVICES

Ambulance, PT, ST, Chiropractic Services, Allergy Benefits, DME	\$4,000 CYD then 20% to \$4,550	Alliance Pays \$4,200 Max
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Treatment must be performed in licensed facility by MD, DO or DC



BCBS



2022 Silver Member Paid	Alliance Paid
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Ex 1: Normal Baby Delivery (2 Day Stay)

\$6,000 IN / \$4,200 OUT

Inpatient Facility: Allowed Charges - \$2,000	\$0 <small>(\$450 Co-Pay Days 1-5)</small>	\$900
Inpatient Physician: Allowed Charges - \$3,700	\$0 <small>(\$4,000 CYD then 100%)</small>	\$3,700
Total Out-of-Pocket Expense To Member:	<u>\$0</u>	<u>\$4,600</u>

Ex 2: Outpatient Surgery (Torn ACL)

Outpatient Facility: Allowed Charges - \$1,000	\$0 <small>(\$450 Co-Pay)</small>	\$450
Outpatient Physician: Allowed Charges - \$3,400	\$0 <small>(\$4,000 CYD then 100%)</small>	\$3,400
Physical Therapy (6 Visits) - \$600	\$250 <small>(\$4,000 CYD then 20% to \$4,550)</small>	\$350
Total Out-of-Pocket Expense to Member:	<u>\$250</u>	<u>\$4,200</u>

Ex 3: Durable Medical Equipment (DME)

DME C-Pap Machine: Allowed Charges - \$3,000	\$0 <small>(\$4,000 CYD then 20% to \$4,550)</small>	\$3,000
Total Out-of-Pocket Expense to Member:	<u>\$0</u>	<u>\$3,000</u>

Ex 4: Car Accident (1 Month in Coma)

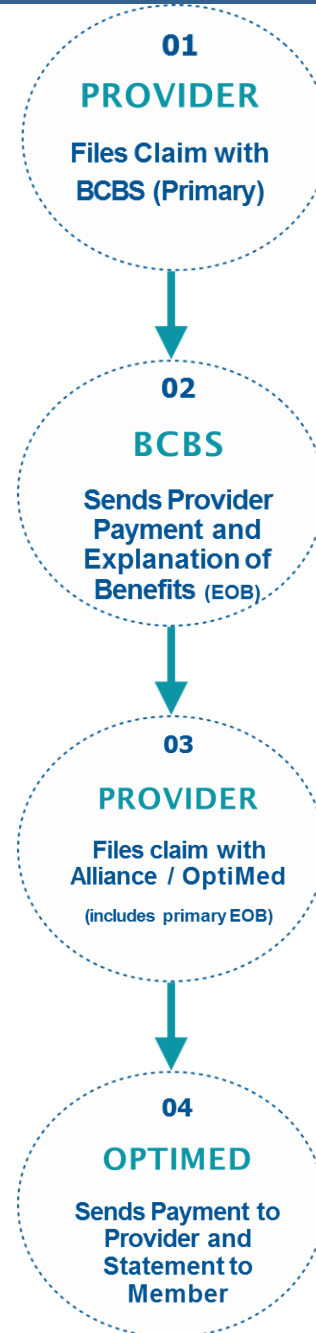
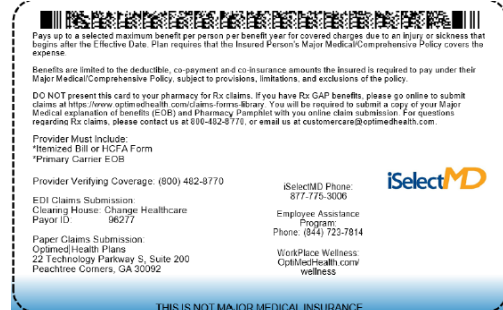
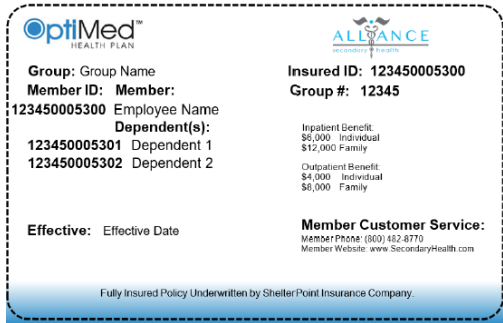
Inpatient Facility: Allowed Charges: \$60,000	\$0 <small>(\$450 Co-Pay Days 1-5)</small>	\$2,250
Inpatient Physician: Allowed Charges: \$30,000	\$250 <small>(\$4,000 CYD then 100%)</small>	\$3,750
Total Out-of-Pocket Expense to Member:	<u>\$250</u>	<u>\$6,000</u>

* All examples assume 100% of Secondary Insurance benefit remains at the time of occurrence.

BCBS - Primary



Alliance - Secondary



Access Claim Status Online

Primary – BlueCross

- **Step 1:** Go to www.bcbsal.org
- **Step 2:** Need to Register Your Account
- **Step 3:** Review Claims & Deductible Details



- **Step 1:** Go to www.secondaryhealth.com
- **Step 2:** Click on My OptiMed Portal
- **Step 3:** Register as a first time user

Contact Us | Feedback

myBlueCross Member Login

Username
[Forgot Username](#)

••••••••
[Forgot Password](#)

Remember Username

LOGIN

REGISTER

My OptiMed iSelectMD

ALLIANCE secondary health

HOME ABOUT PROVIDER SERVICES MEMBER SERVICES iSelectMD CONTACT US

CHANGING HEALTHCARE FOR GOOD

Alliance Secondary Health

The Alliance Secondary Health product provides an innovative and technologically advanced solution to the perpetual trend of increasing healthcare premiums and out-of-pocket costs. Alliance Secondary Health is offered to employers as an employee benefit, which saves both the employer and employee valuable time and money. Once implemented, employers may often experience a significant reduction to premiums and claims, while the employees may also realize an overall reduction to their out-of-pocket risk.

GET STARTED

- ▶ My OptiMed Portal
- ▶ iSelectMD
- ▶ Claims Filing
- ▶ OptiMed Claim Form

UNLIMITED CONSULTS

\$0 COPAY

TOP 10 DIAGNOSES

Sinus Problems

Urinary Tract Infections

Pink Eye

Bronchitis

Upper Respiratory Infections

Nasal Congestion

Allergies

Flu

Cough

Ear Infection



iSelectMD
Get well soon.

WHEN TO CALL

Physician is not available

After normal business hours

Traveling for work or vacation

For short-term Rx refill

Second opinion

For non-emergency care

1(877) 775-3006 ext 1

1 Member Registers & Completes Medical History

- Online: www.SecondaryHealth.com/iselectmd
- Phone: 1(877) 775-3006 ext1

Enter Access Code: **C2216**

2 Member Requests iSelectMD Consult

3 Physician Calls Member

4 Physician Treatment / Diagnosis

5 Physician Calls in Rx (when appropriate)

Paragon Research Corporation 2022 effective 7-1-22 to 6-30-23

2022 Costs

Health Insurance BCBS Silver with Secondary/GAP Insurance							Dental Costs for 2022				Vision Costs 2022			
July 1st 2022	BCBS	Secondary/ GAP Insurance	Total	Employee Costs Monthly	Employee Costs per paycheck (Semi- monthly)	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly
EE	\$541.79	\$128.50	\$670.29	\$234.60	\$117.30	\$435.69	\$34.59	\$12.11	\$6.05	\$22.48	\$10.14	\$3.55	\$1.77	\$6.59
EE Plus Spouse	\$1,083.58	\$268.66	\$1,352.24	\$473.28	\$236.64	\$878.96	\$107.66	\$37.68	\$18.84	\$69.98	\$19.93	\$6.98	\$3.49	\$12.95
EE Plus Child	\$1,002.31	\$268.66	\$1,270.97	\$444.84	\$222.42	\$826.13	\$107.66	\$37.68	\$18.84	\$69.98	\$20.86	\$7.30	\$3.65	\$13.56
Family	\$1,544.10	\$268.66	\$1,812.76	\$634.47	\$317.23	\$1,178.29	\$107.66	\$37.68	\$18.84	\$69.98	\$33.35	\$11.67	\$5.84	\$21.68

Note:
Company pays 65% of costs for Healthcare, Dental and Vision Costs for both Employee and Family

2022 Upgrade option Maintained same Secondary/Gap Insurance

Health Insurance BCBS Gold with Secondary Insurance							Dental Costs for 2022				Vision Costs 2022			
July 1st 2022	BCBS	Secondary Insurance	Total	Employee Costs Monthly	Employee Costs per paycheck (Semi- monthly)	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly
EE	\$688.06	\$128.50	\$816.56	\$380.87	\$190.44	\$435.69	\$34.59	\$12.11	\$6.05	\$22.48	\$10.14	\$3.55	\$1.77	\$6.59
EE Plus Spouse	\$1,376.12	\$268.66	\$1,644.78	\$765.82	\$382.91	\$878.96	\$107.66	\$37.68	\$18.84	\$69.98	\$19.93	\$6.98	\$3.49	\$12.95
EE Plus Child	\$1,272.91	\$268.66	\$1,541.57	\$715.44	\$357.72	\$826.13	\$107.66	\$37.68	\$18.84	\$69.98	\$20.86	\$7.30	\$3.65	\$13.56
Family	\$1,960.97	\$268.66	\$2,229.63	\$1,051.34	\$525.67	\$1,178.29	\$107.66	\$37.68	\$18.84	\$69.98	\$33.35	\$11.67	\$5.84	\$21.68

Reference Only

2021 Costs Increased Secondary/GAP Coverage to \$6K Inpatient and \$4.2k Outpatient

Health Insurance BCBS Silver with Secondary/GAP Insurance							Dental Costs for 2021				Vision Costs 2021			
July 1st 2021	BCBS	Secondary/ GAP Insurance	Total	Employee Costs Monthly	Employee Costs per paycheck (Semi- monthly)	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly	Total Costs	EE Costs Monthly	Employee Costs per paycheck	Company Costs Monthly
EE	\$550.00	\$123.14	\$673.14	\$235.60	\$117.80	\$437.54	\$33.58	\$11.75	\$5.88	\$21.83	\$10.14	\$3.55	\$1.77	\$6.59
EE Plus Spouse	\$1,100.00	\$256.63	\$1,356.63	\$474.82	\$237.41	\$881.81	\$104.52	\$36.58	\$18.29	\$67.94	\$19.93	\$6.98	\$3.49	\$12.95
EE Plus Child	\$1,017.50	\$256.63	\$1,274.13	\$445.95	\$222.97	\$828.18	\$104.52	\$36.58	\$18.29	\$67.94	\$20.86	\$7.30	\$3.65	\$13.56
Family	\$1,567.50	\$256.63	\$1,824.13	\$638.45	\$319.22	\$1,185.68	\$104.52	\$36.58	\$18.29	\$67.94	\$33.35	\$11.67	\$5.84	\$21.68