

Public Sector Health Care Group Authority Program Overview For Town of Lake City

Presented by:

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Public Sector Health Care Group Who We Are

Public Sector Healthcare Group (PSHCG) is an association of Colorado governmental entities operating under the Colorado Joint Powers Authority statute, to purchase employee benefits on a larger scale.

- Formed by 4-founding members in Elizabeth CO in 2010
- 115 member agencies | 4,500 members
- Stable risk pool with a la carte choices
 - 15 Medical Plans | 2 Dental | 2 Vision | Customized Life | 2 Disability | Early Retiree Health Insurance Program | Voluntary Benefits
- State-wide coverage with 5-rate tiers
 - Front Range | Western Slope | Mountain Resort | West Slope-Hybrid | Metro Area

PSHCG continues this grassroots effort today, to grow mindfully throughout the State of Colorado partnering with agencies who also recognize the value of our program.



Governing Committees

Executive Committee



CHIEF TJ
STECK



CHRISTINE
CHAPLIN



CHIEF TOM
BEACH



LINDSAY
WILEY



KATIE
DAVIS

Governed by the IGA, the Executive Committee handles daily operations and makes recommendations to the broader Operating Committee regarding budget, benefit changes, and new programs.

PSHCG's Special Committee is available to help create new programs, most recently the Early Retiree Health Insurance program.

Local Service and Consulting Team

Local. Focused. Dedicated.

Consulting Services

Cindy Myers
Highstreet
Denver, CO

Dave Vecchio
Benefits Broker, Inc.
Pueblo, CO

Agency and Member Service

- Single-point-of-contact with your dedicated Account Manager
- On-going service and support
- Customized Benefits/HR website Bswift
- Open Enrollment preparation
- Online enrollment and resources
- Consolidated Billing
- Full COBRA administration



We value our partnership with PSHCG and take seriously, our responsibility as the overseer of such a critical part of the association.

PSHCG Early Retiree Health Insurance

Employer Requirements

- A Public Sector employer must be a member agency of PSHCG for at least 1-year to participate in this program



An eligible employee includes:

- Employees who are between the ages of 55-65
- Employees who meet the member agency's designated tenure period
 - ✓ 5-10 years of service (employer choice)
 - ✓ Minimum of 5 years of participation on the health insurance plan (credit for prior coverage is offered for new Member Agencies)

An eligible dependent includes:

- A spouse/domestic partner who is active on the health insurance plan for at least 2-years prior to an employee's retirement
- A dependent child to the age of 26
- ✓ 3- years of COBRA offered once employee turns age 65

Anthem BCBS PPO Plans Blue Cross PPO Network

PUBLIC SECTOR HEALTH CARE GROUP

Western Slope 2027

	Anthem BCBS PPO A	Anthem BCBS PPO B	Anthem BCBS PPO C	Anthem BCBS NEW PPO G
Provider Network	PPO Network	PPO Network	PPO Network	PPO Network
Dr. Office Copay	\$30 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Routine Labs / x-ray	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 70% after deductible
Prescription Drug Copays	\$15 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty	\$15 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty	\$5 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty	\$15 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty
Individual Deductible	\$1,500 in-network	\$3,000 in-network	\$3,000 in-network	\$5,000 in-network
Family Deductible	\$3,000 In-network	\$6,000 in-network	\$6,000 in-network	\$10,000 In-network
Co-Insurance Percentage (applied after deductible)	Plan pays 80% in-network	Plan pays 100% in-network	Plan pays 80% in-network	Plan pays 70% in-network
Individual Out of Pocket Max	\$4,500 per individual	\$6,500 per individual	\$6,500 per individual	\$7,000 per individual
Family Out of Pocket Max (after which plan pays 100%)	\$9,000 per family	\$13,000 per family	\$13,000 per family	\$14,000 per family
Inpatient Hospital/Facility	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Outpatient Facility	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Emergency Room	ER: \$1,000 copay Urgent Care: \$60 copay	ER: \$1,000 copay Urgent Care: \$60 copay	ER: \$1,000 copay Urgent Care: \$0 copay	ER: 70% after deductible, \$60 urgent care
MRI, CT, PET Scans	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
	Anthem 2027	Anthem 2027	Anthem 2027	Anthem 2027
Employee Only	\$1,118	\$1,050	\$875	\$788
Employee Spouse	\$2,463	\$2,299	\$1,915	\$1,723
Employee Child	\$2,068	\$1,899	\$1,581	\$1,423
Family	\$3,195	\$3,204	\$2,668	\$2,401

Anthem BCBS EPO Plans Blue Cross Pathway Network

PUBLIC SECTOR HEALTH CARE GROUP

Western Slope 2027

	Anthem BCBS Pathway EPO A	Anthem BCBS Pathway EPO B	Anthem BCBS Pathway EPO C
Provider Network	Pathway EPO	Pathway EPO	Pathway EPO
Dr. Office Copay	\$30 copay	\$30 copay	\$0 copay
Specialist Copay	\$60 copay	\$60 copay	\$60 copay
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Routine Labs / x-ray	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay
Prescription Drug Copays	\$15 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty	\$15 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty	\$5 / \$50 / \$75 / 30% max \$500 tier 1 / tier 2 / tier 3 / specialty
Individual Deductible	\$1,500 in-network	\$3,000 in-network	\$3,000 in-network
Family Deductible	\$3,000 In-network	\$6,000 in-network	\$6,000 in-network
Co-Insurance Percentage	Plan pays 80% in-network	Plan pays 100% in-network	Plan pays 80% in-network
(applied after deductible)	NO OUT OF NETWORK BENEFITS EXCEPT ER/UC	NO OUT OF NETWORK BENEFITS EXCEPT ER/UC	NO OUT OF NETWORK BENEFITS EXCEPT ER/UC
Individual Out of Pocket Max	\$4,500 per individual	\$6,500 per individual	\$6,500 per individual
Family Out of Pocket Max	\$9,000 per family	\$13,000 per family	\$13,000 per family
(after which plan pays 100%)			
Inpatient Hospital/Facility	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient Facility	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible
Emergency Room	ER: \$1,000 copay Urgent Care: \$60 copay	ER: \$1,000 copay Urgent Care: \$60 copay	ER: \$1,000 copay Urgent Care: \$0 copay
MRI, CT, PET Scans	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible
	Anthem 2027	Anthem 2027	Anthem 2027
Employee Only	\$1,073	\$1,008	\$840
Employee Spouse	\$2,365	\$2,207	\$1,838
Employee Child	\$1,985	\$1,823	\$1,518
Family	\$3,067	\$3,076	\$2,561

Anthem BCBS Coupe Health Plans Blue Cross PPO Network

PUBLIC SECTOR HEALTH CARE GROUP												
Western Slope 2027												
Provider Network	Anthem BCBS Anthem Coupe Plan B				Anthem BCBS Anthem Coupe Plan C				Anthem BCBS Anthem Coupe Plan D			
	PPO Network				PPO Network				PPO Network			
	Tier 1	Tier 2	Tier 3	Out of Network	Tier 1	Tier 2	Tier 3	Out of Network	Tier 1	Tier 2	Tier 3	Out of Network
Dr. Office Copay	\$20	\$30	\$40	\$60	\$20	\$30	\$40	\$60	\$30	\$55	\$75	\$135
Specialist Copay	\$40	\$60	\$80	\$120	\$40	\$60	\$80	\$120	\$45	\$55	\$75	\$135
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Routine Labs / x-ray	\$20 Lab / \$30 X-ray	\$30 Lab / \$50X-ray	\$40 Lab / \$60 X-ray	\$60 Lab / \$90X-ray	\$20 Lab / \$30 X-ray	\$30 Lab / \$50X-ray	\$40 Lab / \$60 X-ray	\$60 Lab / \$90X-ray	\$30 Lab / \$50 X-ray	\$55 Lab / \$80 X-ray	\$75 Lab / \$100 X-ray	\$135 Lab / \$150 X-ray
Prescription Drug Copays	\$15 / \$50 / \$75 / 25% max \$500				\$15 / \$50 / \$75 / 25% max \$500				\$15 / \$50 / \$75 / 25% max \$500			
Individual Deductible	No deductible, copays apply				No deductible, copays apply				No deductible, copays apply			
Family Deductible												
Co-Insurance Percentage	Plan pays 100% after copays				Plan pays 100% after copays				Plan pays 100% after copays			
(applied after deductible)												
Individual Out of Pocket Max	\$4,500	\$4,500	\$4,500	\$11,800	\$5,900	\$5,900	\$5,900	\$11,800	\$7,500	\$7,500	\$7,500	\$16,200
Family Out of Pocket Max	\$9,000	\$9,000	\$9,000	\$12,600	\$11,800	\$11,800	\$11,800	\$23,600	\$15,000	\$15,000	\$15,000	\$32,400
(after which plan pays 100%)												
Inpatient Hospital/Facility	\$2,000	\$3,000	\$4,000	\$8,100	\$2,700	\$4,100	\$5,400	\$8,100	\$3,600	\$5,400	\$7,200	\$10,800
Outpatient Facility	\$800	\$1,200	\$1,600	\$3,000	\$1,000	\$1,500	\$2,000	\$3,000	\$1,800	\$2,700	\$3,600	\$5,400
Emergency Room	\$450 ER / \$25 UC				\$725 ER / \$25 UC				\$1,000 ER / \$50 UC			
MRI, CT, PET Scans	\$300	\$500	\$700	\$1,000	\$400	\$600	\$800	\$1,000	\$600	\$800	\$1,200	\$1,600
	Anthem 2027				Anthem 2027				Anthem 2027			
Employee Only	\$1,119				\$1,045				\$936			
Employee Spouse	\$2,463				\$2,329				\$2,051			
Employee Child	\$2,021				\$1,883				\$1,693			
Family	\$3,451				\$3,305				\$2,889			

Click here to view the Coupe Health user experience, and view Provider Tiers from Anthem’s PPO network:

Anthem BCBS HSA Plans (HDHP) Blue Cross PPO and Pathway Network

PUBLIC SECTOR HEALTH CARE GROUP

Western Slope 2027

	Anthem BCBS HDHP (HSA) PPO D	Anthem BCBS HDHP (HSA) Pathway EPO D	Anthem BCBS HDHP (HSA) PPO E	Anthem BCBS HDHP (HSA) EPO F
Provider Network	PPO Network	Pathway EPO	PPO Network	Pathway EPO
Dr. Office Copay	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Specialist Copay	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Routine Labs / x-ray	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Prescription Drug Copays	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Individual Deductible	\$3,000 per employee only in-network	\$3,000 per employee only in-network	\$3,500 per INDIVIDUAL in-network	\$4,000 per INDIVIDUAL
Family Deductible	\$6,000 per family COMBINED	\$6,000 per family COMBINED	\$7,000 per family EMBEDDED	\$8,000 per family Embedded
Co-Insurance Percentage (applied after deductible)	Plan pays 100% in-network	Plan pays 100% in-network	Plan pays 80% in-network	Plan Pays 80% In-Network
Individual Out of Pocket Max	\$3,000 per employee only	\$3,000 per employee only	\$5,000 per INDIVIDUAL	\$5,500 per INDIVIDUAL
Family Out of Pocket Max (after which plan pays 100%)	\$6,000 per family COMBINED	\$6,000 per family COMBINED	\$10,000 per family EMBEDDED	\$11,000 per family EMBEDDED
Inpatient Hospital/Facility	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Outpatient Facility	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
MRI, CT, PET Scans	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
	Anthem 2027	Anthem 2027	Anthem 2027	Anthem 2027
Employee Only	\$999	\$959	\$856	\$692
Employee Spouse	\$2,187	\$2,100	\$1,872	\$1,514
Employee Child	\$1,808	\$1,735	\$1,546	\$1,250
Family	\$3,049	\$2,927	\$2,607	\$2,109

2027 HSA Contribution Limits

Employee Only: \$4,300

Family: \$8,550

Catch-up: \$1,000 (age 55 or older)

Ancillary Plans

PSHCG's Comprehensive Approach

At PSHCG, we are dedicated to delivering an extensive ancillary benefits package that rivals those offered by large employers. Our approach ensures that you receive a well-rounded suite of benefits designed to support your unique needs and preferences.

Our Benefits Include:

- Flexible Options for Employers:** Customizable benefits packages that align with your organization's needs and goals.
- Enhanced Coverage:** A comprehensive array of ancillary benefits that complement your core health plans.
- Voluntary Benefits:** Optional benefits available for your employees to purchase with enhanced benefits and maximum limits.



GROUP DENTAL	MetLife Plan A		MetLife Plan B	
Benefit Comparison	In-Network	Out of Network	In-Network	Out of Network
Deductible - Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible Applies To	Type II & III	Type II & III	Type II & III	Type II & III
Dental Calendar Year Maximum	\$1,500	\$1,500	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$2,000	\$2,000
Benefit Percentages				
Type I - Diagnostic & Preventive	100%	100%	100%	100%
Type II - Basic Services	80%	80%	80%	80%
Type III - Major Services	50%	50%	50%	50%
Type IV-Child Orthodontia	50%	50%	50%	50%
Periodontics	80%	80%	80%	80%
Endodontics	80%	80%	80%	80%
Cost Analysis				
	2027		2027	
Employee Only	\$37.41		\$40.03	
Employee + Spouse	\$76.33		\$81.68	
Employee + Child(ren)	\$100.10		\$107.11	
Employee + Family	\$148.03		\$158.39	

MetLife vs Delta Dental

Delta Dental's MAC Out of Network Reimbursement

With the Delta Dental MAC plan, a feature of Delta Dental PPO, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider. Claims are paid according to the PPO fee schedule (maximum allowable charge), meaning you will pay more when you select a non-PPO provider.



Savings Example for a Major Procedure*

	Procedure Cost	Maximum Allowed Fees	PPO Fee	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Total Amount You Pay
PPO Network	\$1,200	\$850	\$850	50%	\$425	\$425
Premier**	\$1,200	\$975	\$850	50%	\$425	\$550
Out of Network**	\$1,200	Unlimited	\$850	50%	\$425	\$775+

- **CHOICE:** If you select a Delta Dental Premier® provider, you'll still save money but will pay any difference between the Premier fee and the PPO fee. And when choosing to see a non-participating provider, you'll have the highest out-of-pocket expenses and will be balance-billed.

Features of the MetLife Dental Plan

- Benefits are the same in and out-of-network
- If you visit an in-network dentist, you take advantage of a negotiated fee schedule that can save +30%
- MetLife's out-of-network reimbursement to non-participating dentists is the highest possible, at the 90th percentile of UCR, with similar outlay for members using PPO dentists



Search for a Dentist Online:

Go to www.metlife.com/dental, click on Find a participating dentist, and select the PDP Plus dental network.

GROUP VISION	MetLife Plan A		MetLife Plan B	
Benefit Comparison	In-Network	Out of Network	In-Network	Out of Network
Eye Exam	\$10 copay	Up to \$45	\$10 copay	Up to \$45
Prescription Glasses: Lenses	\$10 copay	Up to \$30-\$100	\$10 copay	Up to \$30-\$100
Prescription Glasses: Frames	\$150 max + 20% off	Up to \$70	\$200 max + 20% off	Up to \$70
Contact Lenses-Elective	\$150 allowance	Up to \$105	\$200 allowance	Up to \$105
Eye Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Prescription Glasses: Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Prescription Glasses: Frames	Every 24 months	Every 24 months	Every 12 months	Every 12 months
Contact Lenses	Every 12 months in lieu of glasses	Every 12 months in lieu of glasses	Every 12 months in lieu of glasses	Every 12 months in lieu of glasses
Other Network Discounts				
Laser Vision Correction	15% Savings	n/a	15% Savings	n/a
Prescription Glasses	20% Savings	n/a	20% Savings	n/a
Cost Analysis	2027		2027	
Employee Only	\$8.18		\$9.83	
Employee + Spouse	\$16.39		\$19.70	
Employee + Child(ren)	\$13.88		\$16.68	
Employee + Family	\$22.88		\$27.49	

Features of the MetLife Vision Plan

- MetLife uses VSP's national network of vision providers
- Greater benefits can be obtained by visiting an in-network VSP provider, which includes eye doctors and facilities

Search for a Vision Provider Online:

Go to www.metlife.com/vision, click on Find Vision Provider, and select the VSP Choice network.

Employer Paid Basic Life and AD&D

- Semi-custom options, offering flexibility for every employer to choose the Basic Life and AD&D benefit they wish
- Line of Duty benefit for Public Safety Officers is unmatched in the industry
- Consolidated billing through the Bswift Benefits Administration System

GROUP LIFE/AD&D	Ochs
Benefit Provisions	
Flat Benefit Option	\$5,000 increment to \$200k
Multiple of Salary	1 X to \$200k, 1.5 X to \$200k, 2 X to \$400k
Basic Dependent Life	\$5,000 and \$2,500
Line of Duty Benefit	100% to \$100k
Cost Analysis	
Life Rate Flat	\$0.14
Life Rate Multiple of Salary	\$0.153
AD&D Rate, per \$1,000 of Benefit	\$0.03
Dependent Life (per family unit)	\$1.72

Voluntary Life and AD&D

- Higher benefit maximums, higher Guarantee Issues amounts, and lower rates
- Guarantee Issue is available for
 - current employees and their spouse/partner during initial Open Enrollment period
 - employees and their spouse/partner during their new hire window
- All plans are portable for employees upon termination or retirement
- Consolidated billing and payroll deductions reports from the Bswift Benefits Administration System

VOLUNTARY LIFE/AD&D	Ochs- Securian Financial
Benefit Provisions	
Voluntary Life/AD&D Max Employee	\$750,000
Voluntary Life/AD&D Max Spouse	\$250,000 (does not require employee life)
Voluntary Life/AD&D Max Children	\$10k \$15k \$20k
Guarantee Issue Amt. Employee	\$200,000
Spouse:	\$30,000
Child(ren) age 14 days to 25:	\$20,000
Cost Analysis	
	Rates per \$1,000
29 and under	\$0.080
30-34	\$0.085
35-39	\$0.110
40-44	\$0.157
45-49	\$0.247
50-54	\$0.400
55-59	\$0.612
60-64	\$0.955
65-69	\$1.624
AD&D	\$0.030
Children	\$0.140

Disability Insurance

- Two plan options A and B
- Employers can choose the plan and price point that best suits their budget
- Consolidated billing from the Bswift Benefits Administration System



SHORT TERM DISABILITY	Securian Financial	Securian Financial
Benefit Provisions	Plan A	Plan B
Benefit Amount	60%	70%
Maximum Weekly Benefit	\$1,000	\$1,500
Accident Waiting Period	30 days	14 days
Sickness Waiting Period	30 days	14 days
Benefit Duration	9 weeks	11 weeks
Cost Analysis		
STD Rate, per \$10 of monthly benefit	\$0.20	\$0.38

LONG TERM DISABILITY	Securian Financial	Securian Financial
Benefit Provisions	Plan A	Plan B
Benefit Amount	60%	66.67%
Maximum Monthly Benefit	\$6,000	\$9,000
Elimination Period	90 days	90 days
Cost Analysis		
LTD Rate, per \$100 of covered payroll	\$0.36	\$0.43

Accident and Critical Illness

- Opportunity for employers to enhance their benefits program or compare plans with current offering
- Streamlined enrollment, consolidated billing and payroll deductions reporting from the Bswift Benefits Administration System

Securian Accident Plans

- Pays a cash benefit to employee for accidental injury
- 2 plan options: High and Low with different payments per claim
- \$50 wellness benefit for employee, spouse/partner, and each child

Tier	Low Plan	High Plan
	Monthly Rates	Monthly Rates
EE Only	\$4.43	\$7.62
EE + SP	\$7.24	\$12.31
EE + CH	\$10.10	\$17.15
EE + FAM	\$14.39	\$24.37

Securian Critical Illness Plan

- Pays a cash benefit to employee for defined illnesses
- Several benefit choices (\$10k - \$30k)
- Diagnosis based definitions, not treatment
- Expanded childhood conditions
- Rates vary by age and benefit option
- \$50 wellness benefit for employee, spouse/partner, and each child

Identity Theft Protection

- Opportunity for employers to enhance their benefits program by either paying for this benefit or providing it as a voluntary option
- Streamlined enrollment, consolidated billing and payroll deductions reporting from the Bswift Benefits Administration System

Our AI-powered solution covers the broad spectrum of identity theft, financial fraud, and digital security for employees and their loved ones – all in one easy-to-use app.

FINANCIAL FRAUD PROTECTION
Monitors credit, asset titles, and financial accounts for suspicious activity, one-tap credit lock, and financial tools to help keep money and assets safe.

IDENTITY THEFT PROTECTION
Get alerted to threats to personal information, online accounts, social media and more. Plus, we automatically request removal of personal info from data broker sites to protect it from thieves and spammers.

PRIVACY & DEVICE PROTECTION
Tools to manage passwords, protect devices from malware and viruses, secure public Wi-Fi connections, keep browsing activity private, and more

FAMILY SAFETY (WITH FAMILY PLANS)
Fully integrated family safety tools help parents and caregivers keep a pulse on loved ones' online safety. Inclusive family plans cover unlimited dependent minors and up to 10 additional adult loved ones with no restrictions.

SERVICES & SUPPORT
24/7 US-based customer support, white glove fraud resolution services, access on-the-go via the all-in-one Aura app, and more.

ID THEFT INSURANCE POLICY
Each adult is backed by their own separate \$5M ID theft insurance policy^ to reimburse for eligible losses and expenses resulting from ID theft.



Scan the QR or [click here](#) to watch a short product video

Monthly Premiums

Protection Plus Individual coverage	Protection Plus Family coverage
\$8.45	\$13.95