



Image © Greg Carpenter

Individual Market Benefit Tool 2019



Courtesy of:
The Washwick Agency, Inc.
Peconic Bay Business Associates
860 East Main Street, Riverhead, NY 11901
PBBA@washwick.com (631) 369-0888

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INTRODUCTION

Thank you for trusting The Washwick Agency, Inc. and Peconic Bay Business Associates with your health coverage needs. This complimentary Plan Tool includes provider lookups, networks, benefits, and rates for each carrier in the Individual Market in the State of New York. This is an informative tool only, not an advertisement or actual policy from the insurance company. Please confirm all details at the provider websites, included on Page 3, as The Washwick Agency and PBBA are not responsible for typographical errors. Policy, benefits, and rates by carrier will govern.

The Washwick Agency has been in the insurance industry for more than thirty years. Founded by Karl Washwick, ChFC, CLU, in 1979, we specialize in group and individual medical insurance, and offer business, life, home, auto, travel, and pet coverage. We are the one stop shop!

We have the knowledge and experience to direct you to the perfect coverage for your family and your lifestyle, and we'll even take care of all the paperwork!

Don't understand your deductibles or coinsurance? Wondering what your Bronze Plan's out of pocket maximum is? That's what we do! Wondering if you have too much insurance or not enough? That's what we do! Book a personalized consultation today, and we will review your current needs along with Off exchange health insurance options, need for supplemental insurance as well life insurance!

Don't have time to review and submit your own application? Prefer not to follow up for approval or denial? Let us save you the time! Don't want to call to confirm your ID number? The Washwick Team can assist you!* Applicable only with select products.

Our comprehensive service options include:

- **\$150.00** for Personalized Consultation and Needs Assessment
- **\$150.00** for Processing of Application and Enrollment
- **FREE** Application to Plan of Your Choice

See our *Consultation Agreement* and *Processing Agreement* for more information and details.

HOW TO USE THIS TOOL

1. Review Current 2019 Health Insurance offerings(off exchange only) , brief look at Supplemental options and brief life review.

Consultation is not limited to a review of Health Insurance. Health insurance in the Individual Market today leaves financial holes that our Agency wants to ensure are closed. Which will be reviewed at time of consultation. After consultation your agent can assist further in filling insurance holes. **Refund requests after completion of Consultation will NOT be granted.**

Open Enrollment for Health Insurance is for 11.1.2018- 12.15.2018 for the 1.1.2019 effective date. This is the time for Health insurance where you can enroll without needing a qualifying event. All individual Health coverage renews 1.1.2020.

Mid-Year Enrollments: Mid year you will need a qualifying event for Health Insurance enrollments and proof of loss will need to accompany consultation for medical insurance. Supplemental plans can be added at any-time throughout the year.

Coverage Type - the right hand corner will state the type of coverage.

Plan Years – will be listed in the bottom right corner of the packets. Date plan ends will be listed in the For Medical ACA plans- the plan renews January 1st of each year. You can decide in the next open Medical open enrollment to make another appointment.

2. Book your Consultation Appointment Online via website, or by phone.

You can request Consultation appointments in the office, via the telephone or via webex service (appointment over the web).

Click below blue link(s) to be directed to appointment page – Individual Consultations will require payment at the time of set up.

If you are prepared to pay via credit card, please click Individual Consultation 2019 make payment and send separately your Consultation signed form prior to appt.

If you are not prepared to make immediate payment please complete attached Consultation and payment form. Return via email or fax prior to Appointment. Schedule Appt to set up your personal time with an agent online!

- **Abigail Watrud** – Available by phone and webex: calendly.com/abigail-19
- **Joseph Graves** – Available in office, phone and webex: calendly.com/joewagency
- **Sharon Washwick or team** – Available in office, phone and webex: calendly.com/sharonwagency
- **Karl Washwick/ Team** – Available in office : calendly.com/sharonwagency

CONSULTATION form and payment confirmation is required to be returned at or Prior to meeting. ppba@washwick.com Fax 631-369-4438

Consultation will be provided at your selected time. Please be prepared to review your needs vs what is available in the market.

3. If you would prefer to go directly to the Medical Carrier:

Links and phone #'s are provided for Individual Medical insurance company to be contacted directly if you wish to not utilize the PBBA Team. You are under no obligation to purchase through the Washwick Agency for medical insurance.

4. COMMISSIONS payable to Agent:

The Agent may recommend plans that are Commissionable. The Consultation is not for the sale of insurance. You can see the Commission rates for each plan listed under the packet as well as at our website at pbba@washwick.com

5. Product Recommendation Sheet:

The Agent may/ may not offer you product recommendation sheet at time of consultation based upon your meeting. The recommendation sheet is to ensure you have an understanding of what may be offered and cost. If you prefer to have one please be sure to ask for a take home.

IMPORTANT TERMS

OOP	Out of Pocket – The yearly maximum amount you will pay on medical expenses if you utilize all in-network, pre-approved, authorized procedures. Copays, deductibles, coinsurance, and prescriptions all apply.
Deductible	The portion of services you pay in contracted amounts before coinsurance kicks in, or you reach your OOP.
Coinsurance	The insurance company pays a percentage and you pay a percentage of the contracted rate, and applies to OOP. Also abbreviated as COINS.
HMO/DMO	In-state coverage only, with national coverage solely for emergencies. Referrals required from primary.
HSA	Health Savings Account – A tax-deductible savings account set up to utilize for medical expenses. Optional addition to plans.
EPO	Exclusive Provider Organization – Generally, unless noted, you are not required to choose a primary and can see a specialist directly without requesting a referral.
PPO / DPPO	Preferred Provider Organization – Unless noted, you can choose to see an out of network physician if you have this plan design. You are required to pay up to the deductible, coinsurance, and OOP limit. Provider or Facility has the right to balance bill you.
IND PPD/Embedded	Individual Per Person Deductible – The deductible that each family member must meet until the Family Deductible, if shown, is reached.
Dependent	A person, usually a spouse or child of the policyholder, that is covered under the plan. Coverage for dependents usually covers up to the month in which they turn 26, but depends on the carrier. Notify us if you have a dependent over the age of 26.
Open Enrollment	Open Enrollment is the time in which the federal government allows anyone to enroll in a new plan or change their current benefits without having a qualifying event. The Open Enrollment period for 2018 runs from November 1, 2017 to January 31, 2018. You must submit your application in time for the requested effective date, as after January 31, 2017 you must qualify for an SEP to make any changes.
SEP	Special Enrollment Period – A period of time triggered by a Qualifying Event that allows you to enroll in new coverage or change your current plan.
Qualifying Event	Qualifying Events include: involuntary loss of employer offered coverage, change in marital status, and moving to a new coverage area. You must be able to provide proof of the Event occurring within 60 days of desired effective date. If you do not have written verification, insurance companies will be unable to enroll you until the next Open Enrollment period. Proof can include: COBRA letter showing term of coverage, employer letter showing term, proof of address change, or marriage certificate.

NETWORKS: Medical Insurance Networks have changed for 2019. Oscar offers a larger network for Small Groups in 2019, however this is **not** available to Individuals. Emblemhealth has moved to the smaller network for Individuals and is no longer the HIP Prime network. Empire has also made drastic changes to their network. The network is now the X Pathway HMO network which is much smaller than previous networks. Emblem & Empire require Referrals. None of the ACA compliant plans offer National Coverage except in the case of emergencies.

UNION Plans- NBA Medova is a Union membership offering. You must become a member of Union 947 to be able to enroll in the NBA (National Business Adocates) Medova Emerald, Ruby or Pearl plans. The Union 947 NBA plan is not on an OPEN ENROLLMENT basis and runs from 10.1.2018 – 9.30.2019. The Plan renews 10.1.2019 and all deductibles and out of pockets reset 10.1.2019. The PBBA is offering this plan however please note enrolling in the NBA through the PBBA is with the knowledge that the PBBA is not responsible for plan administration and the Carrier and Union have the sole right to make decisions regarding the plan.

CARRIER	NETWORK	PLANS	WEBSITE
Oscar	Oscar Circle	All plans	www.hioscar.com/member/nyhx/providers
Emblem Health	Select Care HMO	All plans	www.emblemhealth.com
Empire	X Pathway HMO	All plans	www.empireblue.com
Healthfirst	Healthfirst Exchange	All plans	www.healthfirst.org
Supplemental	Provided by Agent	All plans	www.pbba.com



2019 Suffolk, Nassau & City Rates – Oscar benefits and rates govern.



	#1 Classic Bronze 19	#2 Classic Silver 19	#3 Classic Gold 19	#4 Classic Platinum 19	#5 Simple Bronze 19	#6 Simple Silver 19	#7 Simple Gold 19	#8 Saver Bronze 19	#9 Backup Silver	#10 Backup Gold
Oscar Network										
Primary Care Copays	Deductible then 50%	Deductible then \$30	Deductible then \$25	\$15	Deductible then \$0	\$25 to Deductible then \$0	\$10 then Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Specialist Copays	Deductible then 50%	Deductible then \$50	Deductible then \$40	\$35	Deductible then \$0	\$50 to Deductible then \$0	\$50 to Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Oscar Center Visits	Deductible then 50%	Deductible then 50%	Deductible then 50%	\$15	\$0	\$0	\$0	Deductible	Deductible	Deductible
Teledoc/ Preventative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Room Copay	Deductible then 50%	Deductible then \$250	Deductible then \$150	Deductible then \$100	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Inpatient Surgery Facility Fee	Deductible then 50%	Deductible then \$1,500	Deductible then \$1,000	Deductible then \$500	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Urgent Care	Deductible then 50%	Deductible then \$70	Deductible then \$60	\$55	\$100 to Deductible then \$0	\$100 to Deductible then \$0	\$100 to Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Rehabilitative Services	Deductible then 50%	Deductible then \$30	Deductible then \$30	\$25	Deductible then \$0	\$50 to Deductible then \$0	\$50 to Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Outpatient Hospital Facility Fee	Deductible then 50%	Deductible then \$100	Deductible then \$100	Deductible then \$100	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Advanced Imaging	Deductible then 50%	Deductible then \$50	Deductible then \$40	Deductible then \$35	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Diagnostic Imaging	Deductible then 50%	Deductible then \$50	Deductible then \$40	Deductible then \$35	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Laboratory Procedures	Deductible then 50%	Deductible then \$50	Deductible then \$40	\$35	Deductible then \$0	\$25 to Deductible then \$0	\$25 to Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 20%
Deductible (x2 for Family)	Individual: \$4,000 Family: \$8,000	Individual: \$1,700 Family: \$3,400	Individual: \$600 Family: \$1,200	Individual: \$0 Family: \$0	Individual: \$7,900 Family: \$15,800	Individual: \$7,350 Family: \$14,700	Individual: \$4,000 Family: \$8,000	Individual: \$6,650 Family: \$13,300	Individual: \$2,500 Family: \$5,000	Individual: \$1,500 Family: \$3,000
Coinsurance (If Applicable)	50%	Copays to OOP	Copays to OOP	Copays to OOP	\$0	Copays to OOP	\$0	\$0	\$0	20%
Maximum OOP (x2 for Family)	Individual: \$7,600 Family: \$15,200	Individual: \$7,500 Family: \$15,000	Individual: \$4,000 Family: \$8,000	Individual: \$2,000 Family: \$4,000	Individual: \$7,900 Family: \$15,800	Individual: \$7,350 Family: \$14,700	Individual: \$4,000 Family: \$8,000	Individual: \$6,650 Family: \$13,300	Individual: \$5,500 Family: \$11,000	Individual: \$4,500 Family: \$9,000
Prescription Drugs	After Deductible Generic: \$10 Brand Name: \$35/\$70 Specialty: \$70	Generic: \$10 Brand Name: \$35/\$70 Specialty: \$70	Generic: \$10 Brand Name: \$35/\$70 Specialty: \$70	Generic: \$10 Brand Name: \$30/\$60 Specialty: \$60	After Deductible All: \$0	Before Deductible Generic: \$10 Brand Name: \$50 Specialty: Deductible	Before Deductible Generic: \$10 Brand Name: \$50 Specialty: Deductible	After Deductible 100%	After Deductible All: 20%	After Deductible All: 20%
2019 RATES										
Single	\$478.58	\$654.03	\$816.91	\$1019.39	\$459.55	\$566.03	\$647.57	\$451.70	\$590.44	\$744.49
Individual & Spouse	\$957.16	\$1308.06	\$1633.83	\$2038.79	\$919.09	\$1,132.06	\$1295.13	\$903.39	\$1180.88	\$1488.97
Individual & Child	\$813.58	\$1105.53	\$1388.76	\$1732.97	\$781.23	\$962.25	\$1100.86	\$767.89	\$1003.74	\$1265.63
Family	\$1363.95	\$1853.39	\$2328.21	\$2905.27	\$1309.71	\$1,613.18	\$1845.56	\$1287.34	\$1682.75	\$2121.78

We reserve the right to correct any typographical errors. The benefits described here are highlights of coverage available. The Terms, Limitations, Conditions, and Exclusions of the insurance contract certificate will govern.

Plans offered through:
 The Washwick Agency, Inc.
 Peconic Bay Business Associates
 860 East Main Street, Riverhead, NY 11901
 PBBA@washwick.com (631) 369-0888



Oscar Health Insurance
 295 Lafayette Street
 New York, NY 10012
 855-672-2788

Oscar is a 0%
 commission Carrier

All plans renew every January 1st.
 Rates valid until December 31, 2019.

<https://www.hioscar.com/individuals/ny>



2019 Long Island and City Rates - Emblem's rates and benefits govern



	#1 Standard Platinum D HMO 19 SELECT CARE NETWORK	#2 Standard Gold D HMO 19 SELECT CARE NETWORK	#3 Standard Silver D HMO 19 SELECT CARE NETWORK	#4 Standard Bronze D HMO 19 SELECT CARE NETWORK	#5 Non-Standard Gold HMO* 19 SELECT CARE NETWORK	#6 Non-Standard Silver Value HMO* 19 SELECT CARE NETWORK
Network	SELECT CARE NETWORK	SELECT CARE NETWORK	SELECT CARE NETWORK	SELECT CARE NETWORK	SELECT CARE NETWORK	SELECT CARE NETWORK
Primary Care Copay	\$15	Deductible then \$25	Deductible then \$30	Deductible then \$0	First 3 visits \$0 then \$45	First 3 visits \$0 then \$35
Specialist Copay	\$35	Deductible then \$40	Deductible then \$50	Deductible then \$0	\$65	\$70
Emergency Room Copay	\$100 (Waived if Admitted)	Deductible then \$150	Deductible then \$250	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Surgery Facility Fee	\$500	Deductible then \$1,000	Deductible then \$1,500	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Urgent Care	\$55	Deductible then \$60	Deductible then \$70	Deductible then 50% Coinsurance	\$75	Deductible then \$0
Rehabilitative Services	\$25	Deductible then \$30	Deductible then \$30	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Surgical Services	\$100	Deductible then \$100	Deductible then \$100	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Outpatient Hospital Facility Fee	\$100	Deductible then \$100	Deductible then \$100	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Advanced Imaging	\$35	Deductible then \$40	Deductible then \$50	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Diagnostic Imaging	PCP: \$15 Specialist: \$35	Deductible then PCP: \$25 Specialist: \$40	Deductible then Office: \$30 Facility: \$50	Deductible then 50% Coinsurance	\$35 Primary Office \$55 Specialist Office	Deductible then \$0
Laboratory Procedures	PCP: \$15 Specialist: \$35	Deductible then PCP: \$25 Specialist: \$40	Deductible then PCP: \$30 Specialist: \$50	Deductible then 50% Coinsurance	Deductible then \$0	Deductible then \$0
Deductible (x2 for Family)	Individual: \$0 Family: \$0	Individual: \$600 Family: \$1,200	Individual: \$1700 Family: \$3,400	Individual: \$4,000 Family: \$8,000	Individual: \$3000 Family: \$6000	Individual: \$6100 Family: \$12200
Coinsurance (If Applicable)	N/A	20%	30%	50%	30%	0%
Maximum OOP (x2 for Family)	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000	Individual: \$7500 Family: \$15000	Individual: \$7600 Family: \$15200	Individual: \$3000 Family: \$6000	Individual: \$6100 Family: \$12200
Prescription Drugs	Generic: \$10 Formulary: \$30 Non-Formulary: \$60	Generic: \$10 Brand Name: \$35 Non-Formulary: \$70	Generic: \$10 Formulary: \$35 Non-Formulary: \$70	After Deductible Generic: \$25 Formulary: \$88 Non-Formulary: \$175 to OOP	Before Deductible Generic: \$25 After Deductible Brand Name: \$35 Non-Formulary: \$70	After Deductible Generic Formulary/Brand Name/ Non-Formulary: \$0
	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates
Single	\$1,306.40 \$1,148.48	\$1079.05 \$948.61	\$899.64 \$790.89	\$682.27 \$599.80	\$849.06 \$746.43	\$665.98 \$585.47
 Couple	\$2612.80 \$2,296.96	\$2158.10 \$1897.22	\$1799.28 \$1581.78	\$1364.54 \$1199.60	\$1698.12 \$1492.86	\$1331.96 \$1170.94
 Parent & Child(ren)	\$2220.88 \$1952.42	\$1834.39 \$1612.64	\$1529.39 \$1344.51	\$1159.86 \$1019.66	\$1443.40 \$1268.93	\$1132.17 \$995.30
 Family	\$3723.24 \$3,273.17	\$3075.29 \$2703.54	\$2563.97 \$2254.04	\$1944.47 \$1709.33	\$2419.82 \$2127.33	\$1898.04 \$1668.59

We reserve the right to correct any typographical errors. The benefits described here are highlights of coverage available. The Terms, Rates, Benefits, Limitations, Conditions, and Exclusions of the insurance contract certificate will govern.

*Silver Value and Bronze Value Plans also include adult dental and adult vision coverage see benefit summary at link for Emblem.

Plans offered through:
 The Washwick Agency, Inc.
 Peconic Bay Business Associates
 860 East Main Street, Riverhead, NY 11901
 PBBA@washwick.com (631) 369-0888

EmblemHealth
 55 Water Street
 New York, NY 10041
 1-877-411-3625

All plans renew every January 1st.
 Rates valid until December 31, 2019.





MEDICAL

Please Confirm benefits and rates directly with Empire, rates from Empire govern

	#1 5500 HSA Bronze	#2 2000 Silver	#3 600 Gold	#4 0 Platinum
Network	X Pathway HMO	X Pathway HMO	X Pathway HMO	X Pathway HMO
Primary Care Copay	Deductible then Coinsurance to OOP	Deductible then \$30 to OOP	Deductible then \$25	\$15
Specialist Copay	Deductible then Coinsurance to OOP	Deductible then \$50 to OOP	Deductible then \$40	\$35
Emergency Room Copay	Deductible then Coinsurance to OOP	Deductible then \$250 to OOP	Deductible then \$150	\$100
Inpatient Surgery Facility Fee	Deductible then Coinsurance to OOP	Deductible then \$1,500 to OOP	Deductible then \$1,000	\$500
Urgent Care	Deductible then Coinsurance to OOP	Deductible then \$70 to OOP	Deductible then \$60	\$55
Rehabilitative Services	Deductible then Coinsurance to OOP	Deductible then \$30 to OOP	Deductible then \$30	\$25
Surgical Services	Deductible then Coinsurance to OOP	Deductible then \$100 to OOP	Deductible then \$100	\$100
Outpatient Hospital Facility Fee	Deductible then Coinsurance to OOP	Deductible then \$100 to OOP	Deductible then \$100	\$100
Advanced Imaging	Deductible then Coinsurance to OOP	Deductible then \$50 to OOP	Deductible then \$40	\$35
Diagnostic Imaging	Deductible then Coinsurance to OOP	Deductible then \$50 to OOP	Deductible then \$40	\$35
Laboratory Procedures	Deductible then Coinsurance to OOP	Deductible then \$50 to OOP	Deductible then \$40	\$35
Deductible (x3 for Family)	Individual: \$5,500 Family: \$11,000	Individual: \$1700 Family: \$3400	Individual: \$600 Family: \$1200	Individual: \$0 Family: \$0
Coinsurance (If Applicable)	50%	30%	10%	10%
Maximum OOP (x3 for Family)	Individual: \$6,550 Family: \$13,100	Individual: \$7500 Family: \$15000	Individual: \$7,150 Family: \$14,300	Individual: \$2,000 Family: \$4,000
Prescription Drugs	<i>After Deductible</i> Generic: \$10 Formulary: \$35 Non-Formulary/ Specialty: \$70	Generic: \$10 Brand Name: \$35 Non-Formulary: \$70	Generic: \$10 Brand Name: \$35 Non-Formulary: \$70	Generic: \$10 Brand Name: \$30 Non-Formulary: \$60
LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates
Single	\$536.35	\$724.56	\$905.55	\$1101.65 \$1376.72
Couple	\$1072.70	\$1449.12	\$1811.10	\$2203.30
Parent & Child(ren)	\$911.80	\$1231.75	\$1,539.44	\$1842.81
Family	\$1528.60	\$2065.00	\$2580.82	\$3,139.70

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PBBA@washwick.com (631) 369-0888

Empire is a 0% Commission Carrier. We do not process Empire Applications in 2019
Empire Blue
Anthem Insurance Companies, Inc.
P.O. Box 659960
San Antonio TX 78265-9146
Phone: 1-855-330-1104 / Fax: 1-800-848-2512
<https://ny.stateofhealth.ny.gov/individual/search/AnonymousPlan/searchPlans>

All plans renew every January 1st.
Rates valid until December 31, 2019.



2019 Long Island and City Rates



	#1 PLATINUM 19	#2 GOLD 19	#3 SILVER 19	#4 BRONZE 19
Annual Checkup	\$0	\$0	\$0	\$0
Primary Care Copay	\$20	\$25	\$35	Deductible then 20% COINS
Specialist Copay	\$35	\$40	\$70	Deductible then 20% COINS
Emergency Room Copay	\$250	Deductible then \$350	Deductible then \$600	Deductible then 20% COINS
Inpatient Surgery Facility Fee	\$500	\$500/day up to \$1,500	Deductible then 30% COINS	Deductible then 20% COINS
Urgent Care	\$50	\$60	\$70	Deductible then 20% COINS
Rehabilitative Services	\$35	\$40	\$70	Deductible then 20% COINS
Surgical Services	\$200	Deductible then \$300	Deductible then 40% COINS	Deductible then 20% COINS
Outpatient Hospital Facility Fee	\$200	Deductible then \$300	Deductible then 40% COINS	Deductible then 20% COINS
Dental (Preventative)	\$20	Deductible then \$25	Deductible then \$35	Deductible then 20% COINS
Dental (Routine Dental (Major))	\$20 10% coinsurance	Deductible then \$25 15% coinsurance	Deductible then \$35 40% coinsurance after deductible	Deductible then 20% COINS
Vision	\$10	\$10	\$10	Deductible then \$10
Acupuncture	\$35	\$40	\$70	Deductible then 20% COINS
Deductible (x2 for Family)	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$2,950 Family: \$5900	Individual: \$4000 Family: \$8000
Maximum OOP (x2 for Family)	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000	Individual: \$7,900 Family: \$15800	Individual: \$6,550 Family: \$13,100
Prescription Drugs	Generic: \$10 Brand Name: \$30/\$60	Generic: \$10 Brand Name: \$50/\$85	Generic: \$20 Brand Name: \$60/\$110	Deductible then 20% COINS
	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates	LI Rates City Rates
Single	\$1,130.04 \$1064.07	\$943.94 \$888.83	\$750.80 \$706.97	\$570.74 \$ 537.42
Couple	\$2,260.08 \$2,128.14	\$1887.88 \$1777.66	\$1501.60 \$1413.94	\$1141.48 \$1074.84
Parent & Child(ren)	\$1921.07 \$1808.92	\$1604.70 \$1511.01	\$1276.36 \$1201.85	\$970.26 \$ 913.61
Family	\$32220.61 \$3032.60	\$2690.23 \$2533.17	\$2,139.78 \$2014.86	\$1626.61 \$1531.65

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PBBA@washwick.com (631) 369-0888

Healthfirst is a 0% Commission Carrier.
Healthfirst
100 Church Street
New York, NY 10007
www.healthfirst.org
1-844-785-1650

All plans renew every January 1st.
Rates valid until December 31, 2019.



	#1 EMERALD OPTION HealthyChoice 1500 Medova	#2 RUBY OPTION Healthy Value 3500 Medova	#3 PEARL OPTION HealthyEssential PremiumPlus
Network	PPO Magnacare In & Out of Network Benefits	PPO Magnacare In and Out of Network Benefits	Magnacare – limited plan for healthy people.
Primary Care Copay	\$30 Copay then 100% to \$50 per visit	\$30 Copay then 100% to \$50 per visit	\$30 Copay then 100% to \$300/visit max 12 visits per year.
Specialist Copay	\$50 Copay then 100% to \$250 per visit.	\$50 Copay then 100% to \$250 per visit.	\$50 Copay then 100% to \$300/visit max 12 visits per year.
Emergency Room Copay	Copay waived if admitted. \$250 then ded & coins.	Copay waived if admitted. \$250 then ded & coins.	\$250 Copay then Coinsurance to \$1,000 visit max benefit per day
Inpatient Surgery Facility Fee	\$500 Copay then deductible & Coins.	Deductible & Coins	\$500 per day benefit up to 31 days/ year
Urgent Care	\$50 Copay then 100% to \$500 per visit.then ded & coins.	\$50 Copay then 100% to \$500 per visit then ded & coins.	\$150 Copay then 100% to \$500 per visit
Rehabilitative Services	Deductible & Coins.	Deductible & Coins	\$50 Copay then 100% to \$100 per visit 20 visits per yr
Inpatient Surgical Services	Deductible & Coins	Deductible & Coins	\$500 per day benefit up to 31 days, yr/ surgeon fees apply
Outpatient Hospital Facility Fee	Pre-cert required \$500 Copay then Ded & Coins.	Deductible & Coins	\$250 copay per visit, then 100% to \$1,000 per day 1 day per year max.
Out-Patient Hospital	\$1,000 Copay per visit then Ded & Coins.	\$1,000 Copay per visit then Ded & Coins	\$500 Copay per visit then 100% to \$1000 per day 1 day per year max.
Outpatient Lab (must use preferred vendor)	100% at preferred vendor or Ded & Coins	100% preferred vendor, otherwise Ded & Coins	100% preferred vendor. Only use preferred vendor.
Telephone Physician Appts	\$0 – no out of pocket.	\$0 Copay – no out of pocket	Included \$0 Copay
Coinsurance	20%	50%	N/A
Deductible (x2 for Family)	Individual: \$1500 Family: \$3000	Individual: \$3500 Family: \$7000	30%
Maximum OOP (x2 for Family)	Individual: \$7350 Family: \$14700	Individual: \$7350 Family: \$14,700	Not Applicable
Prescription Drugs	Generic: \$1/\$15 BN/Specialty: \$50/\$80/ 50%	Not Covered	Individual: \$3500 Family \$7000
Must be a Union Member	Single Couple Parent & Child(ren) Family	Single Couple Parent & Child(ren) Family	Generic: \$1/\$15 BN/Specialty: \$50/\$80/ 50% Single Couple Parent & Child(ren) Family
	\$730 \$1389 \$1339 \$1799	\$630 \$1189 \$1139 \$1589	\$465 \$795 \$745 \$1150

We reserve the right to correct any typographical errors. The benefits described here are highlights of coverages available. The terms, limitations, rates, benefits, conditions and exclusions of the insurance contract, union contract and certificate will govern. The PBBA is not responsible for UNION action, insurance company details. This product is commissionable to the agent at a rate of 6% of total premium per month.

36 Oswego Street
Baldwinsville, NY 13027
t: 315-828-7400 f: 631-424-2464
<http://www.nationalbusinessadvocates.com/>

The Washwick Agency, Inc.
Peconic Bay Business Associates
860 East Main Street, Riverhead, NY 11901
PBBA@washwick.com (631) 369-0888

Union 947 Benefit includes \$14,000 in Primary Subscriber Life Insurance.

6% Agent Commission per month.



REQUEST FOR APPLICATION

Do not delay! Return this Request before the deadline to avoid a lapse in coverage.

Fax to (631) 369-0618 or Email to PBBA@washwick.com

This Request can be made easily online at www.washwick.com.

Under the *More* tab choose *Request for Individual Application*.

PBBA is only offering Processing for the following medical insurance companies:

Oscar , Emblemhealth , Healthfirst. For 2019 we will not be offering processing an Empire application for clients. The PBBA processes all Supplemental plans without a Processing agreement.

I, _____, wish to enroll in _____
PRINT NAME INSURANCE COMPANY

plan # _____ / _____ with an effective date of _____ / _____ / _____.
ON CHART PLAN NAME MONTH DAY YEAR

I would like to receive my application:

Via Email _____,
EMAIL ADDRESS

OR

Via Mail _____

MAILING ADDRESS



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Please check all that apply:

I am a new client of The Washwick Agency.

I would like to take advantage of the Washwick Team Application Processing for \$150.

I plan on submitting my application directly to the insurance company. (No cost.)

I am interested in further supplemental plan options – Dental, Vision. Accident, Cancer Polices and Life Insurance.

I will be turning Medicare eligible shortly please notify me for a free appointment.

INITIALS

I understand that The Washwick Agency is not responsible for lost mail, and **I will** need to confirm that my request and application are received by The Washwick Agency by the deadline.

I understand that the Application is a courtesy and is not a guarantee of coverage or assistance. I will need to complete corresponding Application when received and return with Processing Agreement to initiate the application process for medical insurance plans.

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CONSULTATION AGREEMENT



Appointments can be made and set from our website and the following links:

- Joseph Graves: <https://calendly.com/joewagency>
- Abigail Watrud: <https://calendly.com/Abigail-19>
- Or directly on our website www.pbba.com

Fax to (631) 369-0618 Email to PBBA@washwick.com

I, _____, wish to have a full consultation with The Washwick
PRINT NAME

Agency, and have read and acknowledge agreement with the following:

- The **\$150** consultation fee is due at time of appointment, and is payable by cash, check, money order, or credit card form. Requests for Refunds or waiver of fees will not be granted after completed appointment. Consultations are not based upon a purchase of any product.
- **The Consultation includes:**
 - Needs assessment of my current insurance budget, needs and wants
 - Discussion of plans that are available to you including breakdown of out of pocket costs, copayments, and specific benefits.
 - General tutorial about health insurance including details about deductibles, coinsurances, family maximums, and more.
 - Hospital listing and review of difference in hospital networks
 - Corresponding Marketing pieces, website information and formularies from insurance companies.
 - Availability after consultation to answer questions or confirm information via email or our website at www.pbba.com. (if on telephone or in office further charges will apply)
 - Recommendation for coverages to meet current need based upon consultation discussion.
 - **I understand that the based upon need, I may be shown and offered products that are commissionable to the agent. The Commissions for individual products are listed on the pbba website as well as in the packet provided. Service charge is for consultation and is not waived in the event a purchase is made where commission will be paid to agent.**
- **The Consultation does NOT include:**
 - Assistance with completing full Application for coverage and submission to insurance company of choice.
 - The Washwick Team does not make decisions on your behalf; we are here to enable you to make an informed decision.
 - We cannot provide you with look ups and confirmation of current doctors in the network. After the one-hour consultation appointment, additional charges may be applied for support and services via phone.
 - Look up and review of prescriptions.

I confirm that I understand what services The Washwick Agency/PBBA does and does not offer, and what The Washwick Agency does or does not take care of. I understand that The Washwick Agency is not responsible for loss of coverage for nonpayment or denial for late or incomplete applications. The Washwick Agency and PBBA are not responsible for coverages not purchased or reviewed based upon Consultation. The suit of products shown are based upon availability and needs at time of Signed Consult.

 SIGNATURE

_____/_____/_____
 DATE

 EMAIL ADDRESS

 PBBA #

The Washwick Agency, Inc.
 Peconic Bay Business Associates
 860 East Main Street, Riverhead, NY 11901
PBBA@washwick.com (631) 369-0888

PAYMENT FORM



Agent: _____

I _____ Authorize the Peconic Bay Business Assoc. / Washwick Agency to take payment for the \$150 2019 Consultation in the following format:

If I do not pay the amount due within 30 days I understand there will be a \$10 late fee for each month unpaid.

No Refunds or Waiver of fee upon completion of Consultation Appointment. Requests will be denied.

CREDIT CARD

Credit Card: (please circle one) **VISA** **MASTERCARD** _____

If card is declined, I understand I will be invoiced \$15 Declined charge along with outstanding balance.

Account Number _____

Expiration Date: _____ / _____ 3 Digit Security NO: _____ (located on back of card)

Card Holder Name: _____ Exactly as printed on card.

Billing Address: _____

_____ CITY _____ ZIP _____

PHONE: () _____ - _____

SIGNATURE: _____ DATE: _____

CHECK

CHECK OR MONEY ORDER PAYMENT:

I prefer to make a payment via check or money order. I understand if my check bounces I will be invoiced for the total amount plus a returned check fee of \$50.00.

Payment via Check # _____ Amount \$ _____

Name on Account _____ Money Order# _____

SIGNATURE: _____ Date: _____

INVOICE

I PREFER to be invoiced the Processing and or Consultation fee and promise to pay within 30 days. I understand if my balance remains unpaid within 30 days the PBBA has the right to take action including a \$10 late fee for each month I have not paid leading up to Collections.

Please send my INVOICE to the following:

EMAIL _____ Full Name _____

ADDRESS: _____ Phone: _____

SIGNATURE: _____ Date: _____