

Employer
**PROGRAM
OVERVIEW**



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FREE QUOTE!**

 **trinity**[™]
MARKETING SERVICES

Welcome Aboard!

Dear Members,

As a physician and a partner in an independent medical practice myself, I realized how frustrating it was to continue to pay high rates for insurance for my family and my employees. Furthermore, the rate increases have just become unsustainable, and the carriers provide no transparency to justify the increases.

So, my team and I developed a health benefit program that not only provides transparency but also empowers you, the business owners, to help control these costs. Our level-funded health plans provide independent practices with a better way to provide health benefits to their families and employees by cutting out egregious middlemen and empowering members to make consumer driven decisions.

By pooling practices together, we can gain access to better rates for multiple coverage lines to retain and attract better employees and ultimately start controlling these healthcare and insurance costs we didn't have the ability to control before.

Please review all coverage lines throughout this booklet and reach out to us to get a quote today!

God Bless,
McCain Ashurst, MD, FACOG, MBA
Partner





Table of Contents

PSMA, Trinity Marketing and Alera Group have partnered to assist PSMA members with cost-effective healthcare solutions. Alera Group will assist PSMA members with **ALL** quoting requests, service requests and implementation requests to insure members a stellar benefits shopping experience.

1. Trinity Marketing Health Plan Overview: Pages 4-8
2. Guardian: Voluntary Dental, Vision, Short Term/Long Term Disability, Life Insurance (group paid/voluntary): Pages 9-19

If this great suite of products, hand-picked for PSMA members, is of interest to your office, please send a quote request to: AIASBU@alragroup.com

Why work with Alera Group? The benefits package you offer to your employees is a critical strategic tool. The right mix of health and wellness benefits, retirement options, employer services, executive compensation strategies, and HR technology will attract and retain the right mix of employees for your business. Miss the mark, and your employees and prospective employees may look for more value elsewhere.

We know that the right combination of benefits will look different for every organization. Our innovative strategic benefits planning process helps employers evaluate their current needs, explore new opportunities, and identify goals for the future – all while keeping their unique employees and financial realities front and center.

PROGRAM OVERVIEW



NOW PARTNERING WITH TRINITY MARKETING SERVICES TO OFFER YOU COST-EFFECTIVE HEALTHCARE SOLUTIONS!

Founded with the belief that integrity, compassion, and a commitment to service can reshape the alternative risk marketplace.

Trinity offers self-funded and level-funded solutions, allowing companies to better manage their health benefit plans and insurance risks. Our solutions are customized to each client's unique needs, providing greater flexibility and value than standard commercial policies.

MISSION

We are driven to help our clients succeed. In every interaction and with every solution, we act in our client's best interests striving to understand their needs, respecting their perspectives, and exceeding their expectations.

HEALTH PLAN FEATURES



BENEFIT MANAGEMENT

Your plan, your way. Benefit plans designed to fit your needs utilizing nationally recognized provider networks with an emphasis on quality and compassion.



COST-EFFECTIVE PHARMACY SOLUTIONS

Pricing transparency, independent pharmacy advocacy, and 100% monthly rebate pass-through designed to save costs for the employer and member.



MEDICAL MANAGEMENT

A suite of services to help members take control and share in the management of chronic medical conditions.



CONCIERGE MEMBER ADVOCACY

From finding a doctor to navigating cost-saving direct contracts and \$0 copay options, getting straight answers to members is our priority.

2023 HEALTH BENEFIT PLAN COMPARISON



MEDICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
DEDUCTIBLE	\$0/Single \$0/Family	\$1,000/Single \$2,000/Family	\$2,500/Single \$5,000/Family	\$5,000/Single \$10,000/Family	\$3,000/Single \$6,000/Family	\$5,000/Single \$10,000/Family
OUT-OF-POCKET MAXIMUM	\$2,000/Single \$4,000/Family	\$4,000/Single \$8,000/Family	\$6,000/Single \$12,000/Family	\$8,000/Single \$16,000/Family	\$6,000/Single \$12,000/Family	\$7,050/Single \$14,100/Family
PREVENTATIVE	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible
PRIMARY CARE	\$0 Copay	\$20 Copay	\$35 Copay	\$50 Copay	80% Coverage after deductible	70% Coverage after deductible
SPECIALTY CARE	\$35 Copay	\$50 Copay	\$75 Copay	\$100 Copay	80% Coverage after deductible	70% Coverage after deductible
URGENT CARE	\$50 Copay	\$75 Copay	\$100 Copay	\$100 Copay	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY ROOM	\$150 Copay	90% Coverage after \$250 Copay	80% Coverage after \$2,500/\$5,000 deductible	70% Coverage after \$5,000/\$10,000 deductible	80% Coverage after \$3,000/\$6,000 deductible	70% Coverage after \$5,000/\$10,000 deductible
INPATIENT SERVICES	100% Coverage no deductible	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
OUTPATIENT SURGERY	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible

PRESCRIPTION BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
RETAIL:						
Generic	\$0	\$0	\$0	\$0	80% Coverage after deductible	70% Coverage after deductible
Brand	\$50	\$50	\$50	\$50		
Non-Preferred	\$100	\$100	\$100	\$100		
MAIL ORDER:						
Generic	\$0	\$0	\$0	\$0	80% Coverage after deductible	70% Coverage after deductible
Brand	\$125	\$125	\$125	\$125		
Non-Preferred	\$250	\$250	\$250	\$250		
Specialty Preferred	\$250	\$250	\$250	\$250		
Specialty Non-Preferred	70% Coverage no deductible	70% Coverage no deductible	70% Coverage no deductible	70% Coverage no deductible		

Nondiscrimination Notice: Trinity Marketing Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Note: Only in-network coverages shown. This document is for comparison only and is not an official plan document. Limitations and coverage maximums apply. See the Plan Summary for each plan and Summary Plan Document for more information.

WHAT'S NEXT



1. Submit group information for proposal formulation (see Request for Information).
2. Final proposal provided.
3. After quote is accepted by group, broker will complete the Group Submission Form.
4. Open enrollment occurs and final census is submitted to Trinity along with completed Stop Loss Disclosure Form.
5. The underwriters will review the final census and determine final rates.
 - If the risk of the members on the final census is significantly different than the originally quoted census, then the group may be re-rated or declined.
6. Employer Agreement Packet will be sent to the broker for review and to the company authorized representative for electronic signature and completion.
7. Final census submitted to TPA for onboarding.
8. Execute Network Service Agreement (for certain networks like Cigna).
9. Member ID Cards generated and mailed.
10. SPD and Final Stop Loss Policy issued. Company needs to return signature page.
11. Group goes live on effective date!

REQUEST FOR INFORMATION



- **Group Name & Address**
- **SIC code**
- **Effective Date**
- **Desired Network or DirectCARE (reference-based pricing)**
- **Census in Excel/csv (must include all fields below regarding employees and their dependents)**
 - First name, last name, date of birth, gender, zip code, full address, relationship, enrollment tier, plan identifier (if multiple plans currently offered), and status
- **Number of eligible employees**
- **Number of enrolled employees**
- **Listing of COBRA eligible employees with name, coverage tier and end date for COBRA election period**
- **Current and Desired Plan Matrix(s)**
- **Latest or upcoming renewal packet from current carrier**
- **If currently self-insured:**
 - Network
 - TPA
 - PBM
 - Stop loss carrier
 - Contract basis
 - Aggregate & specific rates/factors
- **Claims data for the current and last 2 years, if available**
 - Claims Performance Dashboards
 - Cost & Utilization Reports
 - High Claimant (>\$10k)/Trigger (50%)/Profile Reports



How do I get a quote?

Contact Alera Group by calling (877) 717-0017, or emailing AIASBU@aleragroup.com.

What info do I need to provide to get a quote?

Please reference the *Request for Information (RFI)*. Keep in mind the following items are mandatory:

- Census of possible enrolled employees and their dependents
- Current plan designs
- Copy of most recent carrier renewal or invoice

What type of plan is this?

This is a level-funded, group plan and has to be offered to all eligible employees in your organization. With a level-funded plan, an employer pays the same monthly amount to cover the estimated cost for expected claims, the premium for stop-loss insurance that covers health care costs over a set dollar amount, and plan administration costs. If total claims costs are higher or lower than expected, we make adjustments at the end of the plan year in the form of a refund to the employer for lower claims or a premium increase on the stop-loss insurance renewal for higher claims.

What plan designs are offered?

Please reference the *2023 Health Benefit Plan Comparison*.

How many employees have to be on the plan to participate?

Depending on the selected network and state requirements, a minimum of 10 employees is required for the group to offer the plan. At least 50% of eligible employees must enroll to qualify.

Who is considered an eligible employee?

An eligible employee is a full-time, W-2 employee. Full-time employees work at least 30 hours a week.

Is there medical underwriting required?

Yes. Medical underwriting is required but there is no additional information needed other than the census.

Are there any pre-existing conditions exclusions?

There are no exclusions for pre-existing conditions; however, final rates may be affected.

What are the rates?

Contribution rates are determined on a group-by-group basis. Age, gender, location and the overall health of your group are all factored into the final rate that is provided.

How long does it take to receive a quote?

Quote turnaround time is 2-4 days.

How many days prior to our medical plan renewal can a quote be requested?

You may request a quote 90 days prior to renewal and no later than 30 days before renewal.

When can we start?

Your group can start on the first of any month.

When will our deductibles start over?

Your deductibles will either 1) reset on your plan year effective date or 2) on a calendar year basis, so January 1st.

How are we billed for the group medical options offered?

Your office will receive an invoice directly from Trinity Marketing Services on a monthly basis.

How does Trinity Marketing Services come up with the renewal rates?

The group's claims history and participation in health initiatives factor into the renewal rates.

What happens if we enroll in the plan and my employee enrolled count drops below 10 during the plan year?

Nothing. At renewal, if employees enrolled are under 10, Trinity Marketing Services will evaluate the existing group for renewal to see if they still qualify.



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Dental insurance

Taking care of teeth and overall health

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Find out more about your benefits.

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Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

You will receive these benefits if you meet the conditions listed in the policy.

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.



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Your coverage options



Vision insurance

Looking after your eyesight and related health issues

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

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Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



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Your coverage options



Short term disability insurance

Coverage if you're temporarily unable to work

Know your benefits

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Short term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

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Your coverage options



Long term disability insurance

Coverage for longer periods where you can't work

Know your benefits

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Long term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Sample Planholder Name

Sample Class Name

Group Number: 20Sample



Customer Service (888) 600-1600

Monday to Friday | 8am to 8:30pm ET

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Your coverage options



Life insurance

Protecting your family's financial future

Ready to enroll?

Only you know what's right for you and your family. Which is why you can choose from a range of plans to pick the best fit.

Whatever you pick, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Choose the benefits you'd like to take.

3 Follow your employer's instructions to complete the enrollment process.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.



Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.