



Media & Entertainment Plan

Executive Summary for the Members of
The Television Academy, Producers Guild, Visual Effects Society and
Association of Media & Entertainment Council.



Offered by:

Academy Benefits Insurance Agency

Riverstone Capital



Member 401(k) Plan

Benefits for 2018 - 2019

Offering Traditional 401(k) & Solo(k) Plans



Lower Plan Cost

TAG's Plans are built on an "open architecture" model. This allows us to "aggregate" multiple employer's 401(k) plans together under a single, "End to End" bundled 401(k) program. Every Employer in the plan benefits from this aggregation in the form of enhanced services and lowered cost. Employers receive services that most providers don't offer—and because the services are being offered to many at once, TAG's plan costs are the same or lower than those providers.

Lower Staff Costs

Because we provide 95% of plan administration duties, our Employers enjoy lower staff costs than employers who have other 401(k) plans.

No Fines & Penalties

Because we keep your plan consistently compliant, you will not be subject to fines and penalties resulting from IRS and DOL audits.

Fiduciary Liability Protection

Due to our industry-leading 3(16) fiduciary liability protection, your risk of loss of personal wealth resulting from fiduciary liability action is greatly reduced.



2018 - 2019 Benefits Open Enrollment

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Member Health Plan

Benefits for 2018 - 2019

Important Health Plan Eligibility Provisions

Available for Self Employed Members.

Available for Members who have employees and wish to extend coverage to those staff members.

When a Members and Staff enroll mid year a credit will be given for your prior plan deductible that has been already paid.

Plans pay a Reasonable & Allowable Fee Schedule of 150% of the Published Medicare Rates.

Approximately 5% of the hospitals do not accept the Reasonable & Allowable Charge. The Patient can incur additional costs from those Hospitals. This applies to Scheduled Hospital Stays and Scheduled Surgeries.

This **DOES NOT** apply to Emergency Services obtained in a Hospital. This **DOES NOT** apply to In-Network Physician & In-Network Ancillary Service providers.

Vision Plan

Included at No Additional Cost

A \$250 Annual Vision Benefit included with every Health enrollee:

Eye Exam, Lenses, Frames, or Contacts Lenses

Lasik Eye Surgery in Lieu of Glasses

Benefit per enrolled person per year covered at 100%

No Rollover of Unused benefits.

Benefits for 2018 - 2019

Riverstone Underwriting Requirements

Initial 12 Month Pre-Qualification Underwriting is Required

All Applicants are required to answer health history.

Members get results from Underwriting:

1st Result Approved and enroll at this time.

2nd Result is a delay of 12 months to enroll.**

Why these Rules?

Health History is required because as a group you do not have claims history to show to Riverstone Capital.

In this type of program Health Questionnaires are allowed in lieu of the Claims History.

All Members who apply for Pre-Approval can elect coverage or Waive Coverage because they are covered through another Group Health Plan. If they lose that other Group Coverage this creates one of many possible Qualifying Events that allows them to enroll outside of Open Enrollment.

If current Members do not apply during the initial Open Enrollment they will have to wait for the next open enrollment.

Members who submit a Health Questionnaire are not required to enroll.

****These Delay Rules do not apply to a “New Member” who joins after the plan is put in place. They are required to answer Health History for information purposes only.**

Benefits for 2018 - 2019

Delay Rules

No Premium payments are due during this delay.

The Delay is **not** turning someone down.

The delay allows the plan to increase reserves.

After 12 months the delays are lifted.

All Pre-Existing conditions are covered.

Newly contracted Members after the Plan is up and running are not subject to a delay.

Delay only applies to current Members.

Business Owner Members that have employees that are on payroll are encouraged to have those employees fill out health histories and get them approved because they can lose coverage they currently have in place. Qualifying event rules apply.

Member Health Plan

Benefits for 2018 - 2019



Plan Features	EPO Bronze Level 2	EPO Bronze Level 2, with H.S.A	PPO Bronze Level 1
IN NETWORK			
	OAP	OAP	OAP
Deductibles (Indiv / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$6,000
Preventive Care	No Charge	No Charge	No Charge
Primary Care Visit	\$60 After Deductible	\$60 After Deductible	\$25
Specialist Visit	\$60 After Deductible	\$60 After Deductible	\$25
Diagnostic Exam	30% After Deductible	30% After Deductible	30% After Deductible
X-Rays	30% After Deductible	30% After Deductible	30% After Deductible
Complex Images	30% After Deductible	30% After Deductible	30% After Deductible
Outpatient Procedure	30% After Deductible	30% After Deductible	\$400 Copay per Visit after Deductible
Inpatient Visit	30% After Deductible	30% After Deductible	30% after deductible
Emergency Room	\$300 Copay per Visit After Deductible	\$300 Copay per Visit After Deductible	\$500 Copay per Visit after Deductible
Urgent Care	\$60 Copay per Visit After Deductible	\$60 Copay per Visit After Deductible	\$50 Copay per Visit
RX Deductible	None	None	Included with Medical Deductible
RX Out of Pocket (Indiv / Family)	None	None	Included with Medical Out of Pocket
Pharmacy / RX (30 Day Supply)	\$15 / \$50 / \$65	\$15 / \$50 / \$65	\$25 / \$50 / \$75
Pharmacy / RX (90 Day Supply)	\$30 / \$100 / \$130	\$30 / \$100 / \$130	\$50 / \$100 / \$150
Out-of-Pocket Max (Indiv / Family)	\$6,250 / \$12,500	\$6,250 / \$12,500	\$6,600 / \$13,200
OUT OF NETWORK			
Deductibles (Indiv / Family)	Not Covered	Not Covered	\$4,000 / \$12,000
Preventive Care	Not Covered	Not Covered	50% After Deductible
Primary Care Visit	Not Covered	Not Covered	50% After Deductible
Specialist Visit	Not Covered	Not Covered	50% After Deductible
Diagnostic Exam	Not Covered	Not Covered	50% After Deductible
X-Rays	Not Covered	Not Covered	50% After Deductible
Complex Images	Not Covered	Not Covered	50% After Deductible
Outpatient Procedure	Not Covered	Not Covered	\$400 Copay per Visit after Deductible
Inpatient Visit	Not Covered	Not Covered	50% After Deductible
Emergency Room	Not Covered	Not Covered	\$500 Copay per Visit after Deductible
Urgent Care	Not Covered	Not Covered	50% After Deductible
Out-of-Pocket Max (Indiv / Family)	Not Covered	Not Covered	\$8,000 / \$24,000
Plus fees that exceed the Allowed Amounts			
MONTHLY PRICING			
Employee	\$345.40	\$341.00	\$390.50
Employee + Spouse	\$690.80	\$680.90	\$779.90
Employee + Child(ren)	\$639.10	\$630.30	\$721.60
Employee + Family	\$1,036.20	\$1,021.90	\$1,069.30

All Plans pay a Reasonable & Allowable Fee Schedule of 150% of the Published Medicare Rates. Approximately 5% of the hospitals do not accept the Reasonable & Allowable Charge. The Patient can incur additional costs from those Hospitals. This applies to Scheduled Hospital Stays and Scheduled Surgeries. This does not apply to Emergency Services obtained in a Hospital or In-Network Physician & Ancillary Services.

2018 - 2019 Benefits Open Enrollment

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Member Health Plan

Benefits for 2018 - 2019



Plan Features	PPO Gold	EPO 20	EPO 40
IN NETWORK			
	OAP	OAP	OAP
Deductibles (Indiv / Family)	\$2,000 / \$6,000	None	None
Preventive Care	No Charge	No Charge	No Charge
Primary Care Visit	\$25	\$20	\$40
Specialist Visit	\$25	\$20	\$40
Diagnostic Exam	No Charge	No Charge	\$50
X-Rays	No Charge	No Charge	\$50
Complex Images	No Charge	No Charge	\$50
Outpatient Procedure	\$200 Copay per Visit after Deductible	\$20 per visit	\$250 per visit
Inpatient Visit	\$200 Copay per day, up to three days after deductible	No Charge	\$500 per visit
Emergency Room	\$200 Copay per Visit after Deductible	\$100 per visit	\$100 per visit
Urgent Care	\$35 Copay per Visit	\$20 per visit	\$40 per visit
RX Deductible	Included in Medical Deductible	Included with Medical Deductible	Included with Medical Deductible
RX Out of Pocket (Indiv / Family)	\$1,700 / \$1,700	Included with Medical Out of Pocket	Included with Medical Out of Pocket
Pharmacy / RX (30 Day Supply)	\$25 / \$40 / \$55	\$10 / \$25 / \$40	\$15 / \$35 / \$50
Pharmacy / RX (90 Day Supply)	\$50 / \$80 / \$110	\$20 / \$50 / \$80	\$30 / \$70 / \$100
Out-of-Pocket Max (Indiv / Family)	\$4,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
OUT OF NETWORK			
Deductibles (Indiv / Family)	\$4,000 / \$12,000	Not Covered	Not Covered
Preventive Care	50% After Deductible	Not Covered	Not Covered
Primary Care Visit	50% After Deductible	Not Covered	Not Covered
Specialist Visit	50% After Deductible	Not Covered	Not Covered
Diagnostic Exam	50% After Deductible	Not Covered	Not Covered
X-Rays	50% After Deductible	Not Covered	Not Covered
Complex Images	50% After Deductible	Not Covered	Not Covered
Outpatient Procedure	\$200 Copay per Visit after Deductible	Not Covered	Not Covered
Inpatient Visit	\$200 Copay per day, up to three days after deductible	Not Covered	Not Covered
Emergency Room	\$200 Copay per Visit after Deductible	Not Covered	Not Covered
Urgent Care	50% After Deductible	Not Covered	Not Covered
Out-of-Pocket Max (Indiv / Family)	\$8,000 / \$24,000	Not Covered	Not Covered

Plus fees that exceed the Allowed Amounts

MONTHLY PRICING			
Employee	\$420.20	\$493.90	\$463.10
Employee + Spouse	\$838.20	\$986.70	\$925.10
Employee + Child(ren)	\$776.60	\$913.00	\$855.80
Employee + Family	\$1,258.40	\$1,480.60	\$1,388.20

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2018 - 2019 Benefits Open Enrollment

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Member Health Plan

Benefits for 2018 - 2019



Plan Features	PPO Gold HSA	PPO Premium	PPO Preferred
IN NETWORK	OAP	OAP	OAP
Deductibles (Indiv / Family)	\$1,350 / \$2,700	\$500 / \$1,500	\$1,000 / \$3,000
Preventive Care	No Charge	No Charge	No Charge
Primary Care Visit	\$25	\$10	\$20
Specialist Visit	\$25	\$10	\$20
Diagnostic Exam	No Charge	No Charge	No Charge
X-Rays	No Charge	No Charge	No Charge
Complex Images	No Charge	No Charge	No Charge
Outpatient Procedure	\$200 per visit after deductible	\$100 Copay per Visit after Deductible	\$150 Copay per Visit After Deductible
Inpatient Visit	\$150 per day, up to three days after deductible	\$100 per day, up to three days after deductible	\$150 Copay per day, up to three days after deductible
Emergency Room	\$200 per visit after deductible	\$100 Copay per Visit after Deductible	\$150 Copay per Visit After Deductible
Urgent Care	\$35 per visit	\$20 per Visit	\$30 per Visit
RX Deductible	Included with Medical Deductible	Included with Medical Deductible	Included with Medical Deductible
RX Out of Pocket (Indiv / Family)	Included with Medical Out of Pocket	\$5,850 / \$10,700	\$4,850 / \$7,700
Pharmacy / RX (30 Day Supply)	\$25 / \$40 / \$55	\$10 / \$20 / \$35	\$20 / \$30 / \$45
Pharmacy / RX (90 Day Supply)	\$50 / \$80 / \$110	\$20 / \$40 / \$70	\$40 / \$60 / \$90
Out-of-Pocket Max (Indiv / Family)	\$3,000 / \$6,000	\$1,000 / \$3,000	\$2,000 / \$6,000
OUT OF NETWORK			
Deductibles (Indiv / Family)	\$5,000 / \$10,000	\$1,000 / \$3,000	\$2,000 / \$6,000
Preventive Care	50% After Deductible	30% After Deductible	40% After Deductible
Primary Care Visit	50% After Deductible	30% After Deductible	40% After Deductible
Specialist Visit	50% After Deductible	30% After Deductible	40% After Deductible
Diagnostic Exam	50% After Deductible	30% After Deductible	40% After Deductible
X-Rays	50% After Deductible	30% After Deductible	40% After Deductible
Complex Images	50% After Deductible	30% After Deductible	40% After Deductible
Outpatient Procedure	\$200 per visit after deductible	\$100 Copay per Visit after Deductible	\$150 Copay per Visit After Deductible
Inpatient Visit	\$150 per day, up to three days after deductible	\$100 per day, up to three days after deductible	\$150 Copay per day, up to three days after deductible
Emergency Room	\$200 per visit after deductible	\$100 Copay per Visit after Deductible	\$150 Copay per Visit After Deductible
Urgent Care	50% After Deductible	30% After Deductible	40% After Deductible
Out-of-Pocket Max (Indiv / Family)	\$5,000 / \$10,000	\$2,000 / \$6,000	\$4,000 / \$12,000
	Plus fees that exceed the Allowed Amounts	Plus fees that exceed the Allowed Amounts	Plus fees that exceed the Allowed Amounts
MONTHLY PRICING			
Employee	\$447.70	\$473.00	\$457.60
Employee + Spouse	\$895.40	\$944.90	\$915.20
Employee + Child(ren)	\$828.30	\$874.50	\$847.00
Employee + Family	\$1,343.10	\$1,417.90	\$1,372.80

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Member Health Plan

Benefits for 2018 - 2019



Plan Features	Silver Level 1 HSA
IN NETWORK	
MultiPlan Full Network	
Deductibles (Indiv / Family)	\$3,000 / \$6,000
Preventive Care	No Charge
Primary Care Visit	No Copay After Deductible
Specialist Visit	No Copay After Deductible
Non Preventive Labs	No Copay After Deductible
Non Preventive X-Ray	No Copay After Deductible
Non Preventive Images	No Copay After Deductible
Outpatient Procedure	No Copay After Deductible
Inpatient Visit	No Copay After Deductible
Emergency Room	\$100 After Deductible
Urgent Care	No Copay After Deductible
RX Deductible	Included with Medical Deductible
RX Out of Pocket (Indiv / Family)	\$3,650 / \$7,300
Pharmacy / RX (30 Day Supply)	\$25 / \$50 / \$75 After Deductible
Pharmacy / RX (90 Day Supply)	\$50 / \$100 / \$150 After Deductible
Medical Out-of-Pocket Max (Indiv / Family)	\$3,000 / \$6,000
OUT OF NETWORK	
Deductibles (Indiv / Family)	\$6,000 / \$12,000
Preventive Care	30% After Deductible
Primary Care Visit	30% After Deductible
Specialist Visit	30% After Deductible
Laboratory Services (Non Hospital Based)	30% After Deductible
Radiology (Non Hospital Based)	30% After Deductible
Complex Images	30% After Deductible
Outpatient Procedure	30% After Deductible
Inpatient Visit	30% After Deductible
Emergency Room	\$100 After Deductible
Urgent Care	No Charge After Deductible
Medical Out-of-Pocket Max (Indiv / Family)	\$12,000 / \$24,000
<small>Plus fees that exceed the Allowed Amounts</small>	
MONTHLY PRICING	
Employee	\$404.80
Employee + Spouse	\$809.60
Employee + Child(ren)	\$749.10
Employee + Family	\$1,214.40

All Plans pay a Reasonable & Allowable Fee Schedule of 150% of the Published Medicare Rates. Approximately 5% of the hospitals do not accept the Reasonable & Allowable Charge. The Patient can incur additional costs from those Hospitals. This applies to Scheduled Hospital Stays and Scheduled Surgeries. This does not apply to Emergency Services obtained in a Hospital or In-Network Physician & Ancillary Services.

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Benefits for 2018 - 2019

Business Health Plan

For the Member who is Small Business Owner!

The Member is required to contribute for eligible Full-Time Employees who are on W-2 payroll. Eligible employees are those that work over 30 hrs per week.

Minimum Employer Contribution

\$100 per month for all eligible employees. Amount can be more than \$100 but must be the same for all employees.

The Owner Member will be billed and is required to pay the bill by bank draft monthly and payroll deduct for employee contributions.

Open Enrollment

During Open Enrollment the employee is required to be eligible on the first of the month following 60 days of employment.

New Hires

All new hires are automatically eligible after initial Open Enrollment offering. The 12 month delay does not apply to new hires. They are required to fill out health history for information purposes only.



Dental Plan Options

Plan Features	Split Value Dental	2000 Standard Dental	1500 UCR Dental	2500 UCR Dental
IN NETWORK	All Plans use the Guardian Dental Guard Network			
Deductibles (Individual / Family)	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150
Preventive	Covered 100% Deductible Waived	Covered 100% Deductible Waived	Covered 100% Deductible Waived	Covered 100% Deductible Waived
Basic Services	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Major Services	50% After Deductible	60% After Deductible	50% After Deductible	60% After Deductible
Orthodontics Adults & Children	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Orthodontics Lifetime Maximum	\$1000	\$1500	\$1000	\$2000
Dental Annual Maximum	\$1500	\$2000	\$1500	\$2500
OUT OF NETWORK				
Deductibles (Indiv / Family)	\$75/ \$225	\$50/ \$150	\$75/ \$225	\$50/ \$150
Preventive	Covered 90% Deductible NOT Waived	Covered 100% Deductible NOT Waived	Covered 100% Deductible NOT Waived	Covered 100% Deductible NOT Waived
Basic Services	50% After Deductible	80% After Deductible	70% After Deductible	80% After Deductible
Major Services	Not Covered	50% After Deductible	40% After Deductible	60% After Deductible
Orthodontics Adults & Children	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Orthodontics Lifetime Maximum	\$1000	\$1000	\$1000	\$2000
Dental Maximum	\$1000	\$2000	\$1000	\$2500
MONTHLY PRICING				
Employee	\$48.63	\$78.06	\$71.95	\$95.72
Employee + 1 Dependent	\$95.87	\$145.26	\$139.32	\$204.95
Employee + 2 or more Dependents	\$126.66	\$194.20	\$256.88	\$305.15

Member Health Plan

Benefits for 2018 - 2019

Academy Benefits Insurance Agency Riverstone Capital Group Health Plan

1. The program is a Captive ERISA Trust that is specifically set up to allow Small Business Owners who are in Trade Associations to come together to buy Health Insurance. This link leads the DOL Website it outlines this DOL Approved program: <https://www.dol.gov/general/topic/association-health-plans>
2. We have secured a fully funded and reinsured program for the Member in all 50 states with large group rates.
3. Members would be joining a much larger Riverstone Capital Captive ERISA Trust with over 92,000 families enrolled.
4. Members do get the look and feel just like their current insurance plans. Including A PPO Network, Online Services, ID Cards, Pharmacy & Mail Order RX and TelaDoc, etc.
5. This Captive ERISA Trust **does not** have the risk of a funding shortfall because Riverstone Capital accepts that risk. They are putting up the money.
6. The plan is a Private Exchange.
7. **Riverstone Capital has limited the liability for Members to just the premiums that are paid.**
8. Riverstone currently has over \$50,000,000 in annual premiums in the pool.

Member Health Plan

Benefits for 2018 - 2019

Academy Benefits Insurance Agency Riverstone Capital Group Health Plan

The terms of eligibility and covered benefits are set forth in a plan document which includes provisions similar to those found in a typical group health policy. Unless exempted, such plans create rights and obligations under the [Employee Retirement Income Security Act of 1974](#) ("ERISA").

Riverstone Capital has sought to mitigate the financial risk of self funding claims under the plan by purchasing stop loss insurance from an insurance carrier. Riverstone Capital has an A+ Rated Stop Loss Carrier, Berkley Life & Health.

These policies typically provide for risk retention limitations on a specific claims basis. Any claim over \$150,000 is paid by Berkley Life & Health.

An important aspect of self funded group health plans lies in the requirement that the employer remain liable for funding of plan claims regardless of the purchase of stop loss insurance. Riverstone Capital has accepted the liability in this contract.

The Members would not be held liable for any claims beyond the premiums they have paid.

Stop-loss policies are instrumental in establishing a "worst-case scenario" for any given year. The stop-loss plan is guaranteed and fully insured by Berkley Life & Health A+ rated by AM Best. The proposed program offers this protection for the Riverstone Capital Group and therefore is not a potential liability for the Members.

Historically self-funding has been most effective for large corporations and Fortune 500 companies with over 1,000 employees but with the rising cost of healthcare over the past ten years at a rate of close to 10%, self-funding has become an option for smaller employers. It is now estimated that the average self-funded plan covers 300-400 employees and that 59% of companies within the U.S. self-fund part of their healthcare plan. The Riverstone Capital program contains over 92,000 employees and families.

Member Health Plan

Benefits for 2018 - 2019

Academy Benefits Insurance Agency Riverstone Capital Group Health Plan

Riverstone Capital has a contract with Sandstech (S&S), a third party administrator (TPA) for assistance in claims adjudication. TPA's provide these and other services, such as access to the PPO(Preferred Provider Networks), prescription drug card programs, utilization review and the stop loss insurance market. These services are provided in the agreement with Riverstone Capital.

As health care costs continue to rise more employers, will look to alternative ways to finance their healthcare plans. Healthy employees are the premise for the Riverstone Capital Health Plan and in all plans offered in the Health Insurance industry. The healthy enrollee will assist in setting up greater reserves for future claims.

Conclusion

The Riverstone Plan is a long term solution for your Group. Your Members will have set rates, set benefits and the luxury of having only being required to pay the premiums that are due and none of the potential liability from a self insured medical plan.

We will be offering Medical, 401k, Dental and Vision in a Ala Carte menu so that the package allows enrollment into the plans that fit each participants needs.

Members that have employees and wish to offer this program to their staff can do so and that business will be billed directly for the staff employees.

All Plans pay Reasonable Fee Schedule of 150% of the Medicare Allowed Fee Schedule. Some hospitals do not accept this fee schedule. The Patient can incur additional costs from those Hospitals. This applies to Scheduled Hospital Stays and Scheduled Surgeries. This does not apply to Emergency Services obtained in a Hospital

Member Health Plan

Benefits for 2018 - 2019

Plan Partners

Plan Manager

Riverstone Capital

Plan Administrator

Academy Benefits Insurance Agency, LLC.

Third Party Administrator

S&S- Sandstech

Reinsurance Company

Berkley Life and Health Insurance Company- A+ Rated by AM Best

PPO Networks

Cigna Life & Health Large Group National Network

PHCS Multi-Plan

RX Plan

WellDyne RX (Cigna)

Premiums- Where does the money go?

A: 50% to Claims Fund

B: 30% to cover Admin, reinsurance, etc.

C: 20% to Reserves

Liability for Claims

Riverstone Capital is 100% liable for all claims to be paid.

Premiums paid by enrollees are the maximum liability for the enrollee.

Riverstone Capital is an independent company and not an affiliate of Cigna

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