



2025-26

TRIAD Health Insurance Programs for:

- Individual/Family
- Groups of 2+ employees



Simple. Savings.

Key advantages of the fully-funded TRIAD program include:



ONE PREDICTABLE MONTHLY PAYMENT

Your monthly payment is determined upfront and guaranteed not to increase until plan renewal each year. (Changes in membership, additions and deletions may impact your total bill.) Your payment fully funds the benefit you've selected. The TRIAD program brings economies of scale and cost efficiencies typically only found with large, self-funded programs to the fastest growing, small- to mid-size business segment.



PLAN ADMINISTRATION AND ACCOUNT MANAGEMENT

Payments of claims, customer service and reporting are all done for you, leaving you to focus on more important tasks. TRIAD maintains a self-funded model designed to aggregate companies like a "Cooperative."



QUALITY BENEFITS

This employer-established benefit plan meets the "minimum essential coverage" requirements. Preventative services are paid at 100% when received from in-network providers, as recommended by the Affordable Care Act (ACA).

TERMINAL LIABILITY COVERAGE:

Provides added protection for claims that come in for 24 months after the end of the plan year – and is included with most plan selections.

Medical Insurance Solutions for Your Company

Do you have a small business with 1-9 employees, but aren't sure how many are interested in coverage?

Self-Employed or Individual/Family:

Many small employers find it difficult to maintain membership with a very small (micro) group. This program allows Individual/Family enrollment via an on-line application link without the need to have additional plan participants. The application link may be found on the last page of this brochure.

2-9 Members Group Application Process:

Your insurance broker will provide an application with PHQ (personal health questions) to distribute to each Employee/Family to complete. Once complete applications are received, quotes will typically be sent by email within 2-3 business days.

Do you have a small business with 10+ employees and already have a group benefit program?

Group 10+:

In addition to Individual/Family programs, Group programs are available to companies with 10 or more employees. TRIAD offers 12 benefit programs, including two HSA (health savings account) options, and two provider network options.

10+ Group Application process:

The process is paperless. Your insurance broker will request information, including your company name, address and Tax ID, along with a census of your employees and each of their dependents requesting coverage, including:

- Name (first and last)
- Gender
- Date of birth
- Coverage sought: Employee-Only or Employee with Dependents



Two Network Options Available

PHCS / RBP-HST (United Health)

Facility-Open Network, All Providers paid as In-Network (includes in- and out-patient, imaging, labs, durable medical equipment and physical therapy).

Physician-Multiplan PHCS Physicians & Ancillary. Administered by Select Administrative Services (SAS).

Find a Provider by calling: 877-952-7427, or going to [MultiPlan Provider Directory](#), and following these steps:

1. Select "Find a Provider" at the top of the Multiplan homepage
2. On the next page, click "Select Network"
3. Select "PHCS" on the window that opens
4. Select "Practitioners & Ancillary"
5. Enter your facility/practitioner and desired ZIP
6. Find your provider

CIGNA PPO (National Network)

Facility/Physician-In-network Cigna PPO (out-of-network benefit limitations may apply that include higher out-of-pocket costs to members and excess billing by non-contracted provider). Administered by Acuity.

Find a Provider by going to [Cigna Find a Doctor or Facility](#), and following these steps:

1. Follow the link at the top of the page, or go to "Find a Doctor" at the top of the Cigna homepage
2. Select "Employer or School"
3. Enter your address or ZIP code and select how you would like to search for provider
4. Select "Continue as guest"
5. Select the PPO network
6. Find your provider



Health Plan Comparison

BENEFIT SUMMARY	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC
PPO NATIONAL NETWORK	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out
Individual Max Out-of-Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out
Family Max Out-of-Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out
Preventive Care	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum
Chiropractic Care Co-Pay	\$20	\$20	\$20
Primary Care Visit Co-Pay	\$30	\$30	\$45
Specialist Care Visit Co-pay	\$60	\$60	\$90
Non-Network Primary & Specialist	Plan pays 60% after non-network deductible		
Laboratory & Diagnostic Services			
Facility	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Radiology Services			
Facility (CT/PET/MRI/MRA/SPECT)	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Free Standing Facility (x-ray & lab only)	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply
Facility & Professional Services			
Emergency Room - Professional Fee	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Emergency Room – Facility	80%* of plan allowable Deductible does not apply	80%* of plan allowable Deductible does not apply	80%* of plan allowable Deductible does not apply
Inpatient Hospital - Physician Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Inpatient – Facility	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply
Outpatient – Physician	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Outpatient Hospital – Facility	80%* of plan allowable Deductible does not apply	80%* of plan allowable Deductible does not apply	80%* of plan allowable Deductible does not apply
Urgent Care Co-Pay	\$80	\$80	\$90
Prescription Drug Benefit – Pro Act National Rx 877-635-9545 **Non participating pharmacies are not covered**			
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay
Preferred Brand	Retail: \$45 co-pay	Retail: \$45 co-pay	Retail: \$65 co-pay
Non-Preferred Brand	Retail: \$85 co-pay	Retail: \$85 co-pay	Retail: \$100 co-pay
Specialty	Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network)		

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowable and out of pocket maximums. * Once the client pays their Calendar Year Out of Pocket Maximum, the plan will pay 100%.

Health Plan Comparison

BENEFIT SUMMARY	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN
Individual Deductible	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out	\$5,000 In / \$10,000 Out
Family Deductible	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out	\$10,000 In / \$20,000 Out
Individual Max Out-of-Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$6,550 In / \$13,100 Out
Family Max Out-of-Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$13,100 In / \$40,000 Out
Preventive Care	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum
Chiropractic Care Co-Pay	\$20	\$20	Plan pays 80%* (After Deductible)
Primary Care Visit Co-Pay	\$45	\$50	Plan pays 80%* (After Deductible)
Specialist Care Visit Co-pay	\$90	\$100	Plan pays 80%* (After Deductible)
Non-Network Primary & Specialist	Plan pays 60% after non-network deductible		Plan Pays 50% after non-network deductible
Laboratory & Diagnostic Services			
Facility	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80%* (After Deductible)
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan pays 80%* (After Deductible)
Radiology Services			
Facility (CT/PET/MRI/MRA/SPECT)	Plan pays 80%* Deductible does not apply	Plan pays 100% Deductible does not apply	Plan Pays 80%* (After Deductible)
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Free Standing Facility (x-ray & lab only)	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80%* (After Deductible)
Facility & Professional Services			
Emergency Room - Professional Fee	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Emergency Room – Facility	80%* of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan Pays 80%* (After Deductible)
Inpatient Hospital - Physician Fees	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Inpatient – Facility	80%* of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan Pays 80%* (After Deductible)
Outpatient – Physician	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan pays 80%* (After Deductible)
Outpatient Hospital – Facility	80%* of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan Pays 80%* (After Deductible)
Urgent Care Co-Pay	\$90	\$100	Plan Pays 80%* (After Deductible)
Prescription Drug Benefit – Pro Act National Rx 877-635-9545 **Non participating pharmacies are not covered**			
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay (after deductible)
Preferred Brand	Retail: \$65 co-pay	Retail: \$65 co-pay	Retail: \$65 co-pay (after deductible)
Non-Preferred Brand	Retail: \$100 co-pay	Retail: \$100 co-pay	Retail: \$100 co-pay (after deductible)
Specialty	Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network)		

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowable and out of pocket maximums. * Once the client pays their Calendar Year Out of Pocket Maximum, the plan will pay 100%.



Your Company. Your Plan.

We provide flexible options to help you select the plan features that will benefit you and/or your employees the most.

- Deductible options range from \$1,500 to \$7,350
- 80%/20% & 100% Co-insurance
- Multiple office-visit co-pay options
- Chiropractor office-visit \$20 co-pay, 20 visits pre-approved
- Health Savings Account (HSA) option
- Access to large, national networks, with discounts for using in-network providers
- Unlimited \$0 cost Tele-medicine: A convenient and valuable tele-health service that is easy to use and saves money for our members
- 100% Preventive care coverage as required by the Affordable Care Act (ACA)
- Doctor, Specialist and Urgent-Care copays
- X-ray and lab benefits
- Benefits are ACA-compliant and eligible for tax deductibility (consult your tax planner)



TRIAD Health

For additional
information contact
your Health Insurance
Broker using the
contact information
listed below.



Mark Ritchie

RMFS Benefit & Insurance Solutions, LLC

Call: 614-214-8334

Email: mark.ritchieohio@gmail.com

[Complete individual/family online application now for a free quote.](#)