



SMR

Stone Mountain Risk



TALL TREE

ADMINISTRATORS

We're Not Happy Until You Are

Healthcare Solutions For Small Businesses



12 ACA qualified,
ERISA compliant plans



Minimum of five
employees to qualify



Level Funded,
Self-Insured



Take control of your healthcare with our friendly and accessible team who are available to answer your questions and provide you with solutions!

EXPERIENCE YOU CAN COUNT ON


TALL TREE
ADMINISTRATORS



Claims Processing
Customer Service



65+ combined years claims processing experience, combined with 25+ years creating and administering Health Plans.



Your own dedicated Account Executive, in-house customer service, and in-house processing. Our team is here for you.



Online enrollment, provider search functions, web access with claim data for providers and members.

VERSATILE PLANS

From low to no deductible or high deductible HSA plans, we have twelve different plans for you to choose from to fit your company needs.

Pick your top two, and we will do the rest.

One monthly premium includes: administration and broker fees, network access, pharmacy, runout, utilization review, reinsurance, ID cards and telemedicine.

LEVEL FUNDED

Prescriptions through Welldyne have affordable copays and coinsurance, meeting or beating other Rx plans on the market.

COMPETITIVE Rx

20% savings versus fully insured. At the end of the claims year, you get back any unused claims dollars!

SELF-INSURED

Companies must have a minimum of five employees to qualify.

Companies are written on a 12-month incurred, 18-month paid (12/18) contract.

Network options are First Health, PHCS Practitioner & Ancillary, and/or Reference-Based Pricing.

Stone Mountain Risk and its subsidiaries, International Captive Exchange and Roscommon Insurance Company, are the manager and underwriter. Lloyds of London is the reinsurer.

Final census must match the quoted census or a new quote will be required.

TRANSPARENCY IN COVERAGE

All quotes from Stone Mountain Risk include the following fees as applicable. Rates vary based on your PPO choice as well as your choice of Stop Loss coverage.

Quote			
Admin Fees	PEPM	Admin Fees	PEPM
TTA Medical Admin Fee	\$ 35.00	Onboarding	\$ 2.00
Broker Commissions	\$ 45.00	COBRA	\$ 2.00
Vendor Fees			
Utilization Review	\$ 5.50	Captive Management	\$ 15.00
Concierge: AdvPHC	\$ 5.50	Concierge: HiCard	\$ 15.00
Telemedicine	\$ 2.50	HiCard Repricing	\$ 4.00
PPO Network: Cigna	\$ 16.10	SMR	\$ 15.00
PPO Network: First Health	\$ 5.50	Legal	\$ 2.00
PPO Network: HPN	\$ 15.00		

BRONZE COVERAGE

	Bronze 403		Bronze 404 (HSA)		Bronze 405	
Minimum Essential Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Wellness and Preventive benefits required by ACA to avoid individual tax penalty.	100%	N/A	100%	N/A	100%	N/A
Minimum Value Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible Individual/Family	\$5,000 ind/\$10,000 fam	\$10,000 / \$20,000	\$6,000 ind/\$12,000 fam	\$9,000 / \$18,000	\$8,000 ind/\$16,000 fam	\$16,000 / \$32,000
Out of Pocket Maximum Individual/Family	\$8,700 ind/\$17,400 fam	\$17,400 / \$34,800	\$7,000 ind / \$14,000 fam	\$14,000 / \$28,000	\$8,700 ind/\$17,400 fam	\$17,400 / \$34,800
Coinsurance after deductible	30%	50%	30%	50%	30%	50%
Primary / Specialist / Urgent Care	\$40 / \$80 / \$60	50%/50% / \$60	30%	50%/50% / 30%	\$50 / \$120 / \$100	50%/50% / \$100
Inpatient Hospitalization	30%	50%	30%	50%	30%	50%
Outpatient Surgery	30%	50%	30%	50%	30%	50%
X-Ray / Lab	30%	50%	30%	50%	30%	50%
Emergency Room	30%	30%	30%	30%	\$500 + 30%	\$500 + 30%
Prescription Coverage	Welldyne	Non-Network	Welldyne	Non-Network	Welldyne	Non-Network
Generic Prescription Drugs	\$0	No benefit	Deductible	No benefit	\$0	No benefit
Preferred Brand Drugs	\$35 or 25%	No benefit	Ded, then 25%	No benefit	\$35 or 25%	No benefit
Non-Preferred Brand Drugs	\$75 or 45%	No benefit	Ded, then 45%	No benefit	\$75 or 45%	No benefit
*Specialty Drugs	\$200 or 30%	No benefit	Ded, then 30%	No benefit	\$200 or 30%	No benefit

If you see a non-network provider without contacting HICard first, your claim will be priced at 120 percent of the Medicare Allowable, and you may be balance billed. Prescription copay or coinsurance: patient responsibility will be the larger amount.

*Specialty drugs costing less than \$5000 for a one-month supply can be filled once. After that, all specialty drugs are referred to a patient assistance program.

SILVER COVERAGE

	Silver 302		Silver 303 (HSA)		Gold 203	
Minimum Essential Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Wellness and Preventive benefits required by ACA to avoid individual tax penalty.	100%	N/A	100%	N/A	100%	N/A
Minimum Value Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible Individual/Family	\$3,000 ind/\$6,000 fam	\$6,000 / \$12,000	\$2,000 ind/\$4,000 fam	\$4,000 / \$8,000	\$1,500 ind/\$3,000 fam	\$3,000 / \$6,000
Out of Pocket Maximum Individual/Family	\$6,000 ind/\$12,000 fam	\$12,000 / \$24,000	\$4,000 ind / \$8,000 fam	\$8,000 / \$16,000	\$3,000 ind/\$6,000 fam	\$6,000 / \$12,000
Coinsurance after deductible	20%	50%	20%	50%	20%	50%
Primary / Specialist / Urgent Care	\$35 / \$55 / \$55	50%/50% / \$55	20%	50%/50% / 20%	\$35 / \$55 / \$55	50%/50% / \$55
Inpatient Hospitalization	20%	50%	20%	50%	20%	50%
Outpatient Surgery	20%	50%	20%	50%	20%	50%
X-Ray / Lab	20%	50%	20%	50%	20%	50%
Emergency Room	\$500	\$500	20%	20%	\$500	\$500
Prescription Coverage	Welldyne	Non-Network	Welldyne	Non-Network	Welldyne	Non-Network
Generic Prescription Drugs	\$0	No benefit	Deductible	No benefit	\$0	No benefit
Preferred Brand Drugs	\$35 or 25%	No benefit	Ded, then 25%	No benefit	\$35 or 25%	No benefit
Non-Preferred Brand Drugs	\$75 or 45%	No benefit	Ded, then 45%	No benefit	\$75 or 45%	No benefit
*Specialty Drugs	\$200 or 30%	No benefit	Ded, then 30%	No benefit	\$200 or 30%	No benefit

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GOLD COVERAGE

	Gold 200		Gold 201 (HSA)		Gold 202	
Minimum Essential Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Wellness and Preventive benefits required by ACA to avoid individual tax penalty.	100%	N/A	100%	N/A	100%	N/A
Minimum Value Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible Individual/Family	\$1,000 ind/\$2,000 fam	\$2,500 / \$5,000	\$3,000 ind/\$6,000 fam	\$4,500 / \$9,000	\$3,250 ind/\$6,500 fam	\$6,500 / \$13,000
Out of Pocket Maximum Individual/Family	\$3,500 ind/\$7,000 fam	\$7,000 / \$14,000	\$3,000 ind/\$6,000 fam	\$9,000 / \$18,000	\$3,250 ind/\$6,500 fam	\$13,000 / \$26,000
Coinsurance after deductible	20%	50%	0%	50%	0%	50%
Primary / Specialist / Urgent Care	\$15 / \$40 / \$40	50%/50% / \$40	Deductible	50%/50% / Ded	\$30 / \$50 / \$50	50%/50% / \$50
Inpatient Hospitalization	20%	50%	Deductible	50%	Deductible	50%
Outpatient Surgery	20%	50%	Deductible	50%	Deductible	50%
X-Ray / Lab	20%	50%	Deductible	50%	Deductible	50%
Emergency Room	\$300	\$300	Deductible	Deductible	\$400	\$400
Prescription Coverage	Welldyne	Non-Network	Welldyne	Non-Network	Welldyne	Non-Network
Generic Prescription Drugs	\$0	No benefit	Deductible	No benefit	\$0	No benefit
Preferred Brand Drugs	\$35 or 25%	No benefit	Deductible	No benefit	\$35 or 25%	No benefit
Non-Preferred Brand Drugs	\$75 or 45%	No benefit	Deductible	No benefit	\$75 or 45%	No benefit
*Specialty Drugs	\$200 or 30%	No benefit	Deductible	No benefit	\$200 or 30%	No benefit

If you see a non-network provider without contacting HICard first, your claim will be priced at 120 percent of the Medicare Allowable, and you may be balance billed. Prescription copay or coinsurance: patient responsibility will be the larger amount.

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PLATINUM COVERAGE

	Platinum 100		Platinum 101		Platinum 102	
Minimum Essential Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Wellness and Preventive benefits required by ACA to avoid individual tax penalty.	100%	N/A	100%	N/A	100%	N/A
Minimum Value Coverage	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible Individual/Family	\$250 ind/\$500 fam	\$500 / \$1,000	\$1,250 ind/\$2,500 fam	\$2,500 / \$5,000	None	\$1,000 / \$2,000
Out of Pocket Maximum Individual/Family	\$1,250 ind/\$2,500fam	\$3,750/ \$7,500	\$1,250 ind/\$2,500 fam	\$3,750 / \$7,500	\$1,250 ind/\$2,500 fam	\$3,750 / \$7,500
Coinsurance after deductible	20%	50%	0%	50%	0%	50%
Primary / Specialist / Urgent Care	\$25 / \$45 / \$45	50%/50% /\$45	\$25 / \$45 / \$45	50%/50% /\$45	\$25 / \$45 / \$45	50%/50% /\$45
Inpatient Hospitalization	20%	50%	Deductible	50%	Deductible	50%
Outpatient Surgery	20%	50%	Deductible	50%	Deductible	50%
X-Ray / Lab	20%	50%	Deductible	50%	Deductible	50%
Emergency Room	20%	20%	\$300	\$300	\$300	\$300
Prescription Coverage	Welldyne	Non-Network	Welldyne	Non-Network	Welldyne	Non-Network
Generic Prescription Drugs	\$0	No benefit	\$0	No benefit	\$0	No benefit
Preferred Brand Drugs	\$35 or 25%	No benefit	\$35 or 25%	No benefit	\$35 or 25%	No benefit
Non-Preferred Brand Drugs	\$75 or 45%	No benefit	\$75 or 45%	No benefit	\$75 or 45%	No benefit
*Specialty Drugs	\$200 or 30%	No benefit	\$200 or 30%	No benefit	\$200 or 30%	No benefit

If you see a non-network provider without contacting HICard first, your claim will be priced at 120 percent of the Medicare Allowable, and you may be balance billed. Prescription copay or coinsurance: patient responsibility will be the larger amount.

*Specialty drugs costing less than \$5000 for a one-month supply can be filled once. After that, all specialty drugs are referred to a patient assistance program.