



EMPLOYEE Enrollment Guide

Frontline HRO

October 1, 2024 through September 30, 2025

FRONTLINE^{HRO}

effective strategies & customized coverage

CONCIERGE—Here to Serve

Concierge is proud to help you navigate the Open Enrollment process.

Our core values drive us to offer quality care.



Your health matters; that's why we offer better benefit solutions at affordable prices. Concierge is driven by our core values, to deliver cost-efficient health benefit plans, and to ensure your rights and protections. Our goal is to serve you through our timely and sincere approach to customer service, always.

WELCOME

to Your Open Enrollment!

It's time to dive into your employer's benefits for the new benefit year. Concierge is humbled to serve you with benefits that offer flexibility when and where you need it! Our various plans provide preventive care options, prescription benefits, and telemedicine care, among more.

You can make your benefit selections during Open Enrollment from October 1, 2024 to September 30, 2025.*

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MEMBERS THRIVE With Concierge TPA



How to Enroll

It's easy to get the enrollment process started. Simply visit the [member portal](#) and have the following information at hand:

Remember, our service-first promise means you'll have a clear understanding of your benefit offerings and a dedicated team here to assist you if a question does arise. You can text or call us directly at 888.820.5687 with any concerns.

What are the benefits of enrolling?

Although participation is largely voluntary, our plans empower you to choose the best path forward for your health. From screenings to vaccinations, our ACA-compliant Preventive Care Plan covers a wide range of services tailored to safeguard good health, including but not limited to the following:

- Blood pressure and cholesterol screenings
- Mental health screenings
- STI prevention counseling
- Tobacco use screenings
- Mammography screenings

Select services are covered at 100% and do not require a copayment, even if your yearly deductible hasn't yet been met.

MEDICAL Plan

The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available.

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Medical Plan(s). For complete details of each benefit, reference the Plan Document.

Concierge offers custom benefit plans, which can include Telemedicine, Prescription Discount Programs, Vision and Dental Plans, Limited Medical Plans (see Page Numbers), and Hospitalization, among other added value services.



Preventive Plan Options Rates Per Pay Period (Weekly)

Plan Options	Preventive Plus
Employee Only	\$21.12
Employee + Spouse	\$43.04
Employee + Child(ren)	\$38.42
Family	\$59.19

Preventive Plus

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	Preventive Plus
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 3 Visits Max
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
C3Rx	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay 12 Max for Retail 4 Max for Mail order
PPO Network	First Health

*Please note: There is a minimum requirement of 25 employees or 10% of eligible employees to be enrolled, whichever is greater. If there is less than the minimum number of members enrolled, the group will be billed for the difference as "ghost employees" for the administration fee plus claims reserves. Concierge reserves the right to set the claims reserves amount and adjust the reserves anytime during the plan year to maintain a correct amount to pay claims.



LIMITED MEDICAL Plans

The premium amounts listed below are based per pay period.

Limited Medical Plan Options Rates Per Pay Period (Weekly)

Plan Options	Limited Medical 200
Employee Only	\$20.19
Employee + Spouse	\$29.54
Employee + Child(ren)	\$27.23
Family	\$35.54

Limited Medical Plan

BENEFITS AND BENEFIT YEAR MAXIMUMS

Outpatient	Limited Medical 200
Telemedicine (includes phone & video calls)	\$0 Copay
Physician office visit benefit amount per day:	\$60 per day / 5 days max
<ul style="list-style-type: none"> Annual physical (wellness) benefit amount per day Urgent Care Clinic visit benefit amount per day 	\$100 per day / 1 day max \$150 per day / 1 day max
Diagnostic, X-ray, and Lab benefit amount per day:	
<ul style="list-style-type: none"> Class 1: Laboratory - blood work, CMP, lipid panel, ECG, Pap/PSA, urinalysis, and all other laboratory tests 	\$30 per day / 2 days max
<ul style="list-style-type: none"> Class 2: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram 	\$100 per day / 2 days max
<ul style="list-style-type: none"> Class 3: Imaging CT, PET 	\$100 per day / 1 day max
<ul style="list-style-type: none"> Class 4: MRI 	\$150 per day / 1 day max
Prescription	
C3Rx **Please see specific formulary list. ***For Rx questions, please call: 866-330-8780	Unlimited Rx for ACA and Acute Formulary only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay: 12 max for retail (4 max for mail in)
Inpatient	
Day 1 hospital confinement benefit amount per day	\$200 per day / 1 day max
Day 2 hospital confinement benefit amount per day	\$150 thereafter
Maximum benefit per benefit plan year	30 days per benefit plan year
Surgery benefit amount (includes maternity) per day	\$500 per day / 1 day max
Anesthesia benefit amount per day	\$125 per day / 1 day max
Other Services	
The App is a doctor and pharmacy at your finger tips! Use your digital Rx card or the Rx discount card, securely store your digital medical ID card, talk with a doctor over the phone or video call, and so much more!	Unlimited access to Board-Certified doctors by phone or mobile app 24/7, with \$0 copay

The out-patient and in-patient benefits are self-funded by the plan sponsor. Prescription benefits are administered by VerusRx. Telemedicine services are not insurance and are not provided by the Third-Party-Administrator (Concierge Administrative Services). All benefits are subject to change based on federal mandates and requirements impacting ERISA plans. The First Health, Limited Benefits Plan, or contracted PPO Network providers are required to receive in-network discounts.

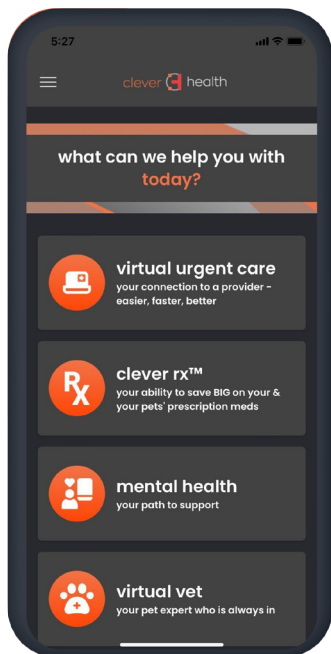


STAY CONNECTED

With The Clever Health App

Concierge members can access simplified care with Clever Health, the app built to revolutionize the member healthcare experience. The app helps members:

- Find providers
- Access telemedicine services
- Contact medical professionals
- Compare prices of procedures
- Gain prescription savings



Available in the Apple App Store and Google Play Store.

Brand Dosage Form	Brand Dosage Form
ALLERGY	
Carbinoxamine 4 mg/5 mL Liquid	Diphenhydramine Hcl 50 mg Capsule
Cetirizine Hcl 10 mg Tablet	Hydroxyzine Hcl 10 mg/5 mL Solution
Cetirizine Hcl 1 mg/mL Solution	Hydroxyzine Hcl 50 mg Tablet
Cyproheptadine Hcl 2 mg/5 mL Syrup	Montelukast 10 mg Tablet
ANEMIA	
Ferrex 150 Forte Caps - Vit B12, Vit B9, Iron - Generic	
ANTIBIOTICS	
Augmentin 875-125 mg Tablet - Generic	Polytrim Ophthalmic Solution - Generic
Cephalexin 500 mg Capsule	Bactrim DS - Generic
ANTICOAGULANT	
Clopidogrel 75 mg Tablet	Warfarin 3 mg Tablet
Warfarin 1 mg Tablet	
ANTIFUNGAL	
Clotrimazole 1% Topical Cream	Ketoconazole 200 mg Tablet
ANTIVIRAL	
Acyclovir 200 mg Capsule	Famciclovir 250 mg Tablet
BLOOD PRESSURE	
Amlodipine 10 mg Tablet	Lisinopril 2.5 mg Tablet
Amlodipine 2.5 mg Tablet	Lisinopril 20 mg Tablet
Amlodipine 5 mg Tablet	Lisinopril 30 mg Tablet
Amlodipine/Benazepril 10-20 mg Capsule	Lisinopril 40 mg Tablet
Amlodipine/Benazepril 2.5-10 mg Capsule	Lisinopril 5 mg Tablet
Amlodipine/Benazepril 5-40 mg Capsule	Lisinopril/HCTZ 20-12.5 mg Tablet
Atenolol 25 mg Tablet	Lisinopril/HCTZ 20-25 mg Tablet
Atenolol 50 mg Tablet	Metoprolol Tartrate 25 mg Tablet
Carvedilol 12.5 mg Tablet	Metoprolol Tartrate 75 mg Tablet
Carvedilol 25 mg Tablet	Olmesartan Medoxomil 20 mg Tablet
Carvedilol 3.125 mg Tablet	Olmesartan Medoxomil 40 mg Tablet
Clonidine 0.1 mg Tablet	Spironolactone 25 mg Tablet
Clonidine 0.2 mg Tablet	Terazosin 10 mg Capsule
Furosemide 10 mg/mL Solution (Oral)	Terazosin 1 mg Capsule
Hydralazine 10 mg Tablet	Terazosin 2 mg Capsule
Hydralazine 25 mg Tablet	Terazosin 5 mg Capsule
Hydralazine 50 mg Tablet	Triamterene/Hydrochlorothiazide 37.5-25 mg Tablet
Hydrochlorothiazide 25 mg Tablet	Verapamil 120 mg Tablet
Hydrochlorothiazide 50 mg Tablet	Verapamil 40 mg Tablet
Lisinopril 10 mg Tablet	
CHOLESTEROL	
Atorvastatin 10 mg Tablet	Simvastatin 10 mg Tablet
Atorvastatin 20 mg Tablet	Simvastatin 20 mg Tablet
Pravastatin 10 mg Tablets	Simvastatin 40 mg Tablet
Rosuvastatin 10 mg Tablet	
COLD	
Albuterol Sulfate Syrup 2 mg/5mL 2 mg/5 mL Syrup	Amoxicillin 400 mg/5 mL Suspension
Amoxicillin 125 mg/5 mL Suspension	Amoxicillin 500 mg Capsule
Amoxicillin 200 mg/5 mL Suspension	Amoxicillin/Potassium Clav 200-28.5 mg/5mL Suspension
Amoxicillin 250 mg Capsule	Amoxicillin/Potassium Clav 400-57 mg/5mL Suspension
Amoxicillin 250 mg/5 mL Suspension	Azithromycin 250 mg Tablet

Brand Dosage Form	Brand Dosage Form
COLD	
Azithromycin 500 mg Tablet	Promethazine w/ Dextromethorphan 6.25-15 mg/5 mL Syrup
Guaifenesin 200 mg Tablet	Tessalon Perle 100 mg Capsule
Promethazine w/ Codeine 10-6.25 mg/5mL Syrup	Tessalon Perle 200 mg Capsule
COPD	
Ipratropium/Albuterol Sulfate 0.5-3 mg/3 - Sol for Nebulization	
CORTICOSTEROID	
Dexamethasone 0.5 mg Tablet	Hydrocortisone 5 mg Tablet
Dexamethasone 0.5 mg/5 mL Elixir	Medrol Dose Pack 4 mg - Generic
Hydrocortisone 2.5% Cream	Triamcinolone 0.1% Ointment
DIABETES	
Glimepiride 2 mg Tablet	Glyburide Micronized 1.5 mg Tablet
Glimepiride 4 mg Tablet	Glyburide Micronized 3 mg Tablet
Glipizide 5 mg Tablet	Metformin 1000 mg Tablet
Glipizide ER 2.5 mg Tablet	Metformin 500 mg Tablet
Glipizide ER 5 mg Tablet	Metformin ER 500 mg Tablet
Glyburide 1.25 mg Tablet	Metformin ER 750mg Tablet
DIURETIC	
Furosemide 20 mg Tablet	Torsemide 20 mg Tablet
Furosemide 40 mg Tablet	Torsemide 5 mg Tablet
Torsemide 10 mg Tablet	
GASTROINTESTINAL	
Dicyclomine 10 mg Capsule	Omeprazole 40 mg Capsule DR/EC
Dicyclomine 20 mg Tablet	Pantoprazole Sodium 20 mg Tablet DR/EC
Omeprazole 10 mg Capsule DR/EC	Pantoprazole Sodium 40 mg Tablet DR/EC
Omeprazole 20 mg Capsule DR/EC	Promethazine 6.25 mg/5 mL Syrup
GOUT	
Allopurinol 100 mg Tablet	Allopurinol 300 mg Tablet
INSOMNIA	
Doxepin 10 mg/mL Concentrate	Triazolam 0.25 mg Tablet
Trazodone 50 mg Tablet	
LAXATIVE	
Gavilyte-C Powder Solution	Lactulose 10 Gram/15 mL Solution
MEN'S HEALTH	
Cialis 10 mg Tablet - Generic	Viagra 100 mg Tablet -Generic
Cialis 20 mg Tablet - Generic	Viagra 50 mg Tablet - Generic
MENTAL HEALTH	
Alprazolam 0.5 mg Tablet	Diazepam 2 mg Tablet
Alprazolam 1 mg Tablet	Diazepam 5 mg Tablet
Bupropion 75 mg Tablet	Duloxetine 20 mg Capsule
Carbamazepine 100 mg/5 mL Suspension	Escitalopram 10 mg Tablet
Chlordiazepoxide 10 mg Capsule	Escitalopram 5 mg Tablet
Chlordiazepoxide 5 mg Capsule	Fluoxetine 20 mg Capsule
Citalopram 20 mg Tablet	Hydroxyzine Pamoate 25 mg Capsule
Citalopram 40 mg Tablet	Hydroxyzine Pamoate 50 mg Capsule
Clonazepam 0.5 mg Tablet	Imipramine 10 mg Tablet
Clonazepam 1 mg Tablet	Lamotrigine 200 mg Tablet
Clonazepam 2 mg Tablet	Lamotrigine 25 mg Tablet
Diazepam 10 mg Tablet	Levetiracetam 250 mg Tablet

Brand Dosage Form	Brand Dosage Form
MENTAL HEALTH	
Lithium Carbonate 150 mg Capsule	Nortriptyline 75 mg Capsule
Lithium Carbonate 300 mg Capsule	Paroxetine 10 mg Tablet
Lithium Carbonate 600mg Capsule	Paroxetine 20 mg Tablet
Lithium Carbonate ER 300 mg Tablet	Paroxetine 30 mg Tablet
Lorazepam 0.5 mg Tablet	Sertraline 100 mg Tablet
Lorazepam 1 mg Tablet	Sertraline 25 mg Tablet
Methadone 10 mg Tablet	Sertraline 50 mg Tablet
Nortriptyline 25 mg Capsule	
NAUSEA/VOMITING	
Meclizine Hcl 12.5 mg Tablet	Promethazine 12.5 mg Tablet
Meclizine Hcl 25 mg Tablet	Promethazine 25 mg Tablet
PAIN	
Acetaminophen w/ Codeine 120-12 mg/5mL Solution	Naproxen 220 mg Tablet
Baclofen 20 mg Tablet	Oxycodone 10 mg Tablet
Carisoprodol 350 mg Tablet	Prednisone 1 mg Tablet
Cyclobenzaprine 10 mg Tablet	Prednisone 2.5 mg Tablet
Gabapentin 100 mg Capsule	Prednisone 20 mg Tablet
Gabapentin 300 mg Capsule	Prednisone 5 mg Tablet
Ibuprofen 400 mg Tablet	Tizanidine Hcl 2 mg Tablet
Indomethacin 25 mg Capsule	Tizanidine Hcl 4 mg Tablet
Meloxicam 15 mg Tablet	Tramadol Hcl 50 mg Tablet
Meloxicam 7.5 mg Tablet	
THYROID	
Levothyroxine 175 Mcg Tablet	Levothyroxine 25 Mcg Tablet
WEIGHT LOSS	
Phendimetrazine Tartrate 35mg Tablet	
WOMEN'S HEALTH	
Alendronate Sodium 35mg Tablet	Loestrin-21 1-20 Mcg - Generic
Alyacen 1 mg/35 Mcg Tablet - Generic	Medroxyprogesterone 2.5 mg Tablet
Anastrozole 1 mg Tablet	Sprintec Tablet - Generic
Folic Acid 1 mg Tablet	Tri-Lo Marzia Tablet - Generic
Heather Tablet - Generic	Tri-Sprintec Tablet - Generic



DENTAL Plan

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive, Basic, and Major Services. The Plan applies a 90-day waiting period for Basic Services, and a 180-day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.



Plan Options	Dental—Rates Per Pay Period (Weekly)
Employee Only	\$7.15
Employee + Spouse	\$14.08
Employee + Child(ren)	\$14.08
Family	\$21.00

Dental

Dental Plan	
Benefit Year Deductible (Deductible is waived for Preventive Services)	\$50 Individual \$150 Family
Benefit Year Maximum for Preventive, Basic, and Major Procedure Categories Combined	\$1,000 per Plan Member
Dental Services	
Preventive Services	Plan Pays 100%
Deductible Applied	No
Waiting Period	No
<ul style="list-style-type: none"> Routine exams and cleanings twice per Benefit Year 	Included
<ul style="list-style-type: none"> Fluoride treatments for Dependents under age 18 twice per Benefit Year 	Included
<ul style="list-style-type: none"> Sealants up to age 16 	Included
<ul style="list-style-type: none"> One bitewing x-ray series per Benefit Year 	Included
<ul style="list-style-type: none"> One full mouth or panorex x-ray every three years 	Included
<ul style="list-style-type: none"> Palliative emergency treatment 	Included
<ul style="list-style-type: none"> Other x-rays 	Included
Basic Services	Plan Pays 80%
Deductible Applied	Yes
Waiting Period	Yes, 90 Days
<ul style="list-style-type: none"> Oral Surgery 	Included
<ul style="list-style-type: none"> Periodontics 	Included
<ul style="list-style-type: none"> Endodontics 	Included
<ul style="list-style-type: none"> Extractions 	Included
<ul style="list-style-type: none"> Recementing and repair of bridges, crowns, removal dentures, or inlays 	Included
<ul style="list-style-type: none"> Fillings 	Included
<ul style="list-style-type: none"> General Anesthesia 	Included
<ul style="list-style-type: none"> Antibiotic Drugs 	Included
<ul style="list-style-type: none"> Space maintainers for Dependents under the age of 16 to replace primary teeth 	Included
Major Services	Plan Pays 50%
Deductible Applied	Yes
Waiting Period	Yes, 180 Days
<ul style="list-style-type: none"> Gold restorations 	Included
<ul style="list-style-type: none"> Installing partials, full, or removable dentures 	Included
<ul style="list-style-type: none"> Installation of fixed bridges 	Included
<ul style="list-style-type: none"> Inlays, Onlays, Crowns (not part of a bridge) 	Included

*Please note: There is a minimum requirement of 25 employees or 10% of eligible employees to be enrolled, whichever is greater. If there is less than the minimum number of members enrolled, the group will be billed for the difference as "ghost employees" for the administration fee plus claims reserves. Concierge reserves the right to set the claims reserves amount and adjust the reserves anytime during the plan year to maintain a correct amount to pay claims.



VISION Plan

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware and other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment or that are not covered benefits of the plan, will be the plan member's responsibility.

Plan Options	Vision—Rates Per Pay Period (Weekly)
Employee Only	\$4.27
Employee + Spouse	\$8.19
Employee + Child(ren)	\$8.19
Family	\$11.65

Vision

Vision 600		Deductibles & Benefit Year Maximums
Benefit Year		TBD
Annual Deductible		None
Benefit Year Maximum Payment by the Plan		\$600 per Plan Member for combined services
Lasik Services		Not Covered by the Plan
Cosmetic Services		Not Covered by the Plan
Vision Services		
Routine Eye Examination		Plan Pays 100%
Plan Member Pays		\$25 Copay
Plan Pays		100%
Applies Annual Max		Yes
One routine exam per Benefit Year per Plan Member to include:		
<ul style="list-style-type: none"> Physician exam 		Included
<ul style="list-style-type: none"> Visual acuity test 		Included
<ul style="list-style-type: none"> Glaucoma test 		Included
<ul style="list-style-type: none"> Refraction 		Included
<ul style="list-style-type: none"> Other medically necessary testing performed in the physician's office 		Included
Hardware and Other Services		Plan Pays 100% after the 90-day waiting period
Plan Member Pays		\$0 Copay
Plan Pays		100%
Applies Annual Max		Yes
Includes:		
<ul style="list-style-type: none"> Frames 		Included
<ul style="list-style-type: none"> Single lenses 		Included
<ul style="list-style-type: none"> Bifocal lenses 		Included
<ul style="list-style-type: none"> Trifocal lenses 		Included
<ul style="list-style-type: none"> Progressive lenses 		Included
<ul style="list-style-type: none"> Lenticular lenses 		Included
<ul style="list-style-type: none"> Contacts (conventional or disposable) 		Included
<ul style="list-style-type: none"> Anti-Scratch Coating 		Included
<ul style="list-style-type: none"> Anti-Reflective Coating 		Included

*Please note: There is a minimum requirement of 25 employees or 10% of eligible employees to be enrolled, whichever is greater. If there is less than the minimum number of members enrolled, the group will be billed for the difference as "ghost employees" for the administration fee plus claims reserves. Concierge reserves the right to set the claims reserves amount and adjust the reserves anytime during the plan year to maintain a correct amount to pay claims.

FAQS — The Answers You Need!



When does Open Enrollment end?

Open enrollment is from October 1, 2024 to September 30, 2025.

What happens if I want to change my benefit plan?

<Once enrolled, you cannot make plan changes except in the event of a qualifying life event.> Please see your Human Resources Representative for information on your HIPAA Rights Notice, Explanation of Benefits (EOB), and further coverage enrollment and termination options available to you.

What do I need to know about my ID card?

You'll receive an electronic ID card from us via email or text! Once your coverage starts, you can print copies of your ID card or access them on your phone via the <variable> app.

Why did I receive an Explanation of Benefits (EOB) in the mail?

EOBs can be viewed in the app or via the web portal. An EOB is not a bill. It simply outlines the total charges for your visit and what your health plan covers.

Who do I call with more questions about my benefits or ID card?

You can text us directly at 918.876.5015 with any questions or concerns. Alternatively, you can call our team at 888.820.5687. If you're requesting information, we'll email or text you directly.

How do I find a provider?

Finding a qualified provider is simple! You can make an appointment using the Clever app.

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please reference the CHIPRA Notice from your human resource office for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are **non-creditable**. Please review the Medicare Part D Notice from your human resource office for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document is the authority. While your employer has an intention to continue to provide the benefits described herein, the employer expressly reserves the right to amend, suspend, discontinue, or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information please contact your human resource office.

Due to state and federal regulations, rates are not fixed and are subject to change.



Since 2014, Concierge has made it its mission to offer better, affordable benefit solutions to employees. Our fully customizable insurance plans, along with our dedication to service, makes us stand apart from the crowd.

CONCIERGE: Here to Serve

CONCIERGE CUSTOMER SERVICE

888-820-5687

eligibility@ctpa.com