



2025-26

X GROUP B E N E F I T S

a proposal for:

The content within is for broker-facing audiences only to be presented to the client. This information is customized for each employer. Rates are good for plans beginning by October 1, 2024. And are representative for groups without current benefits. Groups with benefits will be rated upon experience and medical questions. Misrepresenting or distributing this, or any, information contained herein is prohibited by law. The information contained herein is copywritten by XGB. © 2024 WAM

ADVANTAGES OF XGB

Self-Funded Assistance with Stop-Loss Protection

We can help you to decide which benefits, if any, should be self-funded, level funded, or fully-funded plans underwritten by Benefit Logistics Insurance Company, and we can assist you with determining the appropriate Stop-Loss protection. Traditionally, insurance companies consider premiums as a prepayment of future claims. However, sometimes companies would prefer to have better control over their funds. With self-funding benefits, this is possible, because employee claims are paid from the company's budget, instead of from the insurance company. Of course, this type of plan comes with an element of risk. If the amount of employee claims is within the company's budget, they are able to be paid, and the company will get to keep the surplus. But what if employee claims are higher than what is in the company's budget? This is where Stop-Loss comes in. It reduces this risk by referring claims over the predetermined limit to an insurance company for processing. In this case, the Stop-Loss limit is similar to a high deductible.

Lower Administration Costs

With BHPI TPA self-funded, level funding, or fully-funded plans underwritten by Benefit Logistics Insurance Company, expenses are reflected only as a percentage of claims. Clients pay for only paid claims rather than estimated premiums. There is no cash advance required, which is typically the case with other third-party administrators. On the other hand, if an insured person claims an amount that is over the Stop-Loss level, the company will not be billed, nor will there be an applicable fee (the Stop-Loss insurer will directly manage the following claims). Expenses are never charged for claims exceeding the chosen Stop-Loss level, making the competitive pricing structure of BHPI TPA advantageous over services provided by other TPAs.

Full-Service Administration

BHPI TPA is a TPA providing group benefit services to over 1,000 businesses and 100,000 employees nationwide, with over 25 years of experience in administrative capabilities. Additionally, BHPI TPA can be combined with your online payroll, human resource and time management service to eliminate errors. Employees are provided with personalized booklets that describe the insurance programs and the administrative benefits. Clients are assigned an account representative who works directly with them to resolve issues.

PLAN HIGHLIGHTS FOR BENEFIT PLANS

Employees say: “We want to be compensated fairly, a way to save for retirement, affordable health insurance, a primary care provider (PCP) who cares about me and my family, open access to specialists, Life Insurance, Telemedicine, help with deductibles and out of pocket costs, and a way to save on taxes.”

Through membership in our Benefit Logistics program, you can now offer exactly what employees want. We have created a specific employee benefit plan that contains:



A dedicated assigned Primary Care or Urgent Care physician for some plans, yet they can go to any in-network primary care or specialist physician for care.



Authorizations are required for inpatient and/or outpatient services and diagnostic tests.



Emergency services are covered anywhere, even if out of network, so you are covered while you travel!



\$0 Co-Pay for Primary Care (assigned PCP) and \$0 Telemedicine visits.



Open Access to Primary, Specialists, and Imaging Facilities with Co-Pay assistance.

****One network allowed for groups under 100 enrolled employees****

8300 HSA	MONTHLY RATES
EE (PHCS / Cigna / BCBS)	\$499.01 / \$549.01 / \$599.01
EE SP (PHCS / Cigna / BCBS)	\$859.47 / \$909.47 / \$959.47
EE CH (PHCS / Cigna / BCBS)	\$969.62 / \$1,019.62 / \$1,069.62
Family (PHCS / Cigna / BCBS)	\$1,214.63 / \$1,264.63 / \$1,314.63

3500 HSA	MONTHLY RATES
EE (PHCS / Cigna / BCBS)	\$607.10 / \$657.10 / \$707.10
EE SP (PHCS / Cigna / BCBS)	\$1,252.62 / \$1,302.62 / \$1,352.62
EE CH (PHCS / Cigna / BCBS)	\$1,125.60 / \$1,175.60 / \$1,225.6
Family (PHCS / Cigna / BCBS)	\$1,759.61 / \$1,809.61 / \$1,859.61

\$4500 COPAY	MONTHLY RATES
EE (PHCS / Cigna / BCBS)	\$649.80 / \$699.80 / \$749.80
EE SP (PHCS / Cigna / BCBS)	\$1,339.23 / \$1,389.23 / \$1,439.23
EE CH (PHCS / Cigna / BCBS)	\$1,213.73 / \$1,263.73 / \$1,313.73
Family (PHCS / Cigna / BCBS)	\$1,796.94 / \$1,846.94 / \$1,896.94

\$3500 COPAY	MONTHLY RATES
EE (PHCS / Cigna / BCBS)	\$749.90 / \$799.90 / \$849.90
EE SP (PHCS / Cigna / BCBS)	\$1,415.49 / \$1,465.49 / \$1,515.49
EE CH (PHCS / Cigna / BCBS)	\$1,379.88 / \$1,429.88 / \$1,479.88
Family (PHCS / Cigna / BCBS)	\$2,071.67 / \$2,121.67 / \$2,171.67

For **PHCS** provider search to go: <https://providersearch.multiplan.com/>
Click: PHCS Extended PPO

For **Cigna** provider search go to: www.cigna.com
Click: Find a Doctor, Zip Code, Doctor, Guest
Select: PPO, Choice Fund PPO

For **BCBS** provider search go to: www.bcbs.com

Click: Access my BCBS Benefits, Find a Doctor, In the United States, Puerto Rico and U.S. Virgin Islands, Choose Location, Type VMA for the three letter prefix.

MEDICAL PLAN BENEFIT COVERAGE (INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS COPAY/COINSURANCE/OOP)	8300 HSA (COMES WITH \$25MO ON HSA CARD!)	3500 HSA
Annual Deductible Individual (In/Out)* Family (In/Out)	\$8,300 / \$18,900 \$16,600 / \$37,800	\$3,500 / \$7,500 \$7,000 / \$15,000
Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)	\$9,450 / \$24,000 \$18,900 / \$48,000	\$7,000 / \$17,500 \$14,000 / \$35,000
Co-Insurance: Members Pays (In/Out)	0% / 50%	30% / 50%
Physician Services – Preventative Schedule of Benefits Telemedicine Office Services – Value Choice DCP/PCP Office Services – Value Choice DCP/Specialist Office Services – Family Physician Office Services – Specialist	\$0 Copay \$0 Copay \$0 Copay Deductible + 0% Deductible + 0%	\$0 Copay \$0 Copay \$20 Copay Deductible + 30% Deductible + 30%
Inpatient Hospital Services	Deductible + 0%	Deductible + 30%
Outpatient Surgery	Deductible + 0%	Deductible + 30%
Emergency Room	Deductible + 0%	Deductible + 30%
Urgent Care	Deductible + 0%	Deductible + 30%
Labs & X-Rays (Quest Diagnostics / Lab Corp)	100% of covered charges up to \$500 performed in DPC Office*	Deductible + 30%
Advanced Imaging	\$200 Copay from DPC Referral	Deductible + 30%
Pharmacy Drugs Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs	All prescriptions up to \$200 covered, above \$200 not covered. \$20 \$65 \$95 / \$200	In-Network Deductible Deductible + 30% Deductible + 30% Deductible + 30%
Employee Only (PHCS / Cigna / BCBS) Employee and Spouse (PHCS / Cigna / BCBS) Employee and Child(ren) (PHCS / Cigna / BCBS) Family (PHCS / Cigna / BCBS)	\$499.01 / \$549.01 / \$599.01 \$859.47 / \$909.47 / \$959.47 \$969.62 / \$1,019.62 / \$1,069.62 \$1,214.63 / \$1,264.63 / \$1,314.63	\$607.10 / \$657.10 / \$707.10 \$1,252.62 / \$1,302.62 / \$1,352.62 \$1,125.60 / \$1,175.60 / \$1,225.6 \$1,759.61 / \$1,809.61 / \$1,859.61

MEDICAL PLAN BENEFIT COVERAGE (INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS COPAY/COINSURANCE/OOP)	\$4500 COPAY	\$3500 COPAY
Annual Deductible Individual (In/Out) Family (In/Out)	\$4,500 / \$8,500 \$9,000 / \$17,000	\$3,500 / \$7,500 \$7,000 / \$15,000
Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)	\$8,150 / \$20,000 \$16,300 / \$40,000	\$7,350 / \$17,500 \$14,700 / \$35,000
Co-Insurance: Members Pays (In/Out)	30% / 50%	20% / 50%
Physician Services – Preventative Schedule of Benefits Telemedicine Office Services – Value Choice DCP/PCP Office Services – Value Choice DCP/Specialist Office Services – Family Physician Office Services – Specialist	\$0 Copay \$0 Copay \$20 Copay \$40 Copay \$75 Copay	\$0 Copay \$0 Copay \$20 Copay \$40 Copay \$75 Copay
Inpatient Hospital Services	Deductible + 30%	Deductible + 20%
Outpatient Surgery	Deductible + 30%	Deductible + 20%
Emergency Room	Deductible + 30%	Deductible + 20%
Urgent Care	\$90 Copay	\$90 Copay
Labs & X-Rays (Quest Diagnostics / Lab Corp)	100% of covered charges up to \$500	100% of covered charges up to \$500
Advanced Imaging	\$300 Copay	\$300 Copay
Pharmacy Drugs Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs	N/A \$20 \$65 \$95 / \$200	N/A \$20 \$65 \$95 / \$200
Employee Only (PHCS / Cigna / BCBS) Employee and Spouse (PHCS / Cigna / BCBS) Employee and Child(ren) (PHCS / Cigna / BCBS) Family (PHCS / Cigna / BCBS)	\$649.80 / \$699.80 / \$749.80 \$1,339.23 / \$1,389.23 / \$1,439.23 \$1,213.73 / \$1,263.73 / \$1,313.73 \$1,796.94 / \$1,846.94 / \$1,896.94	\$749.90 / \$799.90 / \$849.90 \$1,415.49 / \$1,465.49 / \$1,515.49 \$1,379.88 / \$1,429.88 / \$1,479.88 \$2,071.67 / \$2,121.67 / \$2,171.67

PHARMACY

COVERAGE LINE	PROVIDER	PLAN	FOR ASSISTANCE OR TO FIND PROVIDER
Pharmacy Specialty Pharmacy	ScriptClaim ServeYouRx	Pharmacy Benefit Manager Specialty Rx Manager	844-580-BHPI

VIRTUAL PRIMARY CARE

Top primary care physicians to provide personalized care through message-based and video interactions, no matter your location or circumstance.

PRODUCT HIGHLIGHTS

COMPREHENSIVE	CONVENIENT	PREVENTATIVE
An integrated care team with board-certified primary care physicians enables whole-person care with a personal touch.	Market-leading patient access means no long appointment waits or barriers to accessing care.	A proactive approach that includes risk stratification enables early intervention to improve patient experience and outcomes.



DOWNLOAD THE MEMBER APP



Member App: <https://benefithealthplan.com/>





****One network allowed for groups under 100 enrolled employees****

HSA CIGNA EPO 1650 WITH \$25/MONTH CONTRIBUTION TO HSA PLAN	MONTHLY RATES
EE	\$414.00
EE SP	\$739.00
EE CH	\$729.00
Family	\$1,009.00

CIGNA EPO 1000 DEDUCTIBLE PLAN (DED MUST BE MET PRIOR TO COPAYS)	MONTHLY RATES
EE	\$459.00
EE SP	\$779.00
EE CH	\$769.00
Family	\$1,079.00



Summary of Benefits & Coverage

\$1,000 / \$2,000 Deductible

Network Options:
Cigna EPO

*This plan is underwritten by Benefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.

Summary of Benefits & Coverage

Cigna EPO \$1,000 / \$2,000 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Professional Services	PPO In-Network Benefits
Deductible - Individual - Family	\$1,000 \$2,000
Out of Pocket – Including Deductible - Individual - Family	\$9,200 \$18,400
PCP Office Visit	\$50 Copay (After Deductible)
Specialist Office Visit (No Referral Needed)	\$50 Copay (After Deductible)
Urgent Care Office Visit	\$50 Copay (After Deductible)
Surgery Performed in the Office	See Outpatient Surgery
Chiropractic Care 12 visits per calendar year maximum	\$50 Copay (After Deductible)
Therapies: Physical, Speech, Occupational, Cardiac & Resp 16 visits per calendar year maximum combined	\$50 Copay/Visit (After Deductible)
Labs	\$25 Copay
X-rays	\$50 Copay
Diagnostic Testing/Advanced Imaging (Pre-certification required)	\$200 Copay
Telemedicine through OurLiveDoc ONLY Primary and Urgent Care, Behavioral Health Call: 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay Unlimited Visits
Emergency Services (Precertification is required within 48 hours of admission, if admitted)	Participating Provider
Emergency Room Care Please note that for a true medical emergency, any provider may be used.	\$1,000 Copay (After Deductible)
Ambulance	\$250 Copay (After Deductible)
Inpatient or Partial Hospitalization Services (Precertification Required)	Participating Provider
Inpatient Hospital Care Facility or Partial Hospitalization	\$2,500 Copay/Admission (After Deductible)

Summary of Benefits & Coverage

Cigna EPO \$1,000 / \$2,000 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Inpatient Surgical Services	\$2,500 Copay/Surgery (After Deductible)
Associated/Incidental Inpatient Services (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	\$250 Copay/Service (After Deductible)
Inpatient Skilled Nursing Facility	\$50 Copay/Day (After Deductible)
Inpatient Rehabilitation Facility	\$50 Copay/Day (After Deductible)
Hospice 30-day limit per Lifetime	\$0 Copay (After Deductible)
Organ Transplant	\$2,500 Copay/Admission (After Deductible)
Outpatient Services (Precertification Required)	Participating Provider
Outpatient Surgical Services (Outpatient Hospital, Surgery Center or Office)	\$2,500 Copay/Surgery (After Deductible)
Surgery Services (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	\$250 Copay/Service (After Deductible)
Outpatient Chemotherapy and Radiotherapy	\$250 Copay/Visit (After Deductible)
Infusion/Injection	\$250 Copay/Visit (After Deductible)
Dialysis	\$250 Copay (After Deductible)
Outpatient Labs (No Precertification Required)	\$100 Copay (After Deductible)
Preventive Services	Participating Provider
Preventive Care including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide	\$0 Copay \$0 Deductible
Maternity Services	Participating Provider
Pregnancy, Maternity - Routine Vaginal Delivery - Routine C-section Delivery - All other Maternity Service (Other maternity services included office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded Genetic testing unless medically necessary.)	\$2,500 Copay/Admission (After Deductible) \$2,500 Copay/Admission (After Deductible) 100% Covered
Other Covered Services	Participating Provider
Home Health Care Visits (Precertification Required) 10 visits per Benefit Year	\$50 Copay/Visit (After Deductible)

Summary of Benefits & Coverage

Cigna EPO \$1,000 / \$2,000 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item (After Deductible)
Diabetic Nutritional Counseling (1 visit per Plan Year)	\$0 Copay/Service (After Deductible)
Prosthetics (Precertification Required) (1 item per Benefit Plan Year)	\$50 Copay/Item (After Deductible)
Allergies - Shots - Visits/Testing	\$25 Copay (After Deductible) \$50 Copay/Visit (After Deductible)
Pharmacy – Retail	Participating Provider
Preventive Medicine Rx – Generic or Brand (See Formulary)	\$0 Copay
Generic Drugs – Urgent Care Rx (See Formulary) 30-day supply at retail pharmacies	\$0 Copay
Generic Drugs – Maintenance Rx (See Formulary) 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	\$0 Copay
Preferred Brand Name Drugs	PAP Available
Non-Preferred Brand Name Drugs	PAP Available
Specialty Drugs	PAP Available
Pharmacy – Mail Order	Participating Provider
Generic Drugs (See Formulary) 90-day supply maintenance medication	\$0 Copay
Preferred Brand Name Drugs	Patient Assistance Plans Available
Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
Specialty Drugs	Patient Assistance Plans Available



Summary of Benefits & Coverage

HSA \$1,650 / \$3,300 Deductible

Network Options:
Cigna EPO

*This plan is underwritten by Benefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.

Summary of Benefits & Coverage

Cigna EPO HSA \$1,650 / \$3,300 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Professional Services	PPO In-Network Benefits
Deductible - Individual - Family	\$1,650 \$3,300
Out of Pocket – Including Deductible - Individual - Family	\$9,200 \$18,400
PCP Office Visit	\$50 Copay (After Deductible)
Specialist Office Visit (No Referral Needed)	\$50 Copay (After Deductible)
Urgent Care Office Visit	\$50 Copay (After Deductible)
Surgery Performed in the Office	See Outpatient Surgery
Chiropractic Care 12 visits per calendar year maximum	\$50 Copay (After Deductible)
Therapies: Physical, Speech, Occupational, Cardiac & Resp 16 visits per calendar year maximum combined	\$50 Copay/Visit (After Deductible)
Labs	\$25 Copay
X-rays	\$50 Copay
Diagnostic Testing/Advanced Imaging (Pre-certification required)	\$200 Copay
Telemedicine through OurLiveDoc ONLY Primary and Urgent Care, Behavioral Health Call: 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay Unlimited Visits
Emergency Services (Precertification is required within 48 hours of admission, if admitted)	Participating Provider
Emergency Room Care Please note that for a true medical emergency, any provider may be used.	\$1,000 Copay (After Deductible)
Ambulance	\$250 Copay (After Deductible)
Inpatient or Partial Hospitalization Services (Precertification Required)	Participating Provider
Inpatient Hospital Care Facility or Partial Hospitalization	\$2,500 Copay/Admission (After Deductible)

Summary of Benefits & Coverage

Cigna EPO HSA \$1,650 / \$3,300 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Inpatient Surgical Services	\$2,500 Copay/Surgery (After Deductible)
Associated/Incidental Inpatient Services (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	\$250 Copay/Service (After Deductible)
Inpatient Skilled Nursing Facility	\$50 Copay/Day (After Deductible)
Inpatient Rehabilitation Facility	\$50 Copay/Day (After Deductible)
Hospice 30-day limit per Lifetime	\$0 Copay (After Deductible)
Organ Transplant	\$2,500 Copay/Admission (After Deductible)
Outpatient Services (Precertification Required)	Participating Provider
Outpatient Surgical Services (Outpatient Hospital, Surgery Center or Office)	\$2,500 Copay/Surgery (After Deductible)
Surgery Services (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	\$250 Copay/Service (After Deductible)
Outpatient Chemotherapy and Radiotherapy	\$250 Copay/Visit (After Deductible)
Infusion/Injection	\$250 Copay/Visit (After Deductible)
Dialysis	\$250 Copay (After Deductible)
Outpatient Labs (No Precertification Required)	\$100 Copay (After Deductible)
Preventive Services	Participating Provider
Preventive Care including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide	\$0 Copay \$0 Deductible
Maternity Services	Participating Provider
Pregnancy, Maternity - Routine Vaginal Delivery - Routine C-section Delivery - All other Maternity Service (Other maternity services included office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded Genetic testing unless medically necessary.)	\$2,500 Copay/Admission (After Deductible) \$2,500 Copay/Admission (After Deductible) 100% Covered
Other Covered Services	Participating Provider
Home Health Care Visits (Precertification Required) 10 visits per Benefit Year	\$50 Copay/Visit (After Deductible)

Summary of Benefits & Coverage

Cigna EPO HSA \$1,650 / \$3,300 Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item (After Deductible)
Diabetic Nutritional Counseling (1 visit per Plan Year)	\$0 Copay/Service (After Deductible)
Prosthetics (Precertification Required) (1 item per Benefit Plan Year)	\$50 Copay/Item (After Deductible)
Allergies - Shots - Visits/Testing	\$25 Copay (After Deductible) \$50 Copay/Visit (After Deductible)
Pharmacy – Retail	Participating Provider
Preventive Medicine Rx – Generic or Brand (See Formulary)	\$0 Copay
Generic Drugs – Urgent Care Rx (See Formulary) 30-day supply at retail pharmacies	\$0 Copay
Generic Drugs – Maintenance Rx (See Formulary) 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	\$0 Copay
Preferred Brand Name Drugs	PAP Available
Non-Preferred Brand Name Drugs	PAP Available
Specialty Drugs	PAP Available
Pharmacy – Mail Order	Participating Provider
Generic Drugs (See Formulary) 90-day supply maintenance medication	\$0 Copay
Preferred Brand Name Drugs	Patient Assistance Plans Available
Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
Specialty Drugs	Patient Assistance Plans Available



****One network allowed for groups under 100 enrolled employees****

HSA VL 1650 WITH \$25/MONTH CONTRIBUTION TO HSA PLAN	MONTHLY RATES
EE (PHCS / BCBS)	\$334.00 / \$464.00
EE SP (PHCS / BCBS)	\$639.00 / \$789.00
EE CH (PHCS / BCBS)	\$629.00 / \$779.00
Family (PHCS / BCBS)	\$889.00 / \$1,059.00

VL 1000 DEDUCTIBLE PLAN (DED MUST BE MET PRIOR TO COPAYS)	MONTHLY RATES
EE (PHCS / BCBS)	\$374.00 / \$509.00
EE SP (PHCS / BCBS)	\$679.00 / \$829.00
EE CH (PHCS / BCBS)	\$669.00 / \$819.00
Family (PHCS / BCBS)	\$959.00 / \$1,129.00



Summary of Benefits & Coverage

VL \$1,000 / \$2,000 Deductible

Network Options:
BCBS PPO or PHCS PPO

Summary of Benefits & Coverage

VL \$1,000 / \$2,000 Deductible

NETWORK		INN
Payment for Services		
In-Network Provider: The provider network is shown on your I.D. card.		
Maximum Annual Benefit		See Services Performed
Deductible (The amount the Covered Person pays each benefit year for Covered Services before the Coinsurance is payable.) - Individual - Family		\$1,000 \$2,000
Out-of-Pocket Maximum (For member accumulated deductible and copays (Individual/Family)) Out of Pocket – Maximum for services beyond the plan visit limits		\$9,200 \$18,400 Unlimited
Copays: Please note that after your deductible has been met, you will still be responsible for paying copayments for your medical services.		
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
- Annual Lab/X-Ray Tests - Annual Pap Smear/Mammogram - Cancer Screenings - Colonoscopies	- Diabetic Supply - Immunizations - Other Preventative Screenings - Precision Rx (Prescriptions)	- Telemedicine - Urgent Care and Office Visits - Well Baby Care - Wellness Visits
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
- Acupuncture - Children's Dental Check-Up - Children's Glasses	- Children's Eye Exam - Dialysis - Biofeedback Organ - Transplant Service	
Services may require preauthorization. Failure to obtain preauthorization will result in denial of benefits.		
Precertification Precertification is required for all in-hospital admissions, imagine (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. Emergencies are covered but do require authorization/certification within 48 hours.		
This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.		
The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan, and it is not to be considered a policy of insurance.		

Summary of Benefits & Coverage

VL \$1,000 / \$2,000 Deductible

NETWORK	INN
Covered Services – Illness or Injury	
Physician Office Services 10 visits per benefit year maximum is combined for PCP office visits, Specialist Office visits, and Urgent Care visits. 12 visits per benefit year maximum for Chiropractic Care. • Primary Care Physician • Specialist Office Visit • Urgent Care Visit • Spinal Manipulation Chiropractic • Surgery Performed in the Office (See Outpatient Surgery)	\$50 Copay after Deductible
Telemedicine – through OurLiveDoc ONLY Call: 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay
Emergency Services • Emergency Room Care ◦ 2-visit limit per benefit year for accident-related visits ◦ 2-visit limit per benefit year for sickness-related visits • Emergency Medical Transportation ◦ Ground/Air Ambulance: 2 per benefit year Please note that for a true medical emergency, any provider may be used.	\$250 Copay After Deductible
Diagnostic Testing/Imaging (Precertification Required) 3 per benefit year	\$200 Copay After Deductible
Labs (3 per Benefit Plan Year)	\$25 Copay
X-rays (3 per Benefit Plan Year)	\$50 Copay
Outpatient Facility Services (Precertification Required) • Infusions/Injections ◦ 10-visit limit per benefit year; maximum combined with chemotherapy/radiation • Surgical Services (Outpatient hospital, Surgery Center of Office) ◦ 3 surgeries per benefit year (includes surgeon, anesthesia and any other incurred services associated with outpatient surgery) • Outpatient Chemotherapy and Radiotherapy ◦ 10-visit limit per benefit year; maximum combined with infusion/injection drugs • Dialysis	\$100 Copay/Visit After Deductible \$250 Copay/Service After Deductible \$100 Copay/Visit After Deductible Not Covered
Inpatient Services (Precertification Required) Stays Limited To: 2 ICU hospitalizations per benefit period and 2 Non-ICU hospitalizations per benefit period. (5-day limit per ICU hospitalization, 5-day limit per Non-ICU hospitalization) Associated/Incidental Inpatient Services (Included Anesthesia, Pathology, Physician Services, and any other incurred services)	\$1,000 Copay/Admission After Deductible \$250 Copay/Service After Deductible

Summary of Benefits & Coverage

VL \$1,000 / \$2,000 Deductible

NETWORK Inpatient Services (Precertification Required)	INN
Inpatient Hospital Surgical Services, All Fees 2 surgeries per plan year	\$1,000 Copay/Surgery After Deductible
Inpatient Rehabilitation Facility 10-day limit per benefit year	\$50 Copay/Day After Deductible
Preventive Services, Preventive Care/Screening/Immunization	
• Annual Adult Physical • Adult Immunizations: Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria • Mammogram • Gynecological Services • Routine Colonoscopy • Well Child Care/Newborn Care	\$0 Copay
Other Covered Services	
Therapy 16 visits per benefit year maximum combined • Physical & Occupational Therapies • Speech Therapy • Cardiac Rehabilitation Therapy	\$50 Copay After Deductible
Pregnancy/Maternity • Routine Vaginal Delivery • Routine C-section Delivery • All Other Maternity Service (other maternity services included: office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded: Genetic testing, unless medically necessary.)	\$250 Copay After Deductible \$500 Copay After Deductible 100% Covered
Home Health Care (Precertification Required) 10-day limit per benefit year	\$50 Copay After Deductible
Hospice Care 30-day limit per lifetime	\$0 Copay After Deductible
Inpatient Skilled Nursing Facility (Precertification Required) 10-day visit limit per benefit year	\$50 Copay/Day After Deductible
Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item After Deductible
Prosthetics (Precertification Required) 1 item per benefit year	\$50 Copay/Item After Deductible
Organ Transplant	Not Covered

Summary of Benefits & Coverage

VL \$1,000 / \$2,000 Deductible

NETWORK		INN
Diabetic Nutritional Counseling 1 visit per benefit year		\$0 Copay After Deductible
Allergies • Shots (24 visits per benefit year) • Visits/Testing (2 visits per benefit year)		\$25 Copay After Deductible \$50 Copay After Deductible
Prescription Drugs		
Retail Pharmacy Copayments 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	Generic Maintenance RX	\$0 Copay
	Generic Urgently Needed Care Rx	\$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
Mail Order or Retail Pharmacy Copayments 90-day supply	Generic	\$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
RX Benefit Highlights		
Rx Company		ScriptClaims
Phone 24/7/365		1-800-970-5821
Website		https://www.script-claim.com/
Formulary		Click Here



Summary of Benefits & Coverage

HSA VL \$1,650 / \$3,300 Deductible

Network Options:
Preferred PPO's

Summary of Benefits & Coverage

VL \$1,650 / \$3,300 Deductible

NETWORK		INN
Payment for Services		
In-Network Provider: The provider network is shown on your I.D. card.		
Maximum Annual Benefit	See Services Performed	
Deductible (The amount the Covered Person pays each benefit year for Covered Services before the Coinsurance is payable.) - Individual - Family	\$1,650 \$3,300	
Out-of-Pocket Maximum (For member accumulated deductible and copays (Individual/Family)) Out of Pocket – Maximum for services beyond the plan visit limits.	\$9,200 \$18,400 Unlimited	
Copays: Please note that after your deductible has been met, you will still be responsible for paying copayments for your medical services.		
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
- Annual Lab/X-Ray Tests - Annual Pap Smear/Mammogram - Cancer Screenings - Colonoscopies	- Diabetic Supply - Immunizations - Other Preventative Screenings - Precision Rx (Prescriptions)	- Telemedicine - Urgent Care and Office Visits - Well Baby Care - Wellness Visits
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
- Acupuncture - Children's Dental Check-Up - Children's Glasses	- Children's Eye Exam - Dialysis - Biofeedback Organ - Transplant Service	
Services may require preauthorization. Failure to obtain preauthorization will result in denial of benefits.		
Precertification Precertification is required for all in-hospital admissions, imagine (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. Emergencies are covered but do require authorization/certification within 48 hours.		
This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.		
The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan, and it is not to be considered a policy of insurance.		

Summary of Benefits & Coverage

VL \$1,650 / \$3,300 Deductible

NETWORK	INN
Covered Services – Illness or Injury	
Physician Office Services 10 visits per benefit year maximum is combined for PCP office visits, Specialist Office visits, and Urgent Care visits. 12 visits per benefit year maximum for Chiropractic Care. • Primary Care Physician • Specialist Office Visit • Urgent Care Visit • Spinal Manipulation Chiropractic • Surgery Performed in the Office (See Outpatient Surgery)	\$50 Copay after Deductible
Telemedicine – through OurLiveDoc ONLY Call: 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay
Emergency Services • Emergency Room Care ◦ 2-visit limit per benefit year for accident-related visits ◦ 2-visit limit per benefit year for sickness-related visits • Emergency Medical Transportation ◦ Ground/Air Ambulance: 2 per benefit year Please note that for a true medical emergency, any provider may be used.	\$250 Copay After Deductible
Diagnostic Testing/Imaging (Precertification Required) 3 per benefit year	\$200 Copay After Deductible
Labs (3 per Benefit Plan Year)	\$25 Copay
X-rays (3 per Benefit Plan Year)	\$50 Copay
Outpatient Facility Services (Precertification Required) • Infusions/Injections ◦ 10-visit limit per benefit year; maximum combined with chemotherapy/radiation • Surgical Services (Outpatient hospital, Surgery Center of Office) ◦ 3 surgeries per benefit year (includes surgeon, anesthesia and any other incurred services associated with outpatient surgery) • Outpatient Chemotherapy and Radiotherapy ◦ 10-visit limit per benefit year; maximum combined with infusion/injection drugs • Dialysis	\$100 Copay/Visit After Deductible \$250 Copay/Service After Deductible \$100 Copay/Visit After Deductible Not Covered
Inpatient Services (Precertification Required) Stays Limited To: 2 ICU hospitalizations per benefit period and 2 Non-ICU hospitalizations per benefit period. (5-day limit per ICU hospitalization, 5-day limit per Non-ICU hospitalization) Associated/Incidental Inpatient Services (Included Anesthesia, Pathology, Physician Services, and any other incurred services)	\$1,000 Copay/Admission After Deductible \$250 Copay/Service After Deductible

Summary of Benefits & Coverage

VL \$1,650 / \$3,300 Deductible

NETWORK Inpatient Services (Precertification Required)	INN
Inpatient Hospital Surgical Services, All Fees 2 surgeries per plan year	\$1,000 Copay/Surgery After Deductible
Inpatient Rehabilitation Facility 10-day limit per benefit year	\$50 Copay/Day After Deductible
Preventive Services, Preventive Care/Screening/Immunization	
• Annual Adult Physical • Adult Immunizations: Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria • Mammogram • Gynecological Services • Routine Colonoscopy • Well Child Care/Newborn Care	\$0 Copay
Other Covered Services	
Therapy 16 visits per benefit year maximum combined • Physical & Occupational Therapies • Speech Therapy • Cardiac Rehabilitation Therapy	\$50 Copay After Deductible
Pregnancy/Maternity • Routine Vaginal Delivery • Routine C-section Delivery • All Other Maternity Service (other maternity services included: office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded: Genetic testing, unless medically necessary.)	\$250 Copay After Deductible \$500 Copay After Deductible 100% Covered
Home Health Care (Precertification Required) 10-day limit per benefit year	\$50 Copay After Deductible
Hospice Care 30-day limit per lifetime	\$0 Copay After Deductible
Inpatient Skilled Nursing Facility (Precertification Required) 10-day visit limit per benefit year	\$50 Copay/Day After Deductible
Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item After Deductible
Prosthetics (Precertification Required) 1 item per benefit year	\$50 Copay/Item After Deductible
Organ Transplant	Not Covered

Summary of Benefits & Coverage

VL \$1,650 / \$3,300 Deductible

NETWORK		INN
Diabetic Nutritional Counseling 1 visit per benefit year		\$0 Copay After Deductible
Allergies • Shots (24 visits per benefit year) • Visits/Testing (2 visits per benefit year)		\$25 Copay After Deductible \$50 Copay After Deductible
Prescription Drugs		
Retail Pharmacy Copayments 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	Generic Maintenance RX	\$0 Copay
	Generic Urgently Needed Care Rx	\$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
Mail Order or Retail Pharmacy Copayments 90-day supply	Generic	\$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
RX Benefit Highlights		
Rx Company		ScriptClaims
Phone 24/7/365		1-800-970-5821
Website		https://www.script-claim.com/
Formulary		Click Here

DENTAL PLANS

(Open CIGNA PPO DENTAL Network)

OPEN ACCESS PPO! All dentists who bill BHPI TPA directly are considered in-network. Dental health means much more than healthy teeth — it is integral to your overall health and well-being. Diseases and conditions are often a sign of other health problems so taking preventive measures is best!

DENTAL PLANS OFFERED	SMART PREMIUM 100/80/60-1000C-MAC	SMART PREMIUM PLUS 100/80/50-2000
Annual Benefit Maximum Per insured person per calendar year	\$1,000	\$2,000
Annual Deductible Per insured person per calendar year	\$50 / \$150	\$50 / \$150
Deductible Waived for Diagnostic / Preventative Services	Yes	Yes
Diagnostic & Preventative Coverage Exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
Basic Services Minor restorative (fillings), prosthetic maintenance (relines and repairs to bridges, implants, and dentures), and emergency palliative treatment (to temporarily relieve pain)	80%	80% Minor restorative (fillings), emergency palliative treatment (to temporarily relieve pain), endodontics (root canals), periodontics (to treat gum disease), oral surgery (extractions and dental surgery), and prosthetic maintenance (relines and repairs to bridges, implants, and dentures)
Major Services Major restorative (crowns, inlays, and onlays), endodontics (root canals), periodontics (to treat gum disease), prosthodontics (dentures), prosthetics (bridges), implants, and oral surgery (extractions and dental surgery)	50%	50% (Implants, major restorative (crowns, inlays, and onlays), prosthetics (bridges), and prosthodontics (dentures))
Coverage Level Monthly Rates Employee Only Employee & Spouse Employee & Child(ren) Family	Open Access PPO \$34.77 \$69.54 \$78.58 \$113.34	Open Access PPO Orthodontic Included \$60.22 \$120.45 \$131.73 \$191.95

VISION PLAN OFFERED

It is important to schedule regular eye exams for you and your family. A routine eye exam can detect a wide range of diseases that may otherwise go unnoticed. The vision plan provides coverage for routine eye exams, eyeglasses, and contact lenses.

To find a list of doctors covered under this plan, please visit www.vsp.com/eye-doctor.

Choice Network: 31,000 preferred providers and 57,000 access points

BENEFIT COVERAGE	VSP CHOICE PLAN #1 BENEFITS	
	IN-NETWORK	OUT-OF-NETWORK
	WHAT YOU WILL PAY	WHAT YOU MAY BE REIMBURSED
Eye Exam	\$10 Copay	\$10 Copay
Eyeglass Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Eyeglass Frames	\$150 Allowance	Up to \$70
Contacts (In lieu of glasses) Necessary Elective	\$25 Copay \$150 Allowance	Up to \$210 Up to \$105
Contact Lens Fitting & Evaluation	15% off (Copay not to exceed \$60)	
Coverage Level Monthly Rates Employee Only Employee and Spouse Employee and Child(ren) Family	\$9.52 \$19.04 \$20.78 \$32.42	

VSP Network Value Added Programs

- Diabetic Eyecare Plus Program
- Hearing Aid Discounts
- Eye Health Management
- Diabetic Exam Reminder Letters

VSP Network Extra Discounts & Savings

- Lens Enhancements: Most popular are covered with a copay, saving 20-25%, average
- Additional Pairs of Glasses: 20% off
- Laster Vision Correction (LVC): Average 15% Discount

No one should leave a family member with grief and unexpected debts, so Group Term Life Insurance is included in the 8300 HSA Plan but only cost \$10/mo. in all others!

Group Life provides basic coverage to employees while giving them the opportunity to purchase voluntary term life. This is included in the 8300 HSA Plan at no cost but can be purchased for an additional \$10 per month on all other medical plan elections.

Our Life Plan Includes:

- Guaranteed issue amounts of \$20,000.00 for Base Coverage and \$200,000.00 buy up option: Eligible employees, spouses, and dependent children, will receive a specified amount of life coverage without medical underwriting
- Waiver of premium: Premiums for a covered person are waived after total disability for 6 months beginning before his/her 60th birthday (until age 65)
- Guaranteed conversion: If employee, spouse, or dependent loses coverage due to employee’s loss of employment, loss of eligibility, or reduction for age, the coverage can be converted to an individual whole life insurance policy
- Accelerated benefit for terminal illness: 50% benefit of basic group term life insurance (not to exceed \$200,000) payable upon proof of terminal illness
- Benefit for death of a spouse until age 65
- Benefit for death of a child ages 15 days to 26 years
- AD&D coverage at DOUBLE THE FACE VALUE: Provides double compensation in the event of certain disabling accidents or accidental loss of life

Plan	\$20K Coverage	\$200K Coverage
8300 HSA	Included in Premium	\$75/mo
3500 HSA	\$10/mo	\$75/mo
4500 Copay	\$10/mo	\$75/mo
3500 Copay	\$10/mo	\$75/mo
1650 HSA EPO	\$10/mo	\$75/mo
1000 EPO	\$10/mo	\$75/mo
1650 HSA VL	\$10/mo	\$75/mo
1000 VL	\$10/mo	\$75/mo

ID CARD EXAMPLE

*For immediate \$0 Copay
Call OUR LIVE DOC at 940-548-3362*

Group logo

NameFirst NameLast

Member ID: MemberNo

Cigna ID: 0233989

Medical Plan: MedPlanName

Collect at time of service:

Telehealth: \$0

PCP: \$40

Specialist: \$75

Urgent Care: \$90

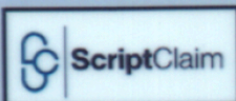
ER: Deductible

Major Medical Plan

*To check on benefits, claims, or to confirm eligibility:
Call Benefit Health Plan at 863-342-2551 or visit
www.benefithealthplan.com and click on Providers*



Shared Administration PPO



**BIN – 018570
PCN – SCCL01
Group – BENEFIT**

Prescription Drug Plan Info

Preventive Prescriptions: \$0 Copay
Non-Preventive Generic: \$20 Copay
Preferred Brand: \$65 Copay
Non-Preferred Brand: \$95 Copay
Specialty: \$200 Copay

Dental & Vision:

MemberNo

Group #

GroupID

CONTACT INFORMATION

	CONTACT	CUSTOMER SERVICE
Enrollments Contact	Group@themvpplans.com	
Group Sales, Underwriting, and Enrollment Contact	Bill Morrissey Wmorrissey@themvpplans.com	844-580-BHPI

COVERAGE LINE	PROVIDER	PLAN	FOR ASSISTANCE OR TO FIND A PROVIDER
Medical	PHCS Network	Extended PPO	Multiplan Provider Search www.multiplan.com
Medical	Cigna	Extended PPO	www.mycigna.com
Medical	BCBS	Blue Card PPO Network	www.bcbs.com
Pharmacy Specialty Pharmacy	ScriptClaim ServeYouRx	Pharmacy Benefit Manager Specialty Rx Manager	844-580-BHPI
Telemedicine	Our Live Doc	Virtual Primary Care Provider	844-580-BHPI Info@benefithealthplan.com

ADVANTAGES OF OUR XGB ADMINISTRATORS

There are many advantages to using third party administration for benefit packages.

Access to Top Insurance Companies

Third party administrators help you get access to the top insurance companies in the market, making it easy to place your benefit packages with the insurer best suited to your needs. Maximum Benefits will obtain quotes for your various benefits from the leading insurance companies.

Choose the Best Insurer for Each Benefit

If you offer group health, life, dental, short-term or long-term disability insurance, using a third-party administrator such as the BHPI TPA allows companies to pick and choose the best insurer for each individual benefit. With easy access to the market, they can identify the best company that provides the “maximum benefit” for each insurance program, with only one enrollment form needed. You can also add additional benefits such as Critical Illness, Prescription Drug and Best Doctors Plans.

No Need to Re-Enroll Employees

Shopping for group plans can be a daunting task when different companies require different application forms. Employers can become frazzled when it comes to getting all the various forms back from employees. However, with BHPI TPA, you only need one enrollment form for your employees, and there is no need to re-enroll when switching carriers. This is a huge time-saver for the employer, alleviating the burden of distributing, collecting and submitting all of the various forms. With BHPI TPAs' third-party administration, it becomes possible to adjust your plan as needed without completing more paperwork.

Peace of Mind with our ERISA Plans with Stop-Loss Indemnity Protection

We can help you to decide which benefits, if any, should be offered, and we can assist you with determining the appropriate deductible levels to offer your employees. Many insurance companies consider premiums as a prepayment of future claims. However, sometimes companies would prefer to have better control over their funds and choose a level premium amount to pay for their employees. With ERISA plans, this is possible through Level Funded ICHRA, HSA, and HRA plans. If the amount of total premiums for each employee is within the company's budget, and they are able to be paid to us as premiums, the company's liability is limited to ONLY the premiums paid. But what if employee claims are higher than what is in the company's budget and has been paid for? This is where Benefit Logistics Captive Insurance Company Stop-Loss comes in. They pay all of the claims over the total amount of the premiums collected from the employer each month, thus limiting the employer liability.

Lower Administration Costs

With BHPI TPA self-funded and level-funded clients, expenses are reflected only as a percentage of claims. Clients pay for only paid claims rather than estimated premiums. There is no cash advance required, which is typically the case with other third-party administrators. On the other hand, if an insured person claims an amount that is over the Stop-Loss level, the company will not be billed, nor will there be an applicable fee (the Stop-Loss insurer will directly manage the following claims). Expenses are never charged for claims exceeding the chosen Stop-Loss level, making the competitive pricing structure of BHPI TPA advantageous over services provided by other TPAs.

Full-Service Administration

BHPI TPA is a TPA providing group benefit services to over 1,000 businesses and 100,000 employees nationwide, with over 25 years of experience in administrative capabilities. Additionally, BHPI TPA can be combined with your online payroll, human resource and time management service to eliminate errors. Employees are provided with personalized booklets that describe the insurance programs and the administrative benefits. Clients are assigned an account representative who works directly with them to resolve issues.

EMPLOYEE CALL CENTER & ADVOCACY PROGRAM

Members who have issues with their insurance carriers can have lower productivity and morale. Resolving issues with insurance carriers can be a daunting task. Having a trained professional who understands the intricacies of the healthcare system and how to navigate through it can truly be a life saver. For those employees who need help, they can access the BHPI TPA Employee Advocacy program.

Personalized Employee Support

- Benefit Assistance
- Eligibility issues and resolution

BHPI TPA Advocates help sort out and solve claims and related paperwork problems. We work on coverage issues and help members understand their benefits.

Examples of Services Include

- Helping with Retirement Savings tools, such as target date funds
- Researching a member's outstanding out-of-pocket responsibilities and resolving errors with providers and/or their health plan.
- Correcting balance-billing problems.
- Resolving eligibility problems and benefit and claim denials.
- Correcting charges incorrectly applied to the member's deductible.
- Resolving incorrect plan procedure interpretations such as emergency room claims denied for a lack of precertification.
- Assuring correct application of provider network status.
- Providing payers with additional information required to correctly pay a claim or apply a benefit.
- Resolve coordination of benefits disputes between multiple carriers.
- Resolving errors in the application of deductibles and co-payments.

24x7x365 access via web and mobile device app available at
www.mbatpa.com or www.benefithealthplan.com

HEALTH SAVINGS ACCOUNT (HSA)

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged account for individuals who are covered by a high-deductible health plan (HDHP). Contributions are made to the HSA account. These contributions can be used to pay for qualified medical expenses, such as medical, dental and vision care, as well as prescription drugs. Your HSA plan has a maximum out of pocket amount of \$8,050 for individual in 2024.

An HSA is like a personal savings account with investment options for health care. The employee owns the HSA account and funds the account with TAX-FREE dollars. Investment options are available once a minimum balance of \$500 is reached.

You can start, stop, or change your payroll contributions at any time during the plan year. Please check with the Human Resources Department for additional information. HSA funds can be used for any eligible HSA expense. Regular medical, dental, and vision expenses are most common.

For example, if you are going in for an annual eye exam, and you do not have vision coverage, you can use your HSA funds to pay for that exam.

Advantages of an HSA	You may not be eligible for an HSA plan if:
• HSA contributions are pre-tax deductions. • Withdrawals for health care expenses are tax-free. • You earn tax-free interest on the money in your account. • Your HSA balance rolls over from year to year; you do not forfeit any unused balance. • It is always yours to spend on eligible health care expenses. You can also save and invest for future use. • At age 65, you can start using your HSA dollars for any purpose, not just health care expenses and your health care withdrawals are tax-free.	• You are covered by an FSA (unless \$0 balance) • You are covered by an HRA (unless \$0 balance) • You are covered by another health plan (unless it is another HSA-qualified plan) • You are enrolled in Medicare A • You are a dependent of another taxpayer
HSA Contribution Limits and Uses	HSA Contribution Limits for 2025
Your HSA deferrals are deposited into your HSA account through payroll deductions. You can defer up to the annual contribution limit amounts shown below. Those age 55 and older can contribute an additional \$1,000 annually.	• Individual – \$4,150 • Family – \$8,300 • Catch-up (55+) – \$1,000

PRE-TAX HEALTH BENEFIT

GROSS	\$1,000
DEDUCT MEDICAL	\$250
FEDERAL TAX	\$27.31
STATE TAX	\$20.35
FICA	\$57.38
TOTAL TAKE HOME	\$644.96

POST-TAX HEALTH BENEFIT

GROSS	\$1,000
FEDERAL TAX	\$55.17
STATE TAX	\$34.72
FICA	\$76.5
DEDUCT MEDICAL	\$250
TOTAL TAKE HOME	\$584.61

OUR HSA PLANS HAVE NO FEE TRADING WITH THE SCHWAB PLATFORM SO YOU CAN INVEST YOUR TAX FREE MONEY!

What if you invested \$8,300 per year in your HSA Account for 10 years? The result: \$27,390 more in your take home pay, and \$145,508.69 in your HSA Account to spend!

☐ Dividend ☒ Bond
 Annual cash contribution: \$ 8000
 Annual cash contribution: \$ 0
 Annual gross off per year with HSA: 10
 Federal income tax bracket: 28 %
 State income tax bracket: 5 %
 Rate of return: 10 %



*Tax Savings on Tax-Deferred Growth

\$27,390.00

Future Value of Your Health Savings Account:

\$145,508.69