



Rates approved for effective dates 12/1/24-6/1/25 in CA, CT & NY
Contact Nick Cianci Nick@compasstbs.com 860-416-5333

Benefits Proposal

MEDICAL & ANCILLARY





**Consolidated
Billing**



**Single Point of
Contact**

**Easy & Quick
Implementation**



**Rapid Response
Time**



Set up your new group account with ease. Standard turnaround times is 7 business days.

One invoice no matter how many plans you choose to offer

Updates to group eligibility changes are completed in 24-48 hours.

For all group level issues and requests, we will be your go to contact. No more being bounced around between departments or other companies.

ACA Compliant



Why offer ACA Compliant medical plans to your employees?

➤ Employer Mandate

ACA requires employers with 50 or more full-time equivalent employees to offer health coverage to at least 95% of full-time employees and sets a minimum baseline of coverage and affordability. Employers who do not comply face annual penalties.

➤ Employer Penalties

Penalty A: For a large employer that doesn't offer coverage at all: \$2,970 multiplied by 30 less than the total number of full-time employees

◦ *ex: 100 FT Employees | $(100-30) = 70$ | $70 * \$2,970 = \$207,900$*

Penalty B: For a large employer that offers coverage that isn't considered affordable and/or doesn't provide minimum value: \$4,460 multiplied by the number of full-time employees who receive a premium tax credit in the marketplace (but this penalty will not exceed the amount of the other penalty, so that will be used instead if it's less).

MEC (Minimum Essential Coverage)

**Satisfies Penalty
A**

MV (Minimum Value)

**Satisfies Penalty
A & B**



Robust Network



1.4 Million

Access Points

164K

Ancillaries

5,600

Hospitals

300+

Employees



MultiPlan's PHCS Network is the only national independently-contracted primary PPO network to have been accredited by NCQA for credentialing – a status they've held continuously since 2001.





Medical Plan Options

MEC Plans

Monthly Rates	Compass MEC
Employee Only	\$ 177.00
Employee + Spouse	\$ 298.00
Employee + Child(ren)	\$ 298.00
Family	\$ 413.00
Medical Benefits	
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$15 copay Unlimited
Specialists Visits	\$15 copay Unlimited
Urgent Care Visits	\$50 copay Unlimited
Laboratory Services	\$50 copay Unlimited
X-Rays	\$50 copay Unlimited
Rx Benefits	
Copay Level by Tier	\$15/\$30/\$50/\$75
Virtual Health Benefits	
Telemedicine	\$0 Copay Unlimited
Virtual Behavioral Health	\$50 Copay 3x/year
MEC Companion Discount Card	
Discounts on Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Included

MEC MINIMUM PARTICIPATION REQUIREMENT OF 10 ENROLLED

1. Costs include plan documents, MultiPlan network, ID cards, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services
3. Claims are repriced through the MultiPlan PHCS network.
4. Rx Benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
5. Virtual Health Benefits are offered through Recuro. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after). The WellCare plan does not include behavioral health services.
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

MEC Powered by



MV Plans

Monthly Rates		Advantage MV	
Employee Only		\$483.90	
Employee + Spouse		\$908.50	
Employee + Child(ren)		\$857.90	
Family		\$1,139.50	
Deductible (Shared In/Out Network)		\$1,500/\$3,000	
Out of Pocket Max (Ind/Fam)		\$9,100/\$18,200	N/A
Medical Benefits		In Network	Out of Network
Wellness and Preventive		Covered at 100%	Deductible then 40% Coinsurance
Primary Care Visits		\$15 Copay	Deductible then 40% Coinsurance
Specialist Visits		\$15 Copay	Deductible then 40% Coinsurance
Urgent Care Visits		\$50 Copay	Deductible then 40% Coinsurance
Lab Services & Radiology		\$50 Copay	Deductible then 40% Coinsurance
CT/MRI/MRA/PET Scans		\$350 Copay 1 per year ^{RBP}	Deductible then 40% Coinsurance
MEDMO Radiology		Covered 100%	
Telemedicine		\$0 Copay Unlimited	
Rx Benefits Formulary			
Generic Rx		\$10 Copay	
Preferred Brand/Non-Preferred Rx		Discount Only	
Hospital Services			
Inpatient Hospitalization & Surgery		Deductible then \$500 Copay 5 days & 2 Surgeries per year	
Outpatient Hospitalization & Surgery		Deductible then \$250 Copay 1 per year ^{RBP}	
Emergency Room Services		\$500 Copay 1 per year	
Other Services			
Chiropractic Services		\$50 Copay 10 per year	Deductible then 40% Coinsurance
Home Health Care		\$50 Copay 10 per year	Deductible then 40% Coinsurance
Treatment for Chemical Abuse (Inpatient/Outpatient)		Deductible then \$750 Copay 5 days a year / \$75 Copay 8 per year ^{RBP}	
Emergency Medical Ground Transportation		\$500 Copay 1 per year ^{RBP}	Deductible then 40% Coinsurance
Chemotherapy, Radiation & Dialysis		Not Covered	Not Covered
Physical/Speech/Occupational/ ABA Therapy		\$50 Copay 8 visit per year combined	Deductible then 40% Coinsurance
Pregnancy Services			
Professional Services		Deductible then \$350 copay ^{RBP}	
Maternity/Childbirth/Delivery		Deductible then \$1,500 copay per admission ^{RBP}	
Summary of Benefits & Coverage		SBC	

MINIMUM PARTICIPATION REQUIREMENTS

MV Only: 10 Employees Enrolled | MEC & MV: 10 Employees Enrolled, with at least 5 on MV

- The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
- Specific services, including advanced imaging, surgical procedures and maternity require precertification. Failure to obtain precertification will result in a denial of benefits.
- Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
- RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
- Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
- Minimum participation requirement of 5 lives enrolled in MV plans or 10 lives (5/5) when offered in combination with MEC plans.

MV Plans

Monthly Rates		Premium MV	
Employee Only		\$560.90	
Employee + Spouse		\$978.90	
Employee + Child(ren)		\$886.50	
Family		\$1,308.90	
Deductible (Shared In/Out Network)		\$0	
Out of Pocket Max (Ind/Fam)		\$9,100/\$18,200	N/A
Medical Benefits	In Network	Out of Network	
Wellness and Preventive	Covered at 100%	40% Coinsurance	
Primary Care Visits	\$15 Copay	40% Coinsurance	
Specialist Visits	\$15 Copay	40% Coinsurance	
Urgent Care Visits	\$50 Copay	40% Coinsurance	
Lab Services & Radiology	\$50 Copay	40% Coinsurance	
CT/MRI/MRA/PET Scans	\$350 Copay 2 per year ^{RBP}	40% Coinsurance	
MEDMO Radiology		Covered 100%	
Telemedicine		\$0 Copay Unlimited	
Rx Benefits Formulary			
Generic Rx		\$10 Copay	
Preferred Brand/Non-Preferred Rx		Discount Only	
Hospital Services			
Inpatient Hospitalization & Surgery		\$500 Copay 7 days & 3 Surgeries per year ^{RBP}	
Outpatient Hospitalization & Surgery		\$350 Copay 1 per year ^{RBP}	
Emergency Room Services		\$500 Copay 1 per year ^{RBP}	
Other Services			
Chiropractic Services		\$50 Copay 10 per year	40% Coinsurance
Home Health Care		\$50 Copay 10 per year	40% Coinsurance
Treatment for Chemical Abuse (Inpatient/Outpatient)		\$750 Copay 5 days a year / \$75 Copay 8 per year ^{RBP}	
Emergency Medical Ground Transportation		\$500 Copay 1 per year ^{RBP}	40% Coinsurance
Chemotherapy, Radiation & Dialysis		Not Covered	Not Covered
Physical/Speech/Occupational/ ABA Therapy		\$50 Copay 12 visit per year combined	40% Coinsurance
Pregnancy Services			
Professional Services		\$350 copay ^{RBP}	
Maternity/Childbirth/Delivery		\$500 Copay per admission ^{RBP}	
Summary of Benefits & Coverage		SBC	

MINIMUM PARTICIPATION REQUIREMENTS

MV Only: 10 Employees Enrolled | MEC & MV: 10 Employees Enrolled, with at least 5 on MV

1. The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
2. Specific services, including advanced imaging, surgical procedures and maternity require precertification. Failure to obtain precertification will result in a denial of benefits.
3. Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
4. RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
5. Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
6. Minimum participation requirement of 5 lives enrolled in MV plans or 10 lives (5/5) when offered in combination with MEC plans.

MV Plans

Monthly Rates		Max MV
Employee Only		\$703.90
Employee + Spouse		\$1,321.00
Employee + Child(ren)		\$1,167.00
Family		\$1,799.50
Deductible (Shared In/Out Network)		\$0
Out of Pocket Max (Ind/Fam)	\$9,100/\$18,200	N/A
Medical Benefits	In Network	Out of Network
Wellness and Preventive	Covered at 100%	40% Coinsurance
Primary Care Visits	\$15 Copay	40% Coinsurance
Specialist Visits	\$15 Copay	40% Coinsurance
Urgent Care Visits	\$50 Copay	40% Coinsurance
Lab Services & Radiology	\$50 Copay	40% Coinsurance
CT/MRI/MRA/PET Scans	\$350 Copay 3 per year ^{RBP}	40% Coinsurance
MEDMO Radiology		Covered 100%
Telemedicine		\$0 Copay Unlimited
Rx Benefits Formulary		
Generic Rx		\$10 Copay
Preferred Brand/Non-Preferred Rx		Tier 2: \$50 Copay Tier 3: \$75 Copay
Hospital Services		
Inpatient Hospitalization & Surgery		\$500 Copay 14 days & 4 Surgeries per year ^{RBP}
Outpatient Hospitalization & Surgery		\$350 Copay 2 per year ^{RBP}
Emergency Room Services		\$500 Copay 1 per year ^{RBP}
Other Services		
Chiropractic Services	\$50 Copay 20 per year	40% Coinsurance
Home Health Care	\$50 Copay 20 per year	40% Coinsurance
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$750 Copay 10 days a year / \$75 Copay 12 per year ^{RBP}	
Emergency Medical Ground Transportation	\$500 Copay 2 per year	40% Coinsurance
Chemotherapy, Radiation & Dialysis	Not Covered	Not Covered
Physical/Speech/Occupational/ ABA Therapy	\$50 Copay 12 visit per year combined	Deductible then 40% Coinsurance
Pregnancy Services		
Professional Services		\$350 copay ^{RBP}
Maternity/Childbirth/Delivery		\$500 copay per admission ^{RBP}
Summary of Benefits & Coverage		SBC

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2. Specific services, including advanced imaging, surgical procedures and maternity require precertification. Failure to obtain precertification will result in a denial of benefits.
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4. RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
5. Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
6. Minimum participation requirement of 5 lives enrolled in MV plans or 10 lives (5/5) when offered in combination with MEC plans.

Wellness & Preventive Services

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults aged 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

For the most up to date list, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

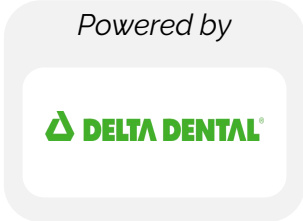


Ancillary Plan Options

Dental Plans

Monthly Rates	Preventive		Comprehensive	
Employee Only	\$19.80		\$44.15	
Employee + Spouse	\$37.53		\$88.20	
Employee + Child(ren)	\$35.28		\$83.47	
Family	\$58.86		\$134.99	
Benefits	In Network	Out Of Network	In Network	Out Of Network
Preventive & Diagnostic				
Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%	100%	80%
Basic				
Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	-	-	80%	50%
Major				
Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	-	-	50%	50%
Annual Maximum (per person)	\$1,000	\$1,000	\$1,500	\$1,500
Annual Deductible				
Per Person	None	None	\$50	\$100
Family Maximum	None	None	\$150	\$300

MINIMUM OF 5 EMPLOYEES ENROLLED



Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

Vision

Monthly Rates		VSP Vision
Employee Only		\$9.95
Employee + Spouse		\$19.90
Employee + Child(ren)		\$20.90
Family		\$34.85
Benefits		
Exam/lens/frame frequency (months)		12/12/24
Contacts (in lieu of glasses)		12
In Network Coverage		
Eye Exam Copay		\$10
Materials Copay		\$25
Frame allowance	\$130 \$70 Walmart/Sam's Club/Costco frame allowance	
Elective contact lens allowance		\$130
Necessary contact lenses	Covered in full after copay	
Contact lens fit/evaluation copay		\$60
Both frames and contacts in same year	No; allows contacts in lieu of frames	
Out of Network Coverage		
Examination, up to:		\$45
Single vision lenses, up to:		\$30
Bifocal lenses, up to:		\$50
Trifocal lenses, up to:		\$65
Progressive lenses, up to:		\$50
Lenticular lenses, up to:		\$100
Frames, up to:		\$70
Elective contact lenses, up to:		\$105
Necessary contact lenses, up to:		\$210
Lens Enhancements (Member Cost)*		
Anti-glare coating	\$41 single/\$41 multifocal	
Impact - resistant lenses - adult	\$31 single/\$35 multifocal (covered for children)	
Progressive lenses	Standard progressive lenses are covered	
Light-reactive lenses	\$75 single vision/\$75 multifocal	
Scratch resistant coating	\$17 single vision/\$17 multifocal	

*Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network and are subject to change without notice.

MINIMUM OF 5 EMPLOYEES ENROLLED



Provider Lookup

MEC Plans

1. Click the link based on your plan
 - a. Wellcare - www.multiplan.com/sbmapreventiveservices
 - b. All other plans - www.multiplan.com/sbmaspecificservices
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.



MV Plans

1. Visit <https://www.hstconnect.com/PHCS>
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.



Dental

1. Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>
2. Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
3. Search by Current Location: No, Enter Zip Code | Find Dentists

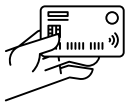


Vision

1. Visit: <https://www.vsp.com/eye-doctor>
2. Search by Location, Office Name, or Doctor Name



Member Perks!



MEC Companion Card

- ✓ Discounts on Dental, Vision, Durable Medical Equipment, Fitness Centers, Pet Care, and more!



Free Advanced Imaging

- ✓ When you use Medmo, MRI's are fully covered by your plan. No copay!

MV Plans Only



Member Portal & App

- ✓ Access plan information, ID cards, benefit summaries and more.

MV Plans Only



Concierge Services

- ✓ MedWatch is your benefits concierge for precertification, making appointments, & more!

MV Plans Only



Free DME

- ✓ With Connect DME, receive medical services and equipment at no cost to you.

MV Plans Only



24/7 Virtual Care

- ✓ Receive care from a board certified doctor 24/7 no matter where you are via phone or FaceTime.

Telemedicine



➤ Commonly Treated

Allergies
Arthritic Pain
Bronchitis
Cold/Flu
Conjunctivitis
Diarrhea
Ear Infections
Headache
Gastroenteritis
Insect Bites
Sprains/Strains
Respiratory Infections
Sinus Infections
Upset Stomach
Urinary Tract Infections

➤ The Telemedicine Solution

Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000*. With this benefit, there is no cost to you or your family for a consultation.

Discount Card



➤ Discounted Services

Simply register your account, and review all the ways to save!! Instructions, provider lookups, and more are right at your finger tips. Once you make your appointment, present your card and receive discounts at the time of service.

Dental

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

Vision

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.

Hearing Aids

Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.

Lab Services

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.

MRI & Imaging

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.

Vitamins

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.

Diabetic Supplies

A full line of diabetes testing supplies are delivered directly to the member's home.

& More...

Client Information

Company Legal Name				Tax ID		Plan Effective Date			
Company DBA				Name on ID Cards					
SIC Code		Date Company Established:		Business Type:					
				Corporation		LLC	Sole Proprietorship	Partnership	Other_.....
Address						Suite#			
City			State	Zip	Phone				
Previous Carrier:		Previous Plan Type:		Waiting Period		ID Card Distribution		Payroll Cycle	
				0 Days 30 Days 60 Days		Employee Employer		W(48) w(52) BW(26) SM(24) M(12)	
Employee Counts	Total # of Employees:		# of FT EE's		# of PT EE's		# of COBRA Members		# of EE's Enrolling

Contact Information

Type	Name	Title	Phone	Email
Main Contact:				
Eligibility Contact:				
Billing Contact:				

Policy Information

COBRA Qualified?		COBRA Administration		If	Cobra Business Name		Contact Name		Email	
Yes	No	Our TPA	Other	Other						
MV Plans Selected			Employer Contribution		MEC Plans Selected			Employer Contribution		
MV					MEC					
Ancillary Plans Selected										
Dental	Preventive		Comprehensive		Vision	VSP Vision		Other		

Disclosures

Are there any participant(s) who have paid or pending claims in excess of 50% of the specific deductible, or excess of \$10,000 in paid claims, during the past 12 months or could reasonably be expected to have claims in excess of this amount.	Yes	No
Are there any disabled individuals? Employees not actively at work (or, in the case of a dependent or Continuation Beneficiary, is by disability unable to perform his or her normal functions of a person of like sex and age) on the Effective Date of this Contract or the date such person becomes eligible for coverage under the Employee Benefit Plan.	Yes	No
Are there any members currently enrolled in COBRA?	Yes	No

Client Acknowledgement

- Minimum Participation: Minimum participation requirement of five (5) eligible employees enrolled required for MV and ten (10) for MEC plans.
- Termination: Employee and/or dependent will be terminated on the last day of month in which a valid Qualifying Event occurs.
- Plan Changes: Employees can switch benefit Plans and/or Tiers at time of renewal or at the time of a valid Qualifying Event that allows Plan changes through a Special Enrollment Period.
- Enrollment Adjustments: Retro-active adjustments will be applied for thirty (30) days only. (Premiums are NOT prorated. No refunds or partial refunds are issued)

Authorized Group Signer	Signature	Title	Date
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ACH Authorization Agreement

The IHP Program requires an ACH transaction to withdraw the monthly premium payment for your group's health insurance policy. *Please make certain that the funds are available by the Due Date to avoid interruption of service.*

Client Account	
Client Legal Name:	Effective Date:
Billing Details	
Invoice:	Invoice is generated and sent out by the 25 th of month prior to due date.
Billing Period:	The next month following the Invoice Date (e.g., Invoice generated on October 25 th will be for the November billing period).
Due Date:	The 1 st business day of each month (adjusted if necessary for holidays).
Requirements:	<p>The IHP Program requires:</p> <ul style="list-style-type: none"> • Groups to maintain a minimum participation level of five (5) employees. • Groups to provide written notification to voluntarily terminate their policy, effective thirty (30) days prior to termination date. • Failure to pay premiums on a timely basis will result in termination of the group policy. Claims that processed without premium payment remitted will be at the responsibility of the Employer.
Adjustments:	Retroactive adjustments will be applied for thirty (30) days only. Premiums are NOT pro-rated. No refunds and/or partial refunds are issued. Client should pay as billed. Any reconciliation will be reflected on the next month's bill.
ACH Returns:	ACH returns will be redrafted within five (5) business days. If payments are returned more than once over two (2) consecutive months, the account will be subject to termination.
ACH Authorization Agreement	
<p>I hereby authorize Beni Solutions to initiate monetary withdrawals from my account at the financial institution named above for the limited purposes of payment of amounts due for participation in the IHP Program.</p> <p>Further, I agree not to hold Beni Solutions responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in deposited funds to my account.</p> <p>This agreement will remain in effect until Beni Solutions receives written cancellation from me or my financial institution.</p>	
Bank Account Details	
Name on Account:	Account Type: <input checked="" type="checkbox"/> Checking
Bank Name:	Billing Contact:
Routing Number:	Phone Number:
Account Number:	Email Address:
	Email Address 2:
Authorization & Signature	
----- Client Printed Name	----- Title
----- Client Signature	----- Date