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The Health Benefit Alliance (HBA) Partnership Program

Finally, a suite of affordable health benefits for employers to offer to **every employee**...*hourly workers, part-time, seasonal, salaried employees.*

- **Hybrid Level-funded/Self-insured Program** (no employer financial obligation beyond paying monthly billable rates).
- ACA-compliant Plans available in all fifty (50) states!
- Each employer is their own Plan Sponsor...The HBAPartnership Program is not a PEO Master Plan, MEWA or Association Health Plan.
- **No census required** to obtain a proposal for the Health BenefitAlliance Partnership Program plans.
- **Group Health Questionnaire (GHQ)** will be completed but no Personal Employee Health Questionnaires required.

- **Reinsurance Coverage:** Each Employer is availed, at their election, attorney-in-fact representation services carrier domiciled in Puerto Rico, which maintains excess reinsurance coverage through one or more A-rated (\$25 annual fee) to facilitate direct procurement of first dollar coverage from a fully licensed and capitalized insurance reinsurers to supplement its capital and liquidity. Direct Procurement Taxes of 1-6% may apply in some states.

- **Plan administration:** Provided by leading TPAs.
- Access to National PPO Networks such as PHCS/MultiPlan and others.
- Top-rated prescription program management provided by Capital Rx, a leading PBM.
- State direct procurement tax filing service is available, if desired by Plan Sponsor, for a \$125 annual fee.

- **Employee Experience:** High touch best-in-class employee engagement and enrollment services make it easy and understandable for *all employees* to select the benefits best suited for their personal and family's needs.

- **Supplemental Coverages:** Employees will also be provided the opportunity to purchase via payroll deduction valuable supplemental insurance coverages that will meet their personal and family needs.

Minimum Value Plans (MVP) satisfying Affordable Care Act Parts A and B

<i>INN: In-Network/OON: Out-of-Network PHCS/MultiPlan Physician Network</i>	MEC 5 Limited Medical	MVP Silver LDM	MVP Ultra Copay Plan
Billable Rates, excl. direct procurement tax	Preventive Plus	Limited Day Medical Plan	“Traditional” PPO
Single	\$308.41	\$427.50	\$595.35
Employee & Spouse	\$507.50	\$742.69	\$1,085.70
Employee & Child(ren)	\$441.13	\$638.27	\$922.59
Family	\$640.22	\$952.08	\$1,411.95
ACA Preventive and Wellness	Covered 100%	Covered 100%	INN: 100%/OON: Ded. & 40%/60% Coins.
Deductibles INN/OON	INN/OON: \$0 Deductible \$7,350/\$14,700	INN/OON: \$0 Deductible	INN: \$0 Deductible OON: \$500/\$1,000
Max Out of Pocket: excl. uncovered days/svcs	\$25/\$50 Copay	INN/OON: \$5,000/\$10,000	INN: \$2,000/\$13,200/OON: No MOOP
Primary Care/Specialty Care Office Visits	6/6 Visits Max/Year INN: PHCS Rate/OON: 85% UCR.	\$15/\$25 Copay 10/10 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$20/\$40 Copays OON: Ded. & 60%/40% Coins.
Urgent Care INN/OON	\$50 Copay 2 Visits Max/Plan Year INN: PHCS Rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$50 Copay/OON: Ded. & Coins.
Emergency Room:	\$350 Copay* 1 Visit Max/Year	\$350 Copay, 1 Visit Max/Year (RBP*)	\$400 Copay (RBP*)
Lab/X-Ray Services (non-hospital based) INN/OON	\$50 Copay 3 Visits Max/Year INN: PHCS Rate/OON: 85% CR	\$50 Copay 3 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$50 Copay/OON: Ded. & Coins
In-Patient Hospital (see HI Extension slide)	\$350 Copay* per admission. 3 days/max per year	\$350 Copay per admission 7 Days Max/Year (RBP*)	\$400 Copay per admission (RBP*)
Out-Patient Surgery/Diagnostic Testing:	\$350 Copay 1/1 Visits Max/Year (RBP*)	\$350 Copay per visit 2/2 Visit Max/Year (RBP*)	\$400 Copay per visit (RBP*)
Generic Rx: Tier 1 Preventive/ Tier 2 Non-Preventive	Tier 1: \$0 copay Tier 2: \$10 Copay	Tier 1: \$0 Copay Tier 2: 20% Coinsurance	Tier 1: \$0 Copay Tier 2: \$10 Copay
Brand Rx Preferred/Non-Preferred	Not Covered	Limited Brand: 20% Coins.	Tier 3: \$40 Copay/Tier 4: \$80 Copay
Specialty Rx	Not Covered	Not Covered	25% Coinsurance
TeleHealth	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
TeleDental	n/a	n/a	n/a

* All Hospital bills, the plan pays 100% of 150% of Medicare (Reference-based Pricing). No Network Restrictions. There is *no patient liability for any balance billing for covered days/services.*