

HCAOA Benefit Plans



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Affordable Benefits for Home Care Agencies

<https://preferredbenefits.net/>



PBC MEC Plan Options

These plan options are low cost, have great flexibility, additional benefit options and security from the ACA “A” penalty. Our Penalty “A” compliance plans are the perfect strategy for those employers that are focusing on cost containment, usable daily benefits and avoiding the ACA penalty.

The plans outline below are ONLY compliant with the employer “A” penalty outlined the ACA guidelines, and they also satisfy individual mandate penalty for those that are enrolled.

Monthly Rates	Basic MEC	Virtual MEC	Ultra MEC
Employee only	\$50	\$64	\$105
Employee + Spouse	\$100	\$128	\$210
Employee + Child(ren)	\$100	\$128	\$220
Family	\$150	\$192	\$330
Benefit Summary	Basic MEC	Virtual MEC	Ultra MEC
Wellness and Preventative	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$0 copay	\$0 copay	\$0 copay
Behavioral Health	-	\$50 copay- 3 x year	\$50 copay- 3 x year
Primary Care Visit	-	-	\$15 copay
Specialists visits	-	-	Network Discount
Urgent Care	-	-	\$50 copay
Laboratory Services	-	-	Network Discount
Generic Rx	Discount card	Tier 1: \$10 copay / Tier 2: \$25 copay	Tier 1: \$10 copay / Tier 2: \$25 copay
Brand Rx	-	-	-

1. Costs include Plan Document, Multiplan Network, ID cards, Enrollment guides, Claims adjudication, SBCs, COBRA administration and claim reserves. Reserved surplus funds are reimbursed within 90 days of the end of the plan year.
2. MEC preventive benefits are covered 100% for in network services. This coverage is self funded, please reference the pricing sheet for a complete breakdown of premium.
3. Office Visits, Specialist Visits, Urgent Care, Lab and X-Rays are all member copays. Services are self-funded and repriced through the Multiplan network. Please reference the pricing sheet for a complete breakdown of premium.
4. \$750 Annual fee paid at time of implementation and each subsequent renewal
5. Minimum participation of 25 lives enrolled



PBC MEC Platinum

These plan options are low cost, have great flexibility, additional benefit options and security from the ACA “A”penalty. Our Penalty “A”compliance plans are the perfect strategy for those employers that are focusing on cost containment, usable daily benefits and avoiding the ACA penalty.

The plans outline below are ONLY compliant with the employer “A”penalty outlined the ACA guidelines, and they also satisfy individual mandate penalty for those that are enrolled.

Monthly Rates	MEC Platinum
Employee only	\$166.80
Employee + Spouse	\$335.77
Employee + Child(ren)	\$312.89
Family	\$481.85
Benefit Summary	MEC Platinum
Wellness and Preventative	Covered at 100%
Telemedicine	\$0 copay
Behavioral Health	\$50 copay- 3 x year
Primary Care Visit	\$15 copay
Specialists visits	\$15 copay
Urgent Care	\$50 copay
Laboratory Services	\$50 copay
Generic Rx	Tier 1: \$10 copay / Tier 2: \$25 copay
Brand Rx	Tier 1: \$50 copay / Tier 2: \$75 copay
Hospital Indemnity	TransChoice Advanced
Daily In-Hospital Indemnity Benefit	\$50 / 31 days per confinement
In-Patient Surgery	\$500 per day / 1 day(s) per calendar year
Hospital Confinement Indemnity Benefit Rider	\$2,000 / 1 day per confinement/1 day(s) per calendar year
Outpatient Surgery	\$500 per day / 1 day(s) per calendar year



ACCIDENT INSURANCE

Accident insurance helps pay for medical and out-of-pocket costs incurred after an accidental injury. This includes emergency treatment, hospital stays, medical exams, and other expenses you may face.

Benefits are paid for more than 40 accidental injuries requiring treatment, urgent care, or hospitalization (including common injuries such as burns, fractures and services during treatment and recovery). Payment amounts are based on treatment received for covered accidents and are paid in addition to costs covered by medical benefits.

Weekly Rates	Accident Insurance
Employee Only	\$3.60
Employee + Spouse	\$7.20
Employee + Child(ren)	\$8.28
Employee + Family	\$10.44

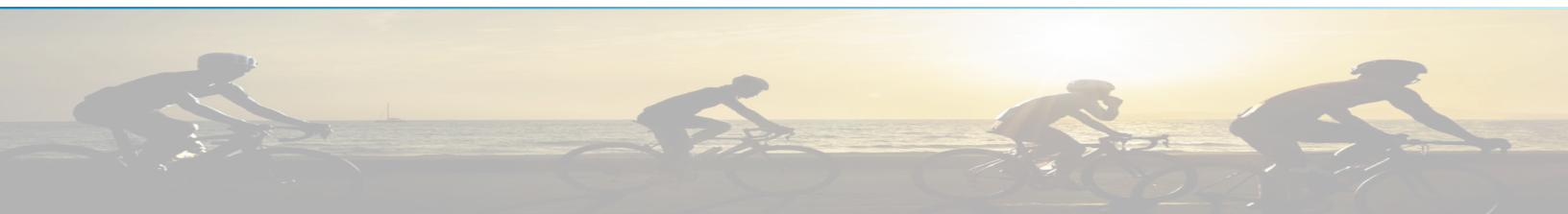
Benefit Category	Benefit Amount	Benefit Limit
Hospital Admission	\$500	1 time per accident
Supplemental ICU	\$500	1 time per accident
Ambulance	\$150 ground / \$500 air	1 time per accident / max 2x per year
Emergency Room	\$75	1 time per accident
Physician's Office / Urgent Care	\$50	1 time per accident
Burns	\$100 - \$10,000	1 time per accident
Fractures	\$100 - \$4,500	1 per fracture (if more than one bone is fractured, the max benefit is 2x the highest fracture benefit)
Lacerations	\$50 - \$400	1 time per accident / max 3x per year
Coma	\$5,000	1 time per accident
Physical Therapy	\$25	10 times per accident / max 15x per year
Medical Appliance	\$50 - \$400	None
Surgery	\$150 - \$750	1 time per accident / max 2x per year

¹The eligibility for dependent children is 6 months to 26 years old. Policies will be automatically terminated for children upon their 26th birthday.

²Benefit amounts listed as a range will be paid based on the severity of the accident and required medical treatment. For example, fracture of a finger or toe pays \$100 where fracture of a hip or skull pay \$4,500.

³Benefits will not be paid for accidents caused by, contributed to by, or resulting from a covered person's involvement in an accident where such covered person is intoxicated at the time of the accident.

⁴This summary of benefits is not a complete list of covered benefits, exclusions or limitations.





HOSPITAL INDEMNITY INSURANCE

According to [healthcare.gov](https://www.healthcare.gov), the average cost of a 3-day hospital stay is \$30,000. Yet studies show 3 in 5 Americans cannot afford a \$3,000 out-of-pocket expense. What then can people do when faced with an unplanned hospitalization?

Hospital indemnity benefits can offset high deductibles and out-of-pocket expenses so that a hospital stay does not become a financial crisis.

Weekly Rates	Low	High
Employee Only	\$5.40	\$10.80
Employee + Spouse	\$11.05	\$22.10
Employee + Child(ren)	\$8.42	\$16.82
Employee + Family	\$14.07	\$28.12

Benefit Category	Low	High
Hospital Admission 1x per year	\$1,000	\$2,000
Hospital Confinement 31 days per year	\$50 / day	\$50 / day
Inpatient Surgery 1x per year	\$250	\$500
Outpatient Surgery 1x per year	\$250	\$500

¹The eligibility for dependent children is 6 months to 26 years old. Policies will be automatically terminated for children upon their 26th birthday.

²Benefits will not be paid for conditions caused by, contributed to by, or resulting from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident.

³Policies may be subject to limitations and/or exclusions based on a member's state of residence.

CRITICAL ILLNESS INSURANCE



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Studies show more than half of bankruptcies in the United States are as a result of medical expenses.

Diagnosis of a critical illness can cause dire financial outcomes. Everyday bills can be neglected in the face of critical **illness, and few people are financially prepared.**

The cash benefit payout of Critical Illness coverage can help offset gaps in existing medical coverage and the added expenses associated with critical illness conditions.

Weekly Rates	\$10,000	\$20,000
Employee Only	\$5.94	\$11.88
Employee + Spouse	\$8.93	\$17.86
Employee + Child(ren)	\$6.05	\$12.79
Employee + Family	\$9.08	\$18.15

Dependent coverage amount is 50% of the amounts listed above

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100%	50%
Heart Attack / Stroke	100%	50%
Kidney Failure / Major Organ Transplant	100%	None
Alzheimer's Disease	100%	None
Partial Benefit Cancer (skin cancer)	25%	12.5%

Members receive 25% of the initial benefit amount for the following 22 conditions:

Adison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

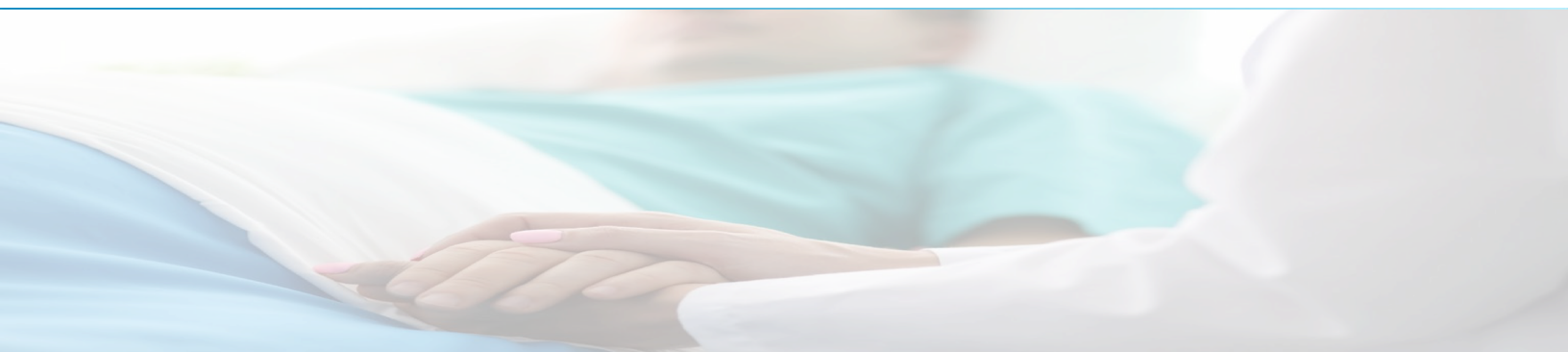
¹The eligibility for dependent children is 6 months to 26 years old. Policies will be automatically terminated for children upon their 26th birthday.

²After a covered condition occurs, there is a 365-day benefit suspension period before recurrence benefits are paid. Suspension is not applicable to first occurrences of a distinct covered service. Recurrence for cancer benefits will not be paid unless the insured has not been treated nor had symptoms for at least 180 days.

³The maximum benefit for critical illness coverage, including recurrence benefits, is 3 times the face benefit amount per covered person

⁴Benefits will not be paid for conditions caused by, contributed to by, or resulting from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident.

⁵This summary of benefits is not a complete list of covered benefits, exclusions or limitations.



TERM LIFE INSURANCE



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Term life insurance is an affordable way to provide financial protection for your loved ones during your working years. The death benefit pays money directly to your beneficiaries to help with funeral costs and ongoing financial obligations such as daily living expenses, child education and mortgage payments.

Guaranteed Acceptance - No underwriting or medical exam

Rates shown are weekly and benefit amounts are for Employee/Spouse/Child(ren)

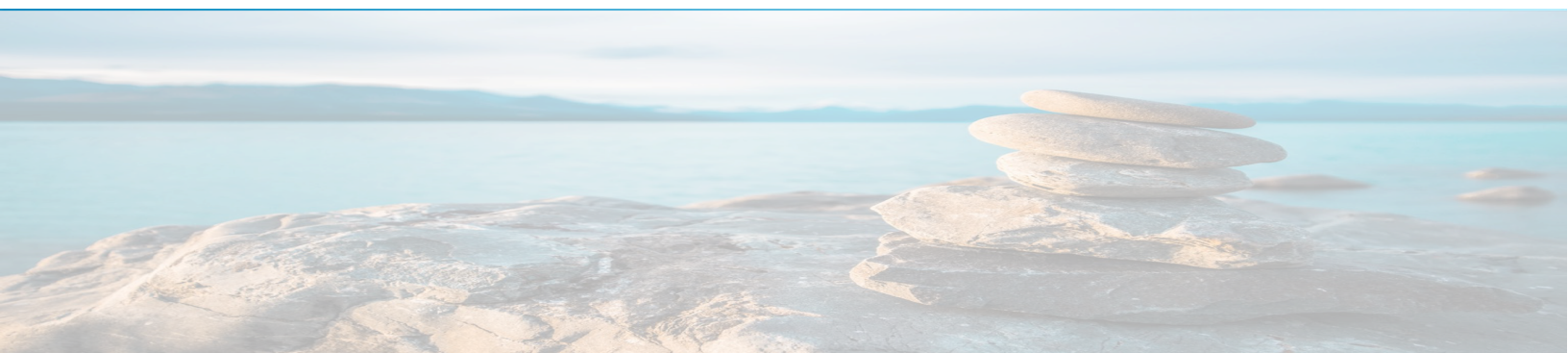
Ages 18 - 44	\$20k/\$10k/\$5K	\$50k/\$25k/\$10k	\$100k/\$50k/\$10k
Employee Only	\$1.44	\$3.60	\$7.20
Employee + Spouse	\$2.16	\$5.40	\$10.80
Employee + Children	\$1.99	\$4.98	\$9.97
Employee + Family	\$2.71	\$6.78	\$13.57
Ages 45 - 59	\$20k/\$10k/\$5K	\$50k/\$25k/\$10k	\$100k/\$50k/\$10k
Employee Only	\$3.24	\$8.10	\$16.20
Employee + Spouse	\$4.86	\$12.15	\$24.30
Employee + Children	\$3.79	\$9.48	\$18.97
Employee + Family	\$5.41	\$13.53	\$27.70
Ages 60+	\$20k/\$10k/\$5K	\$50k/\$25k/\$10k	\$100k/\$50k/\$10k
Employee Only	\$15.12	\$37.80	\$75.60
Employee + Spouse	\$22.68	\$56.70	\$113.40
Employee + Children	\$15.67	\$39.18	\$78.37
Employee + Family	\$23.23	\$58.08	\$116.17

¹The eligibility for dependent children is 6 months to 26 years old. Policies will be automatically terminated for children upon their 26th birthday.

²Rates are based on the employee's age. Rates will increase at age 45 and age 60. Life insurance benefit decreases by 35% at age 65 and 50% at age 70

³Term Life Insurance policies are underwritten by The Metropolitan Life Insurance Company (MetLife).

⁴Policies may be subject to limitations and/or exclusions based on a member's state of residence.



CAHSAH ENROLLMENT APPLICATION



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Name _____

Social Security Number _____

Employer _____

Hire Date _____

Date of Birth _____

Sex ☐ Male ☐ Female

Address _____

Phone Number _____

City/State/Zip _____

Email _____

DEPENDENT INFORMATION

Name _____

Name _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

Date of Birth _____

☐ Male ☐ Female ☐ Spouse ☐ Child

☐ Male ☐ Female ☐ Spouse ☐ Child

Name _____

Name _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

COVERAGE ELECTIONS

☐ Male ☐ Female ☐ Spouse ☐ Child

☐ Male ☐ Female ☐ Spouse ☐ Child

Medical Election (choose 1)

Plan Options	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Basic MEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual MEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultra MEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEC Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Elections

Plan Options	Level	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Accident	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/> \$10k <input type="checkbox"/> \$20k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/> \$10k <input type="checkbox"/> \$20k <input type="checkbox"/> \$100k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ waive coverage

EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC), for myself, and my eligible dependents. If electing coverage, I authorize my employer to make salary reductions on a pre-tax basis for my portion of the insurance premiums. I understand that I may not make changes to my coverage elections until my employer's next open enrollment period or due to a qualifying event.

Signature _____

Date _____

CONVENIENT
CARE ANYWHERE™

1.800MD™

**America's Most Reliable
Telemedicine Network™**

HEALTH CARE MADE EASY

1.800MD provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. 1.800MD physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. Best of all, there is no cost to you or your family for this service. **No Co-payment & No Deductible.**

COMMON CONDITIONS TREATED:

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

And many other non-emergency conditions...

STEP 1 Activate **STEP 2** Request a Consult **STEP 3** Receive Care

Activate your account
online or by calling member services. Once activated, you will need to setup your member profile and complete your electronic health record.

Login to your account
online or call member services at **1.800.530.8666** to request a consult anytime 24/7.

Receive diagnosis
and treatment, giving you quality care and peace of mind wherever you are.

**Talk to a doctor
anytime
day or night... for
FREE.**

You may have a cost at the pharmacy for the prescription.



Dental Insurance

Dental Insurance can help you maximize your oral health and minimize out-of-pocket costs for routine dental check-ups, expensive procedures and most things in between. PPO plan offer the flexibility to visit any licensed dentist, so you're sure to find a provider who meets your needs.

- Large network of dentists, and the freedom to visit any dentist in or out-of-network.
- Additional savings when you visit a participating dentist. Participating dentists have agreed to accept negotiated fees for covered services, which are typically 30-45% less than the average fees charged by dentists in the same community.
- No paperwork in or out-of-network, if your dentist submits your claims for you.
- Service where and when you want it on our secure member website.
- Preventive care, such as cleanings, is usually 100% covered in-network.
- No waiting period on covered services

Monthly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	\$45.25	\$95.50	\$105.25	\$165.25

Plan Features	In-Network	Out-of-Network
Annual Deductible	\$75 individual / \$225 family	\$75 individual / \$225 family
Annual Maximum Benefit	\$1,000	\$750
Diagnostic and Preventive Services (cleanings, x-rays, exams)	Covered 100% (deductible waived)	Covered 100% (deductible waived)
Basic and Restorative Services (fillings, extractions, root canals)	Covered 80%	Covered 80%
Major Services (crowns, bridges, dentures)	Covered 50%	Covered 50%
Orthodontia	Not Covered	Not Covered

Vision Insurance

Vision Insurance help protect the eyesight and health of every member of your family, with lower out- of pocket expenses for you. Available to employees of participating groups.

- **Save on a wide range of services that are standard benefits under this plan, including routine eye exams, glasses, contact fittings and lenses. Plus, additional savings on non-prescription sunglasses and laser vision correction.**
- **Convenience of visiting any licensed eye care professional. Or choose from the thousands of participating ophthalmologists, optometrists and opticians working out of private practices or top retail chains.**

Monthly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	\$10.20	\$21.00	\$17.75	\$29.25

Plan Features	In-Network	Out-of-Network
Routine / Comprehensive Exam (one exam every 12 months)	\$10 copay	Plan reimburses up to \$49
Frames (once every 24 months)	Covered up to \$130 allowance (20% discount on amounts greater than allowance)	Plan reimburses up to \$50
Lenses (once every 12 months) Single vision Lined bifocal Lined trifocal	\$25 copay	Plan reimburses: up to \$35 up to \$50 up to \$74
Contact lenses (in lieu of glasses) Elective Medically necessary	Covered up to \$130 allowance \$25 copay or covered in full depending on necessity	up to \$105 up to \$250

For more information
please contact

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Vice President

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