



THE HEALTH BENEFIT™ ALLIANCE

HBA is committed to removing the barriers to accessing healthcare, through empowering employers to establish affordable health plans for their employees, with their choice of service providers in the *Alliance* dedicated to this mission.

In partnership with:

PEO Advantage



THE HBA MISSION

The Health Benefit Alliance's mission is to empower employers so they can establish their own plans that provide access to truly affordable, fully ACA-compliant health benefit designs satisfying ACA A&B penalties, built on copays and not *high deductibles*.

- **73.3M** Hourly Workers in United States¹
- **69%** of Americans Had Less Than \$1,000 in Savings at the end of 2019²
- **30%** of U.S. Residents Carry More Credit Card Debt Than Savings³

Average 2021 Marketplace Metallic Plan Deductibles⁴

- **\$6,921 BRONZE (35% of Elections)**
- **\$4,816 SILVER (55% of Elections)**
- **\$1,641 GOLD (8% of Elections)**

¹ U.S. Bureau of Labor Statistics, 2020 Labor Force Statistics

² GOBankingRates Study, December 2019

³ balancingeverything.com Study, December 2021

⁴ Kaiser Family Foundation, ACA Open Enrollment 2021

POPULAR INDUSTRIES SERVED

Hospitality, Restaurants, Hotels
Car Dealerships
Manufacturing
Construction
Maintenance
Golf Courses
Transportation, Trucking, Car Services
Home Health Care
Day Care Centers
And more...

EMPLOYEES SERVED

Full Time Staff
Part-Time Staff
Hourly
Salaried
Seasonal
Union

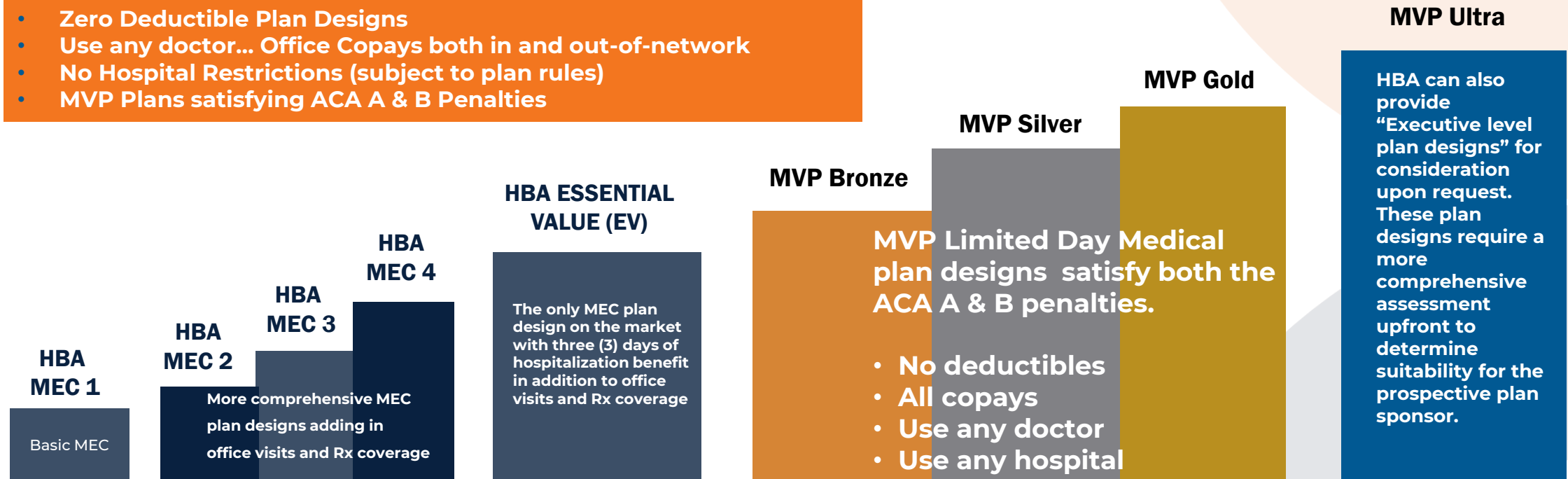
Great for
Trade
Associations,
Chambers of
Commerce,
and
Franchise
Operations!



THE HBA MEC & MVP PLAN DESIGN MENU

Empowering employers with plan design choices that include the following features:

- Zero Deductible Plan Designs
- Use any doctor... Office Copays both in and out-of-network
- No Hospital Restrictions (subject to plan rules)
- MVP Plans satisfying ACA A & B Penalties





— THE —
HEALTH BENEFIT™
— ALLIANCE —

HBA ENHANCED Plan Designs & Rates



2023 Health Benefit Alliance (HBA) Monthly Billable Rates - total cost consists of administration costs and risk assessment fees,excluding applicable taxes. The MEC and EV Plans Satisfy ACA Part A only

INN: In-Network / OON: Out-of-Network MEC Plans satisfy ACA Part A Penalty only HBA ENHANCED Base Monthly Billable Rates for start dates of 7/1, 8/1, 9/1/2023	HBA ENHANCED MEC 1	HBA ENHANCED MEC 2	HBA ENHANCED MEC 3	HBA ENHANCED MEC 4
	Basic MEC	Preventative Plus	Preventative Plus	Preventative Plus
Employee Only:	\$79.20	\$182.76	\$250.10	\$270.56
Employee + Spouse:	\$173.39	\$287.31	\$405.36	\$456.97
Employee + Child(ren):	\$160.42	\$262.71	\$352.57	\$407.69
Family:	\$202.33	\$359.89	\$506.80	\$581.08
ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Deductibles: INN / OON	None	None	None	None
Max Out-of-Pocket (IND/FAM) Excludes Non-Covered days/services	N/A	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
Physician Services				
Telehealth/Teletherapy - HBAeHealth	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)
Primary Care Office Visits (INN OON)	Not Covered	\$25 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$25 Copay 3 Visits Max/Year INN -Network Rate OON -85% UCR	\$25 Copay 4 Visits Max/Year INN -Network Rate OON -85% UCR
Specialty Care Office Visits (INN OON)	Not Covered	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 3 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 4 Visits Max/Year INN -Network Rate OON -85% UCR
Urgent Care (INN OON)	Not Covered	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR
Out-Patient Services				
Non-Hospital Based Lab/X-Ray Services (INN OON)	Not Covered	\$50 Copay 1 Visit Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 3 Visits Max/Year INN -Network Rate OON -85% UCR
Out-Patient Surgery/Complex Imaging (RBP*)	Not Covered	Not Covered	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 1/1 Visits Max/Year
Hospital Services				
In-Patient Hospital (RBP*)	Not Covered-Supplemental Hospital Indemnity Available	Not Covered-Supplemental Hospital Indemnity Available	Not Covered-Supplemental Hospital Indemnity Available	Not Covered-Supplemental Hospital Indemnity Available
Emergency Room (RBP*)	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy Benefits				
Generic Rx: HBA Scripts	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic RX: Tier 1 (Pref) Tier 2 (Non-Pref)	Tier 1 - \$0 Copay Tier 2 - Not Covered	Tier 1 -\$0 Copay Tier 2 -\$10 Copay	Tier 1 -\$0 Copay Tier 2 -\$10 Copay	Tier 1 -\$0 Copay Tier 2 -\$10 Copay
Brand RX: Tier 3 (Preferred) Tier 4 (Non- Pref)	Not Covered	Not Covered	Not Covered	Not Covered
Specialty Rx:	Not Covered	Not Covered	Not Covered	Not Covered

INN: In-Network / OON: Out-of-Network	HBA ENHANCED ESSENTIAL VALUE	HBA ENHANCED MVP BRONZE	HBA ENHANCED MVP BRONZE PLUS	HBA ENHANCED MVP SILVER	HBA ENHANCED MVP GOLD
HBA ENHANCED Base Monthly Billable Rates for start dates of 7/1, 8/1, 9/1/2023	MEC Plus Hospital	Limited Day Medical SM Plan	Limited Day Medical SM Plan	Limited Day Medical SM Plan	Limited Day Medical SM Plan
Employee Only:	\$349.04	\$450.80	\$474.76	\$582.75	\$599.68
Employee + Spouse:	\$732.50	\$817.57	\$847.63	\$962.34	\$1,107.89
Employee + Child(ren):	\$622.53	\$697.01	\$750.50	\$861.92	\$911.14
Family:	\$948.22	\$1,052.56	\$1,118.13	\$1,268.05	\$1,451.69
ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Deductibles: INN / OON	None	None	None	None	None
Max Out-of-Pocket (IND/FAM) Excludes Non-Covered days/services	\$7,350/\$14,700	\$7,350 /\$14,700	\$7,350/\$14,700	\$5,000/\$10,000	\$5,000/\$10,000
Physician Services					
Telehealth/Teletherapy - HBAeHealth	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)
Primary Care Office Visits (INN OON)	\$25 Copay 6 Visits Max/Year INN -Network Rate OON 85% UCR	\$25 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$15 Copay 10 Visits Max/Year INN Network Rate OON -85% UCR	\$15 Copay 12 Visits Max/Year INN Network Rate OON -85% UCR
Specialty Care Office Visits (INN OON)	\$50 Copay 6 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 8 Visits Max/Year INN -Network Rate OON -85% UCR	\$25 Copay 10 Visits Max/Year INN -Network Rate OON -85% UCR	\$25 Copay 12 Visits Max/Year INN -Network Rate OON -85% UCR
Urgent Care (INN OON)	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 2 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 2 Visits Max/Year INN -Network Rate OON -85% UCR	\$35 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$35 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR
Out-Patient Services					
Non-Hospital Based Lab/X-Ray Services (INN OON)	\$50 Copay 3 Visits Max/Year INN -Network Rate OON -85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 4 Visits Max/Year INN -Network Rate OON -85% UCR
Out-Patient Surgery/Complex Imaging (160% RBP*)	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 2/2 Visits Max/Year	\$350 Copay per Visit 2/3 Visit Max/Year
Hospital Services					
In-Patient Hospital (160% RBP*) See Hospital Extension slide for additional coverage info	\$350 Copay per Admission 3 Days Max/Year, Supp HI available	\$350 Copay per Admission 5 Days Max/Year	\$350 Copay per Admission 5 Days Max/Year	\$350 Copay per Admission 7 Days Max/Year	\$350 Copay per Admission 10 Days Max/Year
Emergency Room (160% RBP*)	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 2 Visits Max/Year
Pharmacy Benefits					
Generic Rx: HBA Scripts	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic RX: Tier 1 (Pref) Tier 2 (Non-Pref)	Tier 1 -\$0 Copay Tier 2 -\$10 Copay	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins
Brand RX: Tier 3 (Preferred) Tier 4 (Non-Pref)	Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered
Specialty Rx:	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered (discuss availability)

RBP* - All Hospital Bills – The Plan utilizes Referenced-Based Pricing (RBP) with no network restrictions. **Patient liability protection** from balance billing for hospital covered days/services (provided participant adheres to pre-authorization requirements and care delivery guidance)

2023 Health Benefit Alliance (HBA) Monthly Billable Rates - total cost consists of administration costs and risk assessment fees,excluding applicable taxes. MVP Plans Satisfying ACA Parts A and B			
ULTRA RATES SHOWN ARE ILLUSTRATIVE. FULL UNDERWRITING REQUIRED TO DETERMINE ACTUAL ULTRA RATES	HBA ENHANCED MVP ULTRA PLATINUM (excludes Specialty Rx)	HBA ENHANCED MVP PLATINUM-S (includes Specialty Rx)	HBA ENHANCED MVP ULTRA HDHP (HSA compatible)
	<i>Illustrative Rates</i>	<i>Illustrative Rates</i>	<i>Illustrative Rates</i>
	Traditional PPO (with 160% RBP)	Traditional PPO (with 160% RBP)	HDHP (with 160% RBP)
Employee Only	\$717.42	\$795.80	\$650.29
Employee + Spouse:	\$1,382.41	\$1,590.28	\$1,262.23
Employee + Child(ren):	\$1,187.54	\$1,348.40	\$1,088.15
Family:	\$1,764.72	\$2,093.85	\$1,612.00
ACA Preventive and Wellness	INN – Covered 100% OON – After deductible, 60% Coinsurance	INN – Covered 100% OON – After deductible, 60% Coinsurance	INN – Covered 100% OON – After deductible, 60% Coinsurance
Deductibles: INN / OON	INN -None OON -\$500/\$1,000	INN -None OON -\$500/\$1,000	INN -\$5,000/\$10,000 OON -\$10,000/\$20,000
Max Out-of-Pocket (IND/FAM) Excludes Non-Covered days/services	INN -\$2,000/\$13,200 OON -No MOOP	INN -\$2,000/\$13,200 OON -No MOOP	INN -\$5,000/\$10,000 OON -No MOOP
Physician Services			
Telehealth/Teletherapy - HBAeHealth	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)	\$0 Copay (24/7/365 Unlimited)
Primary Care Office Visits (INN OON)	INN -\$20 Copay OON - After deductible, 40% coinsurance	INN -\$20 Copay OON - After deductible, 40% coinsurance	INN – After deductible, plan pays 100% OON – After deductible, 40% coinsurance
Specialty Care Office Visits (INN OON)	INN -\$40 Copay OON - After deductible, 40% coinsurance	INN -\$40 Copay OON - After deductible, 40% coinsurance	INN – After deductible, plan pays 100% OON – After deductible, 40% coinsurance
Urgent Care (INN OON)	INN -\$50 Copay OON – After deductible, 40% coinsurance	INN -\$50 Copay OON – After deductible, 40% coinsurance	INN – After deductible, plan pays 100% OON – After deductible, 40% coinsurance
Out-Patient Services			
Non-Hospital Based Lab/X-Ray Services (INN OON)	\$50 Copay	\$50 Copay	INN – After deductible, plan pays 100% OON – After deductible, 40% coinsurance
Out-Patient Surgery/Complex Imaging (160% RBP*)	\$400 Copay	\$400 Copay	After deductible, plan pays 100%
Hospital Services			
In-Patient Hospital (160% RBP*)	\$400 Copay per Admission	\$400 Copay per Admission	After deductible, plan pays 100%
Emergency Room (160% RBP*)	\$400 Copay	\$400 Copay	After deductible, plan pays 100%
Pharmacy Benefits			
Generic Rx: HBA Scripts	\$0 Copay	\$0 Copay	After deductible, plan pays 100%
Generic RX: Tier 1 (Pref) Tier 2 (Non-Pref)	Tier 1 - \$0 Copay Tier 2: \$10 Copay	Tier 1 - \$0 Copay Tier 2: \$10 Copay	After deductible, plan pays 100%

THE HOSPITAL EXTENSION BENEFIT

This Hospital Indemnity Insurance from Wellfleet, an A-Rated carrier that is part of the Berkshire Hathaway family of companies, can be offered by the Plan Sponsor, at their choice:

- 1) **As a “bundled” product with the HBA plans.**
- 2) As an employee payroll deduction voluntary benefit
 - You as the employer will choose either a \$1,000 or a \$1,500 daily benefit that the employee may elect. The benefit will be paid directly to the employee starting on the day the HBA hospital covered days end (i.e., at day 11 on the **Gold Plan**)
 - The benefit is payable up to 365 days
 - Options of \$250, \$500, \$750, and \$1,000 per day starting on day 1 up to 365 days for MEC 2, MEC 3 AND MEC 4
 - Minimum of 5 enrolled (3 if enrolled with Wellfleet Critical Illness or Accident Insurance)
 - Can be 100% employee-paid
 - 12/12 pre-existing condition exclusion and 9-month maternity waiting period
 - Available in most states and Washington D.C/-SEE BELOW. **Product availability based upon contract situs state, not employee residence.**

Daily HospitalBenefit		Max Benefit	MonthlyRates (365-dayperiod)			
BRONZE HBA PLAN						
Days 1-5	\$50		EE Only	EE + SP	EE + CH	Family
Days 6-365	\$1,000	\$365,250	\$11.61	\$26.01	\$16.94	\$32.33
Days 6-365	\$1,500	\$547,750	\$16.67	\$37.33	\$24.31	\$46.40
SILVER HBA PLAN						
Days 1-7	\$50		EE Only	EE + SP	EE + CH	Family
Days 8-365	\$1,000	\$365,350	\$9.09	\$20.36	\$13.26	\$25.51
Days 8-365	\$1,500	\$547,850	\$12.82	\$28.71	\$18.70	\$35.69
GOLD HBA PLAN						
Days 1-10	\$50		EE Only	EE + SP	EE + CH	Family
Days 11-365	\$1,000	\$365,500	\$6.98	\$15.63	\$10.18	\$19.43
Days 11-365	\$1,500	\$548,000	\$9.59	\$21.48	\$13.99	\$26.71
		Benefit	EEOnly	EE+ SP	EE+ CH	Family
MEC 5						
Days 1-3		\$50				
Days 4-365		\$1,000	\$16.47	\$36.88	\$24.03	\$45.86
Days 4-365		\$1,500	\$24.08	\$53.93	\$35.13	\$67.05
MEC 2, 3 or 4						
Days 1-365		\$250	\$10.53	\$23.58	\$15.36	\$29.31
Days 1-365		\$500	\$21.06	\$47.16	\$30.72	\$58.63
Days 1-365		\$750	\$31.59	\$70.74	\$46.08	\$87.94
Days 1-365		\$1,000	\$42.12	\$94.31	\$61.44	\$117.25

ABOVE RATES AND BENEFITS ARE FOR THE FOLLOWING STATES: AL, AK, AZ, AR, CT,FL, GA, HI, IL, IA, KY, LA, ME, MA, MS, MO, NE, NV, NC, OH, OK, PA, SC, SD, TN, UT,VA, WV, WI, WY (Others ask for details)

EMPLOYEE ENGAGEMENT & ENROLLMENT

Employers can choose from Alliance enrollment technology firms!

- Online paperless enrollment system
- Digital communication/education tools
 - E-mail
 - Videos explaining every HBA plan
 - Decision support tools
 - Call center for employee questions*
- Educational webinars
- In-person meetings, when allowed

Note: It is not required that our enrollment system be utilized but electronic enrollment is required (paper enrollments are not allowed) and all monthly payments must be via ACH (no checks).

*Texting and call center provided for groups with over 25 employees.



THANK YOU



WE LOOK FORWARD TO DISCUSSING NEXT STEPS TOGETHER.

LET'S SCHEDULE A 15-MINUTE CALL

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