



ESSENTIAL BENEFIT
ADMINISTRATORS



BOLD LION
BENEFITS

Affordable Solution to the
UN-Affordable Care Act

Essential Benefit Administrators is a national third party administrator which specializes in the design of custom and innovative medical plans.

We are a full service third-party administrator who consults each individual broker and client based on their own specific needs and objectives, whether it be providing a low cost solution to obtain compliance with the Affordable Care Act, providing a predictable risk management outcome for upcoming year's renewals, or traditional self-funded and fully-insured health plans.

Our team is comprised of industry leading experts in the employee benefit insurance field. Our decades of industry experience has allowed us the ability to help over 10,000 clients combined. We have diverse skill sets and come from various backgrounds. Our team consists of nationally recognized insurance brokers, CPA's, attorneys, HR professionals, customer service specialists, risk management and underwriting experts.



INTEGRITY

We are a company that offers you help with your insurance needs with full integrity.



INNOVATION

We are industry experts and provide you innovative solutions to stay in compliance while saving money.



FORESIGHT

We offer you the best advice keeping in mind the changing regulations and impacts to your bottom line.



QUALITY

Our #1 goal is to offer you the best services possible. Working with us is a breeze.

Technology

Flexible Mobile Benefits Solution

All employee benefits consolidated into one complete mobile healthcare experience. Receive important reminders about plan updates, benefit changes, feature updates and tips on how to access cost-effective and convenient healthcare whenever employees need it most.

Employer Portals

Robust online portals provide HR personnel access to real-time reporting and plan information any time via the employer portal. Plan participants can easily find account information and initiate transactions 24/7 using the participant portal.

Technology Integrations

EBA has established multiple integrations with popular payroll and benefit admin systems.

We partner with you to understand your technology needs and help build an easy process for all.

Compliance

- We keep up to date on IRS regulations and procedures
- Proactive and timely compliance communication and guidance regarding legislative changes
- Plan documentation updates
- Documentation tracked and data archived for 7 years as required by the IRS
- Our plans and service Minimizes your risk of legal liability and costly penalties
- Provides peace of mind that your business, plans and employees are compliant
- Protects plan participants and companies from negative tax consequences

EBA's Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and ongoing customer service. Essential Benefit Administrators have invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with easy-to-use online billing and enrollment support, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

EBA's Flexible and Innovative Benefits and Services

Essential Benefit Administrators is the leading provider of MEC and Limited Med plans, specializing in innovative and flexible employee benefits solutions. Our plan offerings are flexible and are tailored for each individual client's needs. All our products and services are marketed through independent brokers and agents to employers of all sizes.

Plan Offerings

- Minimum Essential Coverage
- Minimum Value
- Traditional Self-Funded
- Level-Funded
- Captive Options
- Fully-Insured Major Medical

Plan Services

- General administration, accounting, census management, and vendor management
- Enrollment services (electronic enrollment guides, printed material, call center, and on-line enrollment options)
- Preparation of the plan documents
- Printing and distribution of benefit ID cards
- Administer claims and coordinate payment of claims and other provider services
- Claim funding and spending reports

Medical Coverage Options

- Minimum Essential Coverage (MEC)
 - Ideal for Preventative
- MEC Plus
 - Ideal for Preventative, Wellness and Routine Doctor Visits
- MEC Premium
 - Ideal for More Expansive Coverage, Including Maternity, Urgent Care & ER
- Minimum Value Plan
 - High Deductible Plan, Ideal for Minimum ACA Compliance
- Self Funded Major Medical
- Captive Solutions
- Fully-Insured Major Medical
 - Ideal for Groups of all Sizes that Desire to Offer Complete Coverage Health Insurance Option

Why an Essential Plan from Essential Benefits Administrators?

Beginning in 2014, the Patient Protection and Affordable Care Act (PPACA), requires most U.S. citizens to maintain "Minimum Essential Coverage." Minimum Essential Coverage includes health insurance coverage provided under certain government sponsored plans, employer sponsored plans, individual plans, grandfathered health plans, or other coverage specified by the Department of Health and Human Services (HHS). PPACA also requires that all plans include the following:

- Coverage for dependent children to age 26
- Preventive Care Services covered without cost sharing (except for brand name contraceptive drugs);
- No annual or lifetime limits.

In 2017, failure to be covered by a plan meeting this definition subjects citizens to a penalty which equals the greater of \$695 per uninsured person or 2.5 percent of household income over the filing threshold. These penalties are scheduled to increase over time.

Beginning in 2015, PPACA requires that employers with over 50 employees offer their full-time employees the opportunity to enroll in a group health plan, which provides Minimum Essential Coverage. Employers will be subject to a penalty if they do not offer 95% of their full-time employees a plan providing Minimum Essential Coverage. The penalties are monthly, but it is easiest to understand when expressed as an annual amount. The penalty for failure to offer a plan as described above is \$2,700 per employee per year (minus the first 30 employees).

As you review our Essential Plan, you will see that it provides Preventive Care and Contraception Services only. There are no deductibles or co-pays (except for brand name contraceptive drugs). There are no annual or lifetime limits. Coverage is available to the employees' lawful spouse and children through age 25, or through any age if disabled and unable to earn a living. The Essential Plan is a simple and affordable way for an employer to help its employees meet the requirements of the PPACA. It is also a mechanism for employers to provide Minimum Essential Coverage to their employees and meet their obligations under PPACA.

Information regarding PPACA is accurate as of April 1, 2023. For more information, visit <http://healthreform.kff.org>

Essential Plan Summary

General Information (Preventive Care Only)

Co-pays:.....\$0 (except for contraceptives 1)
Deductible:..... \$0
Benefit percentage
paid by plan:.....100% of covered expenses 2
Plan Annual Maximum:.....Unlimited
Plan Lifetime Maximum:....Unlimited

Summary of Covered Services

Below are a few of the common covered preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

Covered Services for Children & Adolescents

- Well Child Exams – physical exams & vision acuity
- Assessments – developmental & behavioral
- Immunizations – diphtheria, tetanus and pertussis
- Screenings – hearing loss, lead poisoning and depression

Covered Services for Adults

- Annual Preventive Care Visits – physicals & history
- Immunizations – hepatitis & influenza
- General Health Screenings – blood pressure, cholesterol & diabetes
- Prescription contraceptives for women

MEC Essential Plans (Composite Rates)

\$1,500 minimum monthly premium.

PREMIUM REDUCTION AVAILABLE AT 4 BREAKPOINTS OF ENROLLMENT:

- 350 EMPLOYEES ENROLLED (5% PREMIUM REDUCTION)
- 500 EMPLOYEES ENROLLED (10% PREMIUM REDUCTION)
- 1,000 EMPLOYEES ENROLLED (17.5% PREMIUM REDUCTION)
- 2,000 EMPLOYEES ENROLLED, 25% PREMIUM REDUCTION)

*** Rates will be reviewed and adjusted by the quarter when the breakpoint is achieved and credit will be applied retroactively for the previous quarter and new lower rate guaranteed for the next quarter. As long as the breakpoint is maintained, the rates will remain at the reduced rate. If the enrollment drops, then the rates will adjust back to respective rate based on the actual enrollment at the quarter

	% ER Contribution	% ER Contribution
	50%	50%
	MEC Plus	MEC Premium
Employee Only	Contact Bold Lion Benefits to learn more about EBA's plans and JIB Association rates:	
Employee Plus Spouse		
Employee Plus Children		
Employee Plus Family		
Upgrades	Included: Telemedicine Upgraded Rx Plan	Included: Tele-Medecine Upgraded Rx Plan



Eric Wurzel, CEO
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All Plans Include 1095 Filing for BOTH the Company and Enrolled Employees at NO ADDITIONAL COST.

Method of Enrollment *To be determined on pre-sale implementation*

Options

- Quick and efficient
- Complementary Text Messaging
- Streamlined payroll integration
- One on one enrollment counselors

Provider Network *Why do we provide access to a Provider Network?*

Benefits

- Participating provider's charges are reduced
- Reduced charges continue even if Benefit Maximum is reached
- Network provider will accept paperwork and file claim



Provider Network: First Health Network

Over 490,000 provider locations across the country

- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.MyFirstHealth.com
- Savings are competitive with all other networks. (First Health Network expresses all discount information as savings off billable charges.)

Signature below signifies that I have the opportunity to ask questions, understand the presentation, and feel comfortable proceeding with the next steps. I am approving EBA to move forward with a contract offer.

Agreed to this _____ day of _____, _____.

by _____
Employer



ESSENTIAL PLANS BENEFIT SUMMARY

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

	In Network MEC	In Network MEC Plus	In Network MEC Premium Plus
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Deductible (per person)	\$0	\$0	\$0
MEDICAL BENEFITS			
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Applicable
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Covered at 100%
Primary Doctor & Pediatric-sick visits	Not Covered / Network Discounted Rate	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits
Specialist Doctor	Not Covered / Network Discounted Rate	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year
Laboratory Services and Imaging	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included
X-Rays	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included
Urgent Care	Not Covered / Network Discounted Rate	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year
Emergency Room Admission	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$250 co-pay – 1 Visit per Year
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 3 Visits
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 1st 3 visits
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Outpatient Facility (e.g. Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
PRESCRIPTION DRUG BENEFITS			
RX	Discount for Generics	Discount for Generics	Discount for Generics

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

Rx Insurance Plan underwritten through Pram Insurance Services. See plan description for details.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination

Wellness and Preventive Care (Including Pediatric and OBGYN)

This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.

COVERED PREVENTIVE SERVICES FOR ADULTS			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm	Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening	Plan pays 100%	No Benefit	
Aspirin use for Men and Women	Plan pays 100%	No Benefit	One Aspirin use consultation for women ages 45 to 79 and men 55 to 79.
Blood Pressure Screening	Plan pays 100%	No Benefit	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over.
Cholesterol Screening	Plan pays 100%	No Benefit	One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Depression Screening	Plan pays 100%	No Benefit	
Type 2 Diabetes Screening	Plan pays 100%	No Benefit	Screening for adults with high blood pressure only.
Diet Counseling	Plan pays 100%	No Benefit	Screening for adults at higher risk of chronic disease.
HIV Screening	Plan pays 100%	No Benefit	Screening for adults at higher risk.
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Tetanus, Diphtheria, Pertussis * Varicella	Plan pays 100%	No Benefit	Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk, includes syphilis screening.
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.
COVERED PREVENTIVE SERVICES FOR WOMEN			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Well-Women Visits	Plan pays 100%	No Benefit	
Anemia Screening	Plan pays 100%	No Benefit	For pregnant women.
Bacteriuria urinary tract or infection Screening	Plan pays 100%	No Benefit	For pregnant women.
Breast Cancer Mammography Screening	Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 years old.
Breast Cancer Chemoprevention Counseling	Plan pays 100%	No Benefit	Counseling for women at high risk.
Cervical Cancer Screening	Plan pays 100%	No Benefit	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening	Plan pays 100%	No Benefit	For younger women and women at high risk.

COVERED PREVENTIVE SERVICES FOR CHILDREN			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Alcohol and Drug Use Assessments	Plan pays 100%	No Benefit	
Autism Screening	Plan pays 100%	No Benefit	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100%	No Benefit	For children to age 18
Blood Pressure Screening	Plan pays 100%	No Benefit	For children to age 18
Cervical Dysplasia Screening	Plan pays 100%	No Benefit	For sexually active females
Congenital Hypothyroidism Screening	Plan pays 100%	No Benefit	For newborns
Depression Screening	Plan pays 100%	No Benefit	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100%	No Benefit	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100%	No Benefit	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100%	No Benefit	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100%	No Benefit	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100%	No Benefit	For children to age 18
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit	For children to age 18
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100%	No Benefit	For all newborns
HIV Screening	Plan pays 100%	No Benefit	For sexually active children
Immunizations * Diphtheria, Tetanus, Pefussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella	Plan pays 100%	No Benefit	For children to age 18.
Iron Supplements	Plan pays 100%	No Benefit	For children ages 6 to 12 months at risk of anemia.
Lead Screening	Plan pays 100%	No Benefit	For children at risk of exposure
Medical History	Plan pays 100%	No Benefit	For all children throughout development.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	For children to age 18.
Oral Health	Plan pays 100%	No Benefit	At risk assessment for your children ages newborn to age 10.
Phenylketonuria (PKU) Screening	Plan pays 100%	No Benefit	For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Tuberculin Testing	Plan pays 100%	No Benefit	For children at higher risk of tuberculosis to age 18.
Vision Screening	Plan pays 100%	No Benefit	For children to age 18.

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are deemed upon receipt of the claim and any additional information required to make a benefit determination.

Hospital Indemnity

Guidelines

<div>Coverage type</div> <div>Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.</div>			
Product	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Plan	
	Policy Form:	EBA-0004	
Eligibility	Issue Age:	Employee:	18-75
		Spouse:	18-75
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 30 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> EE: Age 76 or on last date of paycheck, then on last day of the month of active employment. SP: Age 76, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. 	
		Coverage Tier	Guarantee Issue
Underwriting Offer		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee applications	
	Effective Date	August 1, 2022	

Hospital Indemnity

Pricing

	Weekly (52) premium			
Age	Employee	Employee/Spouse	Employee/Child(ren)	Family
18 - 49	\$27	\$44	\$36	\$52
50 - 59	\$32	\$52	\$40	\$60
60 - 64	\$40	\$64	\$48	\$72
65 - 75	\$48	\$80	\$54	\$88

Note: Final implementation rates may vary slightly due to rounding

Benefits and Features

Daily Hospital Conf	\$100/day max 30/days
ER Room Visit	\$100 max 2 visits
Air Ambulance	\$1,000 max 1 visit
Appliance	\$100 max 1 benefit
Observation Room	\$100/visit, 48hrs min, 2x/yr
Ambulance	\$100 max 1 visit
DOV	\$25 max 3 for EE, 5 for all covered persons
X-Ray	\$25 max 2 benefits
Enhanced ICU	\$100/day max 30/days



Contact Bold Lion Benefits to learn more about
EBA's plans and **JIB Association rates**:

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