



Benefits Proposal

For: Pizza Ranch

Effective Date: TBD

Innovative & Affordable Benefits for Employees

Designed with Employer ACA Compliance at Top of Mind

Employers with 50 or more full-time or full-time equivalent employees must meet two important requirements of the Affordable Care Act (ACA).

2022 PENALTIES

A Penalty

Employers who fail to offer a Minimum Essential Coverage (MEC) plan that provides certain wellness and preventive care to full-time employees may face a penalty of \$2,750 per full-time employees (minus the first 30).

B Penalty

A penalty of \$4,120 per full-time employee who enrolls in a subsidized plan through a government exchange if the employer fails to offer an affordable Minimum Value Plan (MVP) which provides more comprehensive coverage, such as hospitalization.

BENEFITS THAT DELIVER VALUE

MEC Options

- Designed to meet ACA compliance and avoid the A Penalty
- All MEC plans cover preventive services as recommended by the ACA and include additional benefits, such as network discounts and telemedicine
- Each proceeding plan options continues to add richer coverage for employees
- All plans are affordable and offer employer contribution flexibility

MVP Options

- Each level designed to meet ACA compliance and avoid the B Penalty
- Covers at least 60% of allowed cost
- Meets “affordability” requirement when employers agree to pay any plan costs above 9.61% of the employee’s income.
- Provides substantial benefits for both in- and out-patient hospitalization with increasing benefit at each level

MEC Options

Plan	MEC 1	MEC 2	MEC 3	MEC 4
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	N/A	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Preventive, Physician & Diagnostic Services				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	Not Covered	\$25 Copay (2 visits per plan year)	\$25 Copay (3 visits per plan year)	\$25 Copay (4 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
Urgent Care	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	Not Covered	\$50 Copay (1 visit per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (1 visit per plan year)
Anesthesia	Not Covered	Not Covered	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)
Second Surgical Opinion	Not Covered	Not Covered	\$0 Copay	\$0 Copay
Pharmacy Benefits (Subject to Formulary)				
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	\$5 Copay (APS Acute List)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)
Non-Preventive (Mail Order)	\$15 Copay (APS Chronic List)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)

¹ After Copay, benefit subject to Reference Based Pricing

Disclaimer: Benefits listed on this proposal are subject to change, please review the Summary of Benefits for each plan for a complete description of coverage and a list of exclusions.

MVP Options

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$13,200
Preventive, Physician & Diagnostic Services				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)	\$20 Copay
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)	\$40 Copay
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)	\$50 Copay
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)	\$50 Copay
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)	\$400 Copay ¹
Allergy Services	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$40 Copay (Separate copay from PCP or Specialist Office visit.)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Inpatient Hospitalization (Prior Authorization Required)	\$350 Copay per Admission ¹ (5 days per plan year)	\$350 Copay per Admission ¹ (7 days per plan year)	\$350 Copay per Admission ¹ (10 days per plan year)	\$400 Copay per Admission ¹
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)	Included in IP Hospitalization Copay
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay
Emergency Room	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Ambulance Service (Ground Services Only)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (2 per plan year)	\$400 Copay ¹
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits				
Professional Services	Not Covered	\$350 Copay	\$350 Copay	\$50 Copay
Maternity / Childbirth / Delivery (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay per Admission ¹	\$350 Copay per Admission ¹	\$400 Copay per Admission ¹
Other Services				
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)	\$25 Copay (20 visits per plan year)
Hospice (Prior Authorization Required)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Treatment for Chemical Abuse & Dependency – Inpatient (Prior Authorization Required)	\$250 Copay per Day ¹ (5 days per plan year)	\$250 Copay per Day ¹ (7 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (Prior Authorization Required)	\$25 Copay per Day (5 days per plan year)	\$25 Copay per Day (7 days per plan year)	\$25 Copay per Day (10 days per plan year)	\$25 Copay per Day (10 days per plan year)
Chemotherapy / Radiation Therapy (Prior Authorization Required) (Chemotherapy only includes infusion, not oral)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Dialysis (Prior Authorization Required)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Authorization Required)	Not Covered	Not Covered	\$50 Copay per Day (12 visits per plan year)	\$75 Copay per Day (20 visits per plan year)

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Transplant – Facility <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Transplant – Physician & Anesthesiologist Charges during Inpatient Hospitalization <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	Benefit Subject to Reference Based Pricing
Pharmacy Benefits (Subject to Formulary)				
Preventive <i>(Generic Only)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive <i>(Retail)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>
Non-Preventive <i>(Mail Order)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>

¹ After Copay, benefit subject to Reference Based Pricing

Disclaimer: Benefits listed on this proposal are subject to change, please review the Summary of Benefits for each plan for a complete description of coverage and a list of exclusions.

Rates

Plan	MEC 1	MEC 2	MEC 3	MEC 4	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Single	\$113.79	\$174.68	\$238.96	\$264.22	\$380.06	\$420.94	\$454.01	\$541.84
EE + Spouse	\$156.09	\$236.69	\$331.31	\$368.89	\$610.52	\$700.46	\$755.23	\$966.43
EE + Child(ren)	\$144.61	\$216.03	\$300.52	\$334.00	\$538.70	\$612.29	\$654.82	\$824.90
Family	\$179.03	\$278.04	\$392.87	\$438.67	\$769.17	\$891.81	\$956.04	\$1,249.51

Proposal Terms & Conditions

- **These plans are not traditional major medical insurance.** These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.
- The benefit options in this proposal are the result of combining one or multiple benefits and/or services from different companies (“Vendor(s)”) which may include but are not limited to, insurance companies, stop loss companies, other benefit providers and administrative services providers. As such, the Client is, and the Proposal shall be subject to all Vendor requirements for approval and Client may be required to complete one or more Vendor applications. Some Vendor offerings may include fully insured products.
- **This is not a contract of insurance.** An SPD or Vendor specific policies will contain full plan details that will supersede this Proposal and control in the event of conflict and should be referred to for specific information. All matters regarding the plan are, in all respects, governed by the SPD or Vendor specific policies. The benefit summaries in this proposal and any subsequent material (“Materials”) are intended to be brief descriptions of the benefits. In the event there is a conflict between Materials and the SPD or Vendor specific policies, the SPD or Vendor specific policies will control.
- The delivery of products and/or services from any Vendor associated with the plans presented in this proposal will only be provided after receipt and acknowledgment, by the parties, of a fully executed service contract and is subject to the terms and conditions thereof.
- Taxes and fees, including but not limited to the Patient Centered Outcomes Research Institute (PCORI), are the responsibility of the Client and its plan of benefits and are not covered under the policy.
- Charges assessed by the New York Health Care Reform Act (NYHCRA), Massachusetts Health Safety Net, and/or any other state mandated fees are the responsibility of the Client and its plan of benefits. No late fees, penalties, interest, surcharges or other assessments resulting from these requirements are reimbursable under the stop loss policy, if applicable.
- This Proposal is Proprietary and Confidential and is only to be review by the Client and its agents and advisors.

Plans Administered By



27 Years of TPA Experience

500K Lives Under Administration

1K Employer Group Clients

90% Client Retention

99% Claims Financial Accuracy

S&S Health was established 27 years ago in Cincinnati, Ohio. We offer modular technology within a proprietary claims platform that delivers a premiere national healthcare solution. We support Employers, Brokers, Consultants, Other TPA's and Direct to Employer health plan solutions. The company processes just over \$1 Billion in claims, annually, servicing just under 500,000 employee lives in over 1,000 employer groups.

S&S Health prides itself on market leading service in a secure and compliant environment. The company focuses on accurately servicing their clients quickly to alleviate stress on members and providers. S&S Health has achieved 99.97% financial accuracy and 99.04% coding accuracy on claims. We are committed to investing in people, processes, and technology to provide our clients with the best benefits and services available.

Reference-Based Pricing Through



98% Acceptance Rate with Providers

72% Average Savings on Medical Claims

45:1 Return on Investment

\$12,792 Average Savings Per Member

Reference-Based Pricing (aka Value-Based Payments) is an alternative health plan that uses a transparent way to determine the price of service based on value and quality. This process is based on Medicare prices plus a percentage – not some hidden arbitrary number.

In general, Value Based Payments is based on a percentage of Medicare (often 150%) and is used to determine hospital payments.