

# Focus on Your **Business.**

Let us focus on the business of benefits administration for your members.

The logo consists of the letters 'BMA' in a white, serif font, centered within a dark red square with rounded corners.

**BMA**



Founded in 1992, Benefit Management Administrators, Inc. (BMA) is a State licensed Third Party Administrator (TPA) focused on the management and design of employee benefit plans for employer groups located through out the United States.

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 Self-Funded Medical

 FSA/HSA/HRA

 COBRA


 Wellness


 Self-Funded Dental

 Web & Mobile Tools

 Prescription

 Telemedicine

 Level Funding

 Compliance Management

 Short-Term Disability





# Our Mission

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## Member Satisfaction

Our mission is to provide superior customer service on behalf of our Employer Groups, Plan Sponsors and Plan Members, with an emphasis on maintaining the highest levels of in-house benefit plan expertise, technical innovation and product support.

As the contracted claims administrator for employer-sponsored health care plans, we are focused on the needs of your employees and their dependents. Our customer service department is driven to see that all plan members get the most from the benefits provided by the Plan. We strive to maintain a very high level of employee satisfaction in plan operations and in plan communication.

# How We Stand **Apart**

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## Cost-Saving Analysis

We are fanatical about finding ways to lower costs for Employers.



## Custom Benefit Plans

Work with us to design a health plan that fits to your unique needs.



## Dedicated Service Teams

Our dedicated account managers and customer care specialists are on call to help both employers and employees.



## Technology

Our powerful health portal and mobile apps allow employers, employees, providers and brokers access to claims, benefits and FSA/HSA account balances.



# Administrative Services

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Benefit Management Administrators (BMA) is a “Full Service” third party benefits administrator (TPA) that provides contract administrative services for employer groups in need of Health Plan Administration, COBRA/HIPAA, Cafeteria Plan, Prescription Drug, Dental, Vision, Short Term Disability, Stop-Loss Procurement and Consulting Services.

The client’s needs are the most important item of consideration when designing an employee benefit plan. Benefit Management Administrators listens, proposes solutions and implements the programs necessary to meet an employer’s primary goal. With new laws, regulations, interpretations, opinions, announcements, and major court cases impacting employee benefit plans, it is important that you contract with a knowledgeable and experienced TPA. Benefit Management Administrators will work closely with you to address all of your employee benefit needs.

We have the experience and the staffing expertise to get the job done. Our customer support team is trained to help your employees get the most from your Plan. The BMA technical support team is focused on a “can do” attitude, with the employer’s primary objective in mind.



## Health Plan

Benefit Management Administrators provides contract administration for a variety of self-funded medical benefit plans, including Health Reimbursement Arrangements (HRA's), PPO Plans, HMO Plans, and Medical Reimbursement Plans. Our tailored administration services provide our clients with flexibility and control.

## Section 125

BMA provides full Cafeteria Plan, Section 125 Administration. This is the benefit card that allows your employees to pay for eligible medical, dental, transit, and dependent care expenses with the swipe of the card.

## Prescription Drug Card

Our prescription drug management program provides Plan Sponsors with prescription drug reports pulled directly from the Prescription Benefit Managers (PBM's) database. We work to insure that your PBM is providing the most cost effective drug card program possible. Our prescription drug consulting program includes:

- PBM selection based on specific clinical and benefit analysis
- Audit and analysis of PBM contract, claims adjudication and rebates
- Plan Member online access to individual drug usage and management tools
- Management reports covering all key aspects of the drug card program

## Dental and Vision Plan

Our direct reimbursement type dental and vision programs give employees the freedom of choice with regard to medical providers.

We can design a cost effective dental and vision plan, with benefits as liberal, or as conservative, as the Plan Sponsor desires. Benefit Management Administrators can customize co-insurance levels, deductible amounts, annual maximums, and covered benefits to meet clients' specific needs.

## Medical Claims

We provide a broad range of administrative services for clients nationwide. The heart of our service offering is found in our total health plan administration.

Benefit Management Administrators provides outstanding claims management services achieved through superior processing accuracy and unmatched claim turnaround services.

The claim adjudication process includes the following range of functions:

- Specific and Aggregate stop loss limits
- On-line eligibility and coverage history
- Automated production of checks and EOB forms
- Automatic Claim holds for quality reviews
- Duplicate payment edits
- Reasonable and customary edits
- Automated Correspondence
- IRS 1099 reporting
- Multiple PPO contract management
- Benefit Plan Design and Document preparation
- Automated Claim edit system
- Fully integrated web application and member call-center
- Eligibility dates prompt for pre-existing
- Termination date can be input prior to the actual date
- Benefits are pre-loaded
- Prompts for Pre-Admission Review & Second Surgical Opinion
- Tracking frequency of examiner overrides of system edits
- Claimant and provider prompts
- R&C updates for all codes
- Benefit Met Accumulator History
- Over-utilization (reports)
- Claim dollar maximums
- Necessity of Assistant surgeon
- Diagnostic procedures
- Pre-existing Conditions
- Coordination of Benefits (COB)
- Subrogation of claims



## Reports

We can provide administrative support services so our clients can focus on their employees' personal needs.

Benefit Management Administrators provides a variety of operational reports through our web portal. These statistical and financial reports are formatted, compiled and classified based on our client's individual plan.

### Standard Monthly Reports Include:

- Active COBRA Report
- Active Member and Dependent Report
- Aggregate Report
- Benefit and Claims Analysis Report
- Billing Detail Report
- Census Reporting by Coverage
- Census Reports with Dependents
- Charge Type Report
- Charge Type by Month Report
- Check Run History Report
- Claim Payment Summary Report
- Contract Savings Report
- Detail Charges Report
- Eligibility
- Geographic Distribution of Membership Report
- Lag Report
- Members Accumulators Report
- Members by Age Report
- Outstanding Check Run Report
- Payment by Zip Report
- Place of Service Report
- Pending Report
- Payment History Report
- Relationship Report
- Specific Report
- Top Providers Report

# Wellness Products

Wellness Product

## Telemedicine

Telemedicine gives members fast and easy access to a medical provider when they or their family member gets sick.

Members can use telemedicine to meet with a medical provider through a phone call.

Members call their telemedicine provider; within minutes, they can describe their symptoms, receive consultation, and get prescriptions when medically necessary.

Telemedicine makes it easy and convenient to get care when members are sick.

### Members can:

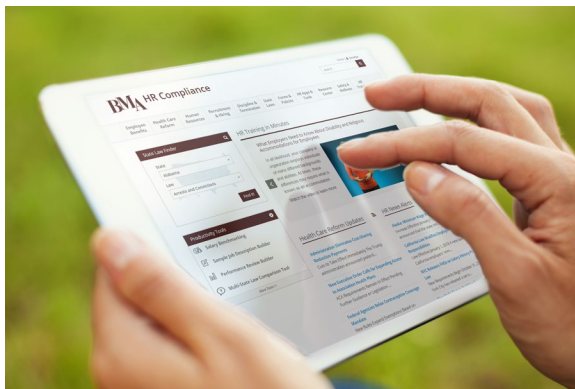
- Request a visit with a medical provider 24 hours a day, 365 days a year.
- Get the care they need without going to a doctor's office.
- Request prescription refills.\*
- Request care for other family members like: Their spouse, children, parents and parents in-law
- This can all be done while at work, home or traveling.



Wellness Product

## Wellness & Health Coaching

Encourage wellness habits with your members to help them feel better and decrease claims. Offer wellness challenges like water intake, most steps taken and a fruits and veggie challenge.



Wellness Product

## HR Compliance

We offer an online tool that let's your HR department research topics like, how to hire your first employee, how to terminate employment, and other common employer tasks. This tool is reviewed by employment lawyers to give you the most accurate advice for your HR questions. Topics are also segregated by State.

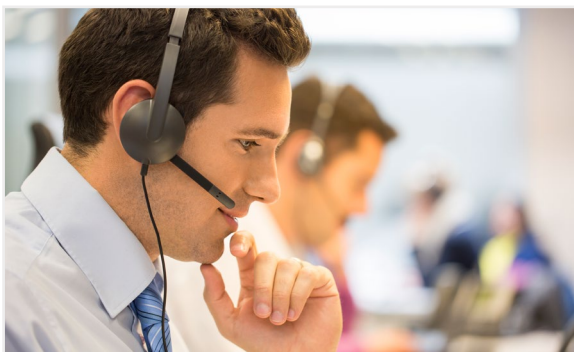


Wellness Product

## Health e360

The Health e360 membership package brings value added benefits to standard benefit plans to help control healthcare costs.

### Features of Health e360



#### **Nurse Line**

Highly trained registered nurses are on-call 24/7 to answer your members' questions.

#### **Health Advocacy**

Your members' lifeline for healthcare and insurance help.



#### **Pharmacy Discounts**

Don't let members pay full price! Members save on most prescriptions at thousands of pharmacies.

#### **Vitamin Discounts**

Find the best prices online for the most trusted brands of vitamins and wellness products.



#### **Dental Discounts**

Members smile brighter with big savings on dental services such as cleanings, x-rays and crowns.



#### **Vision Discounts**

Members save 10% to 60% on glasses, contacts, LASIK, exams and more.



#### **Hearing Aid Discounts**

Members find the right hearing aid solution to fit one's lifestyle through personalized service and exceptional products for every budget.



#### **MRI & CT Scans Discounts**

Members save 40% to 75% on usual charges for MRI, CT Scans and more at thousands of credentialed radiology centers nationwide.



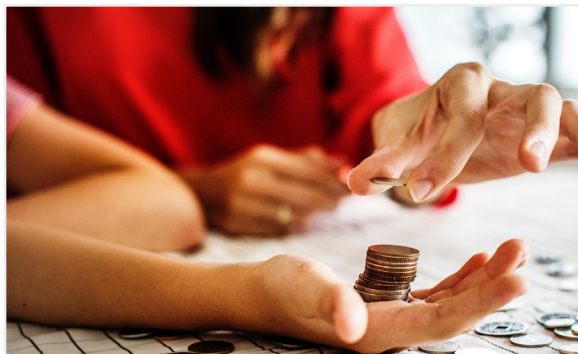
### **Diabetic Supply Discounts**

Diabetes can be hard to manage for members—big savings on supplies can make life easier.



### **Lab Testing Discounts**

10% to 80% off typical costs of routine lab work.



### **Medical Bill Saver**

Experts who know the ins and outs of billing practices will attempt to negotiate a reduction of



### **Chiropractic Discounts**

Members save 30% to 50% on X-rays, diagnostic services and treatments at chiropractors nationwide



# Self-Funded Insurance Plans

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**A self-funded health plan is money in the bank.**

Build a self-funded health plan for your company that can save and retain your business money.

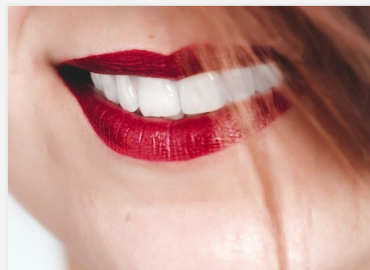
# All About Self-Funded Insurance Plans

Self insurance (or self funding) is an arrangement in which an employer assumes a pre-determined amount of the risk of the health plan.

The employer pays the cost of providing the health insurance and claims from its own funds.

Self-funded benefit plans give employers the ability to cut employee benefit costs and manage risk associated with high cost claims. Self-Funded insurance plans are custom-built for each employer based on the needs of their employee base. Employers pay for healthcare claims out-of-pocket, rather than paying a high monthly premium.

## What Can Go Into a Self-Funded Plan?



### Medical

Benefit Management  
Administrators' self-funded plan options put the control of Employee Benefits back in the hands of the employer. Clients pay only for what they use and they have access to utilization reports, at no risk.

Our services include:

- Specific, Aggregate & Integrated Stop Loss,
- Dedicated Account Manager,
- 24/7 Online Report Access,
- Online Enrollment Services and Eligibility Management,
- and Disease Management Interface.

### Dental

Benefit Management  
Administrators' dental plans give employers more control over plan design. With several customizable options, employers can create an in-network program with an open access feel.

The benefits include:

- Lower premiums,
- ability to set co-pay plan options,
- freedom of dentist choice,
- multiple available networks,
- reduced overhead,
- cost savings visible in first year,
- and compatibility with Section 125 plans.

### Short Term Disability

Our self-funded short-term disability plan includes income protection for employees who can't work, incentives for employees to return to work, and a smooth transition to long-term disability.

Members will benefit from fast and hassle-free claim service.

Aspect of Plans:

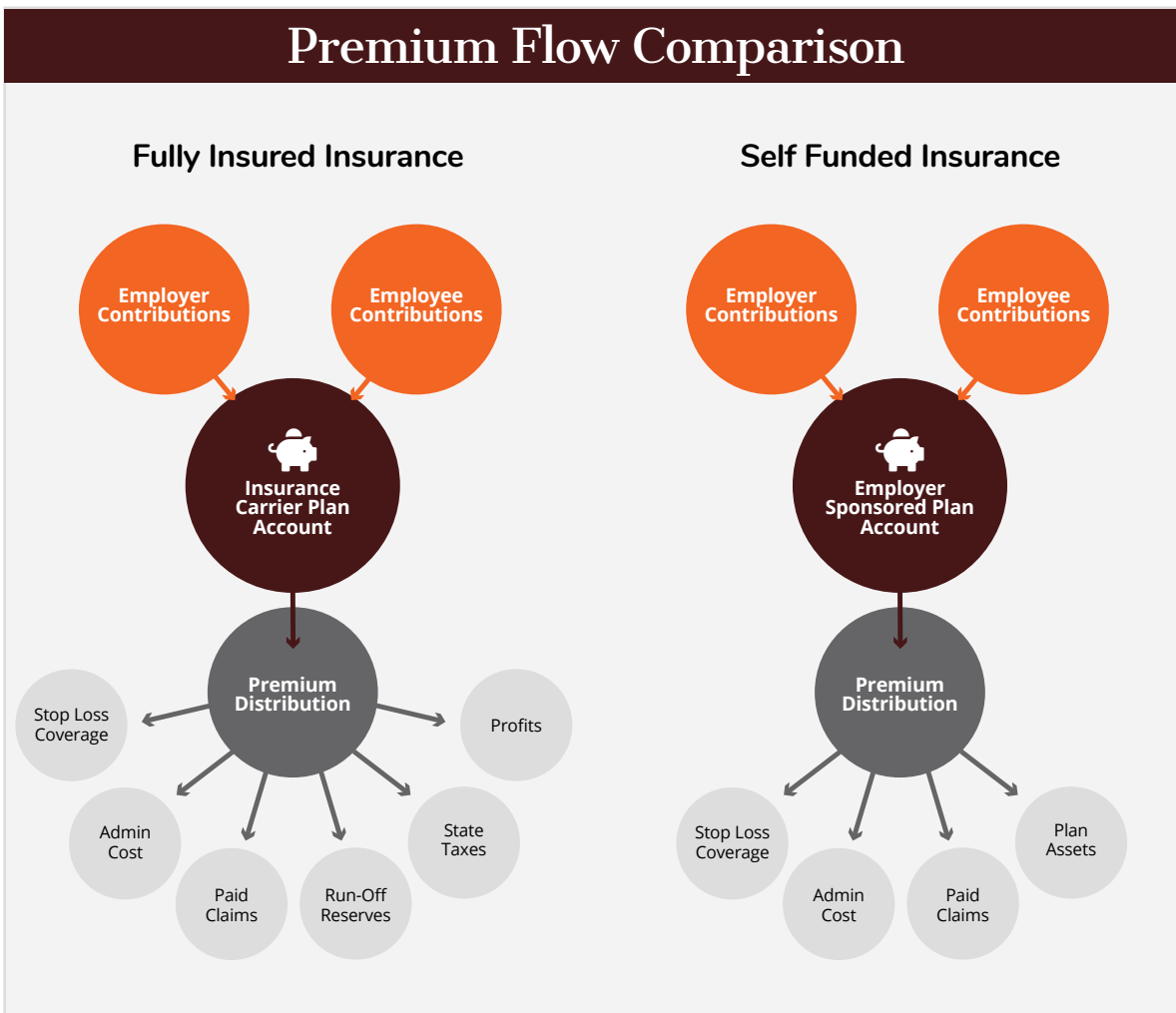
- Unique Plan Design per Your Business Needs
- Choice of Provider Networks & Vendors
- Stop-Loss Coverage
- Cost Containment Features
- Disease and Case Management
- Wellness Programs
- Detailed Reporting



# Differences Between Traditional Fully Insurance Plans and Self-Funded Insurance Plans

	Fully Insured	Self-Funded
<b>Costs</b>	All costs are fixed.	Variable costs.
<b>Risk</b>	Risk is carried entirely by insurance company. Employer only pays premiums.	Some risk is carried by employer. Remaining risk carried by stop-loss insurance carrier.
<b>Savings</b>	Savings on premiums retained by insurance company. No accumulated cash reserve for Employer.	Savings on premiums are retained by employer. Employer can accumulate cash reserves over time.
<b>Plan Design</b>	Standard Packaging and Plan Designs	Custom Plan Designs and choice of Provider Network.
<b>Taxes</b>	Federal and State taxes	Exempt from federal insurer taxes and from most state premium taxes.
<b>Law</b>	Governed by state and federal laws	Governed by federal law.

## Premium Flow Comparison





## Custom Plan Design

### Pay Only for the Coverage Your Employees Need

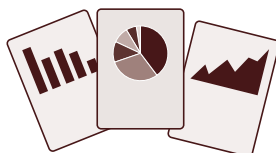
When designing a benefit plan, we hand-select a PPO that best addresses the health needs and risk factors of the employee base. We also develop a prescription formulary that addresses high drug costs, detects drug overuse, and ultimately helps the employer control RX spending.

Because plans are custom designed, the employer doesn't pay for coverage that isn't relevant to their employee base, which increases benefit utilization. The employer works together with us to design and manage benefit plans, so they'll have a partner to lean on for adhering to regulations today and tomorrow.

## Stop-Loss Insurance

The group is protected by stop-loss insurance in the event a specific claimant or the entire group's healthcare claims exceed a certain level.

These combined methods empower the employer in managing current risk, mitigating potential risk, and focusing future cost management efforts in a targeted, meaningful way.



You have direct access to your data for generating reports.

## Plan Control

Employers that self-fund employee benefit plans maintain complete control of the Plan Document, Summary Plan Description and the Schedule of Benefits. Plan Sponsors have 24/7 access to all reports and plan details, enabling them to make informed decisions regarding all aspects of the Plan.



## Benefits of a Third Party Benefits Administrator

The employer may handle administration in-house, however, majority hire a third party administrator (TPA) or work with an insurance carrier on an ASO basis.

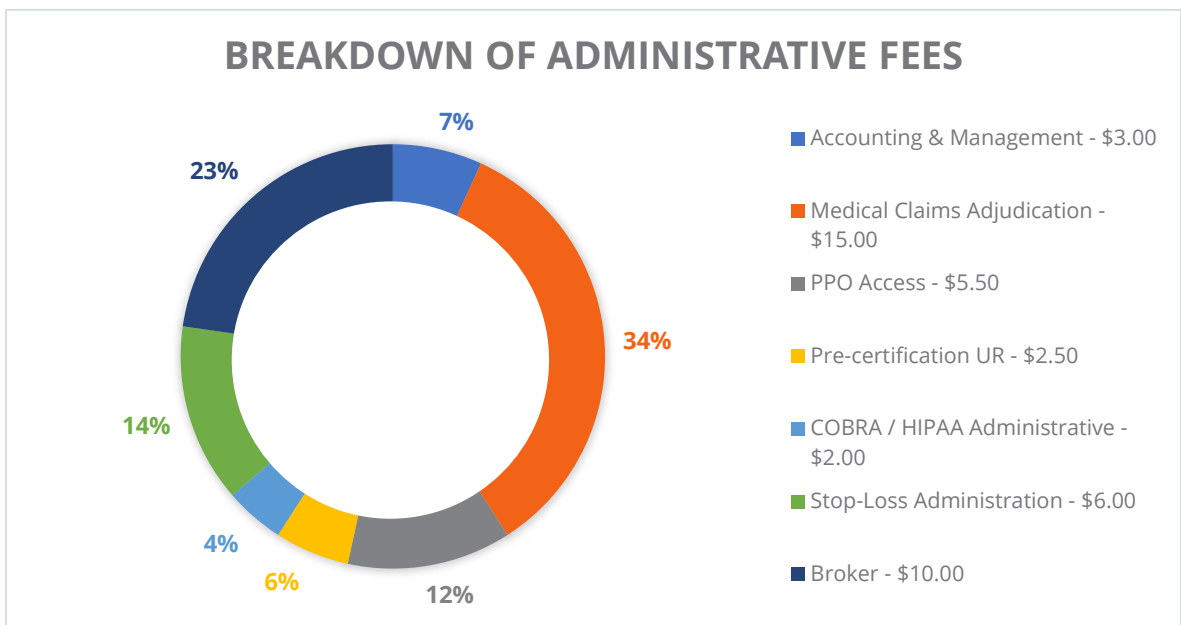
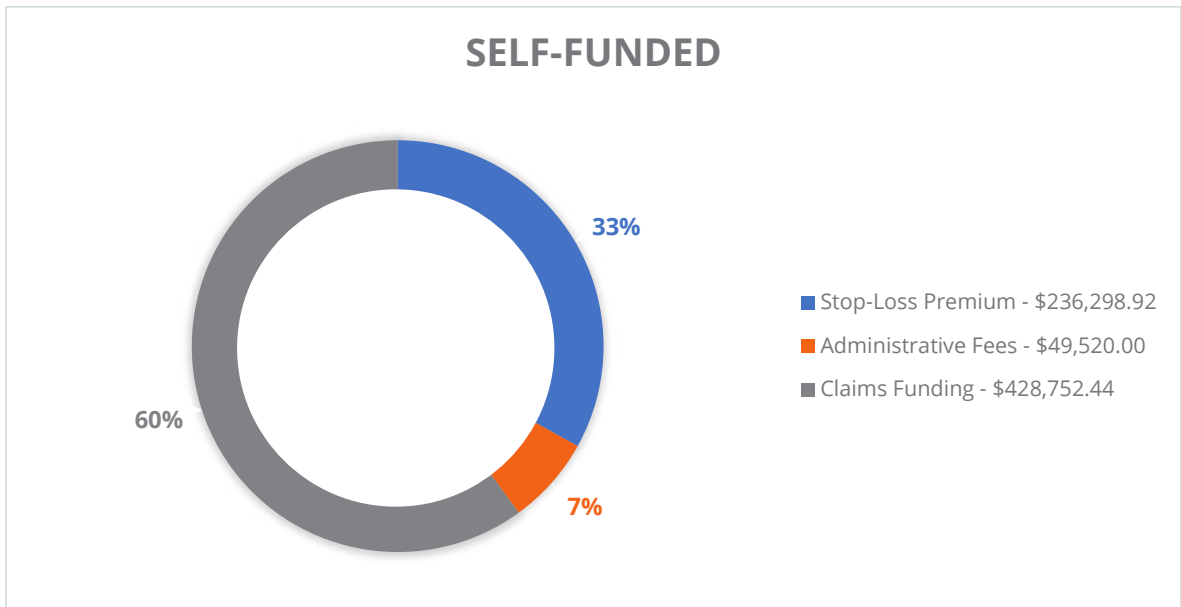
When an employer works with a third-party administrator (TPA), self-funded plan management and compliance is an easy process. The TPA does the heavy lifting for the employer, from plan design, to processing of claims, to customer service, to maintaining compliance with federal and state laws. The TPA also helps the employer effectively manage the cost of healthcare by providing transparency about the cost of claims, the key cost drivers, and solutions for reducing the costliest claims.

### Case Management Programs

When your TPA implements case management or bill audit and review programs, the resulting savings are kept by the employer, not the TPA.

The TPA's analytical claim reports give employers full transparency about the drivers of their healthcare costs, enabling them to implement case management programs that address the needs of the highest cost claimants.

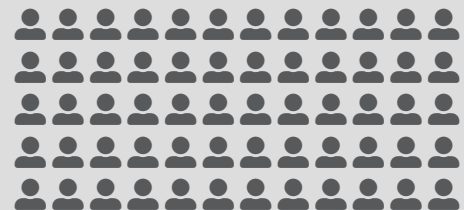
# Self Funded Insurance Plan Cost Breakdown Sample



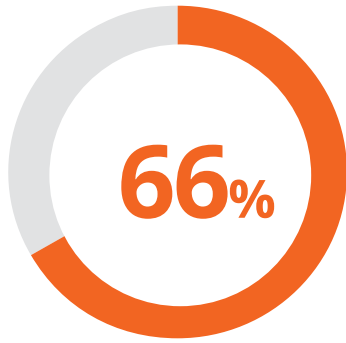
## Who should consider self funding?

Firms that are:

- Financially sound
- Believe they're healthier than average
- Know of no critical or serious ongoing health conditions
- Get trend increases despite good health history



Self-Funded Insurance is ideal for groups of 50 or more employees.

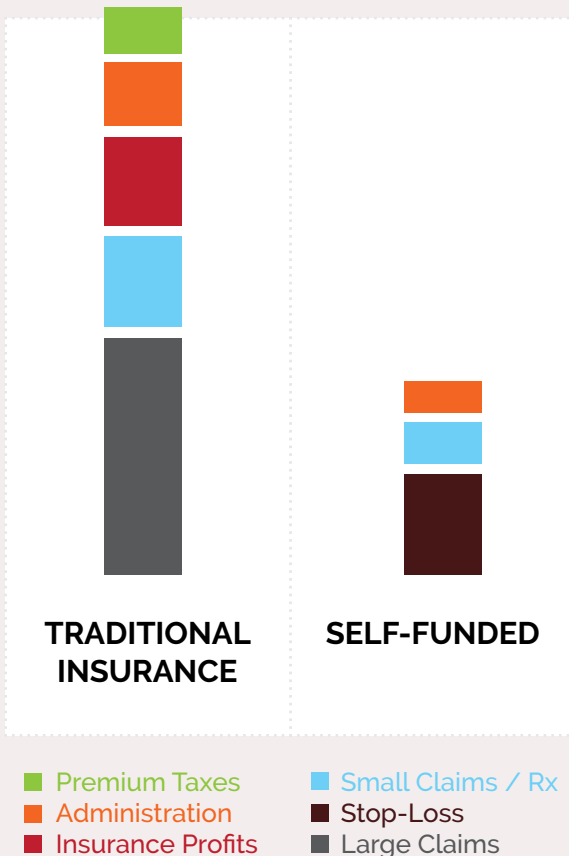


The Society of Professional Benefit Administrators has asserted that the number of U.S. employers using some form of self-funding has risen to 66% as of 2000.



**ELIMINATE**  
the state  
premium  
tax of **1.75%**

## WHERE DO PREMIUMS GO?



## Saves Employers Money

Because the employer only pays for claims out-of-pocket, they'll only pay for claims if they're incurred. If benefits are not used, healthcare spending will be low as well.

Any self-funded plan savings are kept by the employer and will be applied to next year's claims.

Self-funding prevents insurance companies from passing on the full costs of increasing healthcare prices by removing your group from the large insurance pool, thus potentially creating large cost savings.

All this adds up to substantial cost savings as well as a growing accumulation of funds to pay for future healthcare expenses.

Reserve funds are rolled over from year to year and are used for plan benefits.



## How to Get Started with Self-Funding

1. Contact us for an assessment of how self-funding can benefit your specific employee base.
2. We will design a plan for the unique needs of your employees, including networks, formularies, and benefit types.
3. Give us feedback on the plan design, and once the plan is set, we will do the heavy lifting of processing claims, answering benefit questions, managing compliance, mitigating risk, and helping you realize substantial cost savings.

We look forward to supporting you in this cost-saving journey!

# Are you ready to focus on your business again?

Contact us so we can manage your members' benefits.

✉ [sales@bmatpa.com](mailto:sales@bmatpa.com) 📞 1 (800) 934-6302

I personally welcome your call.

**-James Burkholder, President**

**Phone:**

(210) 697-9900 Ext. 203 or  
1 (800) 934-6302 Ext. 203

**Email:**

[jburkholder@bmatpa.com](mailto:jburkholder@bmatpa.com)



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