

**BMA**

Benefit Management Administrators

# The BMA “Open Access” MEC Solution

Powered by: VMS

BMA’s Open Access Solution provides an open, non-contracted reimbursement approach to reduce health costs, while also showcasing a new level of transparency & coordinate care to improve the overall member experience.

Today’s self-insured employers need a more innovative solution to manage rising medical costs. It’s a fact that most PPO Networks collaborate with hospitals and medical providers on pricing; this unfair alliance puts plan members at a disadvantage when measuring quality outcome metrics and provider accountability.

BMA’s Open Access MEC Solution represents the future of equitable and fair cost controls in health care.

## How It Saves Money

BMA’s Open Access MEC Solution is powered by Valenz Analytics, which integrates with member-centric services to find balance in the cost-quality

equation. This non-network reimbursement strategy focuses on active collaboration between all parties to ensure transparency and reduced friction among the payer, provider, and patient.

BMA’s Open Access MEC Solution also leverages the VMS Re-pricing Methodology to deliver fair, defensible, consistent claims pricing.

With personalized care navigation as the point of entry, fair market pricing as the goal, and a high-value provider network as a future outcome, this option improves savings, access and quality, while also fostering positive equitable relationships with providers.

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# Self-Funded Dental & Vision Plans

A Self-Funded Dental & Vision Plan is a smart solution to the high cost associated with today's fully insured dental and vision coverage.

Under a fully insured program, companies typically throw away thousands of dollars in premiums every year for dental and vision benefits that are rarely utilized by their plan members.

In a Self-Funded Dental Plan, the employer is the plan sponsor and approves the plan funding levels for all types of coverage and benefits. The employer has total control over how funds are used. The claims account belongs to the plan sponsor and BMA provides monthly reporting. BMA administers the claims account and manages plan operation with employees and dental providers and recommends premium and benefits levels based on expected utilization.

BMA can help implement a program that can be easily managed; it eliminates the need for lengthy claim forms, a pre-approval process, upset employees and unused benefits.

#### Plan design features include:

- Set co-pay plan options
- Lower premiums
- Employees are free to choose which dentist they go to
- Reduced overhead when compared to managing a fully-insured plan

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# Group Dental Plan

	Aetna Discount	Open Access
<b>Calendar Year Maximum</b>	\$1,500	\$1,500
<b>Individual Calendar Year Deductible</b>	\$25	\$50
<b>Family Calendar Year Deductible</b> Waived for Preventative	Max 3 per family Yes	Max 3 per family Yes
<b>Preventative Services</b> Routine Exams and Cleanings (2 per Calendar Year) Sealants, Fluoride, Full Mouth X-Rays, Bitewing X-Rays	100%	100%
<b>Basic Services</b> Restorative Fillings, Simple Extractions, Emergency Treatment, Endodontics, Periodontics, Oral Surgery	100%	80%
<b>Major Services*</b> Crowns, Bridges, Dentures, Implants	70%	50%
<b>Orthodontia - Lifetime Maximum*</b> Adults and Dependent Children	\$2,000	\$2,000

- Aetna does not guarantee that all services can be rendered by an Aetna Dental Access Provider. Not available in all areas.
- Benefits are paid using fee schedules (Aetna Discount), less co-insurance and deductibles.
- 12 month waiting period for employees and dependents without prior comparable dental coverage.
- Employer contributes 30% - 70%
- Minimum Participation: 75% of eligible employees enrolled.
- There will be a \$15 monthly billing fee added to all groups with less than 10 enrolled PPO employees. Waived with ACH premium.
- Commissions included in proposal: Standard. Proposal rates illustrative and require underwriting approval.

# Discount Vision Plan

## Vision Powered by Coast to Coast Vision

Our eyes are the windows to our health. Now your members and their family can see better savings at over 20,000 vision providers nationwide including chains and local retailers. Members save 10% to 60% on glasses, contacts, laser surgery, and exams.

- 20% to 60% off prescription eyewear including most frames, lenses and specialty items such as tints, coatings and UV protection
- 10% to 30% off eye exams
- 10% to 40% off contact lenses through
- America's Eyewear mail order service
- 40% to 50% off the national average cost of LASIK surgery



# BMA Group Dental & Discount Vision Plan

## Fixed Costs

	Cost
Aetna Dental Access - Healthe360	\$1.19
Vision Discount - Healthe360	\$0.85
BMA	\$8.46
<b>Total Fixed Costs</b>	<b>\$10.50</b>

## Claim Funding

	Aetna Discount	Open Access
EE	\$23.00	\$29.50
EC	\$41.25	\$55.00
ES	\$49.00	\$65.50
Family	\$65.00	\$84.00

## Total Cost for Each Plan

	Aetna Discount	Open Access
EE	\$33.50	\$40.00
EC	\$51.75	\$65.50
ES	\$59.50	\$76.00
Family	\$75.50	\$94.50



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# Online Enrollment

BMA online enrollment provides companies a streamlined management tool for open enrollment and enrollment changes, including new hires and qualifying events.

Our online enrollment tool gives plan members and HR representatives the ability to enroll online in a secure, HIPAA-compliant environment.

Employees can make informed benefit decisions effectively and efficiently while reviewing the details of their health plans, comparing different plans and enrolling using our quick online process.

The online enrollment tool dramatically reduces the amount of paperwork and administrative hassles while making the process quicker and more manageable.

## Key Features

- Open Enrollment
- New Hire Enrollment
- Qualifying Event Changes
- Select Plan Options
- Premium Calculations
- Pre-Tax & Post-Tax Deductions
- Enrollment Reporting
- Enrollment & Covered Persons History
- Enrollment Export Files
- View Benefit Elections



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# Minimum Essential Coverage

Minimum Essential Coverage (MEC) plans are health insurance coverage plans which satisfies one portion ((IRC 4980H (a)) of the Affordable Care Act's (ACA) employer shared responsibility provision.

Minimum Essential Coverage is the coverage large employers are required to offer to avoid paying the "non-offering employer" penalty. Benefit Management Administrators, Inc. (BMA's) Minimum Essential Coverage (MEC) plans are designed to cover all required preventative and wellness related services. Since Minimum Essential Coverage plans only offer preventative coverage, the cost is less than traditional group health insurance.

For employers considering MEC plan designs, BMA recommends combining a minimum essential coverage plan with a limited medical plan.

This combination provides additional added benefits and is more desirable to employees; additional benefits include but are not limited to discount plans, virtual doctors' visits, and restricted coverage for routine doctor visits, additionally depending on the plan design it may also offer limited hospital benefits.

Employers can have confidence when selecting BMA as their Minimum Essential Coverage plan administrator because BMA specializes in providing compliant Minimum Essential Coverage plan administration for our clients and excellent customer service for our participants.

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# Preventive & Wellness Benefits

BMA offers three MEC plans: a Base, Plus and Super. All three plans offer the following preventive and wellness benefits however, the Base plan is only payable for procedures incurred as part of preventive and wellness care and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam, or as specified below.

- Routine Physical Exam
- Annual Well Woman Exam
- Annual Pap Smear and Other Routine Lab
- Annual Mammogram
- Bone Density Test
- Annual PSA Test
- Well Baby Care Exam/Well Child Care Exam
- Routine Immunizations
- Flu Vaccine/Pneumonia Vaccine
- Routine Laboratory and X-Ray
- Child Vision Screening
- Newborn Hearing Screening
- Smoking/Tobacco Use Cessation
- Women's Contraceptive Methods
- Women's Sterilization Procedures
- Routine Colonoscopy

## Diagnostic Add-ons

Our Plus and Super plans do however offer coverage for diagnostic (sick) visits as outlined below. Limitations include, but are NOT limited to:

MEC Plan Designs	Limitation(s)
PCP, Walk-In, Specialist, & Urgent Care Visits	8 Combined Visits
ER Visits, In/Out Hospital Services Complex	Not Covered, Discount Only via Health e360
Imaging (MRI, CT, PET)	Generic Only
Prescription Drugs	Retail 30 Day Supply
<b>The Below Only applies to the MEC Super, and is ONLY a member reimbursement.</b>	
Complex Imaging (MRI, CT, PET)	Discount Only via Health e360 \$300 Per Scan – 2 Scans Max Per Plan Year
Emergency Room	\$250 Per Visit – 2 Visits Max Per Plan Year
Surgical Procedures	\$500 Per Procedure – 3 Max Procedures Per Plan Year
In-patient Hospital Stay	\$1,000 Per Day – 6 Max Days Per Plan Year

## Services Provided

- Employer Consultation & Custom Plan
- Online Enrollment via BMA Portal & 24/7 Access to Account Information via web
- Plan Document, SPD & Amendments, as needed
- Open Enrollment Assistance, if requested
- Assignment of Account Manager to group
- Customer Assistance to Members
- IRS 5500 Assistance  
PCORI Preparation  
1094/1095 Reporting, if elected

# BMA

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## Health e360

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



Reduce  
Healthcare  
Costs

Improve  
Productivity  
& Health

Nourish  
Health  
Conscious  
Culture

Make  
Well-Being  
Your  
Success

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# Features of Health e360

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## 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 members' out-of-pocket medical expenses.



### Chiropractic Discounts

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

## Health Advocacy

This tool gives your employees assistance locating the right doctor, untangling claims and billing errors, and selecting cost-effective options for healthcare. These price transparency and healthcare advocacy services provide substantial savings on employee healthcare costs.

## Health E-Newsletter

Each month, employees receive an e-newsletter, highlighting a relevant health topic and providing articles, tips, and resources for personal health growth.

## Wellness Programs

Facilitate company-wide employee health and fitness competitions and provide employees with access to health coaches, and personalized programs to improve personal health and wellness.

## Health News Videos

Receive daily news about the latest healthcare trends, diagnosis research, and tips for a healthier lifestyle.

MeMD Standard Disclaimer - MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not an online pharmacy, and medications cannot be purchased or dispensed from MeMD directly. MeMD is not a replacement for your primary care physician or an annual doctor's office visit. MeMD is available 24/7 nationwide, subject to state regulations.

\*MeMD Prescription Disclaimer - When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up

Streaming videos cover a variety of healthcare topics, from eating habits, to exercise, to suggestions for handling one's diagnosis.

## Patient Education Resources

Employees can research their diagnosis, use the symptom checker, and access healthcare decision support tools. Healthwise is a leading developer of consumer health resources.

## Telemedicine

Using the MeMD Telehealth solution, employees can conduct a doctor's visit with a board-certified physician, over the phone or webcam. This saves employees from making a trip to the doctor and saves your company from paying for unnecessary emergency room visits.

# All these resources and more are available in our Health e360 package.

at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

MeMD Pricing Disclaimer - \$0 Visit Fee Pricing Model - \$0 visits are capped at three visits per individual, per month. Each visit above the cap will be charged at MeMD's then-current standard visit fee rate, collected at the time of service.

# Are you ready to save money?

Contact us so we can manage your members' benefits.

✉ sales@bmatpa.com 📞 1 (800) 934-6302



I personally welcome your call.

-James Burkholder, President & CEO

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

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



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## Welcome to the BMA Health Portal!

Once you log in, you may:

- View your health plan benefits and summaries
- Find a healthcare provider
- Download your ID card
- See your claims
- Check your deductible and out of pocket balances
- Access a variety of health and wellness resources



Username [Forgot Username?](#)

Password [Forgot Password?](#)

Show Password

[Login](#)

### Are you new here?

Members and Healthcare Providers need to self-register for a portal account before they can login. Employers will need to [contact BMA](#) for registration.

[Create a New Login Account](#)

### Technical Assistance.

[Click Here](#) or call (855) 490-6673. To expedite your call please provide this code to the representative: **BMATPA**

[Self Enrollment](#)

# Health Portal

Our health portal is your easy-to-use main hub for daily tasks for employers, members, and brokers.

## Member Portal Features

- Find a doctor or hospital
- Look up your health benefits
- Access your health claims (EOBs)
- Download benefit documents
- Chat with Customer Service
- Request new member ID card
- Print a temporary ID card
- Send and receive secure messages
- Access to our HR Compliance knowledge base

## How to Create an Account

1. Visit [www.bmatpa.com](http://www.bmatpa.com)
2. Click the "Portal Login" button.
3. Click the "Create a New Account" button.
4. Follow the in-screen prompts.

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# Health Saving Account (HSA) Administration

## Why Add a HSA Benefit Plan?

Health Saving Account Benefit Plans allow employees, who are enrolled in a high-deductible health plan (HDHP), and employers (if desired) to contribute a certain amount of money using pre-tax dollars for the reimbursement of qualified expenses.

The plan allows participants, to use these funds for certain eligible out-of-pocket expenses such as deductibles, copayments, medication, dental and vision expenses, and eligible over the counter items. BMA will handle the administration, help with open enrollment (if requested) and reporting as necessary to keep your plan in compliance with current laws.

### Services Provided

- Employer Consultation
- Online Enrollment via BMA Web Portal
- 24/7 Web Access
- Customer Service Assistance
- Direct Deposit

## Confused About What You Can Buy with Your HSA?

Discover Over 4,000 Eligible Products with One Click!

[Shop HSA Store Now](#)



## HSA Store

Employees will have full access to our online HSA store at [www.hsastore.com](http://www.hsastore.com). Some of the many features of the HSA store are:

- HSA Card Acceptance
- Free Shipping
- Large Product Selection
- 24/7 Customer Service
- Live Chat

## Communications Services

- Open Enrollment Packet
- HSA Debit MasterCard
- 24/7 Online Account Access
- HSA Store Access



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# Health Reimbursement Arrangement Administration

## Why Add a HRA Benefit Plan?

A Health Reimbursement Arrangement (HRA) is an employer-funded plan that reimburses employees for qualified medical expenses and, in some cases, insurance premiums. Employers are allowed to claim a tax deduction for the reimbursements they make through these plans, and reimbursement dollars received by employees are generally tax-free.

An HRA covers qualified medical and dental expenses. According to the Internal Revenue Service (IRS), medical expenses are costs incurred to alleviate or prevent a physical or mental ailment, not expenses to maintain general health, such as vitamins.

However, an employer may exclude certain medical expenses even though the expenses are qualified by the IRS. An employer's list of reimbursable medical expenses will be outlined in its HRA plan document for employees.

An HRA is not an account. Employees cannot withdraw funds in advance and then use them to pay medical expenses. Instead, they must incur the expense first, then have it reimbursed.

## Aspects of Funding

- No minimum or maximum contribution requirements
- Contributions cannot be funded by salary reduction
- Contribution levels may be prorated for new hires
- Fund the account on a regular basis (i.e monthly) or in one lump sum (i.e. annually)
- Allow funds to rollover from year to year, enabling employees to accumulate money to pay for future healthcare expenses.
- Unused funds may be forfeited back to the employer when an employee is terminated (with the exception of COBRA)

## Services Provided

- Plan Document & SPD
- IRS 5500 Assistance
- Employer Education & Consultation
- Online Enrollment via BMA Portal
- 24/7 Web Access
- Manual Claims Submission & Adjudication
- Customer Service Assistance
- “eClaims” Auto Claims Adjudication
- Direct Deposit for Reimbursements
- Assignment of an Account Manager
- Customer Service Assistance





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# Flexible Spending Account (FSA) Administration

BMA specializes in providing complete Section 125 administration for our clients and excellent customer service for our participants.

## Flexible Spending Accounts

FSA Benefit Plans allow employees (and employers if desired) to contribute a certain amount of money using pre-tax dollars for the reimbursement of eligible expenses. The plan allows participants to use these funds for certain out-of-pocket expenses such as deductibles and copayments. BMA will handle the administration, enrollment and reporting necessary to keep your plan in compliance with current laws.

### Plan Options Include:

- General FSA
- Limited-Purpose FSA
- Dependent Care Accounts
- Commuter Accounts (Transit Spending Account, Parking Spending Account)

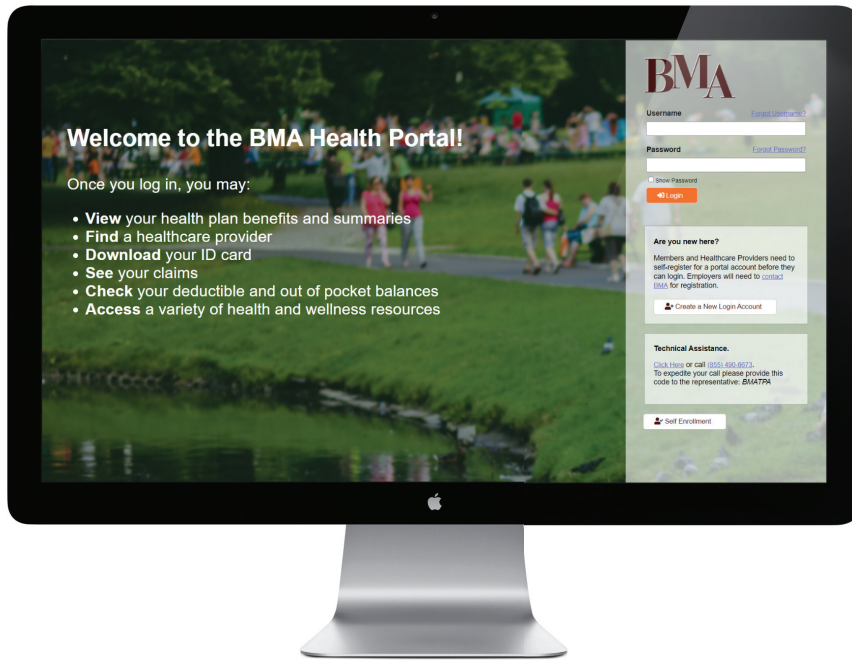
## Dependent Care Accounts:

Are used to pay for qualified child care expenses for dependent, under the age of thirteen, that you can claim on your taxes.

These expenses must be necessary for you and/or your spouse to work and include: before and after school care, in home care such as a nanny or babysitter, daycare and summer camps.

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## Online Access

The BMA portal is available 24/7; clients can submit new employees, terminations, changes and run reports. Flex participants may also access the BMA portal to view account information, transaction history, important documents, and etc.

## Services Provided

- Employer Consultation & Custom Plan
- Online Enrollment via BMA web portal
- 24/7 Web Access to Account Information
- Plan Document, SPD and Amendments, as needed
- Customer Service Assistance
- Manual Claims Submission & Adjudication
- Direct Deposit for Flex Reimbursements
- IRS 5500 Assistance
- Basic Discrimination Testing (at cost)

## Communication Services

- In-depth enrollment packet with expense worksheets (Helps employees project annual FSA, DCA and Commuter expenses)
- Flex debit MasterCard
- 24/7 online account access
- New notices to employees, as needed based on changes to the law
- FSA store access

## FSA Store

Employees will have full access to our online FSA store at [www.fsastore.com](http://www.fsastore.com). Some of the many features of the FSA store are:

- FSA card acceptance
- Free shipping
- Large product selection
- 24/7 customer service
- Live chat





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# COBRA & HIPAA Administration

BMA specializes in providing compliant COBRA & HIPAA administration for our clients, while providing excellent customer service for our participants.

BMA is a full service third party administrator dedicated to COBRA and HIPAA compliance. You will have confidence when outsourcing this time consuming responsibility to our trained professionals.

BMA accepts fiduciary liability for the administration of our COBRA and HIPAA programs. BMA will submit additional notification and election services, if needed, or required by federal law.

Additionally, online access to the BMA web portal is provided 24/7. Through this system clients can submit new employees, terminations, changes, and even run reports.

## Key Benefits

- Specialization in complete COBRA / HIPAA administration and COBRA Compliance
- 24/7 Access to BMA secure web portal
- Submit new hires, terminations, changes, and ability to run reports via secure web portal
- View account info, payment history, important documents, etc.

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## What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is the federal law amended by the Internal Revenue Code, ERISA and the Public Health Service Act. This law applies to employers that maintain a group health plan and who have 20 or more employees. According to COBRA, these employers must offer employees and their eligible dependents the opportunity to elect COBRA continuation coverage on a self-pay basis depending on the qualifying event.

## What is HIPAA?

Companies must abide by the laws of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) if there are employees who had coverage under a group health plan and are switching jobs, terminating employment or losing health insurance for another reason.

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## Services

- COBRA Takeover Notice sent to all currently active COBRA participants.
- Newly hired employees will receive a COBRA Initial Rights Notice, HIPAA Initial Rights Notices.
- Within 14 days receipt of a COBRA Qualifying Event notice, BMA mails a COBRA Notification Letter to the Eligible Participants; this letter will include additional COBRA information necessary for the Eligible Participant to make an informed decision.
- The Plan Sponsor receives a copy of each COBRA Notification Letter.
- BMA prepares and distributes monthly premium billings to the address of each COBRA participant (at cost).
- Remit to Client, within 15 days of the first day of each month, a check for the aggregate of all participant premiums received by BMA during the preceding month.
- BMA shall provide State Continuation Administration, if applicable.

## Clients Deliverables

- A report listing changes in COBRA eligibility status: electronic file format or in a standard report. The report will include newly elected and paid COBRA participants and those terminated.
- A report listing the participant premiums received for the preceding month.
- A monthly report listing COBRA activities during the preceding month. Information will include, but is not limited to, all premiums received, expiration and termination activity, listing of all COBRA participants and the day on which each participant's COBRA expires.
- A second COBRA expiration notice once continuation of coverage has expired. The final Certificate of Creditable Coverage will also accompany this letter.



# Stop Loss Insurance

An employer who elects to self-fund their benefit plans assumes all the responsibility and risk that a fully-insured employer has transferred to the insurance company. Stop-loss insurance is crucial protection with self-funded benefits.

## What is Stop Loss Insurance?

Stop-loss insurance is designed to limit the employer's risk on a pre-determined amount for each covered individual on the plan and provides protection against catastrophic or unpredictable losses.

### There are two types of stop-loss insurance:

#### Specific Stop-Loss

Specific Stop-Loss is the form of excess risk coverage that provides protection for the employer against a high claim on any one individual. This is protection against abnormal severity of a single claim rather than abnormal frequency of claims in total. Specific stop-loss is also known as individual stop-loss.

#### Aggregate Stop-Loss

Aggregate Stop-Loss provides a ceiling on the dollar amount of eligible expenses that an employer would pay, in total, during a contract period. The carrier reimburses the employer after the end of the contract period for aggregate claims.

### Key Advantages

- Financial Protection
- Employer Limited Risk
- Cost Containment Services
- Customized Plan Designs
- A & A+ Rated Carriers

# Carriers

## What are the basic carrier requirements?

Most carriers have a minimum life requirement, in most situations carriers require a minimum of 25 to 50 lives. Carriers typically require traditional self-funded quotes to have a minimum of 50 lives and a minimum of 25 lives for level-funded quotes. However, on a case by case basis some carriers may quote traditional plans as low as 25 lives and level-funded plans as low as 15 lives.

## What is the turnaround time for each quote?

Carriers prefer a minimum of 7-14 days to analyze request for proposal (RFP) packages and submit a proposal. Depending on the time of the year we are usually able to get the quotes back sooner than that. However, in some cases such as during the 4th quarter, please allow 14+ businesses days.

## BMA's Preferred Carriers

- ExcessRe - Sirius
- Spectrum - Companion Life
- AccuRisk - Nationwide
- IISI - Companion Life

## Why is it important to work with an A rated carrier?

A carriers' rating is essential to self-funded plans because it measures the insurer's financial strength and therefore its ability to meet its ongoing contract obligations.

# Stop Loss Carrier Requirement Check List

(All current plan year items)

- Plan Document(s)
- Schedule of Benefits and Coverage (SBC)
- Claims Experience  
*Current & prior year, month by month with enrollment history*
- Large Claimant Info  
*Include dollar amount, diagnosis, treatment plan and prognosis*
- Employee Census  
*Include age or DOB, gender, coverage type and zip code*
- Premium Rates  
*Include all coverage tiers*
- Renewal Premium Rates  
*Include all coverage tiers*

## Already Self-Funded?

Please provide the following current plan year items:

### Specific Stop-Loss

- Specific Contract Type  
*i.e.: 12/12, 12/15, 15/12 or Paid*
- Specific Deductible
- Specific Rates  
*All coverage tiers*
- Types of Covered Benefits  
*i.e. medical, Rx, dental, etc.*

### Aggregate Stop-Loss

- Aggregate Contract Type  
*i.e.: 12/12, 12/15, 15/12 or Paid*
- Aggregate Factors  
*All coverage tiers*
- Aggregate Premium  
*All coverage tiers*
- Types of Covered Benefits  
*i.e. medical, Rx, dental, etc.*

### Required Reports

- Shock Loss/ Trigger Report  
*Current plan year only*
- Specific Report  
*Current plan year & past 2 years*
- Aggregate Report  
*Current plan year & past 2 years*
- Pre-Certification Report  
*Past 90 days*



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# Level-Funded Health Plans

BMA offers the ultimate product for employers seeking a simple way to move from a fully insured group health plan to the benefits of a self-funded medical plan.

Level-Funded, also known as a “Bridge Product,” is the ideal solution for employers who would like to transition to a self-funded program. Self-funded medical expense benefit plans provide stability while offering flexibility in developing cost saving benefit plan designs.

This product provides insurance coverage to cover the unexpected catastrophic claims incurred in a self-funded plan. Unlike traditional stop loss programs, a Bridge Product is designed to give employers the benefits of traditional self-funding, while enjoying the ease, look and feel of a fully-insured group health plan.

By introducing the BMA Bridge Product, all business types now have the option to move to a self-funded insurance plan.

## Key Advantages

- ERISA plan allows flexibility with benefit plan design and no state mandated benefits
- Employer writes one monthly check (based on plan enrollment)
- No additional claim funding requirements
- One Maximum Retention (spread over 12 payments)
- Designed specifically for employers with 15-200+ employees currently covered
- Lower maximum plan cost (as compared to traditional stop loss)
- Underwritten by A and above rated carriers



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# Self-Funded Health Plans

Stop Paying the Insurance Companies. Start Paying Yourself.

## What is Self-Funding?

Self-funding, otherwise known as self-insured insurance, is a plan in which the employer takes on the financial risk of providing certain healthcare benefits to his or her employees. With self-funded insurance, companies pay for healthcare expenses out-of-pocket as they are received. This differs from traditional health insurance in which an employer pays a pre-determined premium to an insurance carrier, or fully insured plan.

With self-funded plans employers can protect against unpredicted claims and avoid financial distress by utilizing stop-loss insurance.

With stop-loss insurance, employers are reimbursed for any claims that fall above a specific dollar amount. This can be highly beneficial for employers who want to switch to self-funded plans but do not yet have the funds to cover exorbitant healthcare costs.

## Services Provided

- Employer Consultation & Custom Plan
- Online Enrollment via BMA Portal & 24/7 Access to Account Information
- Plan Document, SPD & Amendments, as Needed
- Open Enrollment Assistance, if Requested
- Assignment of Account Manager to Group
- Customer Service Assistance to Members
- IRS 5500 Assistance
- PCORI Preparation
- 1094/1095 Reporting, if elected

✉ sales@bmatpa.com 📞 1 (800) 934-6302 🌐 bmatpa.com

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# Why Switch to a Self-Funded Plan?

Cost Savings

Increased Flexibility

Enhanced Cash Flow

Reduced Premiums



## Who Should Consider Self-Funding Their Insurance Plan?

Firms that are:

- Financially sound
- Believe they have healthier than average employees
- Know of no critical or serious on-going health conditions
- Get trend increases, despite good health history

## 📄 Online Enrollment

BMA's online enrollment solution enables Plan Members and Employers to enroll online in our secure, HIPAA-compliant environment.

To fuel maximum plan enrollment, Benefit Management Administrators' Enrollment Services team educates HR and employees on plan options and can help with employers open enrollment meetings upon request.

## 🌐 BMA's Web Portal

The Benefit Management Administrators web portal is available 24/7, allowing clients to submit new employees, process terminations, access account information, and run reports. Our portal is designed with members, brokers, and employers in mind. It allows you to stay informed about claim activity, plan performance, and healthcare spending.

Features include, but not limited to:

- Manage enrollment for current and new employees.
- Review and approve invoices and claim funding requests.
- Assess plan performance with online reporting.

Administrative Professionals to Give You Compliance Peace of Mind.

Professionals in Benefit Administration.

Single-Source-Solution Management of Your Employer offered Plans.

# Take control of your employer-sponsored health welfare benefit plan.

Contact us for your no-obligation quote today.

✉ sales@bmatpa.com 📞 1 (800) 934-6302



I personally welcome your call.  
-James Burkholder, President & CEO  
(210) 697-9900 Ext. 203 or 1 (800) 934-6302 Ext. 203  
jburkholder@bmatpa.com



## Third-Party Administrative Services

Benefit Management Administrators (BMA) is a "Full Service" Third-Party Benefits Administrator (TPA) that provides superior client support for employers and employees enrolled in their Health and Welfare Benefit Plans.

- Self-Funded Welfare Benefit Plans
- Level-Funded PLans
- Minimum Essential Coverage Plans (MEC)
- Dental/Vision
- Health e360 (Wellness)
- Flexible Spending Account
- Health Savings Account / Health Reimbursement Account
- COBRA Administration
- HIPAA / ACA Compliance Peace of Mind
- Stop-Loss Procurement
- Consulting Services
- Online Enrollment
- Web Portal

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# What We Can Help With

Founded in 1992, Benefit Management Administrators (BMA) is a state-licensed third-party administrator focused on the management and design of employee benefit plans. One of our experienced team members can assist with the design, implementation, and administration of your employer-sponsored Health plan.

## 🏠 Self-Funded Medical

BMA provides efficient claims management services achieved through superior processing accuracy, and claim turnaround services. Our tailored administration services provide our clients with flexibility and control.

### Services include:

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

## 📄 PCORI/5500 Filing

BMA has both the skills and experiences to satisfy annual 5500 filing requirements for your employer-sponsored welfare benefits plan. BMA does PCORI preparation at no additional cost to the employer.

## 🏠 Minimum Essential Coverage (MEC) Plans

- Covers 100% of the government's listed Preventative and Wellness Benefits when members visit a network provider.
- Provides first dollar coverage with access to one of the largest national preferred organizations (PPO) available.
- Strong PPO network discount savings.
- Network savings can be used for services not covered by the MEC.

## 🦷 Dental and Vision Plan

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.

## ⚙️ Health e360 (Wellness)

At BMA, we recommend enhancing your MEC plan with Health e360 to increase the benefit offerings. This will give you access to savings and discounts to a variety of services, such as:

### Services Include

- Health Advocacy
- Medical Bill Saver
- Nurse Line
- Pharmacy Discounts
- Chiropractic Discounts
- Dental, Vision and Hearing Discounts
- MRI and CT Imaging Discounts

## 🏠 Health Plan Administration

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 and cost savings you otherwise will not have in a fully-insured plan.

## 📄 1094/1095/Employer Reporting

BMA tracks all required reporting data to efficiently file the required 1094/1095 form and mails out directly to the employees on the employers behalf.

## 🏠 Flexible Spending Account

BMA provides full flexible spending account Administration, utilizing a Debit Card; employees can pay eligible medical, dental, transit, and dependent care expenses using the card. Employers will have access to our FSA app found in the Google Play and Apple app store for real time account balance and other tools to maximize their FSA benefits.

## 🏠 Health Reimbursement Accounts

Health Reimbursement Arrangements can be used to reimburse the same expenses as an IRS Section 125 Plan. HRA may be limited to monthly or pay period contributions. HRAs are untaxed at the employee level and reimbursements are tax deductible at the corporate level. The Federal "use-it-or-lose-it" rule does NOT apply to HRAs. Additional benefits and savings are seen by both employers and employee, when an employer combines a high-deductible health plan with an HSA, HRA, and a LPPFA.

## 🏠 Health Savings Account

A Health Savings Account (HSA) is a triple tax-advantaged savings account for individuals enrolled in a high-deductible health plan (HDHP), designed to allow employees to deduct pre-tax payroll dollars to save and pay for qualified out-of-pocket expenses.

### Services Included on ALL our Reimbursement Accounts:

- Online Enrollment and Administration
- IRS 5500 Assistance (if requested)
- 24/7 Online Report Access
- Manual Claims Submissions and Reimbursement

## 🏠 COBRA/HIPAA

BMA provides complete COBRA/HIPAA administration for the client as well as the excellent customer services participants. Online access to the BMA web systems is available 24/7, which allows clients to submit new employees, termination, changes, and to run reports. COBRA participants also have online access to view payment history, account information, and important documents.

### Services Include:

- Notices sent via Certified Mail
- Send COBRA take-over Notices
- 24/7 Online Report Access
- State Continuation



Benefit Management Administrators



# RFP: Stop-Loss Checklist

In order to prepare your quote for stop-loss coverage, we require the following documents from you:

- 1. Plan Document or Schedule of Benefits Coverage**
- 2. Two years of Claims Experience**  
Include current year and prior year, and month-by-month with enrollments history.
- 3. Two years of Large Claimant Information**  
Include dollar amounts, diagnosis, treatment plan, and prognosis.
- 4. Employee Census**  
Include age, date of birth, gender, plan elections, elected coverage tier, and zip code.
- 5. Premium Rates**  
Include all coverage tiers.
- 6. Renewal Premium Rates.**  
Include all coverage tiers.

## Where to Send

📍 11550 W. IH 10, Suite 220, San Antonio TX 78230

✉ [accountmgmt@bmatpa.com](mailto:accountmgmt@bmatpa.com) / [sales@bmatpa.com](mailto:sales@bmatpa.com)

📞 (210) 697-0360

## Questions

Contact us if you have any questions.  
We are here to help YOU!

📞 1 (800) 934-6302 (Toll-Free)

📞 1 (210) 697-9900 (Call or Text)

🌐 [bmatpa.com](http://bmatpa.com) (Live chat available online)

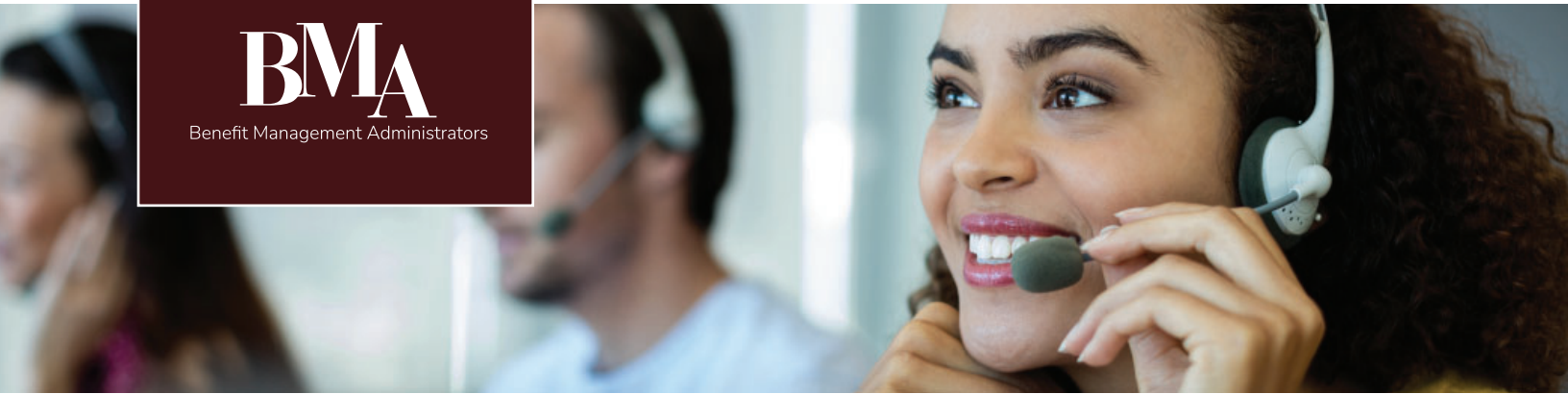
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# Contact Sheet

## Customer Support

We are here to support you; please feel free to call us anytime if you have questions about benefits, enrollment, claims, or when you need answers fast.

- 📞 1 (800) 934-6302 (Toll-Free)
- 📞 1 (210) 697-9900 (Call or Text)
- 🌐 bmatpa.com (Live chat available online)
- 📍 11550 W. IH 10, Suite 220, San Antonio TX 78230
- 🕒 Monday – Friday, 8:00a.m. – 5:00p.m. CST
- 📠 (210) 697-0360

### Sales and Account Management Team

- 📞 1 (800) 934-6302 (Option 4)
- ✉ accountmgmt@bmatpa.com
- ✉ sales@bmatpa.com

### Enrollment & COBRA Services

- 📞 1 (800) 934-6302 (Option 3)
- ✉ ene@bmatpa.com

### Accounting

- 📞 1 (800) 934-6302 (Ext. 342)
- ✉ accounting@bmatpa.com

The authorized negotiator for your proposal and the top executive who has overall responsibility for the headquarters office: Mr. James (Jamey) Burkholder, President & CEO

## Key Personnel

President & CEO	James Burkholder	ext. 203	jburkholder@bmatpa.com
Chief Financial Officer	Tomas Perez	ext. 343	tperez@bmatpa.com
Director of Account Operations	Cher Hunter	ext. 380	chunter@bmatpa.com
Claims Manager	Natalie Solis	ext. 300	nsolis@bmatpa.com
Director of Sales & Account Management	Jennifer Chambers	ext. 314	jchambers@bmatpa.com
Senior Account Manager	Lisa Gallegos	ext. 355	lgallegos@bmatpa.com
Senior Sales Manager	Jessica Adams	ext. 307	jadams@bmatpa.com
Chief Technology Director	Charlie Gomez	ext. 204	cgomez@bmatpa.com



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☎ 1 (800) 934-6302

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📍 11550 W. IH 10, Suite 220  
San Antonio TX 78230

To Our Valued Partner,

Benefit Management Administrators, Inc. (BMA) is a state licensed Third Party Administrator focused on the design and management of employee benefit plans.

Since 1992, from our home in San Antonio, we have been servicing employer groups who have employees across the United States. As a “Full Service” TPA, we provide contract administrative services for employer groups in need of Health Plan Administration, COBRA/ HIPAA, Section 125 Cafeteria Plans, Flexible Spending Accounts (FSA), Health Savings Accounts (HSA), Health Reimbursement Accounts (HRA), Dependent Care Accounts (DCA) and Commuter Benefit Accounts.

It is BMA’s mission 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. The client’s needs are the key element for designing an employee benefit plan. BMA listens, proposes solutions, and implements the programs necessary to meet an employer’s requirements.

Our customer support team is trained to assist plan members get the most from their plan, while our technical support team is resourceful and efficient in handling the innovative products and solutions that we deliver. With new laws, regulations, and major court cases impacting the employee benefit plans, it is important that you contract with a knowledgeable and experienced third party administrator.

BMA wants to work with you to deliver outstanding service to you and your employees. I personally welcome your call.

Sincerely,



**James Burkholder**

*President & CEO*

(210) 697-9900 Ext. 203 or 1 (800) 934-6302 Ext. 203  
jburkholder@bmatpa.com