



Southwest Car Wash Association Healthcare Initiative Program

Level-funded Group Health Benefits Program featuring healthcare benefit savings as compared to traditional coverage options.

Presented By





KEY BENEFITS

- CIGNA PPO Network
 - National PPO Network
 - No referral needed to see a Specialist.
- Unfiltered PBM for prescription drug benefits.
- MyTelemedicine offered on all plans.
- Available for employer groups with a minimum of 5 enrolled employees.
- Dual Option available for employer groups with 10 or more enrolled employees.
- 5 Plans to choose from
 - 3 plans with copay benefits for doctor visits and prescription drugs.
 - 2 HSA eligible plans.
- · All Plans are ACA compliant
- 12/18 plan contract
- 100% refund of any claims fund surplus





Since 1985, Assured Benefits Administrators has been helping small to mid-size employers manage and administer their health plans.

WHY ABA?

WHAT YOU'LL GET

CUSTOMER DRIVEN AND OUTCOMES BASED

MAXIMUM COST SAVINGS

EXPERIENCED PROFESSIONAL TEAM

THE HIGHEST LEVEL OF SERVICE

CUTTING EDGE TECHNOLOGY

FLEXIBLE, FULLY INTEGRATED SOLUTIONS

Headquartered in Dallas, Texas, our affiliated companies have offices throughout the U.S. and South America. We employ more than 140 professionals; most have at least 10 years of experience in the healthcare industry.



AFFILIATED COMPANIES

National Healthcare Solutions, Inc. is a cost containment company serving the largest insurance companies in the world.

Independent Medical Systems is a U.S. Preferred Provider Organization (PPO) network of hospitals and medical providers.

VIP Universal Medical Insurance (VUMI) is an international insurance company that provides exclusive major medical products and VIP medical services to individuals and corporate clients around the world.

Vumilatina is a prepaid medical company in Ecuador that offers innovative products throughout South America.

Dallas Risk Management is known for its strong market relationships, outstanding service and expertise in all aspects of self-funded underwriting.

Frates Benefits Administrators provides TPA services for clients that include school districts, hospitals and federal entities, among many others

PRODUCT BENEFIT GRID



PLAN OPTIONS	ESSENTIAL PLAN	ADVANTAGE PLAN	PREFERRED PLAN	HDHP	HDHP CHOICE
Individual Calendar Year Deductible	\$1,000	\$2,000	\$4,000	\$3,000	\$5,000
Family Calendar Year Deductible	\$2,500	\$6,500	\$10,000	\$6,000	\$10,000
Out-of-Pocket Maximum	\$3,000 single \$8,500 family	\$6,000 single \$12,700 family	\$6,600 single \$13,200 family	\$ 5,000 single \$10,000 family	\$5,950 single \$11,900 family
Office Visits	\$35 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)	20% after deductible	10% after deductible
Other Physician Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
MRIs, CT Scans, PET Scans	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Maternity	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Hospital, ER & Facility charges	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Emergency Room Copay (waived if admitted)	\$100 copay per occurrence then deductible and 20%	\$100 copay per occurrence then deductible and 20%	\$400 copay per occurrence then deductible and 20%	20% after deductible	10% after deductible
Urgent Care	\$35 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)	20% after deductible	10% after deductible
Ambulance Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Home Health	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Hospice	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Occupational, Physical & Speech Therapy	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Wellness Services	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%
Retail Prescription Drugs	\$0/\$15/\$60	\$0/\$15/\$60	\$0/\$15/\$60	20% after deductible	10% after deductible
Specialty Drugs	\$0/\$45/\$180	\$0/\$45/\$180	\$0/\$45/\$180	20% after deductible	10% after deductible





Key Navigator Features

Level-Funded and Self-Funded Plans Available \$0 Out-of-Pocket for Members on Tier 1 Benefits

"A" Rated
Stop-Loss Insurance
Carrier Options

How Navigator Works

- Prior-authorization required for all a non-emergent or planned procedures.
- Clinical teams provide integrated utilization management to determine all medical necessity.
- An Advanta Navigator will provide members with alternative high-quality provider options for their procedure (Navigation).
- Members pay a Zero Copay if they choose Navigation
- Employer saves financially with little hassles.
- Members have the option to use their PPO benefit.









Level and Traditional Self Funded Options

- Options for any size employer
- Flexible benefit designs
- Full service patient advocacy



No Out-of-Pocket for Tier One Navigation

- Zero deductible benefits
- Zero copays & coinsurance
- No out-of-pocket maximum



A+ Rated Stop Loss Options

- Enhanced risk protection
- Proactive underwriting
- Value-based payments

Navigator Plans Also Include

- > Utilization management and clinical care teams
- > Large PPO provider & facility benefits throughout tier two
- > Re-directed care options through Advanta Navigation
- > Financial savings for both employers and members

3-Tier Benefit Structure



Tier One

Navigation Providers

- Services received at any Advanta Navigated Provider (see plan benefits)
- Member responsibility waived when care is accessed through Advanta
- Includes all hospital, outpatient, surgical centers and dialysis care (see plan benefits)



Tier Two

In-Network Benefits

- Includes all primary care, specialist, ancillary providers
- PPO Network of practitioners, ancillary providers and facility services
- Includes PNOAe for tailored provider network services



Tier Three

Out-of-Network Benefits

- Benefits available for out-of-network providers
- Largest cost for patients to receive care
- HMA Advanta strongly advises against utilization



Navigator 3000 Plan Highlights

When patients access care through tier one benefits. Advanta Specialists help navigate throughout every aspect of care. These services include pricing advocacy, scheduling, follow-up services and travel assistance when care is re-directed. Tier One benefits also prevent any unknown financial risks to both the employer and the patient through transparent premegotiated bundled pricing.

	Tier One Navigation Benefits	Tier Two In-Network Benefits	Tier Three Out-of-Network Benefits
Deductible (Single / Family)	None	\$3,000 / \$6,000	\$6,000 / \$12,000
Maximum Out-of-Pocket	None	\$6,000 / \$12,000	\$12,000 / \$24,000
Inpatient Hospital Care	No Cost to Patient	\$250 Copayment (Per Day Up to Three Days)	50% Coinsurance +
Outpatient Hospital Care	No Cost to Patient	\$250 Copayment	50% Coinsurance +
Dialysis Services	No Cost to Patient	Not Covered	Not Covered
Scans (CT, MRI, MRA, PET)	No Cost to Patient	30% Coinsurance	50% Coinsurance +
Office & Specialist Visits	N/A	\$25 Copay (Per Visit)	50% Coinsurance +
Emergency Room	N/A	\$250 Copayment	50% Coinsurance +
Pharmacy Benefits (31 Day Supply)	N/A	\$15 / \$50 / \$ 7 5	Not Covered

Please Note: This plan highlight does not include all specifics for each benefit. Please review the full Plan Summary for complete information.





The Apex MEC is a PPACA compliant product, ideal for \$8 - \$20 per hour full or part-time employees or seasonal and 1099 staff, nationwide.

4-Year Rate Cap - MEC
Not to exceed 3% increase per

BALANCING HEALTH CARE COSTS



Our Valued Partners













Apex MEC* & Beazley Group Limited Indemnity (GLI)¹

Min in Section 1.	PREVENTIVE BENEFITS* MEC Denefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider nyour plan's network. Services include but are not limited to: For Adults: Screenings for blood pressure, cholesterol and colon cancer, plus immunizations. For Women: Screenings for breast cancer, cervical cancer and osteoporosis, plus pregnancy services. For Children: Immunizations, plus screenings for child development, vision and hearing.	MEC WITH BEAZLEY GLI ¹ SPECIAL	MEC PLUS ADVANTAGE WITH BEAZLEY GLI ¹
© TELADOC.			
	or a full list of covered preventive health services, visit www.HealthCare.gov/center/regulations/prevention.html	FREE 1 preventive visit per plan year	FREE 1 preventive visit per plan year
• •	TELADOC 24/7 (Multilingual) ²	FREE (unlimited)	FREE (unlimited)
PHCS	PPO NETWORK SERVICES ²		
.7	Primary Care Physician Visits	\$20 Copay max 2 visits per plan year	\$20 Copay max 3 visits per plan year
_	Specialist Office Visits	See GLI Benefits Below	\$50 Copay max 3 visits per plan year
	Urgent Care	\$50 Copay max 2 visits per plan year	\$50 Copay max 3 visits per plan year
_	Diagnostic X-ray and Lab	See GLI Benefits Below	\$50 Copay in offices, max 5 services per plan year
_	CT Scan/MRI (outpatient only)	000 021 20101110 201011	\$200 Copay max 1 CT Scan or 1 MRI per plan year
CITIZENS R	PRESCRIPTION BENEFITS ²		41.0
_	Tier 1 - Low Cost	\$1 Copay	\$1 Copay
_	Tier 2 - Generics	10% Coinsurance	10% Coinsurance
_	Tier 3 - Preferred	20% Coinsurance	20% Coinsurance
_	Tier 4 - Non-Preferred	40% Coinsurance	40% Coinsurance
	Tier 5 - Generic & Preferred Specialty	10% Coinsurance Plan pays 90%	10% Coinsurance Plan pays 90%
_	Tier 6 - Non-Preferred	20% Coinsurance Plan pays 80%	20% Coinsurance Plan pays 80%
	IMITED INDEMNITY BENEFITS Hospital Indemnity Benefits	GLI Special Underwritten by Beazley Insurance Company, Inc.	GLI Underwritten by Beazley Insurance Company, Inc.
Fo	Hospital Confinement for treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day) loke: Matemily benefit is payable as any other illness for both mother and child	\$500 per day 10 days per plan year	\$1,000 per day 30 days per plan year
	Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$1,000 per day 10 days per plan year	\$1,250 per day 10 days per plan year
Lu	Hospital Admission .ump sum benefit for a hospital admission, due to sickness or injury lote: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU	N/A	\$2,000 per day 1 day per plan year
S	Surgery/Anesthesia Benefits		
In	npatient Surgery for inpatient surgery in hospital due to sickness or injury	\$500 per day 1 day per plan year	\$1,000 per day 1 day per plan year
ō	Outpatient Major Surgery or outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	\$300 per day 1 day per plan year	\$500 per day 1 day per plan year
O Fo	Outpatient Minor Surgery or outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury	\$100 per day 1 day per plan year	\$100 per day 1 day per plan year
Fo	Anesthesia for general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist payable with inpatient and outpatient major surgeries only)	\$300 per day 1 day per plan year	\$300 per day 1 day per plan year
E	Emergency Room Benefits		
E r	Emergency Room for Sickness For treatment in an ER due to sickness	\$50 per day 2 days per plan year	\$50 per day 1 day per plan year
— E i Fr	Emergency Room for Accidental Injury For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	\$150 per day 2 days per plan year	\$150 per day 1 day per plan year
C	Outpatients Benefits		
O Fr	Dutpatient Lab For lab test, ordered by a physician	\$25 per day 3 days per plan year	
Fo	Outpatient X-ray or X-ray, ordered by a physician	\$75 per day 1 day per plan year	See MEC Benefits Above
O Fo —	Dutpatient Major Diagnostic or major diagnostic testing, ordered by a physician	\$250 per day 1 day per plan year	
_	TOTAL MONTHLY PREMIUMS [PAID BY EMPLOYEE]	1-YEAR RATE CAP [®]	1-YEAR RATE CAP ³
Ē	Employee only	\$103.00 + \$38.00 = \$141.00	\$138.75 + \$ 63.69 = \$202.44
E	mployee & Spouse only	\$186.24 + \$74. 00 = \$260.24	\$223.24 + \$130.57 = \$353.81
E	Employee & Children only	\$170.24 + \$60.00 = \$230.24	\$207.24 + \$114.53 = \$321.77
F	amily	\$261.30 + \$96.00 = \$35 7.30	\$298.30 + \$190.26 = \$488.56

- * The Apex MEC plans are PPACA compliant; they are offered by Apex Management Group and administered by RCI. Beazley does not underwrite the MEC plans or the non-insurance benefits.
- ¹ Group Limited Indemnity is not major medical insurance. GLI is not PPACA compliant and does not satisfy any PPACA penalties.
- ² Non-insurance benefits are included with Apex MEC plans.
- ³ Beazley GLI premium is illustrated in pink and is offered with a 1-year rate guarantee. Coverage is not available in all states. Benefits may vary by state. Minimum participation requirements apply.

GLI insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia.

DENTAL PLAN COMPARISON



Dental Coverage Plan Summary

Annual Maximum Benefit	\$750	\$1,500	\$3,000
Annual Individual Deductible	\$50	\$50	\$50
Annual Family Deductible	\$150	\$150	\$150
	In-Network You Pay	In-Network You Pay	In-Network You Pay
Preventive Care—Cleanings, Oral Exams, Fluoride, etc.	0%	0%	0%
Basic Care—Fillings, & Emergency Care, Endodontics, Oral Surgery, Simple Extractions	20%	20%	20%
Major Services— Crowns, Inlays & Bridges	50%	50%	50%





VISION PLAN SUMMARY



Schedule of Benefits	In-Network What you pay	Out-of-Network What you pay
Copay for Exam Copay for Materials	\$10 \$10	Up to \$40
Frequency Exams Lenses or Contact Frames	Once Per 12 months Once per 12 months Once per 24 months *Frequency is based on prior date of service*	
Frames	\$130 Allowance	Up to \$40
Standard Plastic Lenses Single Vision Bifocal Trifocal	\$10 \$10 \$10	Up to \$30 Up to \$50 Up to \$65
Contact Lenses Conventional Disposables Medically Necessary	\$130 Allowance \$130 Allowance \$0 Copay, Paid in Full	Up to \$150 Up to \$150 Up to \$250

^{*}Out of Network benefits may vary by carrier.





LIKE TO OFFER MORE BENEFITS?

Basic & Voluntary Life (includes AD&D)

Benefit Amount	Benefit Option	Rate
\$25,000 Basic Term Life and AD&D coverage	Employer may elect basic life insurance for all eligible employees	TBD during quoting process
\$50,000 Basic Term Life and AD&D (Employer Paid)	Employer may elect basic life insurance for all eligible employees	TBD during quoting process

Voluntary Term Life & AD&D

Employee

Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times annual earnings. Guarantee Issue amount is \$100,000.

Spouse

May elect up to 100% of employee coverage in \$5,000 increments not too exceed \$500,000. Guarantee Issue amount is \$25,000

Child(ren)

Children 6 months to age 26 may elect up to \$10,000 of coverage in \$2,000 increments. Live birth to 6 months—coverage will not exceed \$1,000.

Disability

Short and Long Term Disability

Employers may chose to offer both Short and Long Term Disability on an employer paid or voluntary basis. Quotes will be provided with submission of employee job titles and annual salary.

Note: Minimum Participation of 10 employees required on Voluntary Life and Disability.





HEALTH ADVOCACY ASSISTANCE PROGRAM



of Americans surveyed "showed an understanding of the following common health insurance terms"

- Health Plan Premium
- Health Plan Deductible
- Out-of-Pocket Maximum
- Co-Insurance

SUPPORT YOUR MEMBERS & ALLEVIATE HR QUESTIONS WITH

HEALTH ADVOCATE™ SOLUTIONS – An Extension of your HR Team

Health Advocacy

- · Untangle medical bills and insurance claims, Find network providers
- Clarify benefits and answer questions about tests, treatments and medication options
- Assist with eldercare and related healthcare issues
- Arrange second opinions and transfer medical records

Medical Bill Saver™

- Skilled negotiators will attempt to negotiate discounts on medical and dental bills on your behalf, no matter your benefit status
- Negotiate payment arrangements with providers and find options for non-covered services

NurseLine™

- Registered nurses ready to answer your calls 24/7/365
- Detailed information on a range of concerns including appropriate treatment options for minor emergencies or illnesses

TELEPHONIC EAP – Mental Health for employees and assistance to the Employer

- 24/7 access to confidential, short term telephonic counseling
- · Organizational services to assist managers and HR Staff
- · Work/life services address concerns from adoption to eldercare, alcohol and drug abuse, and much more

COMPASS PRICING TRANSPARENCY

Costs for the same service can differ by 300%

- Compare costs for procedures and care
- Find lower cost alternatives for prescriptions
- Provider and care recommendations are based on health plan, personal preferences, cost, quality and availability

RETAIL AND MAIL ORDER PHARMACY

- Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide
- Save 10% to 85% on 30+ day supply prescriptions shipped directly to your home with free standard shipping

Ameriflex



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INDUSTRY-LEADING CDHP PLANS



COMPREHENSIVE COMPLIANCE SERVICES



AWARD-WINNING SERVICE & SUPPORT

WHY AMERIFLEX?

PREFERRED PRICING

FSA/DCA/CRA

\$3.75 PEPM or \$40 Monthly Min

HRΔ

\$3.75 PEPM or \$40 Monthly Min

HSA

\$1.75 PEPM or \$40 Monthly Min

COBRA

\$0.60 PIPM or \$65 Monthly Min (51+ employees)

\$629 annual flat rate or \$55 Per Month (50 Employees or less)

PERFORMANCE

Participant Experience:

- Account management platform and mobile app allows you to view your balance, track your spending, submit documentation, get reimbursed for out-ofpocket expenses, access FAQs, order replacement cards, and more.
- Free debit cards
- Phone, chat and email available Monday through Friday, 8:30 AM - 8:00 PM (ET)
- Languages supported: English and Spanish

Employer Experience:

- Dedicated Client Relationship Manager
- Calls returned in 59 minutes or less
- Emails responded to within four hours or less
- EDI integrations with Employee Navigator, Ease, and other Ben Admin systems

PRODUCTS

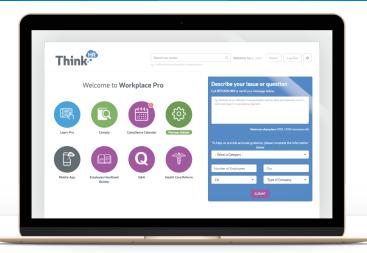
We're one of the few TPAs that handle everything (and we do it well). Our complimentary suite of products make us a one-stop shop for consumer-driven healthcare options and comprehensive compliance packages.

FSA Guarantee: If participants spend more than they contribute, resulting in a net aggregate loss in the employer's plan, Ameriflex will refund the difference back to the employer.

Mastercard ID Theft Protection: The best in the business, and it comes standard for every spending or saving account participant.

ThinkHR is included when joining.

PROTECT YOUR BUSINESS STRENGTHEN YOUR TEAM



Workplace Pro is an integrated suite of HR knowledge, content and training solutions.



LEARN PRO

More than 200 online training courses that ensure compliance, reduce risk and drive employee engagement. Plus an intuitive admin dashboard, robust reporting and Quick Start course tracks.



LIVE

Certified HR experts answer questions, render advice and follow up with research to resolve issues.

Accessible 8am-7pm Central each business day



COMPLY

Comprehensive resource center with all the forms, checklists and tools needed to maintain compliance.



INSIGHT

All the news and analysis HR professionals need to stay current and compliant with changing regulations.



START SAVING TODAY!

Top 10 Reasons To Choose the Southwest Car Wash Association Healthcare Initiative

- 1. Premium savings over comparable traditional insurance plans.
- 2. Association (pooled) underwriting to further reduce rates.
- 3. Individual Health Questionnaires only take 2-3 minutes to complete to obtain firm rates.
- 4. Start saving now no need to wait until your renewal. Most carriers will allow you to opt out with a 30-day written notice.
- 5. YTD deductibles and out of pocket dollars are honored for the calendar year. EOB from prior carrier required for credit.
- 6. Free access to THINKHR, Compliance Software & Legislative Briefs.
- 7. National networks with Cigna, PHCS, or Direct contracting with regional partners.
- 8. Ability to offer additional ancillary benefits.
- 9. State of the art, HIPAA compliant enrollment platform.
- 10. Telemedicine with \$0 copay included.

Get a Quote!

Large Group Quoting (over 100 employees) Requires:

- Current Employee Census
- 3 Years of Rate and Claims History
- Copy of Current Plans

Small Group Quoting (less than 100 employees) Requires:

- Current Census
- Individual Health Questionnaires

FOR MORE INFORMATION CONTACT
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