

# MID-AMERICA

FULLY FUNDED SELF INSURED HSA PLANS



by **MID**  **AMERICA**  
EMPLOYEE BENEFIT ADMINISTRATION

Patient Protection &  
Affordable Care Act  
Employer Health Plan Benefits  
for Businesses with  
up to 100 Employees

# Mid-America Fully Funded Self Insured HSA Plans. The Simple, Easy Solution to your benefit needs.

A **Health Savings Account (HSA)** is a tax-advantaged savings account that is used in conjunction with a Mid-America High Deductible Fully-Funded Health Plan (HDHP).

Since the beginning, HSAs have been the ***fastest growing choice for employee benefits***. Why? Because HSAs save money while providing tax advantages for employees. Besides helping your business reduce health care expenses, HSAs add depth to your employee benefits with a consumer driven healthcare account solution.



## Offering a HSA is a Win-Win Opportunity

HSAs Offer:\*

- ✓ Tax Free Deduction on Contributions
- ✓ Tax Free Withdrawals for Qualified Expenses
- ✓ Tax Free Growth on Invested Funds

With a HSA, both you and your employees are able to make tax-free payroll contributions to the HSA to help employees pay for eligible out-of-pocket medical expenses. Since pre-tax dollars are used, your employees increase their take-home pay and have more control over their healthcare.

\*The HSA account is established separately and is not included with the medical plan selected.



# Mid-America Fully Funded Self Insured HSA Plans. The Simple, Easy Solution to Your Benefit Needs.

**Mid-America Fully Funded Self Insured HSA Plans** are innovative health plans designed for today's changing environment. These plans combine the best aspects of traditional Fully Insured Coverage with all the advantages and flexibility of Self-Funding your employer benefit plan. We call this design a Fully Funded Plan. With a Fully Funded Self Insured HSA Plan, your business will benefit from flexible plan designs, low administration costs, the opportunity to get money back, and one fixed easy monthly payment. The Fully Funded Self Insured HSA Plans operate seamlessly and will provide worry free coverage for your business and your employees. You can have peace of mind knowing that the Fully Funded Self Insured HSA Plans are provided to you by a company serving small businesses for over 50 years. We have the knowledge and expertise to meet all your benefit needs.



## **A Fixed Monthly Payment**

Your fixed monthly payment includes stop loss premiums, administration fees and level claims fund costs. We make it simple and easy with an all inclusive single payment.

## **12 Month Rate and Fee Guarantee**

Rates and fees are fixed and are guaranteed for the first 12 months at which point they will renew annually.

## **Competitive Provider Networks**

Mid-America uses the strongest and most competitive provider networks. By linking our Mid-America plans with these provider networks we are able to offer your company

- ✓ Outstanding Cost Containment
- ✓ An Incredibly Large List of Providers
- ✓ Extensive Choice of Excellent Hospitals



# Designing Your HSA Plan Is As Easy As 1-2-3

## Pick One From Each Category

### ✓ Pick Your In-Network Deductible

#### Non-Embedded

Self Only / Family

\$1,500 / \$3,000

\$2,000 / \$4,000

\$2,500 / \$5,000

#### Embedded

Per Person / Family

\$3,000 / \$6,000

\$4,000 / \$8,000

\$5,000 / \$10,000

### ✓ Pick Your In-Network Co-insurance (*Out-of-Network in Parenthesis*)

100% (50%)

80% (50%)

### ✓ Pick Your Stop Loss (*Out-of-Network in Parenthesis*)

\$5,000 (\$40,000)

\$10,000 (\$40,000)

NONE

Out-of-Network Deductible is 2x In-Network Deductible. Stop Loss is 2x for family.

The Stop Loss amounts of \$5,000 and \$10,000 do not include the deductible or the specialty drug co-insurance of 20% to maximum IRS HSA maximum out-of-pocket limit.

\*If "NONE" is elected, the individual and family maximum out-of-pocket expenses (deductible plus co-insurance) will not exceed the IRS annual HSA limitations.

# Plan Benefits and Maximums

## Preventive and Wellness Services

### Network Providers Only

- >> 100% - Deductible waived for eligible expenses.

## Ambulatory Patient Services

- >> Office Visits/Consultations -  
Deductible and Co-insurance then 100%
- >> Urgent Care Physician -  
Deductible and Co-insurance then 100%
- >> Specialist Visit -  
Deductible and Co-insurance then 100%
- >> Allergy Testing & Therapy -  
Deductible and Co-insurance then 100%
- >> Hospice – In Home Unlimited  
Deductible and Co-Insurance then 100%
- >> Home Health Care - 100 Visits per year  
Deductible and Co-Insurance then 100%
- >> Private Duty Nursing - 110 Visits per year  
Deductible and Co-Insurance then 100%
- >> Mastectomy Prosthetics - Deductible and Co-Insurance then 100%

## Emergency Services

- >> Hospital Emergency Room -  
Deductible and Co-Insurance then 100%
- >> Urgent Care Facility -  
Deductible and Co-Insurance then 100%
- >> Ambulance -  
Deductible and Co-Insurance then 100%  
- Medically Necessary Only

## Diagnostic / Laboratory Services

- >> X-Ray / Lab/ Testing -  
Deductible and Co-Insurance then 100%

## Maternity & Newborn Care

- >> Maternity: Delivery, Complications of pregnancy and non-network Pre and Post Natal Care  
Deductible and Co-Insurance then 100%
- >> Routine Pre and Post Natal Care  
100% Deductible & Co-Insurance waived  
-NETWORK PROVIDERS ONLY

## Pediatrics Services

### Network Providers Only

- >> Pediatric Dental (Optional Benefit) - Benefit added to Medical Plan  
Not available as a stand-alone benefit
- >> Pediatric Vision: Includes Vision Exams, Lenses and Frames for Children to Age 19  
100% Deductible Waived for Eligible Expenses

## Hospitalization

- >> Hospital Visit/Consultation -  
Deductible and Co-Insurance then 100%
- >> Inpatient Stay - Deductible and Co-Insurance then 100%
- >> Skilled Care - Deductible and Co-Insurance then 100%  
- 90 days per year
- >> Inpatient Rehabilitation - 60 days per year (combined inpatient and outpatient therapy)

## Prescription Drugs

- >> Deductible and Co-insurance then 100%
- >> Specialty Drugs -  
Deductible 80% Co-insurance - Maximum out-of-pocket  
= annual IRS HSA maximum out-of-pocket limit

## Surgical Services

- >> Inpatient Surgery - Deductible and Co-Insurance then 100%
- >> Outpatient Surgery - Deductible and Co-Insurance then 100%

## Mental Health & Substance Use Disorder Services

- >> Psychiatric Inpatient - Deductible and Co-Insurance then 100%
- >> Psychiatric Outpatient - Deductible and Co-Insurance then 100%
- >> Substance Abuse Inpatient -  
Deductible and Co-Insurance then 100%
- >> Substance Abuse Outpatient -  
Deductible and Co-Insurance then 100%

## Rehabilitative and Habilitative Services

- Deductible and Co-Insurance then 100%
- >> Habilitative Services for Autism Spectrum Disorders
- >> Durable Medical Equipment and Devices
- >> Outpatient Speech Therapy - 20 Visits per Year
- >> Outpatient Cardiac Rehabilitation Therapy  
- 36 Visits per Year
- >> Outpatient Physical, Occupational and Pulmonary Therapy  
- 20 Visits each per Year
- >> Chiropractic and Osteopathic Therapy  
- 12 Combined Visits per Year

## Other Maximums

- >> Coverage Period Maximum - Unlimited
- >> Psychiatric Coverage Period Maximum - Unlimited
- >> Substance Abuse Coverage Period Maximum - Unlimited
- >> Pediatric Dental - Annual and Lifetime limits apply

All plans are PPACA compliant to cover all mandated essential health benefits. (EHB)



## **Here's how Mid-America HSA Plans take care of business**

### **Easy service access. Easy administration.**

Mid-America coverage is easy to use. Our PPO providers honor the Mid-America identification card. NO claim forms are needed for care received through their network facilities.

Follows the Ohio Benchmark Plan Design.

Claims management is handled by a highly experienced staff of professionals. Processing is prompt and efficient. Most importantly, if questions arise, employers and covered employees have easy access to our member service representatives. All personnel with Mid-America are ready to assist with any questions you may have.

### **Available Optional Benefits**

- >> HSA Plan Designs
- >> 100% Diagnostic X-Ray and Lab Option
- >> Healthy Choice Option
- >> Pediatric Dental - Benefit added to Medical Plan.  
Not available as a stand-alone benefit.

### **Eligibility Requirements**

**Group size:** All groups must have a minimum of two full-time eligible employees covered under the medical plan. Groups in excess of 50 eligible employees must receive approval for a proposal from the home office before a quote may be issued.

### **Group Participation**

An employer may participate in the benefit program only if a certain percentage of its employees enroll in the plan.

- >> Employers with two or more employees must enroll 75% of their medically eligible employees.
- >> All groups must complete applications for all eligible employees and all covered dependents providing complete medical information before the employer is considered to be eligible.
- >> All employees must apply if the employer pays the entire employee cost.

### **Employees**

Full-time employees are active, permanent employees who regularly work 30 or more hours per week.

### **Dependents**

Eligible dependents include the lawful spouse and children from birth to the attainment of age 26.

### **Group Effective Dates**

Coverage for new groups will become effective on the first of the month as requested and approved by Underwriting. Mid-America reserves the right to rate coverage for the appropriate medical risk or decline coverage if all enrollment, participation or contribution requirements are not met.

### **Individual Effective Dates**

Newly hired, full-time employees are effective the first of the month following the waiting period; but, not later than the exact date following the maximum waiting period of 90 days.

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# MID AMERICA

EMPLOYEE BENEFIT ADMINISTRATION

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Mid-America is a Third-Party Administrator  
servicing Small Businesses for over 50 years.