

MID-AMERICA

FULLY FUNDED SELF INSURED HSA PLANS



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

Patient Protection & Affordable
Care Act Employer Health Plan
Options for Small Businesses

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 - 2x Family

Non-Embedded*
Self Only / Family

\$2,000 / \$4,000
\$3,000 / \$6,000

Embedded*
Per Person / Family

\$4,000 / \$8,000
\$5,000 / \$10,000
\$7,000 / \$14,000

*Non-Embedded & Embedded Deductible shall comply with the annual IRS adjusted requirements.

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

100% (50%) 80% (50%)

✓ Pick Your In-Network Stop Loss – 2x Family (Out-of-Network In Parenthesis)

\$5,000 (\$40,000) \$15,000 (\$40,000) None * (\$40,000)

Out-of-Network Deductible is 2x In-Network Deductible. Stop Loss is 2x for family.
The Stop Loss amounts of \$15,000 do not include the deductible or the specialty drug
co-insurance of 80% 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

- > Allergy Testing & Therapy
Deductible and Co-Insurance then 100%
- > Radiation & Chemotherapy (excluding specialty drugs)
Deductible and Co-Insurance then 100%
- > Hospice Care Facility
Deductible and Co-Insurance then 100%
- > Hospice Home Care
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

- >> Routine Prenatal & Postnatal Care
100% - Deductible and Co-Insurance Waived
- >> Maternity Delivery, Complications of pregnancy and Non-Network Pre & Postnatal Care
Deductible and Co-Insurance then 100%

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 Room & Board
Deductible and Co-Insurance then 100%
- >> Physician's Hospital Visits
Deductible and Co-Insurance then 100%
- >> Ancillary Diagnostics & Pathology
Deductible and Co-Insurance then 100%

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 and Devices

- Deductible and Co-Insurance then 100%
- > Outpatient Chiropractic, Physical & Occupational Therapy
- > Outpatient Speech Therapy
- > Outpatient Cardiac & Pulmonary Rehabilitation
- > Autism Spectrum Disorders
- > Durable Medical Equipment

Other Maximums

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

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 Michigan 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.

Eligibility Requirements

Group size: All groups must have a minimum of two full-time eligible employees covered under the medical plan.

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.

Notes



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