

**A MARKET-CHANGING OPPORTUNITY!**

**THE**  
**HEALTH BENEFIT™**  
**ALLIANCE**

 **CBIZ**



**HBA MVP Plan Designs and Monthly Billable Rates are illustrative. Final rates subject to carrier underwriting.**

**Short Presentation Deck**

# THE HBA MISSION

The Health Benefit Alliance's mission is to empower plan sponsors to establish their own plans, built on *copays and not high deductibles*, that provide access to truly affordable, fully ACA compliant health benefit designs that satisfy ACA parts A & B penalties.

- **76.1M** Hourly Workers in United States<sup>1</sup>
- **42%** of Americans Had Less Than \$1,000 in Savings as of 2022 (with 10% or 25 million with no savings at all)<sup>2</sup>
- **36%** of U.S. Residents Carry More Credit Card Debt Than Savings<sup>3</sup>
- **43%** of working-age adults were inadequately insured in 2022<sup>4</sup>

## Average 2022 Marketplace Metallic Plan Deductibles<sup>5</sup>

- **\$7,051 BRONZE (32% of Elections)**
- **\$4,753 SILVER (56% of Elections)**
- **\$1,600 GOLD (10% of Elections)**

<sup>1</sup> U.S. Bureau of Labor Statistics, 2022 Labor Force Statistics

<sup>2</sup> ZippiaStudy, February 2023

<sup>3</sup> Fox Business Study, December 2021

<sup>4</sup> Commonwealth Fund Study, September 2022

<sup>5</sup> Kaiser Family Foundation, ACA Open Enrollment 2022

## POPULAR INDUSTRIES SERVED

Hospitality, Restaurants, Hotels  
Car Dealerships  
Manufacturing  
Construction  
Maintenance  
Golf Courses  
Transportation, Trucking, Car Services  
Day Care Centers  
And more...

## EMPLOYEES SERVED

Full Time Staff  
Part-Time Staff  
Hourly  
Salaried  
Seasonal  
Union

**Great for Trade Associations, Chambers of Commerce, and Franchise Operations!**



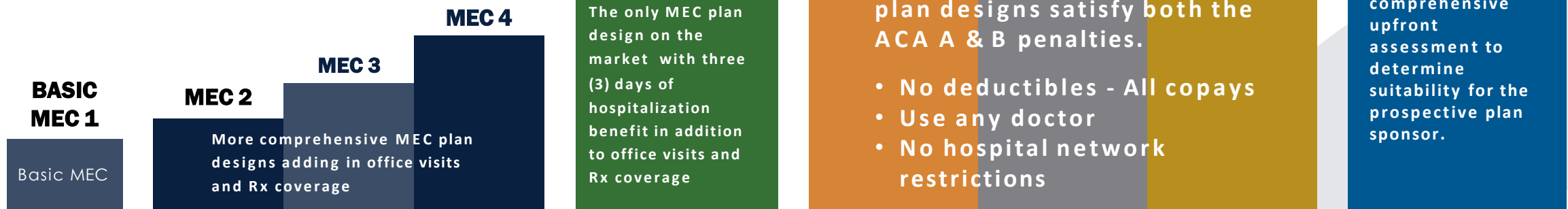
# **THE HEALTH BENEFIT ALLIANCE (HBA) MINIMUM ESSENTIAL COVERAGE (MEC) & MINIMUM VALUE PLAN (MVP) MENU**



# THE HBA MEC & MVP PLAN DESIGN MENU

Empowering employers with HBA plan design choices that include the following features:

- Zero Deductible Plan Designs
- Use any doctor... Office Copays both in and out-of-network
- No Hospital Network Restrictions (subject to plan rules)
- MVP Plans satisfying ACA A & B Penalties
- Including Vision



# THE HBA MEC & MVP PLAN DESIGN MENU (CONT.)

- **MEC plan designs** satisfying the Affordable Care Act (ACA) Part A penalty.
- **MVP plan designs** satisfying *both the Affordable Care Act (ACA) Part A and B penalties.*
- **Hybrid Level-Funded / Self-Insured plan designs:** Standardized employer monthly level-funded billable rates.
- **Each employer is their own plan sponsor.** HBA is not a PEO Master Plan, Captive, MEWA or Association Health Plan.
- **Plan Sponsor Suitability Assessment:**
  - **To obtain a proposal please submit the following:**
    - Full Dependent-level Employee census (Name, DOB, Gender, Coverage Status, Home Zip Code)
    - Current plan designs (SOBs and/or SBCs)
    - Most recent renewal with current monthly rates.
    - Claims reports if provided by the current carrier (we recognize that claims experience availability will vary based on factors such as group size, carrier rules by state, funding arrangement, etc.)
      - Reports should include:
        - Prior policy year, including large claim listing; and
        - Current policy year to date, including large claim listing

HBA Monthly Billable Rates -		Total cost consists of administration costs and risk assessment fees.			Essential Value Plan satisfies ACA Part A MVP Plans satisfy ACA Parts A and B	
ILLUSTRATIVE Base Monthly Billable RATES-FINAL rates subj. to carrier underwriting.	HBA ENHANCED ESSENTIAL VALUE (EV)	HBA ENHANCED MVP BRONZE	HBA ENHANCED MVP BRONZE PLUS	HBA ENHANCED MVP SILVER	HBA ENHANCED MVP GOLD	
	MEC Plus Hospital	Limited Day Medical™ Plan	Limited Day Medical™ Plan	Limited Day Medical™ Plan	Limited Day Medical™ Plan	
Employee Only:	\$379.40	\$488.74	\$522.48	\$627.35	\$662.31	
Employee + Spouse:	\$770.45	\$884.37	\$936.31	\$1,031.29	\$1,211.00	
Employee + Child(ren):	\$651.35	\$749.01	\$823.61	\$919.50	\$990.08	
Family:	\$990.66	\$1,134.20	\$1,233.19	\$1,353.16	\$1,583.50	
Plan Overview						
ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Deductibles (IND/FAM)	None	None	None	None	None	
Max Out-of-Pocket (IND/FAM) <i>(Excludes Non-Covered days/services)</i>	\$7,350/\$14,700	\$7,350 /\$14,700	\$7,350/\$14,700	\$5,000/\$10,000	\$5,000/\$10,000	
Physician Services						
Telehealth/Teletherapy - HBAeHealth	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)	
Primary Care Office Visits	\$25 Copay 6 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$15 Copay 10 Visits Max/Year INN - Network Rate OON - 85% UCR	\$15 Copay 12 Visits Max/Year INN - Network Rate OON - 85% UCR	
Specialty Care Office Visits	\$50 Copay 6 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 10 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 12 Visits Max/Year INN - Network Rate OON - 85% UCR	
Urgent Care	\$50 Copay 2 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 2 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 2 Visits Max/Year INN - Network Rate OON - 85% UCR	\$35 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$35 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	
RBP* - All Hospital Bills – The Plan utilizes Referenced-Based Pricing (RBP) with no network restrictions. Patient liability protection from balance billing for hospital covered days/services (provided participant adheres to pre-authorization requirements and care delivery guidance).						

# What's a fair price for a CT scan in Springfield, IL?

	Average Billed	Average Cost	Medicare Pays	At a 50% Discount, the PPO Pays	We Pay
Hospital A	\$2,003	\$102	\$150	\$1,002	\$180
Hospital B	\$3,627	\$166	\$158	\$1,814	\$190
Hospital C	\$4,451	\$87	\$153	\$2,226	\$184

Typically, PPO claims are paid on a "discount" off billed charges.

Our plans **use cost plus 12% and Medicare plus 20%** to determine a fair price.

Resulting in **significant savings** versus your standard PPO allowable.

HBA Monthly Billable Rates - <i>Total cost consists of administration costs and risk assessment fees. .</i>				<i>Essential Value Plan satisfies ACA Part A MVP Plans satisfy ACA Parts A and B</i>	
ILLUSTRATIVE Base Monthly Billable Rates. Final rates subj. to underwriting	HBA ENHANCED ESSENTIAL VALUE (EV)  MEC Plus Hospital	HBA ENHANCED MVP BRONZE  Limited Day Medical <sup>SM</sup> Plan	HBA ENHANCED MVP BRONZE PLUS  Limited Day Medical <sup>SM</sup> Plan	HBA ENHANCED MVP SILVER  Limited Day Medical <sup>SM</sup> Plan	HBA ENHANCED MVP GOLD  Limited Day Medical <sup>SM</sup> Plan
<b>Outpatient Services</b>					
<b>Non-Hospital Based Lab/X-Ray Services</b>	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 4 Visits Max/Year INN - Network Rate OON - 85% UCR
<b>Outpatient Surgery/Complex Imaging (RBP*)</b>	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 2/2 Visits Max/Year	\$350 Copay per Visit 2/3 Visit Max/Year
<b>Hospital Services</b>					
<b>Inpatient Hospital (RBP*)</b> <i>(See Hospital Extension slide for additional coverage information)</i>	\$350 Copay per Admission 3 Days Max/Year <i>(Supp HI available)</i>	\$350 Copay per Admission 5 Days Max/Year <i>(Supp HI available)</i>	\$350 Copay per Admission 5 Days Max/Year <i>(Supp HI available)</i>	\$350 Copay per Admission 7 Days Max/Year <i>(Supp HI available)</i>	\$350 Copay per Admission 10 Days Max/Year <i>(Supp HI available)</i>
<b>Emergency Room (RBP*)</b>	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year	\$350 Copay 2 Visits Max/Year
<b>Maternity</b>	Not Covered	Not Covered	Covered	Covered	Covered
<b>Pharmacy Benefits</b>					
<b>Generic Rx: HBA<sup>Scripts</sup></b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Generic Rx: Tier 1 (Prev) Tier 2 (Non-Prev)</b>	Tier 1- \$0 Copay Tier 2 - \$10 Copay	Tier 1- \$0 Copay Tier 2 - 20% Co-ins	Tier 1- \$0 Copay Tier 2 - 20% Co-ins	Tier 1- \$0 Copay Tier 2 - 20% Co-ins	Tier 1- \$0 Copay Tier 2 - 20% Co-ins
<b>Brand Rx: Tier 3 (Preferred) Tier 4 (Non-Pref)</b>	Tier 3 – Not covered Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered	Tier 3 – 20% Co-ins Tier 4 – Not Covered
<b>Specialty Rx:</b>	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available OR Gold-S Option available
<b>Additional Services</b>					
<b>Chemotherapy &amp; Radiation</b>	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available
<b>Kidney Dialysis</b>	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available	Not Covered-Supplemental Critical Illness Available



# HOSPITAL EXTENSION BENEFIT - DESIGNED TO PAIR WITH HBA PLAN DESIGNS

This Hospital Indemnity Insurance from Wellfleet, an A-Rated carrier that is part of the Berkshire Hathaway family of companies, can be offered by the Plan Sponsor, at their choice:

- 1) As a “bundled” product with the HBA plans
- 2) As an employee payroll deduction voluntary benefit
  - You as the employer will choose either a \$1,000 or a \$1,500 daily benefit that the employee may elect. The benefit will be paid directly to the employee starting on the day the HBA hospital covered days end (e.g., at day 11 on the **Gold Plan**)
  - The benefit is payable for up to 365 days
  - Minimum of 5 enrolled (3 if enrolled with Wellfleet Critical Illness or Accident Insurance)
  - Can be 100% employee-paid
  - 12/12 pre-existing condition exclusion and 9-month maternity waiting period
  - Available in most states and Washington D.C (see below)

**Product availability based upon contract situs state, not employee residence.**

ABOVE RATES AND BENEFITS ARE FOR THE FOLLOWING STATES: AL, AK, AZ, AR, CT, FL, GA, HI, IL, IA, KY, LA, ME, MA, MS, MO, NE, NV, NC, OH, OK, PA, SC, SD, TN, UT, VA, WV, WI, WY (Others ask for details)

Daily HospitalBenefit	Max Benefit	Monthly Rates (365-day period)				
<b>HBA MVP BRONZE PLAN</b>						
Days 1-5	\$50		EE Only	EE + SP	EE + CH	Family
Days 6-365	\$1,000	\$365,250	\$11.61	\$26.01	\$16.94	\$32.33
Days 6-365	\$1,500	\$547,750	\$16.67	\$37.33	\$24.31	\$46.40
<b>HBA MVP SILVER PLAN</b>						
Days 1-7	\$50		EE Only	EE + SP	EE + CH	Family
Days 8-365	\$1,000	\$365,350	\$9.09	\$20.36	\$13.26	\$25.51
Days 8-365	\$1,500	\$547,850	\$12.82	\$28.71	\$18.70	\$35.69
<b>HBA MVP GOLD PLAN</b>						
Days 1-10	\$50		EE Only	EE + SP	EE + CH	Family
Days 11-365	\$1,000	\$365,500	\$6.98	\$15.63	\$10.18	\$19.43
Days 11-365	\$1,500	\$548,000	\$9.59	\$21.48	\$13.99	\$26.71
		<b>Benefit</b>	<b>EE Only</b>	<b>EE + SP</b>	<b>EE + CH</b>	<b>Family</b>
<b>HBA ESSENTIAL VALUE PLAN</b>						
Days 1-3	\$50					
Days 4-365	\$1,000	\$16.47	\$36.88	\$24.03	\$45.86	
Days 4-365	\$1,500	\$24.08	\$53.93	\$35.13	\$67.05	

# CRITICAL ILLNESS & ACCIDENT INSURANCE - DESIGNED TO PAIR WITH HBA PLAN DESIGNS

## Critical illness and accident insurance from Wellfleet:

An excellent way for an employee to get financial support for critical illness diagnoses and accidents.

### Critical Illness

- **Guaranteed Issue (GI) up to \$30,000; Simplified Issue (SI) up to \$100,000**
- Reoccurrence (a new diagnosis of the same specified disease for which a benefit has already been paid) is paid at 100% of the lump-sum benefit. There is a six-month waiting period between diagnoses to be eligible for a reoccurrence payment.
- 12/12 Pre-existing Condition limitation
- Minimum of 5 enrolled (3 if enrolled with Wellfleet Hospital Extension or Accident Insurance)
- Portability is included
- **Situs State:** AL, AK, AZ, AR, CT\*, GA, HI, IL, KS, KY, LA, ME, MA\*, MS, MO, NE, NV, NC, ND\*, OK, PA, SC, SD, TX, UT, VA, WV, WI, WY (\*States that require major medical insurance to apply for coverage). Coverage not available for New York or California situs. Please ask about other states.

### Accident Insurance

- Guaranteed Issue (GI)
- No Pre-existing Condition limitation
- 24-hour coverage
- Minimum of 5 enrolled (3 if enrolled with Wellfleet Hospital Extension or Critical Illness Insurance)
- Portability is included
- **Situs State:** AL, AK, AZ, AR, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MA, MI, MS, MO, NE, NV, NC, OH, OK, PA, RI, SC, SD, TN, UT, VA, WV, WI, WY. Coverage not available for New York or California situs. Please ask about other states.

# NORTHWESTERN MEDICAL SYSTEM PLANS

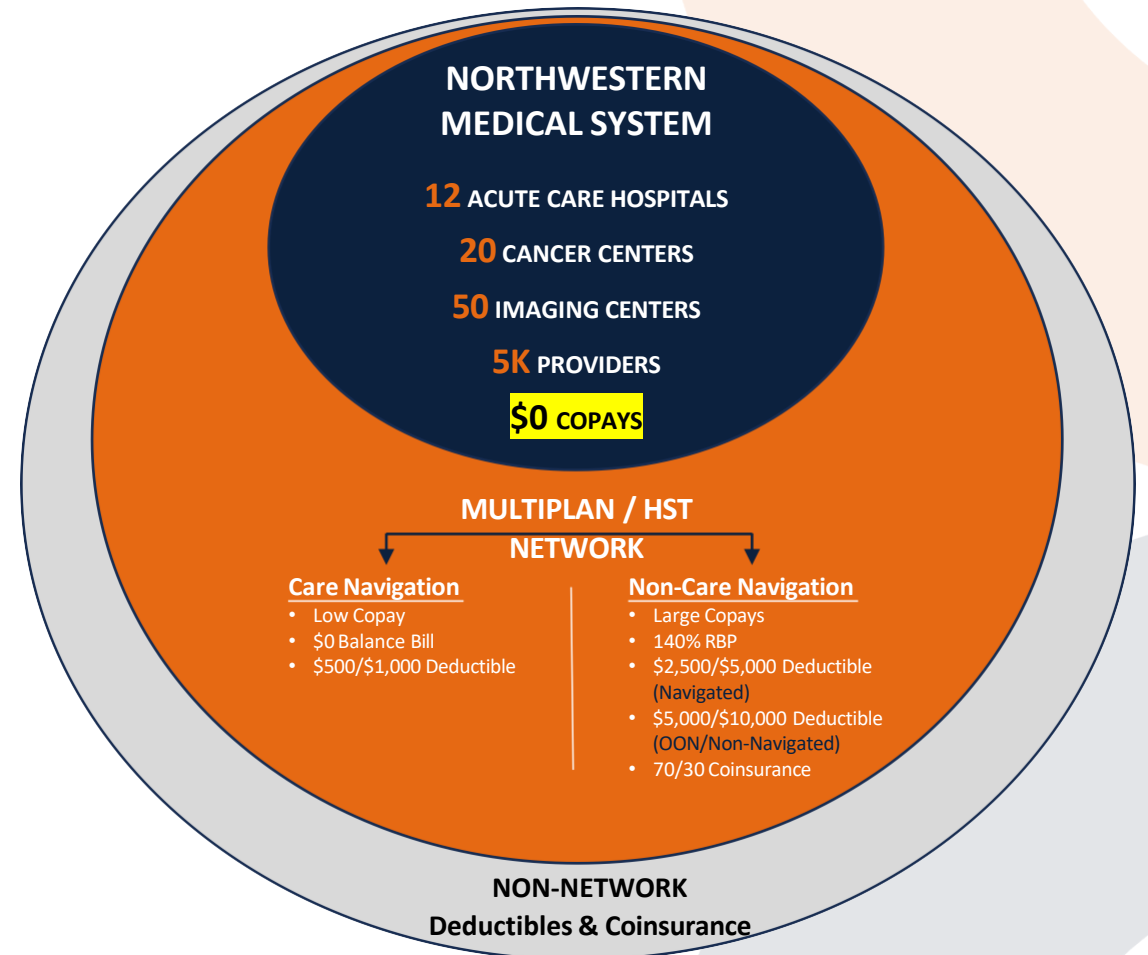
A “THREE TIER” PLAN FOR  
EMPLOYERS IN ILLINOIS



# HBA NMS SILVER PLAN

MEMBERS CAN ACCESS CARE THREE WAYS!

	Primary Competitor	HBA NMS Silver
Plan Type	HMO	PPO
Funding Type	Fully Insured	Level Funded
Network	Blue Precision HMO (BAV)	Northwestern Medical / PHCS
Metallic Level	Gold	Silver
Referrals Required	Yes	Yes
<b>In-Network</b>		<b>(Tier I   Tier II)*</b>
Deductible	\$0	\$0   \$750/\$1,500†
Coinsurance	80%	100%
OOP Max	\$6,500/\$13,000	\$6,500/\$13,000
Inpatient Facility	\$1,000 plus 80%	\$0   \$350 after deductible
Outpatient Surgery	80%	\$0   \$350 after deductible
<b>Copays</b>		<b>(Tier I   Tier II)*</b>
Office	\$50	\$0   \$50
Specialist	\$75	\$0   \$75
Urgent Care	\$75	\$0   \$75
Emergency Room	\$500 plus 80%	\$0   \$500
<b>Other Services</b>		<b>(Tier I   Tier II)*</b>
Diagnostic Lab/X-Ray	\$250 per procedure	\$0   \$50 after deductible
MRI & CT Scan	\$750 per procedure	\$0   \$350 after deductible
Telemedicine	Not Covered	\$0
<b>Out-of-Network</b>		
Deductible	Not Covered	\$2,500/\$5,000
Coinsurance	0%	70%
OOP Max	Not Covered	\$10,000/\$20,000
Inpatient Facility	Not Covered	140% RBP
Outpatient Surgery	Not Covered	140% RBP
<b>Illustrative Pricing (Ave Age 42)</b>		
Employee Only	\$436.11	\$369.18
Employee + Spouse	\$872.22	\$741.06
Employee + Child(ren)	\$806.80	\$680.36
Family	\$1,242.91	\$1,056.94



Target Plan Pricing - ~10-15% below primary market competitors

\*Tier I = Northwestern Medical System | Tier II = PHCS/Multiplan VDHP Network (requires Care Navigation adherence)

†Tier II deductible waived for participants outside of Northwestern Medical System service area

# HBA NMS HDHP PLAN

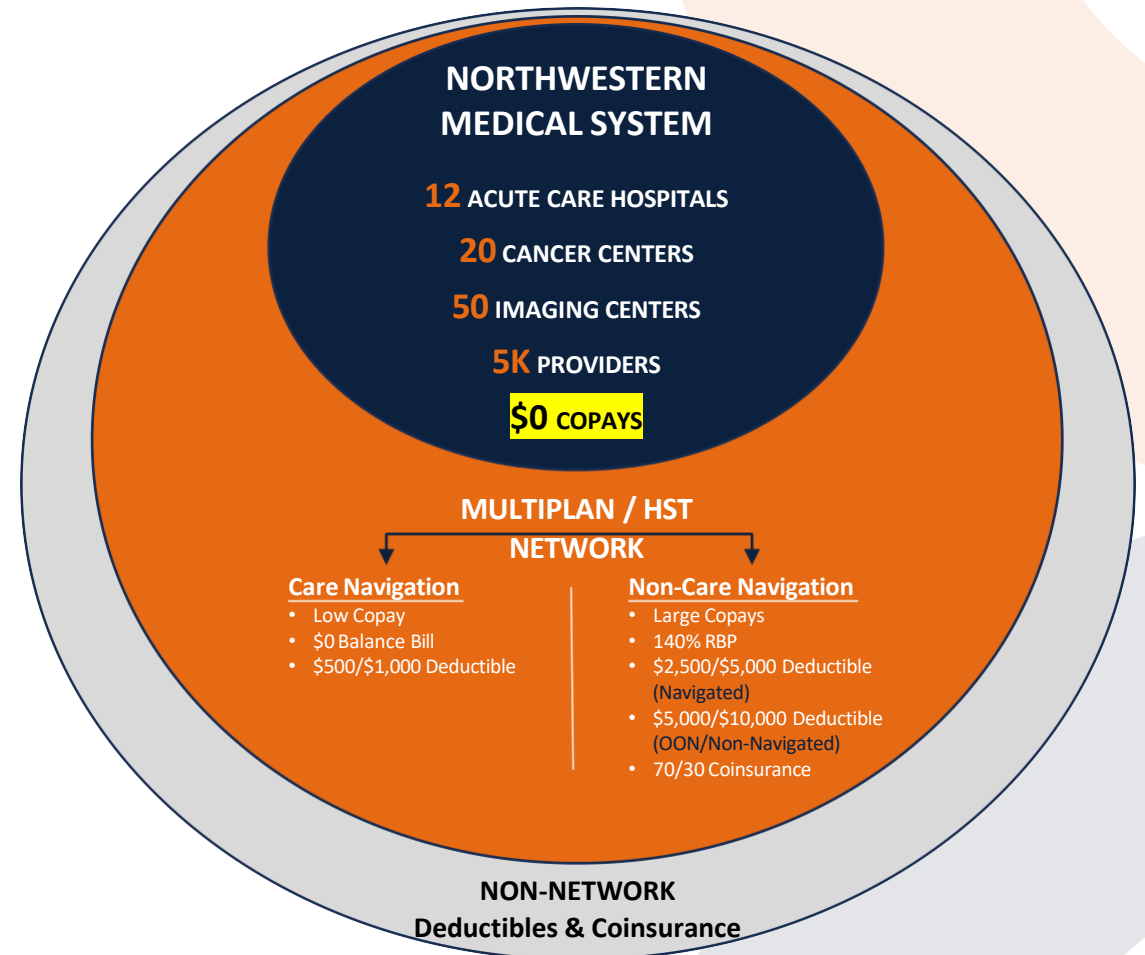
	Primary Competitor	HBA NMS HDHP
Plan Type	POS	POS/PPO
Funding Type	Fully Insured	Level Funded
Network	Choice Plus POS	Northwestern Medical / PHCS
Metallic Level	Silver	Ultra
Referrals Required	No	No
<b>In-Network</b>		<b>(Tier I   Tier II)*</b>
Deductible	\$5,000/\$10,000	\$1,600/\$3,200 <sup>†</sup>   \$5,000/\$10,000
Deductible Type	Embedded	Embedded
Coinsurance	80%	100%
OOP Max	\$6,000/\$12,000	\$6,000/\$12,000
Inpatient Facility	80% after deductible	\$0 after deductible   \$350 after deductible
Outpatient Surgery	80% after deductible	\$0 after deductible   \$350 after deductible
<b>Copays</b>		<b>(Tier I   Tier II)*</b>
Office	80% after deductible	\$0 after deductible   \$25 after deductible
Specialist	80% after deductible	\$0 after deductible   \$50 after deductible
Urgent Care	80% after deductible	\$0 after deductible   \$50 after deductible
Emergency Room	80% after deductible	\$0 after deductible   \$350 after deductible
<b>Other Services</b>		<b>(Tier I   Tier II)*</b>
Diagnostic Lab/X-Ray	\$250 per procedure	\$0 after deductible   \$50 after deductible
MRI & CT Scan	\$750 per procedure	\$0 after deductible   \$350 after deductible
Telemedicine	Not Covered	\$0 <sup>‡</sup>
<b>Out-of-Network</b>		
Deductible	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	50%	50%
Inpatient Facility	50% after deductible	50% after deductible/140% RBP
Outpatient Surgery	50% after deductible	50% after deductible/140% RBP
<b>Illustrative Pricing (Ave Age 42)</b>		
Employee Only	\$654.00	\$508.24
Employee + Spouse	\$1,308.00	\$1,145.37
Employee + Child(ren)	\$1,209.90	\$969.77
Family	\$1,863.90	\$1,490.44

\*Tier I = Northwestern Medical System | Tier II = PHCS/Multiplan VDHP Network (requires Care Navigation adherence)

<sup>†</sup>Tier I deductible must be prefunded through HSA/HRA in order to access Tier I benefits

<sup>‡</sup>Telehealth services exempt from HDHP deductible requirements for plan years beginning before January 1, 2025

## MEMBERS CAN ACCESS CARE THREE WAYS!



**Target Plan Pricing - ~10-15% below primary market competitors**

# HBA HEALTH ACCESSS PLANS

LOW-COST MEMBERSHIP PLANS WITHOUT THE  
HASSLES OF INSURANCE!



plan benefit levels to choose from:

**Base Plan**  
\$49/month - Single  
(\$59/month - Single + Dependents)

**BASE PLAN AT A GLANCE\***

	<b>COPAY</b>
Telemedicine/Virtual Care (24/7/365)	\$0
Virtual Mental Health Therapy	\$0
Prescription Generic Drugs <i>(Acute, Chronic and Refills - 800 in formulary)</i>	\$0
Coordinated In-Person Urgent Care Visits	\$0
Coordinated Lab/Radiology Services	Discounted Fee

**Additional Member Benefits**

- Vision** (up to 65% off on eye exams, glasses, frames, and lenses)
- Dental** (discounts for dental exams, retainers, mouthguards, teeth whitening, and more)
- Hearing** (discounts on cutting-edge hearing aids)

**Premier Plan**  
\$89/month - Single  
(\$99/month - Single + Dependents)

**PREMIER PLAN AT A GLANCE\***

	<b>COPAY</b>
Telemedicine/Virtual Care (24/7/365)	\$0
Virtual Mental Health Therapy	\$0
Prescription Generic Drugs <i>(Acute, Chronic and Refills - 1,220 in formulary)</i>	\$0
Coordinated In-Person Urgent Care Visits	\$0
Coordinated Lab Services	\$0
Coordinated Radiology Services	Discounted Fee

**Additional Member Benefits**

- Vision** (up to 65% off on eye exams, glasses, frames, and lenses)
- Dental** (discounts for dental exams, retainers, mouthguards, teeth whitening, and more)
- Hearing** (discounts on cutting-edge hearing aids)

Great for...

- ✓ self-employed
  - ✓ 1099 contractors
  - ✓ gig economy workers
  - ✓ part-time employees
- ...even Associations!

**HBA Health Access<sup>SM</sup> features:**

- **Care triage, navigation support,** and **LifeVitals**, facial scan technology that turns your smart phone into a powerful healthcare tech tool to measure and track important health statistics
- **Teletherapy** - ongoing short term mental health therapy with no copays or consultation fees
  - In-the-moment support offered in between sessions
- **Life Coaching** - assistance to meet personal and professional goals
- **Nutritional Counseling**
- **Financial Consultations** with Certified Planners
  - Budgeting, taxes, managing debt, etc.
- **Smoking Cessation**



**\*HBA Health Access<sup>SM</sup> Plans are membership programs and not insurance.**

# BENEFIT ADMINISTRATION TECHNOLOGY

A **benefits toolkit must accommodate the people it serves.** We identify tech vendors and platforms that will smoothly integrate with existing processes, be cost-effective and boost engagement.



## BENEFITS ADMINISTRATION TECHNOLOGY CORE PLATFORM FEATURES



HR Management,  
online enrollment  
with year-round HR  
engagement



Built-in communications  
and mobile  
compatibility/integrations



Benefits administration  
platform and new hire  
onboarding



Time off tracking, COBRA and FSA  
Administration, ACA Compliance





# COMPLIANCE

Never underestimate the collective impact of compliance on your benefit offerings. **CBIZ** makes a continuous investment in national practices and resources to help navigate the increasingly complex scope of regulatory and compliance changes.



The collage includes several newsletters and articles:

- Health Reform Bulletin**: ACA Reporting and Fee Schedules Section 6055, 6056, 90051 New and...
- ACA Reporting and Fee Schedules**: Section 6055/90051 Reporting. The due date for electronically reporting...
- Benefit Beat**: An independent ACA proposal that...
- IRS Releases 2017 Health Savings Account Limits**: IRS Releases 2017 Health Savings Account Limits...
- At Issue**: An Employee Benefits Regulatory Affairs Bulletin. On May 22, 2016, the Equal Employment Opportunity Commission (EEOC) issued two new...
- Willness: The ADA and GINA**: And not Close Call?

- In-house ERISA Attorney
- Self-Audit compliance checklist
- ACA Checkpoint
- Chart of notice obligations
- State and federal legislation communication
- Enrollment and administration compliance support

# THANK YOU

HBA is committed to removing the barriers to accessing healthcare, through empowering employers to establish affordable health plans for their employees, with their choice of service providers in the Alliance dedicated to this mission.

We look forward to discussing next steps together  
Brian Jablonski

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312 888 0391

[Open the Health Benefit Alliance HBA Overview Video](#)

