



Benefits Overview & New Membership Submission

Benefits outlined in this document are for new member employers of the AXPM Insurance Purchasing Group. All sections must be completed and returned to ipg@axpm.com.

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Medical Insurance



Health Advantage

Coverage Level	*POS Premium	*HSA Premium						
Employee Only	\$314.57 / mo	\$248.50 / mo						
Employee + Spouse	\$690.47 / mo	\$545.46 / mo		Employees select the plan that works best for them.				
Employee + Child(ren)	\$482.04 / mo	\$380.34 / mo						
Employee + Family	\$975.54 / mo	\$770.67 / mo						

*See in-network provider list at www.arkbluecross.com and search for a doctor as a guest under the True Blue PPO network.

Define the employer contribution amount and the employee is responsible for the remaining premium difference of their elected coverage:

Check One: **\$314.57 **\$283.11 \$248.50 \$235.93 \$186.38

**For employees that enroll in the HSA plan, the remaining difference in employer paid premium (Employee Only POS vs HSA) is contributed to each employee's HSA account.

Health Savings Account (HSA)

If you elected either of the top two contribution amounts towards medical (\$314.57 or \$283.11), the remaining difference in employer paid premium (Employee Only POS vs HSA) is contributed to participant enrolled in the HSA plan. AXPM can coordinate the connection to our preferred HSA Administrator, Lively (www.livelyme.com), or you are welcome to use a different bank if desired.

Initials _____ I understand the HSA requirements outlined above. If applicable, I we will use Lively or another bank of our choice to administer the HSA.

COBRA Administration

All member employers are required to offer COBRA Continuation to their employees. The cost of administering this service is \$0.70 per month for any employee enrolled in medical dental or vision. If you have questions or want to know more about COBRA, contact AXPM or visit the DOL website at www.dol.gov/general/topic/health-plans/cobra.

Initials _____ I understand the charges outlined above for COBRA Continuation.

Dental & Vision Benefits

All of the following insurance benefits are paid 100% by the employee if elected.

Delta Dental

1. Dental
2. Vision

Initials _____ I understand that dental and vision benefits will be offered to my employees.

Other Fees & Billing

Member Dues

Members are required to pay an annual fee based on the number of full-time employees. AXPM Insurance Purchasing Group is a nonprofit and uses the fees to help pay for board insurance, accounting fees, etc. Here is the fee schedule:

→ Less than 25 employees	\$100/yr
→ 25 to 99 employees	\$250/y
→ 100 or more employees	\$500/yr

Billing

With the exception of COBRA and HSA admin fees, all premiums are invoiced from each respective carrier directly to the employer. Therefore each employer is responsible for deducting employee and employer premiums via payroll and using those funds to pay invoices each month.

Initials _____ I understand and agree to the above fee schedule and billing process.

Eligibility & Compliance Requirements

1. Member employers must be a General Dental Practice, Specialty Dental Practice, or a Dental Service/Support Organization.
2. Eligible employers must have at least two full-time employees (including the working owners).
3. The company's home office must be domiciled in the state of Arkansas.
4. All full-time employees of your practice/business must be offered these benefits. Full-time is defined as working an average of 30 or more hours per week. This is subject to audit.
5. New hired full-time employees become eligible for insurance the 1st of the month following 30 days from their full-time date of hire. It is your responsibility as the employer to notify AXPM of new hires and any changes in employment status that change benefits eligibility.

Initials _____ My company meets the criteria above and will comply with these requirements.

Employer Information

*Required

*Full Legal Company Name	
DBA (if applicable)	
*FEIN	
*Legal Structure	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:
*Physical Address	
Mailing Address (if different)	
*Primary Phone Number	
*# of Full-Time Employees	(# of employees working more than 30 hrs/wk)
*How often are employees paid (check all that apply)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly
*Owner(s) names and Ownership %'s	
*Benefits contact name & best contact method	

Acknowledgement

I certify that the information contained in this document is accurate to the best of my knowledge.

Owner Signature

Date

Please email this completed form to ipg@axpm.com