



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.

As the employer, you specify your contribution amount and the employee is responsible for the rest:

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 is contributed to each employee's HSA account. This is explained in the next section.

Third-Party Administration (TPA) services

COBRA Continuation

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.

HSA (Health Savings Account) Administration

If you elected either of the top two contribution amounts towards medical (\$314.57 or \$283.11), you are required to utilize the TPA Services offered for HSA administration. The cost is \$2.50/mo for each employee enrolled in the HSA plan. PrimePay is the group's designated TPA and they will establish bank accounts and debit cards for all enrolled employees.

1. We have enrolled in the \$314.57 or \$283.11 medical contribution option - Initials _____ I understand the HSA charges outlined above.

OR

2. We have enrolled in the \$235.93 or \$186.38 medical contribution option:

Check One:

- Yes, we will utilize the TPA services for the HSA for \$2.50/mo per enrolled employee
- No, we do not want the TPA services for the HSA.

Long-Term Disability for Doctors & Executives

“Bonus-Up” Long-Term Disability is exclusively for doctors and executives. This provides these individuals, that are identified at the employer’s discretion, with a Long-Term Disability policy with a max monthly benefit of \$10,000 for \$107/mo. This is an “own-occupation” policy payable to age 65. It is guaranteed to be issued (no medical underwriting). It is paid by the employee on a post-tax basis and the employer reimburses the equivalent amount each pay period, which is why it’s called a “Bonus-Up”. This affords an untaxed benefit if ever used.

Check One:

- Yes, we will offer the Bonus-Up LTD plan to some employees (employees identified later).
- No, we will not be offering this benefit.

Basic Life and AD&D

If offered, the employer pays the full cost of this benefit. It is a \$20,000 life and accidental death & dismemberment policy that costs \$2.20/mo per employee.

Check One:

- Yes, we will pay the \$2.20/mo per employee for the Basic Life and AD&D plan
- No, we will not be offering this benefit.

Other Voluntary Insurance Benefits

All of the following insurance benefits are paid 100% by the employee if elected. You are required to offer these benefits to your employees.

Delta Dental

1. Dental
2. Vision

Reliance Standard

1. Short-Term Disability

2. Long-Term Disability
3. Supplemental Life and AD&D
4. Critical Illness

Initials _____ I understand the voluntary benefits above 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

All premiums and fees will be reported monthly via email in one consolidated invoice from AXPM. You will receive the invoice at the beginning of the month and will have a grace period dispute any charges. An ACH draft will be initiated on a specific date for the full invoice amount. This will include all fees and premiums for both employer and employee.

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

Member 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 to be eligible for the medical insurance.
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 modify eligibility.
6. In general, employers must adopt the standard operating procedures set forth by the group. It is important for all employers to follow similar processes to help maintain efficient workflows. This includes but is not limited to electronic billing and usage of AXPM One.

Initials _____ I agree to the above statements and my company meets the eligibility 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****