

Benefits Exchange Alliance Health Care Plan for ProTradeNet Members

The ProTradeNet health care plan is a comprehensive Medical, Dental, Vision and Life program built for ProTradeNet members to insure their full-time eligible workforce. Participation during the open enrollment window each year is for a guarantee issue, pre-existing condition exempt coverage. Owner contribution levels for employee medical participation may vary based on employee classification for 2020/2021 without penalty.

Who may participate?	All ProTradeNet members and their full time staff. No owner only plans allowed.
When may I participate?	New members or existing members that acquire a new location may join within 90 days of opening that new location. Existing members may join during Open Enrollment only (November of each year) unless a Qualifying Event has occurred.
How do I participate?	Each member must complete the necessary enrollment forms and determine an employee medical contribution strategy. You may participate in all of the benefits or only some. Medical participation is not mandatory in order to join the plan.
Must the employer make a contribution toward the employee medical coverage?	ProTradeNet franchisees are required to make a contribution for the cost of 50% of the employee-only tier of medical coverage (\$360.85 monthly minimum), plus mandatory Group Life Insurance of \$10,000 for all franchisees (\$2.80 monthly minimum).
When may an employee participate?	Eligible employees may enroll on the first of the month following 60 days of full time service or after a “qualifying event” QE has occurred. QE can be marriage, divorce, birth of a child, etc. Part-time to Full-time employees may enroll first of the month following their transition.
Is this a COBRA qualifying plan?	Yes, COBRA services are available to all terminated employees at the full cost of the benefits elected, plus 2%.

2020-2021 CURRENT PLAN MONTHLY RATES

Tier	Medical A \$1,500 deductible	Medical B \$3,500 deductible	Medical C \$5,000 deductible	Medical D HMO (CA only)	Dental A High PPO	Dental B Low PPO	Dental C DHMO (TX only)	Dental D DHMO (CA only)	Vision
Employee	\$1,144.57	\$991.35	\$721.69	\$1,088.75	\$49.75	\$30.61	\$17.24	\$15.88	\$9.23
Employee + SP	\$2,403.47	\$2,081.75	\$1,515.47	\$2,286.21	\$100.83	\$62.34	\$26.45	\$25.29	\$18.46
Employee + CH	\$2,056.83	\$1,883.43	\$1,371.11	\$2,068.46	\$116.44	\$72.53	\$34.09	\$33.51	\$20.29
Family	\$3,434.78	\$2,975.01	\$2,165.78	\$3,267.26	\$167.53	\$104.27	\$44.38	\$38.84	\$29.51

2020-2021 ANCILLARY BENEFIT OPTIONS

Employer-Paid Life Insurance (GI)	\$100k, \$50K, \$10K coverage	\$28, \$14, \$2.80 monthly premium
Voluntary Life/AD&D Insurance (GI)	\$130k, \$50k, \$10K (EE, SP, CH coverage)	Rate determined by age



Plan Year 2020 (December 2020 - November 2021)

Benefits Exchange Alliance Health Care Trust for ProTradeNet Members

Medical Plans		Aetna PPO A	Aetna PPO B	Aetna PPO C	Aetna (D) HMO (CA Only)
DEDUCTIBLE	In Network	\$1,500/\$3,000	\$3,500/\$7,000	\$5,000/\$10,000	\$3,000/\$6,000
	Out Network	\$3,000/\$9,000	\$7,000/\$21,000	\$10,000/\$30,000	NA
Co-Insurance	In Network	80%	80%	70%	60%
	Out Network	50%	50%	50%	NA
Out of Pocket Maximum	In Network	\$5,000/\$10,000	\$6,600/\$13,200	\$6,600/\$13,200	\$5,000/\$10,000
	Out Network	\$10,000/\$30,000	\$13,000/\$39,000	\$13,000/\$39,000	NA
Prescription Drugs: Retail (30-day supply) Generic/Brand/Non-Preferred/Specialty		\$15/\$50/\$90/ \$200	\$15/\$50/\$90/ \$200	\$15/\$50/\$90/ \$200	\$10/\$40/\$60/20% up to \$200

Dental Plans	PPO A	PPO B	DHMO (CA & TX Only)
Annual Benefit Maximum	\$1,500 In Network \$1,500 Out Network	\$1,000 In Network \$1,000 Out Network	See Plan Summary
Deductible	\$50/\$150 In Network \$50/\$150 Out Network	\$75/\$225 In Network \$75/\$225 Out Network	See Plan Summary
Preventive	100% In Network 100% Out Network	80% In Network 80% Out Network	See Plan Summary
Basic	80% In Network 80% Out Network	80% In Network 80% Out Network	See Plan Summary
Major	50% In Network 50% Out Network	50% In Network 50% Out Network	See Plan Summary
Orthodontic	None	None	See Plan Summary

Vision Plan	In Network	Out of Network
Exam	Every 12 Months	
	\$10 Copay	Up to \$52 Reimbursement
Lenses	Every 12 Months	
Single Vision	\$25 Copay	Up to \$55 Reimbursement
Bifocals	\$25 Copay	Up to \$75 Reimbursement
Trifocals	\$25 Copay	Up to \$95 Reimbursement
Contact Lenses	Every 12 Months	
Elective	Up to \$130 Allowance	Up to \$105
Frames	Every 24 Months	
	Up to \$130 Allowance and then 20% off of the cost over the allowance	Up to \$57 Reimbursement



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