



## CHECK LIST

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For processing of your company benefits enrollment with Planstin, please return the following:

- Employers Agreement and Acknowledgement – signed
- Appendix A – initialed
- On-Boarding Application – completed and signed
- Payment Authorization Form – completed and signed
- Claims Payment Authorization Form - completed and signed (if ASOMECE selected)
- Group Setup – completed (required if Online Enrollment System requested)
- Small Group Census – optional, recommended for groups with less than 5 employees
- Employee Census – template can be found on [www.planstin.com](http://www.planstin.com), not needed if using small group census
- Prior Insurance Documents – if applicable; current rates, plan design and claim history
- Initial Payment – fees outlined in Appendix A (Payment Authorization Form or check)

## NEXT STEPS

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Submit copy of items in above check list to your Broker, or directly to Planstin.

- Mail
  - Planstin
  - 283 W Hilton Dr Suite 1
  - St George, UT 84770
- Online Enrollment
  - [www.planstin.com](http://www.planstin.com)
- Upload
  - [Secure Upload Link](#)

## QUESTIONS?

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If you have any questions, please contact your broker or contact us at [info@planstin.com](mailto:info@planstin.com) or 888-970-7526.



## EMPLOYERS AGREEMENT AND ACKNOWLEDGEMENT

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This Self-Funded Program Employer Agreement (“Agreement”) is effective as of the date of the Employer’s signature below.

This document contains important information about the establishment and operation of the Planstin Administration Self-Funded Program (“the Program”), a package of services established by Planstin Administration Inc (“Planstin”) that combines several elements to enable the employer signed below (“Employer”) to establish a self-funded plan and provide health care benefits to its employees. These services and products include a self-funded employer health benefit plan that Employer establishes for its employees (“Plan”); access to national networks of health care providers that provide discounts to enrolled employees and their dependents for treatment or services covered under the Plan.

Employer agrees to adopt a group health plan for the benefit of its eligible employees and, if applicable, their eligible dependents (the “Plan”). The costs of the Plan Benefits may be paid by Employer or by a combination of Employer and the employees.

Our Base Health plans include minimum essential coverage (MEC) which is designed for employers to comply with the “A” tax under the Affordable Care Act. Upon request we can make available a customizable medical plan which is designed for employers to comply with the “B” tax under the Affordable Care Act.

By choosing to self-fund or level-fund your company medical, dental and/or vision plan you’re creating an employer sponsored plan under the Employment Retirement Income Security Act (“ERISA”) and the Patient Protection and Affordable Care Act (“PPACA”).

Level-funded plans include all claims covered in the plan within the monthly cost with no additional ‘cash call’ or in other words, no additional funds will be required if claims exceed claims fund. Planstin will level-fund the contributions as a fee paid to Planstin. In compensation for this service, Planstin will charge any unused claims collected as a management fee.

The MEC plan will satisfy the “A” tax,<sup>1</sup> otherwise known as the ‘hard tax’ under the Patient Protection and Affordable Care Act (“PPACA”). The MEC alone DOES NOT satisfy the “B” tax,<sup>2</sup> otherwise known as the ‘soft tax.’ This tax is applicable only when an eligible employee receives a premium subsidy on a health exchange and employed by an Applicable Large Employer (ALE) as outlined by the Affordable Care Act (“PPACA”). Generally, this is employers with more than 50 employees or full-time equivalent employees.

Planstin services all claims, network access, coordinates value added benefits, ACA documentation, plan documents, COBRA administration, customer service and ID cards. There may be additional information required as we proceed through the enrollment and on-boarding process. A successful enrollment and approval are based on the receipt and acceptance of accurate information. Planstin will use its best efforts to ensure that any questions by you are handled timely and appropriately.

Monthly contributions will be due per the Fee Schedule. A Fee Schedule is attached (Appendix A), outlining the initial costs. Although not anticipated, it is also understood that expenses for any other professional services, such as tax, legal and estate planning services, are not included in the above fee.

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“PPACA” is the acronym for the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148 (2010).

<sup>1</sup> 26 U.S.C. § 4980H(a)

<sup>2</sup> 26 U.S.C. § 4980H(b)



Reoccurring monthly payments by credit card or bank account draft are required. Planstin may cancel or charge additional administrative fees if not on a reoccurring payment plan. Medical Plans (level-funded or self-funded) or ancillary benefits are billed directly by administrator or carrier of plan. Payments are due by the first (1<sup>st</sup>) of each month.

Planstin has designed our unique self-funded programs to help employers and employees comply with the Affordable Care Act and provide important benefits to their employees. If the prefunding claims option is selected, the prefunding of claims may not meet funding requirements. Although highly unlikely, and due to the low risk nature of the Preventative & Wellness Plan, it is NOT anticipated that any extra funds are required by the Employer for employees' medical costs. However, as a self-funded employer, you are responsible for additional claims costs, if applicable.

Standalone dental or vision plans requires the greater of a minimum of 5 or 25% of eligible employees. Standalone plans are dental or vision benefits without a Base Health plan.

You give Planstin Administration Inc the ability to enter into the necessary agreements on your behalf to implement the selected benefits, including, but not limited to; Human Resource Compliance Software, Telemedicine Services, the purchase of stop-loss insurance and network access.

**ACCEPTANCE**

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Please signify your understanding and acceptance of the terms and conditions of this Agreement and Acknowledgement by signing below.

**SIGNATURE REQUIRED**

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Applicant Confirmation and Approval

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Employer Name

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Employer Representative Signature

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Title

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Date

## APPENDIX A

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### Initial Fees:

- \$150 initial setup fee

### Monthly Fees:

Tier	Preventive HSA	Preventive Advanced
Employee	\$75	\$150
Employee & Spouse	\$120	\$250
Employee & Child	\$120	\$250
Employee Family	\$150	\$350

Tier	Copay Dental	Plus Dental	Vision
Employee	\$25	\$35	\$9
Employee & Spouse	\$50	\$65	\$15
Employee & Child	\$50	\$75	\$14
Employee Family	\$75	\$115	\$22

### Other Fees Associated:

- \$25 late payment fee\*\*, if payment not received by the 1st of the month.
- \$25 non-sufficient funds fee, returned ACH or check payments.
- \$25 monthly invoicing and collection fee, when not on reoccurring payment plan.
- 3% credit card processing fee for credit card transactions of monthly benefits.

\*Please make checks payable to Planstin Administration. ACH payment draft available and preferred.

\*\*Payment is due by the 1st of every month. Planstin reserves the right to cancel for non-payment.

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Initials



## HEALTHSHARE

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Zion HealthShare is an individual medical cost sharing program that can be billed to the group. Although not likely, share contributions may change by the HealthShare outside normal renewal periods.

Zion HealthShare is not insurance, not a self-funded program and not a group plan.

Membership in Zion HealthShare is portable, and employment is not required to continue in medical cost sharing program.

## CURRENT HEALTHSHARE RATES

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<b>Age 18 - 29</b>	<b>\$1,000 IUA*</b>	<b>\$2,500 IUA*</b>	<b>\$5,000 IUA*</b>
Employee	\$150	\$100	\$75
Employee & Spouse	\$300	\$200	\$150
Employee & Child(ren)	\$300	\$200	\$150
Employee Family	\$450	\$350	\$250

<b>Age 30 - 49</b>	<b>\$1,000 IUA*</b>	<b>\$2,500 IUA*</b>	<b>\$5,000 IUA*</b>
Employee	\$175	\$145	\$125
Employee & Spouse	\$350	\$275	\$225
Employee & Child(ren)	\$350	\$275	\$225
Employee Family	\$500	\$400	\$350

<b>Age 50 - 64</b>	<b>\$1,000 IUA*</b>	<b>\$2,500 IUA*</b>	<b>\$5,000 IUA*</b>
Employee	\$225	\$200	\$150
Employee & Spouse	\$450	\$375	\$300
Employee & Child(ren)	\$450	\$375	\$300
Employee Family	\$700	\$575	\$450

\*IUA is the Initial Unsharable Amount that the member pays before the medical needs are fully sharable with the HealthShare community.

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Initials



## ON-BOARDING APPLICATION

Group Name		Requested Effective Date	Submission Date
Tax ID	Business Type		Business SIC/Description
Primary Business Address		State	Zip
Addition Location Address		State	Zip
Addition Location Address		State	Zip
Addition Location Address		State	Zip

(add separate sheet if necessary)

Primary Contact	Phone	Email
Billing Contact	Phone	Email

Payroll Frequency (weekly, biweekly, bimonthly, etc) and Employee Classes (owner, manager, staff, etc)
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Prior Benefits Carrier(s)	Years with carrier?
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Total Employee Count	Full Time Employee Count	Part-time/Seasonal Employee Count
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Plan 1 Option	Plan 2 Option
Plan 3 Option	Plan 4 Option

Information provided is true and complete. Please include any additional information needed for your benefits administration if necessary.

### SIGNATURE REQUIRED

\_\_\_\_\_  
Employer Representative Signature  
Planstin.com – Enrollment Package (Rev. 11/2018)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Primary Contact	Phone	Email

**Recurring payments!**

- It's convenient
- Saves you time and money
- Your payment is always on time

**Here's how recurring payments work:**

- You authorize monthly payments of your monthly invoices
- Payments will draft on the 1<sup>st</sup> of each month
- Credit card payments for monthly recurring payments will be assessed a 3% credit card processing charge

**AUTHORIZATION TYPE**

Initial Payment     Recurring Payments

Account Type	Name on Account
Bank Name	Routing Number
Bank City/State	Account Number

Bank Payment Information

Name on Card	Card Number			Expiration Date
Card Billing Address	City	State	Zip	Security Code

Credit Card Payment Information (3% credit card fee will be charged for monthly payments)

I \_\_\_\_\_ authorize Planstin and if applicable assigned third-party administrator to charge my bank account indicated above.

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Planstin in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Planstin may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.



## Broker Setup

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Group Name	Effective Date	Submission Date
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Broker	Phone	Email	
Broker Address		State	Zip
Tax ID			

Distributor	Phone	Email	
Broker Address		State	Zip
Tax ID			

Return completed form to [enroll@planstin.com](mailto:enroll@planstin.com) or use our [secure file upload link](#).