



Frequently Asked Questions

1. Is the BEX Benefit Plan permitted by the ACA?

Yes. The BEX Benefit Plan is a self-funded option allowed under the ACA. BXBenefits is authorized to offer health insurance plans as a Federally-facilitated Marketplace Certified Agent and Certified Patient Protection and Affordable Care Act (PPACA) Professional.

2. How is the BEX Benefit Plan different from the ACA?

Unlike the current ACA structure, the BEX Benefit Plan:

- is a self-funded plan
- offers a variety of plan designs that meet the minimum essential coverage requirement, including:
 - Eight different options with deductibles ranging from \$500 to \$6,350 for single coverage (2x for family coverage)
 - Several plans with copays and prescription drug cards
- allows for the continued use of Health Reimbursement Accounts (HRA) and Health Saving Accounts (HSA)
- may be less expensive than comparable options under the ACA
- will allow for changes in benefits and contribution rates at renewal, without being “locked in” by the grandfathered status

3. What is the best insurance option for my company, the BEX Benefit Plan or ACA?

Agents from BXBenefits will help you understand your options and will be in a position to help you get the most affordable benefit option available.

4. Do I need to be a member of Builders Exchange, Inc. to participate in the BEX Benefit Plan?

Yes, you need to be a member in good standing.

5. Do I have to switch doctors?

The BEX Benefit Plan utilizes the SuperMed Plus Network from Medical Mutual, one of the largest provider networks in the state. You should, however, always check to make sure your doctor is in network prior to any service (providersearch.medmutual.com).

6. What is the monthly contribution rate for my company's coverage under the BEX Benefit Plan?

Each group will have a monthly contribution based on a variety of factors including but not limited to:

- Medical History
- Gender
- Age
- Tobacco Usage
- Location

7. Why should I consider the BEX Benefit Plan now?

Due to the constant policy evolution of the ACA and the uncertainty of future year premiums, many groups will be able to experience a competitive rate that may not be available from Ohio's ACA Marketplace. BXBenefits will provide an easy to understand comparison between the ACA plans and the BEX Benefit Plan.

8. If I leave my current plan (including an ACA plan) will I be subject to pre-existing conditions limitations?

No. Pre-existing conditions that are disclosed are covered as any other illness.

9. Can I withdraw from the BEX Benefit Plan at any time?

Members may elect to withdraw from participation in the Plan at the end of a calendar month by giving written notice to the Plan at least thirty (30) days prior to the end of said month.

10. Does the BEX Health Plan provide the employer with a Summary Plan Description (SPD)?

Yes. We provide each employer with an SPD for the BEX Benefit Plan that meets ERISA compliance regulations. (All employers are responsible for providing SPD's for all of their health and welfare benefits.)

11. What is the BEX Benefit Plan's legal structure?

The BEX Benefit Plan is technically known as a multiple employer welfare arrangement (MEWA). A MEWA provides health and welfare benefits to employees of two or more employers who pool their contributions, enabling them to offer contribution rates and benefits typically available only to larger groups.

12. What government entities oversee the financial operation of the BEX Benefit Plan?

The Ohio Department of Insurance and several federal government agencies coordinate the oversight and regulation of the BEX Benefit Plan. This multi jurisdiction gives the State of Ohio's Department of Insurance primary responsibility for overseeing the financial soundness of the BEX Benefit Plan, while the U.S. Department of Labor provides oversight for employee benefit plans and the Internal Revenue Service ensures the nonprofit tax status of the BEX Benefit Plan.



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