

OUR PARTNERS & CARRIERS

HR Benefits is proud to partner with these fine providers, to name only a few:

- Aetna
- AFLAC
- American Heritage/Allstate
- Assurity
- Blue Cross/Blue Shield of Texas
- Canada Life
- Central States of Omaha
- CIGNA
- CNA
- COBRAServe
- Colorado Bankers
- Columbian Financial
- Common Census
- CompDent
- DentiCare
- Delta Dental
- Fortis
- Great West Life
- Guarantee Life
- Guardian
- Hartford
- Health Plan Services
- Humana
- Infinisource
- ING
- Jefferson Pilot Financial
- John Alden
- Mayer Hoffman McCann
- Met Life
- Mutual of Omaha
- Pacificare
- Pacific Life Group
- Principal
- Prudential
- Reliance Standard
- Spectera
- Standard Insurance
- Sun Life of Canada
- TransAmerica
- UNUM
- United Healthcare
- Vision Service Plan

HR BENEFITS

Many aspects of the business environment require professional guidance, and, Benefit planning is one of the most important. In order to stay competitive with the job market, employers must attract and retain quality employees. HR Benefits built its reputation by customizing benefit programs to meet each employer's needs and providing the ongoing high level of service they deserve.

Our approach involves listening to our clients and applying our expertise to the newest innovations in the benefits industry.

COORDINATION

Blending a variety of products and carriers to build cost effective solutions.

EDUCATION

Utilizing the resources of the carriers we represent to provide a reliable educational support system in a constantly changing environment.

SUPPORT

Assisting with billing, claims, coverage and compliance issues, whenever they arise, including ERISA counseling.

ENROLLMENT

Helping employees understand and appreciate the real value of the benefits provided by their employer.

RENEWAL

Ensuring that plan design is consistent with your current goals and objectives, as well as confirming competitiveness of rates.

EXPERIENCE

The HR Benefits team has a combined forty years of experience designing comprehensive benefit plans and servicing clients across the country. Our staff is experienced in all facets of benefits including fully insured and self-funded programs. The HR Benefits team continues to expand its clientele by implementing the most cost-effective, quality planning that meets the individual employer's needs.

TECHNOLOGY



Just about every task involved in employee benefits draws from information about a company's employees and how various benefit plans apply to them. Our partner, Common Census, transfers employee data and the details of all employee benefits — even non-insured plans — into a powerful database that streamlines the daily time-consuming tasks faced by Employers, Insurance Professionals, and Insurance Carriers.

By leveraging our unique data management software, users can keep track of the full range of a company's benefits, instantly and securely. The software is easy to learn and use. The software can improve the way you do business while adding value to the services you provide to your employees. It has online enrollment capabilities and detailed benefit information for each employee, making enrollment quicker and easier.

THIS PRODUCT PRODUCES:

- Up-to-date census information
- Accurate summary and list bills
- Customized employee benefit statements
- Pre-populated forms
- A variety of managed reports

Joe Denton
President/CEO

PRODUCTS & SERVICES THAT FIT

We provide a variety of small to medium-size business clients with all of their employee benefit needs. The agency provides businesses with the expertise to attain flexible benefit programs that include any or all of the following services:

- Medical Benefits
- Individual Health
- Dental
- Life/Accidental Death & Dismemberment
- Universal Life
- Disability income
- Vision
- 401(k)
- Section 125
- Cancer Benefit
- Long Term Care Benefit
- Executive Benefits
- COBRA
- Partially Self Funding
- Employee Assistance Programs

MEDICAL BENEFITS

Protecting employees and their families against the rising cost of medical care is likely one of every employer's top priorities when it comes to benefits. Today's challenge is determining the right balance of employer costs and employee care. Some funding mechanisms require that employees share in the cost.

DENTAL

Dental benefits are now an integral part of most employee benefit programs. Managing cost through the utilization of networks of participating dentists can help provide excellent value to employees and their dependents.

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

Group Term Life provides a death benefit for employees and often includes an option for dependants at a reasonable cost.

DISABILITY INCOME

For most people, earning potential is their greatest financial asset. Nearly one in seven can expect to become disabled for five years, or more, prior to age 65.

VISION

Many employers add vision benefits to enhance competitiveness in today's tight job market. Concerned with potential vision related ailments affecting computer users; employees perceive vision care as a valuable benefit.

401(k)

401(k) plans, established and regulated by the Internal Revenue Code, are now the primary retirement savings vehicle. Participants can choose to defer a portion of their income and payment of taxes until retirement. All plan assets grow tax deferred.

SECTION 125

Sanctioned plans, governed by IRS Code Section 125, allow employees to pay insurance premiums, child care expenses and unreimbursed medical expenses on a pre-tax basis. Both employees and employers pay less in taxes!

CANCER BENEFIT

With 1 out of 3 Americans facing cancer and 70% of the expense being non-medical related, supplemental policies can offer additional protection and cash flow to an employee facing this disease.

LONG TERM CARE BENEFIT

Long Term Care is an asset protection program. It provides a level of coverage designed to meet nursing home care as well as home health care protection.

EXECUTIVE BENEFITS

Addressing the needs of the Executive is more important than ever in this increasingly competitive market. Many of your current benefit programs can be enhanced to meet your Executive's needs.

COBRA

Of all the employer mandates, COBRA tops the list as a continually evolving law with dire consequences for failure to comply. Outsourcing cobra administration at a fraction of the cost is the answer.

PARTIALLY SELF FUNDING

Over one half of all U.S. employers have chosen partial or fully self-funded medical benefits. The phenomenon of self-funding and its explosive growth resulted from the coming together of many forces at the same time: ERISA preemption, rising health care costs, the clarification of legal and regulatory issues and employers' widespread use of risk management. Motivated by control over plan design, administration and cost containment; many small to mid-size employers can comfortably selfinsure.

EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Programs have proven highly effective in reducing medical claims and lowering absenteeism. An EAP is a powerful tool that helps employees and their families deal with a variety of work-related and personal problems before they interfere with productivity.

HEALTH INSURANCE

TERMS TO KNOW



Indemnity Plan: A traditional fee-for-services health plan. In return for a fixed monthly premium, an insurance company agrees to pay all or part of each covered employee's health costs. Typically the insurance company pays 80% of eligible charges and the employee pays the remaining 20%. There may also be a yearly deductible.

HMO (Health Maintenance Organization): A group of doctors who work exclusively for an organization as members of a single large practice. The employee must go to clinics or hospitals owned or under contract to the HMO. The employer prepays a monthly fixed fee; the HMO covers all care no matter what the cost. The employee may pay a small co-pay for each visit such as \$15 or \$20. Typically, HMOs cover all types of treatment and routine checkups.

PPO (Preferred Provider Organization): A coalition of doctors in a community that agrees to offer services at a discount to major purchasers of health care, such as an insurance company or a large or local employer. PPO doctors are often in different individual practices. The insurance company pays the cost after the bill has been discounted. Most PPO plans allow the employee to use a non-PPO doctor. However, the employee must then pay more of the cost; typically 20%–30% more.

Deductible: The amount of health costs that the employee will pay out-of-pocket before benefits are received from the insurance company typically \$500 or \$1,000 per employee. If the employee has coverage for dependents, there may also be a maximum family deductible — typically three times the employee's deductible.

Co-Insurance: The percentage of an employee's health costs that are covered once the employee has paid the amount of the deductible. The co-insurance amount is typically 80%; the employee pays the other 20%.

Pre-Existing Condition: Any health problem for which the employee received medical treatment or advice before the effective date of the policy. Some policies refuse to cover any expenses related to such condition for 6 to 12 months. Others cover from the first day, but charge a higher premium.

Pre-Certification or Prior Authorization: A provision requiring employees to notify the insurance carrier before making any major medical-care purchases.

Out of Pocket maximum (a.k.a. Stop-Loss Provisions): Sets a dollar amount of total health costs beyond which the insurance company will pay 100%. In a policy with 80% co-insurance up to \$5,000, the employee will be required to pay the deductible first, then 20% of the next \$5,000; after that, the insurer will pay 100% of all eligible charges. If the deductible were \$250, then the maximum amount the employee would have to pay in health costs would be \$1,250 ($\$5,000 \times .20 = \$1,000 + \250).

Cafeteria Plan: Also referred to as Section 125 plan (after the tax-code section that defines it), the cafeteria plan typically offers a menu of benefit options from which employees select. The employer usually provides benefits up to a certain amount for each employee. Employers have the option to pay for additional benefits on a pre-tax basis, which reduces their portion of the cost.

Non-Formulary Drug: This is a drug that is classified as a non-preferred name brand drug. The drug is typically new to the market and has a relatively high cost. Many of the insurance carriers have adopted a non-formulary drug list allowing members to pay a higher co-pay if they choose to take one of these drugs.



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