



# Unmatched Flexibility and Savings

BETTER BUSINESS BUREAU OF NORTHWEST OHIO AND SOUTHEAST MICHIGAN  
ANNOUNCES LEVEL FUNDED HEALTH PLANS THROUGH HEALTH IN TECH

INTRODUCING

**BBB Benefit Plan powered by FrontPath  
and Health In Tech**



A Level Funded Health Plan featuring 12 Plan Offerings  
Group Size 10 - 100

Marketed by:

Approved Local Brokers





## We Prioritize Your Clients

**Better Business Bureau of Northwest Ohio and Southeast Michigan** is one of nearly 100 BBBs across North America. Their legacy as a consumer watchdog began in 1912 as part of America's emerging truth-in-advertising movement and grew into a trusted "top of mind" resource for consumers and business alike. Their mission is foster an ethical marketplace where buyers and sellers trust each other. They set and promote business honesty standards, educate about frauds and scams, and provide a trusted platform for ethical business and charities to stand out. Toledo and Lima's BBB chapters began over 100 years ago, eventually merging in 2012 to fight the good fight together.

**FrontPath Health Coalition** is the area's only not-for-profit, locally owned and operated healthcare network in the region. Through their broad provider network and cost-effective benefit solutions, FrontPath has carved a path that allows health plan sponsors to achieve the flexibility they need to design their own benefits, access their own data, and choose their own partners. Since 1988, FrontPath has combined private and public sector employers and union trust funds into a coalition that speaks with a common voice to address the cost and quality of healthcare in our community. [www.frontpathcoalition.com](http://www.frontpathcoalition.com)

**Health In Tech** is a technology company committed to disruption, innovation, empowerment, and transparency -- aggregating all aspects of a Level Funded Health Plan by offering proprietary tools and technology that addresses the industry-wide efficiency flaws of quoting, administering, and using health benefits. These level-funded solutions are uniquely available for under-served small employer groups, providing the only marketplace where small and medium-sized employers can obtain a bindable quote within minutes. Utilizing National and Regional high-performance networks of physicians and facilities, various health plan designs offer flexibility to meet the needs of all members. We Prioritize Your Clients. [www.healthintech.com](http://www.healthintech.com)

# Power On **Simplicity**

Welcome to Self-Funding Simplified—  
Because Simple Is Always Better.

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The process of traditional self-funding is complex and overly complicated for everyone involved, costing both time and money. Health In Tech (HIT) delivers disruptive innovation that reimagines self-funded health plans.

**Simple really is better.** That's why our self-funded plans have disrupted the industry by integrating everything for everyone. With over 30 years of experience, we understand all aspects of healthcare, and our proprietary technology solutions make self-funding easy, streamlined, affordable, and accessible.

## FULLY CUSTOMIZED SELF-FUNDED HEALTH PLANS



Artificial Intelligence  
Technology



Quick Quoting  
Solutions



Shared Savings  
Option



National Direct  
Hospital Contracts

### **BEST OF ALL?**

Our self-funded plans **give you total control from quoting to implementation** while eliminating the administrative hassle and unnecessary waiting.



SMR  
Stone Mountain Risk

## Power On Protection

Your clients need protection from high-cost claims that could drastically impact their plan assets.

### 1% of Plan Members Make Up 40% of a Health Plan's Spending Each Year.\*

Prioritize transparency and protection for your clients.

Our Stone Mountain Risk stop-loss solutions provide unique products and creative risk modeling to solve your clients' problems with the best tools and technology available in the industry.

Spec and Agg Only; Minimum 20k Spec

\*<https://www.advisory.com/daily-briefing/2022/08/30/healthcare-costs>



## Creative Risk Mitigating Stop-Loss Solutions



### GROUP STOP-LOSS CAPTIVES

- Direct Contracting
- Redirection of services with no deductibles and co-pays
- Concierge front-end services
- Fiduciary responsibility
- Member balance billing protection
- Baseline PPO protection



### COMMUNITY HEALTH PLANS

- Custom-built plans for Local and National hospitals
- Direct Primary Care Models
- High-Performance Networks
- Direct Contracting
- Chamber Plans
- Association Health Plans



### PBM SOLUTIONS

- Best-in-class pricing
- Focused clinical solutions
- PBM Consultants, on request
- Innovative specialty procurement and alternate sourcing
- Gene Therapy management
- Patient Assistance Programs

# BBB BENEFIT PLAN

## 12 PLANS TO CHOOSE FROM (chart 1 of 2)

Plan	Platinum 100	Platinum 100	Platinum 101	Platinum 101	Platinum 102	Platinum 102
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$250/\$500	\$500/\$1,000	\$1,250/\$2,500	\$2,500/\$5,000	\$0/\$0	\$1,000/\$2,000
Co-Insurance	20%	50%	0%	50%	0%	50%
Out of Pocket Maximum	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$25 Copay	50% After Ded.	\$25 Copay	50% After Ded.	\$25 Copay	50% After Ded.
Office Visit Specialist	\$45 Copay	50% After Ded.	\$45 Copay	50% After Ded.	\$45 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	\$0 Copay	N/A	\$0 Copay	N/A
Urgent Care	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay
Emergency Room	20% After Ded.	50% After Ded.	\$300 Copay	50% After Ded.	\$300 Copay	50% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Generic Rx	\$0 Copay	N/A	\$0 Copay	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A
* Whichever is greater						

Plan	Gold 200	Gold 200	Gold 201 (HSA)	Gold 201 (HSA)	Gold 202	Gold 202
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$1,000/\$2,000	\$2,500/\$5,000	\$3,200/\$6,400	\$4,500/\$9,000	\$3,250/\$6,500	\$6,500/\$13,000
Co-Insurance	20%	50%	0%	50%	0%	0%
Out of Pocket Maximum	\$3,500/\$7,000	\$7,000/\$14,000	\$3,200/\$6,400	\$6,000/\$12,000	\$3,250/\$6,500	\$13,000/\$26,000
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$15 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$30 Copay	0% After Ded.
Office Visit Specialist	\$40 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$50 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Urgent Care	\$40 Copay	\$40 Copay	0% After Ded.	0% After Ded.	\$50 Copay	\$50 Copay
Emergency Room	\$300 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$400 Copay	0% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Generic Rx	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	0% After Ded.	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	0% After Ded.	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	0% After Ded.	N/A	\$200 Copay or 30%	N/A

# BBB BENEFIT PLAN

## 12 PLANS TO CHOOSE FROM (chart 2 of 2)

Plan	Gold 203	Gold 203	Silver 302	Silver 302	Silver 303 (HSA)	Silver 303 (HSA)
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,200/\$6,400	\$4,000/\$8,000
Co-Insurance	20%	50%	20%	50%	20%	50%
Out of Pocket Maximum	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,400/\$12,800	\$8,000/\$16,000
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$35 Copay	50% After Ded.	\$35 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Office Visit Specialist	\$55 Copay	50% After Ded.	\$55 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Telemedicine	\$0 Copay	N/A	\$0 Copay	N/A	20% After Ded.	N/A
Urgent Care	\$55 Copay	\$55 Copay	\$55 Copay	\$55 Copay	20% After Ded.	20% After Ded.
Emergency Room	\$500 Copay	50% After Ded.	\$500 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Generic Rx	\$0 Copay	N/A	\$0 Copay	N/A	0% After Ded.	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A	25% After Ded.	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A	45% After Ded.	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A	30% After Ded.	N/A

\* Whichever is greater

Plan	Bronze 403	Bronze 403	Bronze 404 (HSA)	Bronze 404 (HSA)	Bronze 405	Bronze 405
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$9,000/\$18,000	\$8,000/\$16,000	\$16,000/\$32,000
Co-Insurance	30%	50%	30%	50%	30%	50%
Out of Pocket Maximum	\$8,700/\$17,400	\$17,400/\$34,800	\$7,000/\$14,000	\$14,000/\$28,000	\$8,700/\$17,400	\$17,400/\$34,800
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$40 Copay	50% After Ded.	30% After Ded.	50% After Ded.	\$50 Copay	50% After Ded.
Office Visit Specialist	\$80 Copay	50% After Ded.	30% After Ded.	50% After Ded.	\$120 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	30% After Ded.	N/A	\$0 Copay	N/A
Urgent Care	\$60 Copay	\$60 Copay	30% After Ded.	30% After Ded.	\$100 Copay	\$100 Copay
Emergency Room	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	\$500 Copay + 30%	50% After Ded.
Lab and Xray	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
In Patient Services	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Out Patient Services	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Out Patient Surgery	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Generic Rx	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	25% After Ded.	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	45% After Ded.	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	30% After Ded.	N/A	\$200 Copay or 30%	N/A

\* Whichever is greater

1. Deductible applies to all services that indicate Coinsurance
2. \$500 Penalty applies if used for non-urgent services \*whichever is greater Facility services have to be preauthorized for benefits

This is a summary overview of benefits - please refer to your Summary Benefits of Coverage (SBC) or Plan Document for a more detailed explanation of benefits. If any discrepancies exist between these documents, the Plan Document will be the controlling document.



## Power On Efficiency

with the Industry's Most Advanced Underwriting Platform

### What if you could underwrite hundreds of groups a day instead of only a couple?

It's simple—just Power On with eDIYBS.

We get it—*time is money*. The industry norm of waiting days or weeks for proposals and quotes has become the accepted standard. The opportunity cost of this waiting game hinders growth. Not anymore. Get your time back with the **Enhanced Do It Yourself Benefit Systems (eDIYBS)** by Health In Tech, now with streamlined quoting and signing support by **DocuSign**.



Produce a FIRM proposal that has **12 plans with 4 tier rates** in just a few minutes!



**You Set**  
the Plan Return Options.



**You Select**  
the Network  
you want.



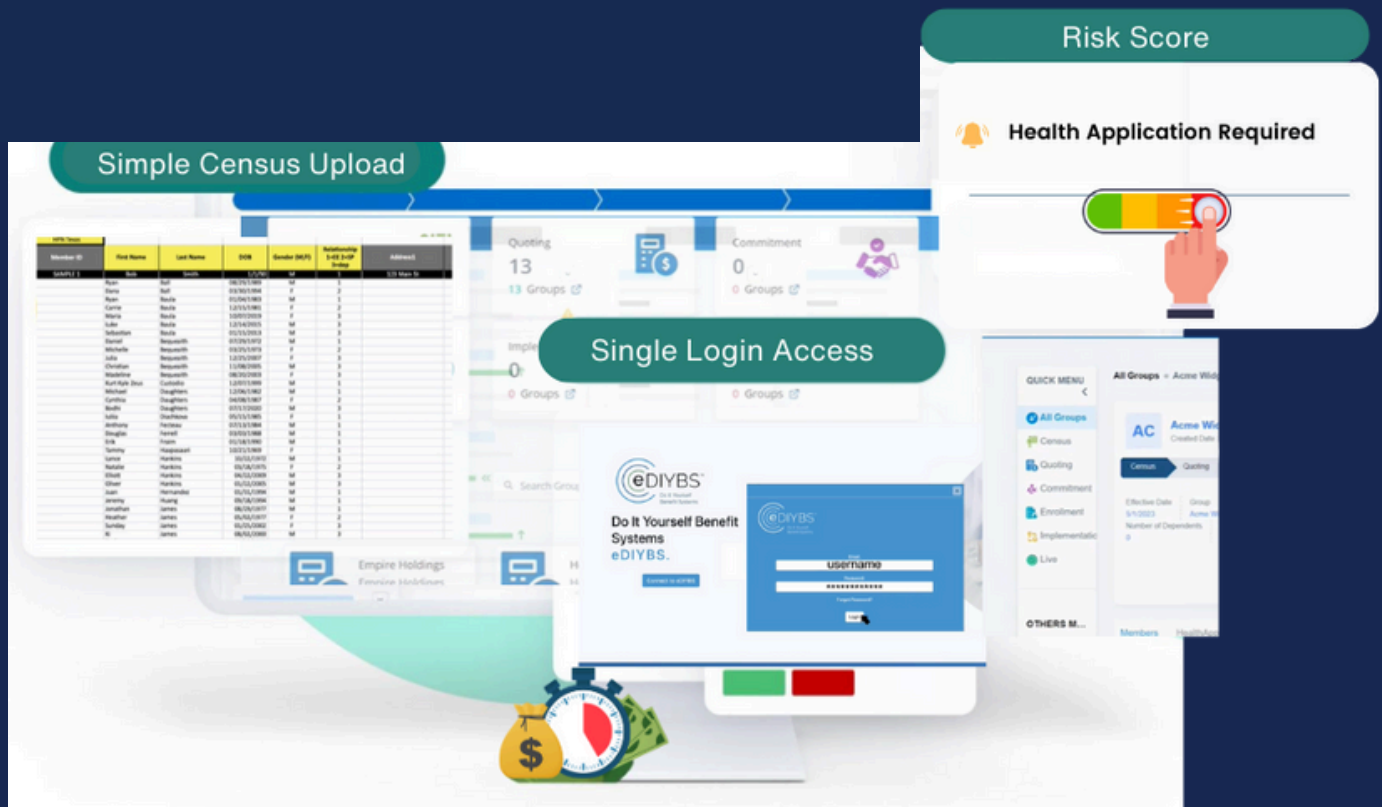
**You Develop**  
the Plan Designs  
you want.



# Quoting with eDIYBS is straightforward.

It's simple—just Power On with eDIYBS.

- ✓ Begin by gathering basic eligibility data, such as name, date of birth, gender, and zip code, into the census data.
- ✓ Once you've uploaded the census data to eDIYBS, our system swiftly applies a risk score to each member. This score is based on a thorough review of their historical medical data, including their doctor visits and reasons.
- ✓ If a member's risk score is flagged as too high, they will be required to complete a simple health application. Once we receive this application, our team of underwriters processes it quickly and efficiently.
- ✓ During the quoting process, you can include Ancillary Coverage such as Critical Illness, Accident, GAP, Dental, Vision, and Term Life coverage.
- ✓ eDIYBS lets you personalize the proposal with your contact information and send it to your client. They can then select any plan options besides the ancillary products available.
- ✓ After your client has chosen the best plan for their employees, confirm the selected plans and send the information directly for an efficient implementation.



**Simple Census Upload**

Member ID	First Name	Last Name	DOB	Gender (M/F)	Relationship	DOB EMP	Address
00001	John	Doe	01/01/1980	M	Self		123 Main St
00002	Jane	Doe	02/02/1985	F	Spouse		123 Main St
00003	John	Doe	03/03/1990	M	Child		123 Main St
00004	Jane	Doe	04/04/1995	F	Child		123 Main St
00005	John	Doe	05/05/2000	M	Child		123 Main St
00006	Jane	Doe	06/06/2005	F	Child		123 Main St
00007	John	Doe	07/07/1982	M	Self		123 Main St
00008	Jane	Doe	08/08/1987	F	Spouse		123 Main St
00009	John	Doe	09/09/1992	M	Child		123 Main St
00010	Jane	Doe	10/10/1997	F	Child		123 Main St
00011	John	Doe	11/11/2002	M	Child		123 Main St
00012	Jane	Doe	12/12/2007	F	Child		123 Main St
00013	John	Doe	01/01/1988	M	Self		123 Main St
00014	Jane	Doe	02/02/1993	F	Spouse		123 Main St
00015	John	Doe	03/03/1998	M	Child		123 Main St
00016	Jane	Doe	04/04/2003	F	Child		123 Main St
00017	John	Doe	05/05/2008	M	Child		123 Main St
00018	Jane	Doe	06/06/2013	F	Child		123 Main St
00019	John	Doe	07/07/2018	M	Child		123 Main St
00020	Jane	Doe	08/08/2023	F	Child		123 Main St

**Single Login Access**

eDIYBS™  
Do It Yourself Benefit Systems

USER: jdoe  
PASSWORD: \*\*\*\*\*

**Risk Score**

Health Application Required

QUICK MENU

- All Groups
- Census
- Quoting
- Commitment
- Enrollment
- Implementation
- Live

AC Acme Wi  
Created Date  
Cancel Quoting  
Effective Date: 5/1/2023  
Group: Acme 01  
Number of Dependents: 3

OTHERS M...  
Members

## JOINT NETWORK

Network access is provided through the FrontPath PPO network, the Ohio Health Choice (OHC) PPO network, and the Northwest Ohio Health Partnership (NWOHP).

Participating plans have access to **45,000** in-network providers and **280 hospitals** throughout the entire states of Ohio, Southeast Michigan, and Northeast Indiana.



### Service Area Definition



The Joint Network configuration leverages the **broad access to care** and **strong discounts** of each individual network while providing seamless accessibility for enrollees and a streamlined claim flow for providers.

Greater **predictability** for health plan management

Lower **out-of-pocket** costs for members

Reduced medical inflation impact

Long-term **savings** on premiums

Greater **savings** to the plan and enrollee

### The Joint Network provides contracts in:

**101**  
COUNTIES

**3**  
STATES

**280**  
HOSPITALS

**45,000**  
PRIMARY CARE AND  
SPECIALTY PROVIDERS

For in-network care in Northwest Ohio, Southeast Michigan, and Northeast Indiana:  
FrontPath PPO (419) 891-5206

For in-network care throughout the rest of Ohio:  
OHC/NWOHP 1(800) 554-0027

**Learn More About  
What a Level Funded Plan  
from your local BBB &  
Health In Tech  
Can Do for Your Clients.**

**Contact:**

**FrontPath Health Coalition  
419-891-5206 ext. 104  
[info@frontpathcoalition.com](mailto:info@frontpathcoalition.com)**



healthintech.com

