



Professional Benefit Services, Inc.

Health & Welfare Services & Fee Schedule

SERVICES & SUPPORT

Plan Set Up:

Includes: Plan document, summary plan description, board resolution, service agreement, business associate agreement & plan forms

Annual:

Compliance testing, 5500 tax forms and regulatory amendments as needed.

On-Going:

Employee presentations and practical training for day-to-day administration.

Month-to-month administrative support tailored to your needs and specific type of plan.

Same or next day response.

Optional benefit card for eligible plans.

FEES-ONE TIME

Plan Setup & Documents:

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|--|-------|
| Premium Only Cafeteria Plan (POP) | \$400 |
| Full Cafeteria Plan (FSA/DCA/HSA) | \$450 |
| Health Reimbursement Arrangement (HRA) | \$500 |
| Transportation Plan | \$200 |

Additional Per Event:

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|-----------------------------------|-------------|
| Amend & Restate Existing Document | \$200-\$250 |
| Plan Document Amendment | \$100 |

FEES-ANNUAL

| | |
|--|---|
| Premium Only Cafeteria Plan Annual Renewal Fee | \$100 annual renewal fee |
| Discrimination testing & open enrollment forms | |
| Full Cafeteria Plan Annual Renewal Fee | \$10PEPY (\$100 minimum; \$400 maximum) |
| Discrimination testing, open enrollment forms, 5500 tax form if required | |
| *Fee is based on 1 1/2 times the monthly administration fee | |
| Health Reimbursement Arrangement Annual Renewal Fee | \$150 annual renewal |
| Utilization reports, SBC's, PCORI preparation, 5500 tax form if required | |
| 5500 Tax Form, if needed | \$250 |

FEES-MONTHLY

Full Cafeteria Plan, Transportation Plans & Some HRA Plans

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|-------------------------------------|---|
| Monthly Minimum | \$50 per month/\$55 per month with benefit card |
| Per Person: Less than 100 enrollees | \$5 per plan participant/\$5.50 with benefit card |
| Per Person: More than 100 enrollees | \$4 per plan participant/\$4.50 with benefit card |
| Bank Account Maintenance Fee | \$10 per month (stop pay and ACH reject fees will be passed through to client or participant) |
| Health Savings Account (HSA) | |
| Monthly Minimum | \$30 per month |
| Per Person | \$3 per month |

Health Reimbursement Arrangement (HRA)

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|---|--|
| \$0- \$499 employee out of pocket before HRA will reimburse | Same as Full Cafeteria Plan (See Above) |
| *benefit card may not be eligible | |
| \$500 or greater employee out of pocket before HRA will reimburse | Flat monthly rate available: Please call for quote |

Two or more plans:2nd plan billed at 50% (unless it is a flat rate HRA plan)

Please call for quote

FEES-ADDITIONAL WORK

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|---|---------------|
| Any additional required or requested services not specifically listed above | \$50 per hour |
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2023 Fee Schedule

1193 Royvonne Ave. S.E. #22, Salem, Oregon 97302 503.371.7622 *800.982.2012 * Fax 866.248.9742

Email: cafeteria@profben.com Website: www.profben.com