



**PBS**

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:

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

### Additional Per Event:

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

## FEES-ANNUAL

<b>Premium Only Cafeteria Plan Annual Renewal Fee</b>	\$150 annual renewal fee
Discrimination testing & open enrollment forms	
<b>Full Cafeteria Plan Annual Renewal Fee</b>	\$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	
<b>Health Reimbursement Arrangement Annual Renewal Fee</b>	\$150 annual renewal
Utilization reports, SBC's, PCORI preparation, 5500 tax form if required	
<b>5500 Tax Form, if needed</b>	\$250

## FEES-MONTHLY

### Full Cafeteria Plan, Transportation Plans & Some HRA Plans

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)
<b>Health Savings Account (HSA)</b>	
Monthly Minimum	\$30 per month
Per Person	\$3 per month

### Health Reimbursement Arrangement (HRA)

\$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:

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

Please call for quote  
Please call for quote

## FEES-ADDITIONAL WORK

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

### 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](mailto:cafeteria@profben.com) Website: [www.profben.com](http://www.profben.com)