

# FAMILY ADVANTAGE HEALTH PLAN (FAHP)



## PLAN BENEFITS

There are several benefits of the FAHP:

- Reimbursement of any copays, deductibles, and coinsurance due on primary health insurance plan, up to the annual out-of-pocket maximums allowed by the Affordable Care Act. Effectively, this creates a **100% coverage plan** for most participants enrolled in the FAHP.
- No premium contribution deducted from employee's paycheck to enroll in the FAHP.
- Ongoing monthly payroll bonus per member enrolled in FAHP to help offset any additional premium costs of alternative employer coverage.

## ELIGIBILITY CRITERIA

To be eligible, the member<sup>1</sup> (e.g. employee, spouse, and/or child) must meet two criteria:

1. Member has been enrolled on the company medical plan for at least 12 months prior to the FAHP effective date.<sup>2</sup>
2. Member has access to enroll in alternative employer-sponsored medical plan (e.g. via spouse, parent, 2nd job, etc.).

<sup>1</sup> Each member is individually eligible for the plan if they meet the eligibility criteria (i.e. spouse and children can enroll without employee).

<sup>2</sup> New employees must satisfy eligibility requirements, which will be evaluated annually at FAHP open enrollment.

## IRS RULES

If eligible for the FAHP, it is important that you comply with IRS rules:

1. You may be enrolled in a Health Reimbursement Account (HRA) or Flexible Spending Account (FSA). However, you cannot be reimbursed from both the FAHP and your HRA or FSA.
2. Employees are not eligible for the FAHP if their alternate coverage:
  - has an active contribution to a Health Savings Account (HSA) – you can deny these contributions and then participate in FAHP; or
  - is Medicare, Medicaid, Tricare, an Individual Policy, a Limited Benefit Health Plan, or any non-employer-sponsored insurance.

## HOW TO ENROLL

If you are interested in the FAHP, here is what to do next:

1. Verify eligibility for the FAHP with your HR department.
2. Evaluate current coverage vs combination of other employer alternative coverage + FAHP. Use BCC Cost Comparison worksheet.
3. Enroll applicable members in alternative employer coverage. Ensure no HSA dollars are received or contributed if the alternative employer coverage is an HDHP.
4. Waive coverage on your medical plans for next year and complete the FAHP enrollment and attestation forms.

## WHEN TO ENROLL

Eligible members may enroll in the FAHP:

1. During annual open enrollment period, as long as other employer coverage has same open enrollment period or allows mid-year enrollment;<sup>3</sup> or
2. Due to a qualifying event, such as spouse's open enrollment or change in status (e.g. marriage, birth of child, etc.).

<sup>3</sup> Note: If the other employer-sponsored option has a different open enrollment period, try to request mid-year enrollment or you will have to wait until their open enrollment to waive your medical plan, enroll in your alternative coverage, and enroll in FAHP at that time.

## PREMIUM PAYROLL BONUS

Your payroll bonus is calculated by the number of family members enrolled (including yourself, if also enrolled) in the FAHP to get to a monthly bonus amount earned. This bonus is paid via standard payroll earnings and is considered taxable income. Payments start first period after your FAHP effective date.

## SUBMITTING & RECEIVING CLAIMS

### REIMBURSEMENT

For point-of-service payments (i.e. copays), present your FAHP Debit Card to the provider and they will swipe the card to cover costs immediately. For other payments, you will receive an Explanation of Benefit (EOB) statement from the carrier—keep these in case of verification.

If you do not pay your bill with your FAHP Debit Card, complete the following steps:

1. Make a copy of the EOB and attach it to your completed Reimbursement Form.
  - Reimbursement Forms are available on My SmartCare, from your HR Department, or at [www.benxcel.com](http://www.benxcel.com).
  - A separate claim form must be filled out for each patient.
2. Submit your completed Request for Reimbursement Form and the claim substantiation to BCC:
  - Online through My SmartCare via the BCC SmartCare app or <https://benefitcc.wealthcareportal.com/Pages/Home>; by
  - Email: [bcc-claims@benXcel.com](mailto:bcc-claims@benXcel.com); or
  - Mail: Benefit Coordinators Corporation  
Attn: Claims  
Two Robinson Plaza, Suite 200  
Pittsburgh, PA 15205
3. Once received, BCC will process and substantiate the claim for reimbursement, sending you payment via check or direct deposit.

## QUESTIONS

BCC has a dedicated team of advisors to help answer any questions you have.

### PRE-ENROLLMENT

Submit questions, including the name of the organization you work for, to either of the following:

- Email: [customersupport@benXcel.com](mailto:customersupport@benXcel.com)
- Call: (412) 446 4651

BCC will review your questions, compile answers and ensure you get informed either directly or through group education.

### POST-ENROLLMENT

Advisors are available to assist you with your needs, including:

- Filing or receiving claims reimbursements
- Premium payroll bonus issues
- Debit card questions
- Anything related to FAHP Benefits

BCC Customer Service Center:

- Call: 1-800-685-6100  
M-TH: 8 am – 8 pm (ET), 5 am – 5 pm (PT)  
F: 8 am – 6 pm (ET), 5 am – 3 pm (PT)
- Email: [bcc-claims@benXcel.com](mailto:bcc-claims@benXcel.com)