



Preferred Partner Pricing Schedule: July 1, 2016 - June 30, 2017

# of Employees	Description	Set-Up Fee / Renewal	Monthly PEPM or Annual Fee	Minimum Monthly Fee
<b>Premium Only Plans</b>				
Unlimited	Includes Non-Discrimination Testing (NDT)	N/A	\$250.00	N/A
Discounts below \$250 will NOT include NDT				
<b>FSA   HRA Plans*</b>				
1 to 99	Full Administration	\$250 / \$250	\$5.00 per EE	\$70.00
100 to 249	*Does NOT include NDT - All Sizes	\$250 / \$250	\$4.50 per EE	\$70.00
250 to 499		\$250 / \$250	\$4.25 per EE	\$70.00
500 to 749		\$250 / \$250	\$3.75 per EE	\$70.00
750 to 999		\$250 / \$250	\$3.50 per EE	\$70.00
1000+		Custom	Custom	Custom
N/A	Self Administration		\$400 Annually	
<b>Combo Plans FSA   HRA*</b>				
Any size	Combo Plans	\$500 / \$500	\$4.25 per EE per Plan	\$140.00
<b>Health Savings Accounts</b>				
Any size	Full Administration	\$250 / N/A	\$2.50 / N/A	\$40
<b>Health Savings Account with LPFSA or PDHRA</b>				
Any size	Health Savings Accounts	Custom	\$1.25 / N/A	Custom
	LPFSA   PDHRA	\$250 / \$250	FSA   HRA rates above	\$60
<b>HR3</b>				
20+	HR3 Essentials	\$1,000 / N/A**	\$3.10	\$70.00
50+	HR3 Enterprise	\$1,800 / N/A**	\$5.50	\$300.00
20+	HR3 Benefits	\$1,600 / N/A**	\$4.75	\$300.00
20+	PrimePay Insurance Exchange	\$1,000 / N/A**	\$5.25	\$300.00
**Additional HR3 services/requirements may incur an additional charge				
<b>COBRA</b>				
20 to 99	Federal COBRA Administration	\$100 / \$100	\$0.90 / \$1.00 per EE	\$50 / \$75
100 to 249		\$100 / \$100	\$0.80 / \$0.90 per EE	\$50 / \$75
250 to 499		\$100 / \$100	\$0.70 / \$0.80 per EE	\$50 / \$75
500 to 749		\$150 / \$100	\$0.60 / \$0.70 per EE	\$50 / \$75



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<b>COBRA, cont'd</b>				
750 to 999	Federal COBRA Administration	\$200 / \$100	\$0.55 / \$0.65 per EE	\$50 / \$75
1,000 to 2,499		\$250 / \$100	\$0.50 / \$0.60 per EE	\$50 / \$75
2,500 to 4,499		\$300 / \$100	\$0.45 / \$0.55 per EE	\$50 / \$75
4,500+		Custom	\$0.40 / \$0.50 per EE	\$50 / \$75

Carrier Remittance: \$15 carrier / month  
Retroactive Initial Rights Notice: \$2.50 / notice

<b>Mini-COBRA (CT, NY, NJ, PA)</b>				
<20		\$50 / \$50	\$25 Per QEL	\$25.00

Carrier Eligibility Reporting: \$10/member group update  
Carrier Remittance: \$15 carrier/month  
Open Enrollment Packets: \$15 /packet (up to 15 pgs)

# of Employees	Description	Standard Fee	Additional Per EE 500+	2nd Test Run
<b>Non-Discrimination Testing</b>				
Any size	Cafeteria Plan (Section 125)	\$135	\$0.20 per EE	\$105 / \$0.17
Any size	Health FSA (Section 105(h))	\$135	\$0.20 per EE	\$105 / \$0.17
Any size	Dependent Care (Section 129)	\$135	\$0.20 per EE	\$105 / \$0.17
Any size	HRA (Section 105(h))	\$135	\$0.20 per EE	\$105 / \$0.17
Any size	Cafeteria Bundle (Cafeteria, Health FSA, DCAP) 5% disc.	\$385	\$0.60 per EE	\$305 / \$0.50
Any size	Comprehensive Test (Cafeteria & HRA) 10% discount	\$485	\$0.80 per EE	\$405 / \$0.67

**ERISA**

# of Employees	Form 5500 Filing	Set-up Fee	Annual Fee***	From 5558 Extension
1 to 49	\$275 per Filing	\$250	\$675	\$100
50 to 99	\$275 per Filing	\$250	\$945	\$100
100 to 499	\$275 per Filing	\$500	\$1,170	\$100
500 to 2499	\$275 per Filing	\$500	\$1,440	\$100
2500 to 4999	\$275 per Filing	\$500	\$1,710	\$100
5500 Filing Only	\$275 per Filing	\$250	N/A	\$100
Delinquent Filing	\$375 per Filing	\$250	N/A	N/A

\*\*\*Additional Fees may apply based on additional Scopes of Work needed for each client