

Health & Welfare Services & Fee Schedule

SERVICES & SUPPORT

SERVICES & S	OPPORT	
	Up: Includes: Plan document, summary plan description, board resoluti agreement & plan forms.	-
Annual:	Compliance testing, 5500 tax forms and regulatory amendments as needed.	
On-Goin	 g: Employee presentations and practical training for day-to-day admin Month-to-month administrative support tailored to your needs and Same or next day response. Optional benefit card for eligible plans. *Mandatory restatments every 6 years. 	
FEES-ONE TIM		
Plan Setu	up & Documents:	
	Premium Only Cafeteria Plan (POP)	\$450
	Full Cafeteria Plan (FSA/DCA/HSA)	\$500
	Health Reimbursement Arrangement (HRA)/QSEHRA	\$550
	ICHRA	\$700
	Transportation Plan	\$200
	Wrap Plan Docs	\$500
Additional Per Event:		
	Amend & Restate Existing Document	\$300
	Plan Document Amendment	\$200
	Termination	\$300
FEES-ANNUAL		5500
Premium Only Cafeteria Plan Annual Renewal Fee		\$250 annual renewal fee
Discrimination testing & open enrollment forms		
Full Cafeteria & 1st dollar HRA 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 (deductible) Annual Renewal Fee		\$150 annual renewal
Utilization reports, SBC's, PCORI preparation, 5500 tax form if required		,
Wrap Docs 5500 Filing		\$750
ICHRA		\$200
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FEES-MONTH	LY	
Full Cafe	teria, 1st Dollar HRA, QSEHRA, Transportation & Lifestyle Plans	
	onthly Minimum	\$65 per month
	er Person	\$5.50 per plan participant
Bank Account Maintenance Fee		\$10 per month (stop pay and ACH reject fees
Health Savings Account (HSA)		will be passed through to client or participant)
Monthly Minimum		\$30 per month
Per Person		\$3 per month
Deductible Health Reimbursement Arrangement (HRA)		
	edctible HRA	\$5.50 per plan participant
Μ	onthly minimum	\$35 per month
FEES-ADDITIC	NAL WORK	
	ent Meetings (no longer than 4 hours) & Benefit Fairs	
-Online		Free/Included
-In person (within 1 hour of PBS)		\$500
	tional required or requested services not specifically listed above.	\$100 per hour
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2025 Fee Schedule

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