A Smarter Health Benefit for Members

Real coverage, real choice, and lower premiums — built for the spray foam professionals who seal and insulate America.

Presented by Bill Judge & Associates 800-606-1071 · Bill.Judge@bja-benefits.com

Health Access Solutions · Maze Health · medZERO · paylogix premium technology solutions

THE PROBLEM

Traditional insurance is broken

Rising costs	Relentless, unpredictable premium hikes every year	**Huge exposure**	Up to $20K out-of-pocket right when care is needed
Narrow networks	You can't always see your preferred doctor	**Denials & delays**	Roughly 1 in 5 claims denied, plus prior-auth hurdles
Unstable risk	The group absorbs large, unpredictable claims	**One-size plan**	A single design that ends up satisfying no one

Especially hard on small spray foam contracting shops — limited HR, no safety net.

PRICE TRANSPARENCY

Same care, a much lower price

Service	Insurance Price	Cash / Self-Pay	You Save
Primary Care Visit	$250–$400	**$75–$150**	**up to 65%**
MRI (knee / brain)	$2,000–$5,000	**$400–$800**	**up to 84%**
Labs & Bloodwork	$200–$400	**$10–$40**	**up to 90%**
X-Ray	$300–$600	**$50–$150**	**up to 80%**
Urgent Care Visit	$400–$700	**$100–$200**	**up to 70%**

Providers prefer immediate cash payment — no paperwork, no denials, no waiting.

Typical billed vs. transparent self-pay rates; ranges illustrative (CMS price-transparency data, cash-pay marketplaces, 2024–2026).

THE NEW MODEL

30–50%

lower premiums

Why our premiums come in lower

1. **Member-owned cooperative** No stockholders, no profit motive
2. **No networks or restrictive contracts** See any provider you choose
3. **No bloated administration** No pre-auth teams, denials, or appeals
4. **Cash / self-pay pricing** 40–84% discounts on everyday care
5. **Amaze navigation** Up to 40% fewer unnecessary ER visits

We stopped funding insurance-company overhead — and put the savings in members' pockets.

A DIFFERENT MODEL

We are not insurance.

The Health Access Cooperative is a member-owned model for affordable, choice-based care — built to serve members, not shareholders.

1. **See any provider** Pay the self-pay rate — no network limits
2. **Call Amaze first** Resolve most needs by phone or app, at $0
3. **Submit your bills** The co-op pays or reimburses your share

HOW IT FITS TOGETHER

Your complete 3-layer solution

1

Amaze Health

$0 unlimited first call — telemedicine, mental health, navigation & labs

2

HAS Preventive

$0 wellness, dental, vision & more — up to $9,250 per member / year

3

HAS Cooperative Major Medical

$1,000 per-incident deductible (2 max / family), then 100%

then **100%**

Two layers cover routine and preventive care at $0 — before any deductible ever applies.

YOUR CARE QUARTERBACK

Amaze Health, on call 24/7

- 24/7 app & phone — no intake forms, no triage
- Virtual urgent & primary care, prescriptions, chronic-condition management
- Full mental-health tiers, plus billing & navigation advocacy
- Labs included at $0

Perfect for applicators in the field — resolve most issues without leaving the job site.

PROTECTIONS MADE SIMPLE

Deductibles you can actually understand

$1,000

Single-incident deductible — then 100%

2

Maximum incidents per family, per year

$4,000 / $8,000

Annual member maximum — individual / family

$0

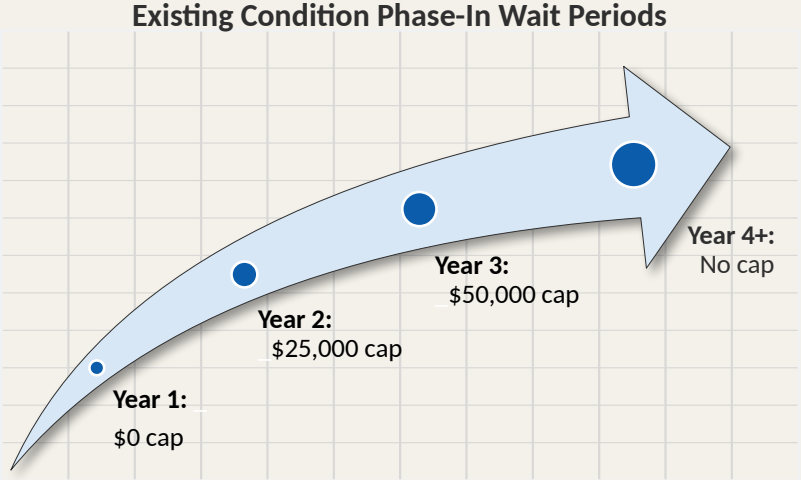
First-dollar preventive care & Amaze — always

Pre-existing conditions

What if a member or family member has a pre-existing condition?

Any illness or injury within the past 24-months where you have:
Individuals & Groups up to 9 Employees

- Been professionally examined
- Taken medication
- Had diagnostic testing
- Received medical treatment



Exceptions - NOT Subject to Waiting Period

Resolved Conditions:
Treatment finalized more than 24 months ago

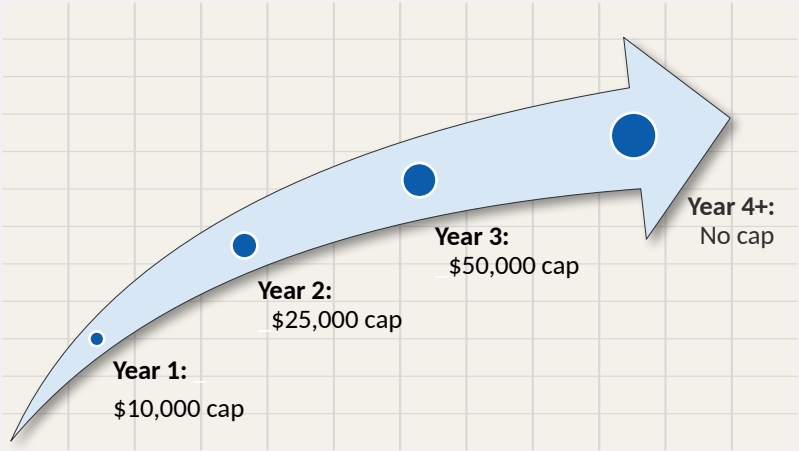
Managed Chronic Conditions:
High blood pressure, High Cholesterol and diabetes if managed by diet, exercise and medication – not hospitalized in the last 12 months

Maternity:
Your due date is greater than 5 months from effective date

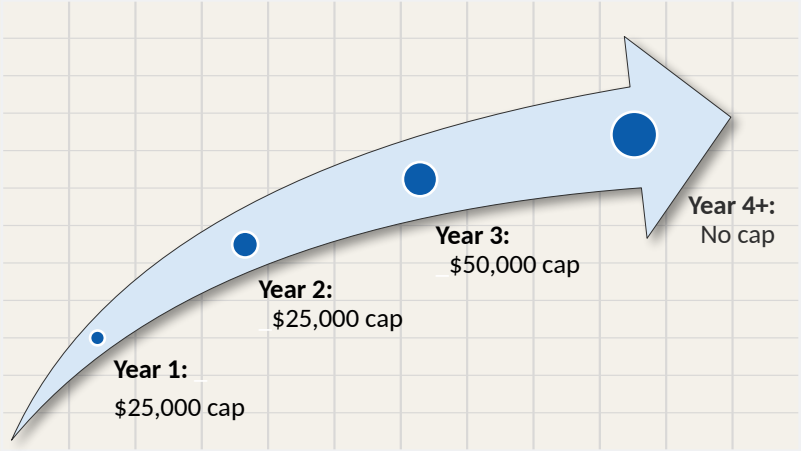
Cancer Free:
In remission for 6 years

Existing Condition Phase-In Wait Periods
Same Exceptions Apply

Group Sizes 10-49



Group Sizes 50+



BENEFITS EDUCATION

When an ICHRA Makes Sense

An Individual Coverage HRA (ICHRA) lets an employer fund tax-free reimbursements an employee uses to buy their own ACA marketplace plan — available to groups of any size, but not to individuals.

Best for employees with major pre-existing conditions who need this level of coverage — such as high-cost prescriptions or ongoing treatment.

Who It's For

Employees with major pre-existing conditions — think high-cost prescriptions or ongoing treatment — who need comprehensive coverage.

Groups Under 50

ICHRA is not required. Offer it only when an employee needs this level of coverage.

Groups 50+

ICHRA satisfies ACA employer-mandate rules while giving high-need employees a compliant path to full coverage.

Source: IRS/DOL/HHS final rule establishing Individual Coverage HRAs, 26 CFR 54.9802-4 (effective 2020). Confirm allowance figures and class definitions with legal counsel before presenting employer-specific numbers.

VALUE COMPARISON

The bundle beats ACA Bronze & Silver

	HAS Bundle	ACA Bronze	ACA Silver
Annual deductible	**$1,000 / incident (2× max = $2,000)**	~$7,400 avg.	~$5,300 avg.
Worst-case out-of-pocket	**$6,000 family**	$10,600 indiv.	$10,600 indiv.
Preventive care	**100% $0 — up to $9,250 / yr**	Subject to deductible	Subject to deductible
Everyday care (Amaze)	**$0 unlimited**	None	None

~44% lower worst-case exposure — plus $9,250/yr of $0 preventive care no Marketplace plan offers.

ACA figures are 2026 national averages (KFF); federal OOP maximum $10,600 individual / $21,200 family.

WHEN IT MATTERS MOST

Big claims, small member cost

$1,000 Heart attack, cancer, or major surgery — often just the per-incident deductible

$1,000 Maternity — a flat total for the full journey, start to finish

$0 Well-woman visits, labs & mental health — benefits from Day 1

Members are protected against the catastrophic — without the catastrophic bill.

MEMBER BENEFIT

How medZero Works

On-demand, interest-free funds so SPFA members can pay out-of-pocket healthcare costs over time — zero interest, zero fees.

SPFA ANNUAL LIMIT

$1,000

per member, per year

Qualified Expenses

- Deductibles, co-pays & coinsurance
- Dental, vision & prescriptions
- Any provider, in- or out-of-network

1 Access Funds

Members request funds on-demand through the app or website. No credit check, instant approval.

2 Pay at the Point of Care

Funds are used immediately for the visit, prescription, or procedure — any provider, any plan.

3 Repay Over Time

Members repay via ACH draft on a fixed schedule. Zero interest. Zero fees. No impact to HAS or SPFA.

medZero enhances the SPFA Healthcare Co-op benefit — zero credit checks, zero interest, zero fees to members.

2027 MONTHLY RATES

Health Access Bundle rates

Age Band	Member Only	Member + 1	Family
18–29	$318	$588	$916
30–39	$347	$646	$974
40–49	$381	$714	$1,042
50–59	$485	$922	$1,250
60–64	$580	$1,112	$1,440

Tobacco surcharge $75/mo — cessation support included, removable after 12 tobacco-free months.

No Networks
See any provider

No Prior Auth
No delays or denials

Member-Owned
Like a credit union

98.7% Renewal
No rate hike since 2024

Source: Health Access Bundle 2027 Monthly Rates, Health Access Solutions. Final group rates subject to underwriting confirmation.

COST SCENARIOS

The HAS Co-op + Amaze price advantage

100 benefit-eligible employees — 60% enroll in major-medical coverage under either path (20% via ICHRA at the same group rate, 40% via Co-op).

	$800/mo Reference	$900/mo Reference
Traditional Group Health Insurance 60 of 100 employees covered — 40 get $0	**$48,000/mo**	**$54,000/mo**
HAS Co-op + EAP (Amaze) 100 of 100 employees enrolled in EAP 48 employees enrolled in Coop and 12 Employees enrolled through the ICHRA	**$40,500/mo**	**$42,500/mo**
Monthly Savings with HAS	**$7,500/mo**	**$11,500/mo**
Annual Savings with HAS	**$90,000/yr**	**$138,000/yr**

$127/month per employee* unlocks up to $9,250/year in $0 wellness, dental, vision and preventive care for every benefit-eligible employee, not just the ones who use major medical.

**Employer-paid. $9,250/year is the maximum available HAS Preventive value ($0 wellness, dental, vision, and more) per this deck's 3-layer solution; actual utilization varies by member.*
Sources: Health Access Bundle 2027 Rates (HAS, this deck); KFF 2025 Employer Health Benefits Survey (national avg. single coverage ≈$777/mo, small group ≈$768/mo, PPO ≈$818/mo); Mercer/PwC 2026–2027 group-trend forecasts (~8.5–9%/yr) used to project 2027 reference premiums of $800–$900/mo.
The 20% ICHRA segment is priced at the same group-insurance reference rate as the Traditional column ($800/$900/mo), before any employee premium contribution. Co-op rate (≈$422/mo, EAP included) is also shown before any employee contribution and is the blended 2027 "Member Only" rate from this deck. The employer is responsible for 100% of the $127/month EAP for every benefit-eligible employee, including those enrolled via ICHRA — this cost is not reduced or offset by employee contributions. 60% major-medical participation and 100 benefit-eligible employees are illustrative planning assumptions — confirm exact group mix, rates, and participation with underwriting before presenting employer-specific numbers.

Thank you — questions?

Bill Judge · 800-606-1071 · Bill.Judge@bja-benefits.com · sprayfoam.org

BILL JUDGE & ASSOCIATES