

Infinity Business Solutions

Presents



The Blue Diamond plan provides both in and out of network benefits and offers cost efficient coverage with superior provider access.

Network: Aetna Open Access POS II

No Referral Needed

Deductible: \$0/0

Co-Insurance: \$0/0

Preventive Services: 100%

Over 1.4 Million Network Providers

Max Out of pocket: \$2000/13200

Out of Network Benefits

Maximum Benefits: Unlimited

Office Visit copay: \$20/40 **No Deductible**

Rx: Covered

Lab/X-Ray: Covered

Mental Health: Covered

Coverage Tier	Price
Employee	\$1,149.00
Emp + Children	\$2,099.00
Emp + Spouse	\$2,199.00
Family	\$2,599.00

Groups of 10+ enrolled employees will be a custom quote

To search providers participating within network, please go to:

<https://aetna.com>

BLUE DIAMOND

Schedule of Benefits & Plan Design

Medical Services Deductible Information

Deductible	Participating Providers (In Network)	Out of Network Providers
Individual	\$0	\$2000
Family	\$0	\$13200

Out of Pocket Maximum	Participating Providers (In Network)	Out of Network Providers
Individual	\$2000	Unlimited
Family	\$13,200	Unlimited

Schedule of Benefits Below

PHYSICIAN SERVICES

Plan Provisions	Prior Auth Required	Participating Providers (In Network)	Out of Network Providers
		EMPLOYEE PAYS	EMPLOYEE PAYS
Primary Care Office Visit	NO	\$20 Copay	40% after deductible
Specialist office Visit	NO	\$40 Copay	40% after deductible
Other Physician Services performed in the office	NO	\$40 Copay	40% after deductible
Urgent Care	NO	\$75 Copay	40% after deductible
Telemedicine**	NO	Through plan's telemed service only	NOT COVERED
*Preventive & Wellness Services	NO	\$0 cost - 100% covered	NOT COVERED

HOSPITAL/FACILITY OUTPATIENT SERVICES

Facility Fee	YES	\$400 copay	40% After deductible
Physician/Surgeon	YES	No Charge	40% After deductible
ER	NO	\$400 Copay	Same as in network
Emerg transportation***	NO	\$400 Copay	40% after deductible

HOSPITAL/FACILITY INPATIENT SERVICES

Hospital	YES	\$400 Copay	After deductible 40%
Physician/surgeon fees	YES	No Charge	After deductible 40%

Laboratory & Minor Diagnostic Services (Laboratory Services, Ultrasound, Bone Density, Echography, Etc.)	YES	\$50 Copay	After deductible 40%
Radiology	YES	\$50 Copay	After deductible 40%
CT/MRI/MRA/PET Scan	YES	\$400 Copay	After deductible 40%

PREGNANCY BENEFITS

Maternity office visits	NO	\$50 Copay per visit	After deductible 40%
Maternity/childbirth & Delivery (considered Inpatient Hospital Stay)	YES	\$400 Copay	After deductible 40%

OTHER SERVICES

Allergy Services	NO	\$40 Copay	40% after deductible
*Colonoscopy	YES	\$400 Copay	40% after deductible
Chiropractic Care 30 visit per plan year	NO	\$65 copay	40% after deductible
Durable Medical Equipment	YES	\$400 Copay	40% after deductible
Home Health Care (limit 30 visits per plan year)	YES	\$25 Copay	40% after deductible
Second Surgical Opinion	YES	100%	100%
Hospice	YES	\$400 Copay	40% After deductible
Rehabilitation/Habilitation Services (Physical, Speech & Occupational: (Limited to 20 visits per plan year)	YES	\$75 Copay	40% after deductible
Treatment for Chemical Abuse & Dependency (In-Patient)	YES	\$400 Copay	40% after deductible
Treatment for Chemical Abuse & Dependency (Out-Patient)	YES	\$20 Copay per visit	40% after deductible

PRESCRIPTIONS

Pharmacy Retail up to 30-day Supply (Specialty drugs and compounds are not covered)		Generic: \$10 Copay Preferred: \$40 Copay Non-Preferred \$80 Copay Injectable coinsurance 30% 30-day supply at a time	Not covered
Pharmacy Mail Order 90-day supply		Generic: \$30 Co pay Preferred: \$120 Co pay Non-Preferred \$240 Co pay	Not Covered
Specialty Drugs		NOT COVERED	NOT COVERED

***not covered in hospital.**

Out of Network claims: are paid at 125% of Medicare, members are responsible for the copay and anything above 125% of Medicare allowable fees.

Benefits reduced by 50% if not pre-authorized

Mental Health is unlimited visits. It is treated as a primary \$20 copay

A detailed SPD (summary plan description) is included with your introduction package.

****Telehealth covered through plans telemedicine services only. Not covered through any other means**

***** Ground transport only**

Infinity Business Solutions, LLC.

EMPLOYEE LEASING AGREEMENT

1. This Employee Leasing Agreement (the "Agreement"), entered into this ____ day of _____, 20____ (the "Effective Date"), by and between **INFINITY BUSINESS SOLUTIONS, LLC ("IBS")** located at 235 Main Street, Suite 101, Hackensack NJ 07601 and _____ ("Client or Clients"), whose address is _____.

2. **TERM OF AGREEMENT**

- a. The initial term of the Agreement shall be one year from the Effective Date. This Agreement shall automatically renew for successive one-year renewal periods unless either party gives thirty (30) days prior written notice to the other party that it will not renew the Agreement. Either party may terminate this Agreement upon thirty (30) days prior written notice except that IBS may terminate this Agreement upon Client's failure to pay IBS in a timely manner as provided herein after providing Client five (5) business days written notice and Client's failure to cure.

3. **CHOICE OF SERVICES**

Client must choose at least three (3) of the services below:

- ☐ Payroll Processing
- ☐ Human Resource Platform
- ☐ Credit Card Processing
- ☐ Legal Services
- ☐ Benefit Plans

4. **DESCRIPTION OF SERVICES PROVIDED**

- a. IBS shall supply leased employees to Client. Client has the sole right to hire and fire leased employees. Client is responsible for payroll and taxes for all leased employees and must furnish proof that all payroll and taxes have been paid by the end of each quarter.
- b. IBS shall NOT be responsible for, nor shall it provide, workers compensation insurance. The Client MUST provide proof that workers compensation coverage is in place and that IBS is an additional named insured. If needed, IBS will use its best efforts to help client obtain workers compensation. The Client shall comply, at its own cost and expense, with any specific directives from the workers compensation carrier, or any governmental agency having jurisdiction over the workplace.
- c. The client shall retain the right of discretion and control over the management of safety, risk, and hazard control at the worksite or sites affecting its leased employees, including the promulgation and administration of employment and safety policies. It is the client's responsibility to comply with all rules and regulations, and the client shall hold IBS harmless for any and all liabilities and penalties due to an unsafe work environment.

5. **LIMITATION OF SERVICES**

- a. IBS will only provide the above listed services, and no other services shall be provided or implied, including, without limitation, any strategic, operational, or other business-related decisions with regard to the Client's business. Such decisions shall exclusively be the responsibility of the Client, and IBS shall neither bear responsibility nor liability for any actions or inactions by the Client. When implementing such decisions, whether or not the actions are implemented by leased employees, the Client shall be acting solely on its own volition and responsibility. IBS will provide no equipment to the employees. If IBS leases any supervisory employees to the Client, such supervisory employees' scope of employment is strictly limited. Clients' actions which are in violation of law, or which

Infinity Business Solutions, LLC.

EMPLOYEE LEASING AGREEMENT

result in liability will be outside the scope of their responsibility, and in any such event supervisory employees will be acting solely as the agents of the Client.

6. INDEMNITY

- a. IBS shall indemnify, defend, and hold harmless Client, its current and/or former officers, directors, shareholders, members, employees, and agents, from and against any and all liability, expenses (including cost of investigation, court costs and reasonable attorney's fees), and claims for damages of any nature whatsoever which Client may incur, suffer, become liable for, or which may be asserted or claimed against Client as a result of IBS's gross negligence, willful misconduct, or breach of this Agreement. The parties agree, however, that IBS shall not be obligated to defend or indemnify a Client party for any claims, demands, damages, losses, liabilities, expenses, etc. to the extent they arise out of the Client's negligence, willful misconduct, and/or breach of this Agreement.
- b. Client shall indemnify, defend and hold harmless IBS, its current and/or former officers, directors, shareholders, members, employees and agents, from and against any and all liability, expenses (including cost of investigation, court costs and reasonable attorney's fees), and claims for damages of any nature whatsoever which IBS may incur, suffer, become liable for, or which may be asserted or claimed against IBS as a result of Client's actions, gross negligence, willful misconduct, or breach of this Agreement. The parties agree, however, that Client shall not be obligated to defend or indemnify an IBS party for any claims, demands, damages, losses, liabilities, expenses, etc. to the extent they arise out of IBS's negligence, willful misconduct, and/or breach of this Agreement. This Section 6 shall survive termination of this Agreement.

7. COMPENSATION

- a. IBS shall invoice Client on a monthly basis for service fees, as well as applicable tax, insurance, and processing fees. Client shall pay IBS invoices upon receipt, and all such payments shall be made via electronic wire, ACH direct debit, or check. All payments by check shall incur a twenty-five dollar (\$25) processing fee. IBS may present the invoice to Client through facsimile, electronic transmission, U.S. mail, or overnight delivery.
- b. If Client fails to pay an invoice in a timely manner, then IBS shall terminate all products and services immediately, and client shall be provided five (5) days right to cure upon written notice. Additionally, if IBS is processing payroll and payroll funds are not available, payroll processing shall be terminated immediately, and the filing of all taxes shall become Client's responsibility. If Client wishes to be reactivated during the curing period, Client shall pay a reactivation fee of one-hundred and fifty dollars (\$150).

8. BENEFIT PLANS

- a. Any employee benefit plans maintained by Client, regardless of whether they provide benefits to the employees or whether IBS assists in payroll deductions or in remitting premiums to benefit providers, shall be the sole responsibility of Client.
- b. Client acknowledges that in the event Client maintains or contributes to a group health benefit plan, including a self-insured plan, and such benefit plan covers any of its leased employees, Client shall be solely responsible for complying with any and all employer obligations under the federal Medicare-Medicaid Coverage Data Bank Requirements.

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9. CLIENT RESPONSIBILITIES

- a. Client acknowledges and agrees that it shall provide IBS with complete knowledge concerning all government investigations or inquiries, private adversary actions, pending or threatened litigation, claims or assessments, and unasserted claims and assessments involving the Client.
- b. Client warrants that other than any pending or threatened governmental investigations or inquiries detailed in Exhibit A of this Agreement, there are no pending or threatened governmental investigations or inquiries; no lawsuits or administrative actions, including but not limited to matters involving employees, benefits, products, or services of Client, no environmental actions or any other type of actual or potential litigation against Client, including unasserted claims and assessments; no unpaid tax liabilities, workers' compensation, unemployment, medical, or any other insurance liabilities; or any other type of liability.
- c. Client hereby releases, indemnifies, and holds harmless IBS and all subsidiary, affiliate, and parent companies, their officers, directors, agents, and representatives from and against any and all liability in the above referenced areas, which has arisen or may arise for any events or occurrences before the execution of this Agreement, including continuing violations which began before but continue into the term of this Agreement.
- d. Client further understands, acknowledges, and agrees that upon the termination in any manner of this Agreement, that Client shall assume full responsibility and liability for the above-identified areas.
- e. If any leased employee has a work-related injury, regardless of whether they file a workers compensation claim, Client shall immediately report the accident and injury to IBS and shall cooperate in conducting any investigation related to the accident. In the event that Client or any leased employee fails to report an injury to IBS within TWENTY-FOUR (24) hours of its occurrence, Client shall immediately reimburse IBS for any fees or penalties imposed on IBS by its insurance carrier or by any State or Federal agency.

10. RELATIONSHIP OF PARTIES

- a. Neither party is, nor shall be a partner, joint venturer, agent, or representative of the other party solely by virtue of this Agreement. Neither party has the right, power, or authority to enter into any contract or incur any obligation, debt, or liability on behalf of the other party.

11. GENERAL

- a. This Agreement shall be binding upon the parties hereto and it is understood this Agreement is the entire agreement between the parties hereto with respect to the subject matter hereof, and no alteration, modification, or interpretation hereof shall be binding, unless it appears in writing and is signed by an officer of each party. If any provision of this Agreement or application to any party or circumstance shall be determined by any court of competent jurisdiction to be invalid and unenforceable to any extent, the validity, legality, and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby, and such provision shall be ineffective only to the extent of invalidity, illegality, or unenforceability.

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- b. Any dispute between the parties shall be resolved by binding arbitration under the rules of the American Arbitration Association at a location within the State of New Jersey. All notices hereunder shall be in writing and/or mailed by United States postal service, postage prepaid, registered, certified, or express mail and addressed to the other party's principal place of business as set forth in this Agreement.

IN WITNESS WHEREOF, on this _____ day of _____, 20____, the parties hereto have executed this Agreement:

, CORPORATION

, President

INFINITY BUSINESS SOLUTIONS, LLC

Jason Slutsky, Chief Operating Officer



Name: _____ Middle: _____ Last Name: _____

Address _____ STE/Apt: _____

City/State/Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date of Birth: _____ Last 4 of Social Security # or Federal Tax ID #: _____

Driver's License #: _____ Driver's License State: _____

Payment Plan Schedule: Must check options that apply (may choose both options)

☐ One Time Payment Payment Amount : \$ _____ Payment Date: _____

☐ Recurring Debit: ☐ Day ☐ Week ☐ Month Start Date: _____

Recurring Debit Amount: \$ _____ Day of Month of Recurring Debit _____

Must choose one (1) of the options below.

☐ End Date of Recurring Debit: _____

☐ End with written notice (can be by email).

CUSTOMER BANK ACCOUNT INFORMATION:

Bank Name: _____ Bank Phone: _____

Routing Number: _____ Account Number: _____

ATTACH VOIDED CHECK [Attach Voided Check Here](#)

Type of Account : ☐ Business Checking ☐ Personal Checking

PAYMENT AUTHORIZATION:

I authorize my bank to debit my account as identified above to the terms stated here. This Authorization shall remain in effect until the services provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the service provider and bank reasonable opportunity to act (minimum 30 days).

I understand that if the total amount owed to the service provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the service provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH/EFT Debit authorization form.

All other changes such as payment amount, frequency, bank account number changes will require a new ACH/EFT debit payment authorization form to be filled out and submitted to the merchant 15 days prior to any changes being implemented. I understand that this payment plan may be canceled by the services provider or merchant due to NSF (Non-sufficient funds). I will be liable to pay an NSF fee of \$50 (or the amount allowable by law) which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment for the purpose of implementing this payment plan. I indemnify and hold the services provider, the bank and the merchant harmless from damage, loss, or claim resulting from all authorized actions hereunder:

Customer Signature: _____ Date: _____

Second Signature (If required by bank): _____ Date: _____