

Innovative Self-Funded Plan Solutions



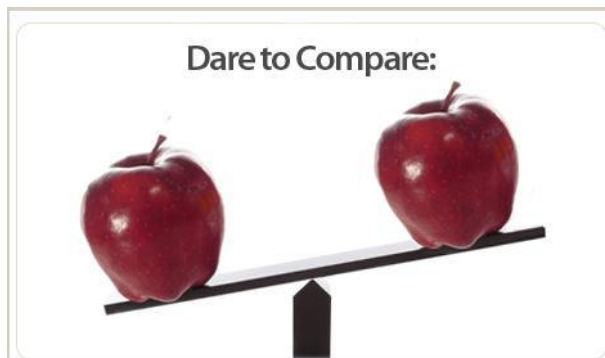
A unique answer for employers trying to save money on the cost of group health plan and brokers who would like to introduce their clients to a Risk Management strategy for benefits.

Opportunities For Your Clients

- **Flexibility**.....Design a plan that meets YOUR client's needs
- **Protection**.....Protect the plan with stop loss insurance designed for each company
- **Access**.....Pick a PPO Network that fits YOUR client, or opt into a Reference Based Pricing Plan without a restrictive network
- **Predictability**...For Level Funded Plans, pay the same every month - no cash calls!
- **Savings**.....Unused claims funds 100% refundable to the employer at the end of the plan year.
- **Rebates**.....Receive competitive PBM rebates

Key Highlights

- Group size: 25-2,000+ lives.
- Competitive rates.
- Risk assessment strategy - Packaged medical management and strong Prescription Drug management solutions.
- Flexible contract types, i.e., 12/12, 12/15, 24/12, etc.
- Funding can be “maximum” or “pay-as-you-go”, depending on Stop Loss design.
- ERISA plan that is exempt from some state and federal Affordable Care Act regulations.
- Customer Care – We build trusting, personalized relationships with a client-focused commitment



How is a Self-Funded Plan Different from a Fully-Insured Plan

Under a fully-insured plan, the monthly premium costs are locked in and even if a group is healthy and has no claims, the savings are kept by the insurance company. The insurance company also retains all of the employer's prescription rebates.

With a Level Funded Plan, the employer pays a monthly cost that is the maximum cost. No matter how much claims are in a month, the employer doesn't pay more than this monthly cost. After all claims are paid for the year, the unused money in the claim fund is returned to the employer.

With a Traditional Self-Funded Plan, the employer pays fixed costs and funds weekly check registers. The employer has the option to pay a fixed amount into a Claims Fund each month to establish a Claim Reserve.

With either plan employers leverage pharmacy rebates to offset plan costs.

Self-Funding is a best fit for employers with good health experience who are paying too much for premium for too little in benefits. Do your employer groups receive money back from their insurance companies for being healthy? If the answer is NO, then one of our self-funded plans could be the right alternative for them.

Contact jludwig@ims-tpa.com for a quote.