



## *Product & Services Catalog*

*Benefit Plan Designs that Make Sense!*

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*Please obtain an official proposal or brochure from your OptiMed Group  
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## A Letter from the CEO

Welcome to the OptiMed Family of Agents and Consultants. Whether you are just beginning work with OptiMed or are a long term partner, you can rely on OptiMed to help you deliver a professional, affordable and quality benefits program for your clients.

The products we offer are relevant, economical, and make sense in this ever changing dynamic highly regulated market. Our products are aggressive and creative, helping you better address the changes and challenges presented by the by the Affordable Care Act.

Thank you for taking the time to learn more about OptiMed, the services we offer and our plans. We look forward to working with you to meet your needs.

Sincerely,

Gary Volino  
CEO,  
OptiMed Health, a United Group Programs, Inc. brand

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## Level Funded Major Medical

### Level Funded Major Medical

The OptiMed level funded program is designed to help consultants meet the diverse needs of their clients. This program is a fresh approach to employee benefits, allowing brokers and agents to bring what is found in partially self-funded alternatives to the table. The level funded program will provide employers with the simplicity and security found in traditional fully insured plans while providing the major upside in a refund attributable to good claims experience.

#### How the Level Funded Program Works

The level funded program is based upon a self-funded platform with reinsurance protection that helps to eliminate excessive uncertain claim liability. This unique approach allows the employer to remit monthly premiums like a conventionally insured program. The monthly premium will be constant and guaranteed for a 12 month contract period. Should claims exceed the amount of claims paid on covered medical expenses, the insurer makes up the difference so that the employer has no additional claim liability subject to the maximum benefits available within the policy. Should the claims be less than the amount set aside in the claims fund account, the surplus amount will be refunded at 100%.

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#### Why Self-Fund a Major Medical Plan?

Should the conventional fully insured carrier premium exceed the amount of claims and expenses incurred, the carrier not the employer, realizes a profit. With a partially self insured plan, the **employer realizes the savings** of favorable claims experience.

There can also be tremendous flexibility with a self-funded plan as the employer may choose a benefit plan design, which may be similar to the current fully insured plan, or a different design.

For more information on the products and services summarized in this catalog, including state availability, exclusions and limitations or to obtain an official proposal please contact your OptiMed Group Representative.



## Features

- CIGNA PPO & PBM
- Retrospective Refund for Favorable Claim Experience
- ACA Compliant
- Independent Actuarial “PPACA” Certification Letter
- Flexibility in Plan Design
- “A” Rated Reinsurer
- Both Specific and Aggregate Reinsurance Protection
- Single Sourced Administration
- Simplified Gatekeeper Questionnaire
- Cobra & HIPAA Administration Included
- Flexible Commission Levels



## Features

- Guaranteed Issue for Eligible Groups
- Participation Requirements
- Five Enrolled Lives Minimum in Most States
- 20 hours Per Week Minimum
- Composite Rating for Groups of 25 or More
- May be offered on a Voluntary Basis
- Cobra & HIPAA Administration Included
- Available in California for Small Groups of 5 or More
- Section 125 Flexible spending account & Child Care
- 15% First Year and Renewal Commission

## Summary

OptiMed GAP covers eligible expenses in relation to deductible and coinsurance for the underlying major medical plan. The OptiMed Gap plan is specifically designed to help save direct health insurance premium costs by allowing employers greater freedom in selecting lower cost high deductible health plans.

Simply put, by implementing OptiMed GAP, consultants and brokers are allowed greater freedom to be creative in raising deductibles and out of pocket maximums (coinsurance). This potentially allows the consultant or broker to provide a lower overall premium cost to the client while retaining a quality benefit program.

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### What Small and Large Groups are a fit for GAP?

1. Groups that have received a significant increase in rates at renewal.
2. Groups that can no longer afford the escalating costs of their current health program.
3. Groups that are looking to save money, but still want to offer a quality benefit program for their employees.
4. Groups that have a comprehensive major medical plan currently in place and are looking for creative alternatives to better control costs.
5. Group that want to move to a high deductible health plan, without incurring significant employee disruption.
6. Groups looking for a better solution than an unpredictable HRA.

Please note: OptiMed GAP may be written with PPO, POS, HMO and HDHP comprehensive major medical plans.

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## Group GAP PLANS

### **Traditional GAP**

Sample plan: \$5,000 Inpatient / \$2,500 Outpatient

### **Enhanced GAP**

Sample plan: \$500 Deductible / \$5,000 Inpatient / \$3,500 Outpatient / \$30 Physician

HSA Compatible Plans Available

70% Outpatient Benefit Available

### **Premier GAP**

Sample plan: \$500 Deductible / \$5,000 Benefit / 80% Coinsurance

Single Limit with Deductible & Coinsurance

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# Features

- Designed to be Utilized in a Worksite Marketing Setting
- No Employer Application Required
- Guaranteed Issue
- No Pre-existing Condition Clause
- Can Help Save Direct Premium Costs!
- Available for Michigan Residents Only
- May be Written with Exchange Major Medical Plans
- 15% First Year and Renewal Commission

## Summary

The OptiMed Individual gap plans are designed for use in worksite marketing settings, and are especially useful in situations where a group has a major medical plan with carrier restrictions on employer sponsored gap plans and/or HRAs.

OptiMed GAP covers eligible expenses in relation to deductible and coinsurance for the underlying major medical plan. The OptiMed Gap is specifically designed to help save direct health insurance premium costs by allowing employers and individuals greater freedom in selecting lower cost high deductible health plans.

Simply put, by implementing OptiMed GAP, consultants and brokers are allowed greater freedom to be creative in raising deductibles and out of pocket maximums (coinsurance). This potentially allows the consultant or broker to provide a lower overall health cost to the client while retaining a quality benefits program.

Please note: OptiMed GAP may be written with PPO, POS, HMO and HDHP comprehensive major medical plans.

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4. Groups that have a comprehensive major medical plan currently in place and are looking for creative alternatives.
5. Group that want to move to a high deductible health plan, without incurring significant employee disruption.
6. Groups looking for a better solution than an unpredictable HRA.

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## Minimum Essential Coverage (MEC)



## Features

- Compliance without some of the PPACA's Potential Tax Burdens
- ACA Compatible
- Independent Actuarial Certification Letter
- May be elected with or without Aggregate Reinsurance Protection
- Cobra & HIPAA Administration Included
- For Groups of 25 or more,
- No Pre-existing Condition Limitation applies.
- Eliminates the "Strong" \$2,000 tax penalty
- Eliminates Tax levied on employees
- Flexible Commission levels

### Compliance with PPACA Mandates at a surprisingly affordable cost!

OptiMed has designed an employer sponsored, self-funded Minimum Essential Coverage (MEC) plan to address the specific portion of the PPACA pertaining to penalties for large employers. The OptiMed Preventive Plan is a self-funded preventive coverage only plan that meets the definition of "minimum essential coverage." It satisfies the requirement that Minimum Essential Coverage be offered to full time employees (those working 30 hours or more per week). The plan premiums are very affordable.

### Elimination of the "Strong" Penalty

There are two aspects of the Employer tax penalty under the PPACA and one is significantly more punitive than the other.

1) No plan offered by Employer:

Penalty = **\$2,160 X Total #** of employees - 30. (What has been referred to as the "Strong" penalty.)

2) Qualified plan offered by Employer:

Penalty = **\$3,240 X Total #** of employees who go to an Exchange, purchase health insurance and receive a subsidy from the Federal Government. (What has been referred to as the "Weak" penalty.) In order to avoid this penalty an employer must offer a comprehensive plan to 95% of full-time employees that covers 60% or more of the allowed medical costs where the employee's share of the premium does not exceed 9.69% of the employees household income.

The OptiMed (MEC) Preventive Plan **eliminates the "Strong" penalty to the employer,** and avoids the tax levied on employees without any current Minimum Essential Coverage.

**Please note:** Additional guidance by HHS, IRS, CMS and/or changes in the understanding of current regulations by the general marketplace may require modification of plan benefits and/or premiums. This is the understanding of the general marketplace at this time and may be subject to change as additional HHS, CMS or IRS guidance is issued.

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## *Limited Medical Indemnity Plans*



## Features

- Guaranteed issue
- No Pre-Existing Condition Limitations
- Assignment of Benefits
- Flexible Plan Designs
- Customized Plan Designs Available Upon Request
- Fully Insured Prescription Drug Program
- National PPO Network
- Electronic Enrollment Options Available
- Cobra & HIPAA Administration Included
- 10% First Year and Renewal Commission

## Summary

Limited Medical plans fill a rapidly growing niche in the group health insurance marketplace by assisting employers to provide their non-covered employees real benefits. They can help with attracting and retaining good employees without causing serious financial pain. Limited Medical plans may be offered with or without employer contribution.

OptiMed Limited Medical plans are limited indemnity benefit plans, meaning they pay a fixed limited benefit for a covered service at an affordable premium for both employers and employees alike.

It is important to note that OptiMed Limited Medical plans fall outside the scope of HealthCare Reform as “Excepted” benefits. They are not to be confused with major medical insurance and they are not meant to replace major medical plans or satisfy any requirements under the PPACA.

## What is the target market?

1. Employer groups who currently have a major medical plan in place but have part time and hourly employees who do not qualify to participate or who cannot afford the plan.
2. Employer groups who can no longer afford the escalating costs of a traditional Major Medical Plan, but still want to offer a basic level of benefits to their employees.
3. Franchisor groups who are looking to offer a program to their franchisees to assist retention rates and employee morale.
4. Employer groups who wish to offer a basic level of benefits, rather than offer nothing. Limited Medical Plans allow employers to offer a basic level of coverage at a surprisingly affordable cost.

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# Features

## Group Dental & Vision

- Guaranteed Issue
- No Health Questions Asked
- May Be Offered on a Voluntary basis
- Five Enrolled Lives Minimum in Most States
- Electronic Enrollment Options Available
- National Dental PPO Network
- National Vision PPO Network
- Cobra & HIPAA Administration Included
- 10% First Year and Renewal Commission

## Voluntary Individual Dental

- Coverage for the Individual and Families
- National PPO Network
- Freedom of Choice (May see any Dental Provider)
- Available in 34 States
- 10% First Year and Renewal Commission

## Dental & Vision

### Group Dental Summary

The OptiMed Group Dental Plan is a great way to help enhance an employee benefit program by offering affordable dental coverage to employees. The plan includes a national dental network and benefits for dental examinations, x-rays, fillings, extractions and other services. The program includes competitive first year and renewal level commissions.

### Group Vision Summary

The OptiMed Group Vision Plan is a great way to help enhance an employee benefit program by offering affordable vision coverage to employees. The plan includes a national vision network and benefits for Eye Examinations, Lenses (Including Contacts), Frames and Lasik Surgery. The program includes competitive first year and renewal level commissions.

### Voluntary Dental Summary (Individual)

The OptiMed Voluntary Dental Plan is a great way to help supplement an employee benefit program by offering affordable dental coverage for individuals and families on a voluntary basis.

This is NOT a Dental HMO! The plan comes with a National PPO Network. Covered individuals and family members may elect to access the PPO network or choose any dental provider they wish. There is no reduction in paid benefits for out-of-network usage. By selecting an out-of-network provider individuals and family members lose any PPO network savings, however the paid benefit levels for eligible claims remain constant.

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## Features

- Refund with favorable claims experience.
- Available in most states.
- CIGNA PPO Dental SA Plus Network
- Benefits paid directly to providers
- Flexible Benefit Options
- 25+ enrolled employees
- Flexible commission levels

## Group Self-Funded Dental

### Summary

The OptiMed Group Dental Plan is a great way to help enhance an employee benefit program by offering affordable dental coverage to employees. The plan includes a national dental network and benefits for dental examinations, x-rays, fillings, extractions and other services. The program includes competitive first year and renewal level commissions.

The OptiMed Level Funded Dental program is based on a self-funded platform with a consistent monthly premium with a 12 month rate guarantee.

Premiums are divided into the fixed, administrative costs and the expected claims. Claims will be paid out of the claim fund amounts, and the amounts remaining unused at the end of the program will be refunded to the client at 100%.

The OptiMed level funded program is designed to help consultants meet the diverse needs of their clients. This program is a fresh approach to employee benefits, allowing brokers and agents to bring what is found in partially self-funded alternatives to the table. The level funded program will provide employers with the simplicity and security found in traditional fully insured plans while providing the major upside in a refund attributable to good claims experience.

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### Services Offered:

- HRA Administration
- Coordinated premium & carrier remittance (Single billing for all insurance carriers)
- Payroll reconciliation services (Improved enrollment and eligibility accuracy)
- Carrier employee eligibility maintenance (Performing additions & terminations)
- Enrollment support
- Employee/Member communication & fulfillment
- Telephonic service center (In/Out Bound)
- Patient Advocacy Service
- Technology support (Programming, benefit website, etc.)
- COBRA administration
- Flexible account administration - Section 125

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OptiMed works to complement the client's existing staff processes, systems and infrastructure to deliver more efficient benefit administration. Our goal is to lift the burden from our clients' HR departments and control costs while significantly improving and streamlining benefit administration.

OptiMed directly assists employers with simplifying, standardizing and automating many time-consuming human resource functions. Our services can directly impact a client's bottom line by the freeing up internal resources removing the need for expensive benefit management systems, streamlining benefit administration services, improving employee satisfaction and thereby increasing employee retention, while helping to reduce the cost of high turnover levels.

### Our Administrative Services Can Help:

- Significantly reduce benefit and HR costs
- Improve and streamline benefit administration with an eye toward efficiency
- Free up human capital staffing resources
- Improve employee satisfaction
- Improve and reduce turnover levels
- Stay up to date and in compliance with benefit regulation & laws

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