



# *We fill in the GAP*

**GAP insurance supplements group  
medical plans by covering most  
out-of-pocket expenses.**

**OptiMed**<sup>™</sup>  
A United Group Programs, Inc. Brand



## Program Features

- > OptiMed GAP features inpatient benefits with optional outpatient, physician office-visit benefits and unique rollover and prescription drug riders.
- > Covers eligible expenses under the deductible, coinsurance and copays of the underlying medical plan.
- > Employees covered by the major medical plan are eligible, with options to add their spouse/children.
- > OptiMed GAP may be written with PPO, POS, HMO and HDHP comprehensive medical plans.
- > Composite rates for groups of 25 or more.
- > Guaranteed issue, employer contribution from 0 percent to 100 percent.
- > May be HSA compatible.
- > Up to two GAP plans may be sold per medical plan.
- > GAP plans available in most states to employers with as few as 5 employees.
- > OptiMed GAP provides value-added non-insurance services, such as:
  - Telephonic doctor visits
  - Wellness nurse line
  - Employee assistance program (EAP)
  - COBRA administration

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## About OptiMed: A United Group Programs Brand

OptiMed plans have been developed by United Group Programs, Inc (UGP) to serve today's employee benefits market.

UGP is a full-service employee benefits organization and Third Party Administrator (TPA) founded in 1968. UGP offers self-funded and fully-insured products in most states and partners with carriers rated A- (Excellent) or better by A.M. Best.

OptiMed assures:

- Excellent customer service refined over five decades, embedded with a strong educational component.
- Access to a free audit of a company's group employee benefits and group retirement programs.
- A needs analysis with expert recommendation on the lowest-cost innovative solution within an organization's budget.

• A patient advocacy program for verifying benefits, providing financial assistance advice, and helping negotiate bills.

• Administrative services that includes eligibility reviews, claims processing, billing, COBRA and Section 125 plans.

OptiMed products offer creative solutions to help brokers and employers address the challenging and ever-changing healthcare market.

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# Customizable Benefits



## *Employers Want . . .*

- > Lower employee benefits costs without sacrificing quality.
- > Creative alternatives.
- > Higher quality benefits to attract and retain employees.

## *Employees Need . . .*

- > Benefits that fit their needs and needs of their families.
- > Ease of access to benefits.
- > Limited exposure to costly out-of-pocket expenses.

**G**AP has become a means to manage the ever-increasing major medical rates for employers and employees. Regardless of the major medical structure, GAP can save employers and employees money. The challenge is creating the best combination of GAP and medical insurance. Put simply, if GAP doesn't save the employer or employee money, then why do it? There must be a return on investment (ROI). OptiMed GAP has several options available to enhance the ROI equation.

- **Inpatient Coverage** – covers eligible expenses if insured person in hospital confined under the regular care and attendance of a physician.
- **Outpatient Coverage** – covers eligible expenses for treatment at a licensed facility, including physician's office, diagnostic clinic, urgent care clinic, outpatient surgical center and others.
- ✓ **Prescription Drug Rider** – may cover generic only or generic plus brand drugs.
- **Combined Benefits Option** – offers one limit over both inpatient and outpatient eligible expenses.
- ✓ **Rollover Benefit Rider** – offers the opportunity to rollover a predetermined amount of benefit into next year's benefit amount with good experience.
- **HSA Compliant Option** – adding a deductible to satisfy IRS regulations and allow employer to offer GAP along with HSA qualified medical plans.

✓ Unique to OptiMed, not available in all states

# This Is How We Do It



- 1 Increase deductible to lower premium**  
Select a higher-deductible plan to lower the cost.

#### Major Medical Premium

\$1,000 Deductible  
150 Employees

**\$1,131,566**

#### HDHP Premium

\$5,000 Deductible  
150 Employees

**\$695,144**

- 2 Select the GAP Plan**  
Invest a portion of the cost savings in an OptiMed GAP plan to “fill in the GAP” created by the higher deductible.

#### OptiMed GAP

\$5,000 Inpatient, \$2,500 Outpatient  
150 employees

**\$176,856**

- 3 Add up the savings**  
Cost savings from a high-deductible major medical plan with OptiMed GAP supplemental coverage.

**Major Medical =  
HDHP + GAP =**

**\$1,131,566  
- \$872,000**

**Annual Savings =**

**\$259,566**

The average annual major medical insurance premium in 2017 was \$6,690 for single coverage and \$18,764 for family coverage. The average family premium has increased 55% since 2007 and 19% since 2012. Because of the increased cost, some employers are switching to High Deductible Health Plans (HDHPs).

(source: Kaiser Family Foundation study)

**NOTE: This is an actual OptiMed GAP example used for illustrative purposes.  
Your OptiMed representative can help you determine your actual savings.**

# Savings For Any Size Company

Increasing major medical deductibles with an OptiMed GAP plan may produce significant savings for both the employer and employee. The following table provides an overview of potential costs and savings:

		Group Size (primary insured)				
		25	50	100	200	350
Estimated savings on major medical plan	+	\$62,287	\$113,250	\$200,400	\$471,600	\$641,500
Cost of GAP Supplemental Coverage	-	\$20,400	\$40,800	\$81,600	\$163,200	\$285,600
Net annual savings	=	\$41,887	\$72,450	\$118,800	\$308,400	\$355,900

**NOTE: This is for illustrative purposes.**  
**Your OptiMed representative can help you determine your actual savings.**



*GAP is the perfect balance of company savings and employee coverage.*





## GAP in Real Life

<b>Outpatient Arthroscopic Knee Surgery</b>	Total Charges	\$2,911.46
	Plan Discounts	\$1,992.53
	Paid by Primary Medical Carrier	\$0
	Balance Paid by OptiMed	\$918.83
	Patient Out-of-Pocket	<b>\$0</b>

### 2-Day Maternity Hospitalization

Total Charges	\$14,934.68
Plan Discounts	\$11,608.68
Paid by Primary Medical Carrier	\$2,626.00
Balance Paid by OptiMed	\$700.00
Patient Out-of-Pocket	<b>\$0</b>

### Emergency-Room Visit For Chest Pain

Total Charges	Plan Discounts	Paid by Primary Medical Carrier	Balance Paid by OptiMed	Patient Out-of-Pocket
\$3,308.58	\$2,657.23	\$401.35	\$250.00	<b>\$0</b>

### Outpatient Surgery For Cyst Removal

Total Charges	Plan Discounts	Paid by Primary Medical Carrier	Balance Paid by OptiMed	Patient Out-of-Pocket
\$3,778.00	\$2,703.00	\$0	\$1,075.00	<b>\$0</b>

Actual claims processed by OptiMed

# Value Added Benefits



## **Advocacy & Customer Service**

OptiMed customer service is available at a toll-free number to assist insured persons with an explanation of benefits and coverage. In addition to a thorough explanation and suggestions for maximizing their benefits dollars, OptiMed customer service is also available to explain claim payment and claim history, and assist in finding medical providers and verification of coverage to providers. This service is provided in both English and Spanish.

## **Telephonic Doctor Visits**

OptiMed GAP provides real-time access to quality physician care with a national network of U.S. based, licensed and board-certified doctors for common, non-emergent medical conditions. This service is available 24/7, with unlimited usage, at no additional charge to the employer or members.

## **EAP Program**

Employee assistance includes up to three counseling sessions for issues affecting employees and dependents, along with 30-minute phone or in-person consultation on either legal and/or financial matters. There is also an interactive web-based application of life management tools.



## **Wellness Advice Line**

Registered nurses provide expert medical advice and steps to help lead a healthier life, including smoking cessation, weight loss, and stress management. Nurses are available for phone consultation 24/7.

## GENERAL REQUIREMENTS

1. May be offered on a voluntary basis or employer paid.
2. Employees must be covered under a major medical or comprehensive medical plan (this does not include any limited medical plan).
3. To qualify for benefits, an employee must be a W2 employee of the employer; 1099 workers or contractors are not eligible.
4. Minimum group size is 5 eligible employees or 10 percent of eligible employees, whichever is greater, with a minimum of 5 enrolled.
5. OptiMed GAP does not have a pre-existing condition limitation, however, a condition must be covered under the insured's major medical or comprehensive medical plan in order for benefits to be payable. Therefore, any pre-existing condition limitation applied to the major medical or comprehensive medical plan would, in effect, limit coverage.
6. For participation purposes, only those employees who are covered under one of the employer's major medical or comprehensive medical plans will be considered eligible employees.
7. Expenses must be covered by the insured's comprehensive major medical plan to be covered under this product.
8. Uses primary medical plan's EOB (explanation of benefits) as a basis for determining what is covered.

## GENERAL EXCLUSIONS

1. Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country.
2. Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the Services.
3. Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary.
4. Confinement or other covered treatment for Dental or Vision not related to an accidental Injury.
5. Mental or nervous disorders.
6. Alcoholism, drug addiction or complications thereof.
7. Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation.
8. Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person.
9. Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Major Medical/Comprehensive Policy.
10. Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy.
11. An Insured Person engaging in any act or occupation, which is a violation of the law of the jurisdiction where the loss or cause occurred.
12. Declared or undeclared war or any act thereof.
13. Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane.



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