



A United Group Programs, Inc. Brand

LEVEL FUNDED HEALTH PLAN

Health Plan That Offers Refund For Good Claims Experience



OptiMed Level Funded Health Plans provide comprehensive medical coverage with the possibility of an end-of-year refund for good claims experience.

Every dollar set aside for claims not expended during the plan year is returned to the employer. The employer may

then use the funds tax-free on renewals or other employee benefits. That is a 100 percent refund of the claims fund surplus.

OPTIMED LEVEL FUNDED FEATURES

- 100% Claims Reserve Refund for favorable claim experience.
- PPO Networks & RBR (Reference Based Reimbursement).
- Cigna or US-Rx PBM.
- Both Specific and Aggregate Reinsurance Protection.
- Simplified Gatekeeper Questionnaire.
- Includes Telemedicine.
- Includes COBRA administration.
- Wellness program included.
- Discount fee on nutritional weight loss program that can also reverse diabetes.
- OptiMed GAP can be added to reduce employee out-of-pocket expenses.

OptiMed's portfolio of Level Funded Health Plans feature deductibles as low as \$500 up to \$8,150.

Plans include copy, coinsurance and HSA-compatible options.

Each plan includes excess loss (stop-loss) reinsurance for both aggregate and specific claims. Monthly accommodation is provided in all plans so that an early-in-the-year claim does not drain the employer's cash flow.

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The OptiMed plans require a monthly “premium like” payment to cover administrative costs, reinsurance premiums, and fund the claims reserve.

OptiMed provides plan members a HIPAA-compliant online personal health questionnaire needed for medical underwriting.

With no adverse changes in employee census, the monthly free per employee remains consistent throughout the year.

Employers can select a PPO network or use Reference Based Reimbursement (RBR).

OptiMed Level Funded Health Plans with RBR include claims cost management technology to identify RBR-friendly medical practitioners and

to address any balance billing disputes that may arise.

OptiMed provides employers and plan members each their own self-service online portal for managing claims and healthcare options.

Plan members, administrators, and brokers are also provided just one phone number, one email and one postal address for all matters related to the plan.

OptiMed provides group health brokers access to a licensed life/health sales staff to help with your level funded health plan requirements. One of them is ready today to assist you.

- State restrictions apply.
- Participation requirements apply.
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Close the GAP On Employee OOP

High-deductible health plans can leave employees with unexpected medical bills. OptiMed addresses this by offering its highly customizable GAP supplement insurance.

Combining GAP with a low-cost, ACA-compliant high deductible health plan – such as OptiMed Level Funded – produces overall savings for both employers and employees, compared to major medical plans with lower deductibles.

GAP can be offered with an employer contribution of between 0 (fully voluntary) to 100 percent.

Groups also appreciate that combining OptiMed’s Level Funded with GAP means just one health plan administrator, and requires just one insurance card.

OptiMed processes all claims, whether GAP or Level Funded.

Among its numerous options and riders, a deductible can be placed on OptiMed GAP which both reduces its cost and allows the addition of a health savings account (HSA).

Contact an OptiMed rep for complete details, or if new to OptiMed call 800-482-8770 ext. 3 or email sales@optimedhealth.com.

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