



Product & Services Catalog

Benefit Plan Designs that Make Sense!

Please obtain an official proposal or brochure from your OptiMed Group Sales Representative.

Brochure valid for 31 days

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A Letter from the President

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 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,

Robert D. Edelheit
President,
OptiMed Health Plans

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Features

- 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
- No Individual Health Questions asked for groups that currently have 20 or more enrolled on a major medical plan
- Cobra & HIPAA Administration Included
- Up to 7% commissions

What is a Self-Funded Plan with Stop Loss Reinsurance Protection?

A group that self-insures has the potential, with favorable claims experience, to **save money** in comparison to a fully insured plan.

In practical terms, an employer who self-funds, pays for claims out-of-pocket, as they are incurred instead of paying a pre-determined premium to a conventional insurance carrier for a fully insured plan.

Rather than obtaining medical coverage from a traditional insurance carrier, the employer elects to fund the risk up to a reasonable level. This is where a Reinsurance or Stop Loss Insurance carrier is brought in to provide excess loss insurance. The Stop Loss reinsurance is designed to limit the employer’s risk to a specified amount and to help ensure that large or unanticipated claims do not upset the financial integrity of the self-funded plan. The amount of risk to be insured is a function of the employer’s size, nature of their business, financial experience and tolerance for risk.

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.

Ask your OptiMed Group Representative about our CMMP level funded approach to self-funding.

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Essential Bronze “Plus” Program



Features

- A “Low” Participation Bronze major medical plan with a voluntary GAP plan and offering a Limited Medical plan
- ACA Compliance
- Independent Actuarial “PPACA” Certification Letter
- Simplified Group Gatekeeper questionnaire
- No Individual Health Questions asked for groups with 20 or more enrolled on the current major medical plan
- Cobra & HIPAA Administration Included
- Up to 7% First Year and Renewal Commissions

Summary

The OptiMed Essential Bronze Plus program offers a creative approach to provide a potentially **significant cost savings** for your client while at the same time complying with the rules and requirements governing the Affordable Care Act.

The Essential Bronze “Plus” program, is an alternative to a conventional fully insured plan. It is a partially self-funded program with flexible participation rules.

For those employees participating in this Bronze self-funded program, a stand alone fully-insured voluntary GAP program is also available to help offset out-of-pocket expenses should certain employees want an enhanced level of coverage. In addition to the Bronze Major Medical program, the OptiMed Essential Bronze Plus program offers a stand alone, fully-insured, non-credible limited medical benefit plan for those employees who elect not to participate in the bronze level major medical program.

What is the Target Market?

The OptiMed Essential Bronze Plus program is designed for the company with a relatively small group of core employees that currently enjoy a comprehensive major medical program while also having a much larger group who may have limited or no coverage whatsoever. The “plus” program can also be a fit with a medium to large sized population that currently has no coverage in place.

Elements of the Program

1. A partially self-funded ACA minimum value Essential Bronze plan
2. A fully insured voluntary GAP program for those participating in the Essential Bronze plan
3. A Limited Medical plan for those employees who have elected not to participate in the Essential Bronze plan

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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

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 = **\$2,000 X Total #** of employees - 80. (What has been referred to as the "Strong" penalty.)

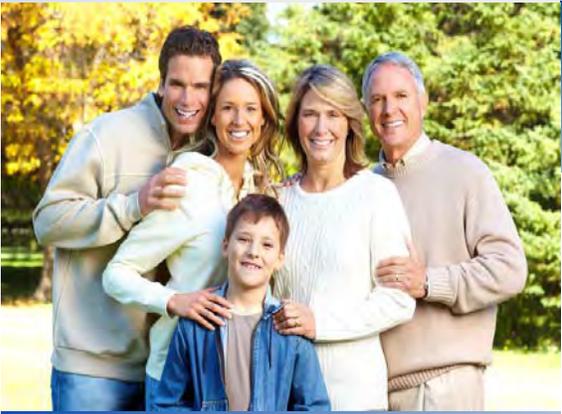
2) Qualified plan offered by Employer:

Penalty = **\$3,000 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 provide a comprehensive plan that covers 60% or more of the allowed medical costs where the employee's share of the premium does not exceed 9.5% 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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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

Limited Medical Indemnity Plans (Mini Med)

Summary

Mini-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 attract and retain good employees without causing serious financial pain. Mini-medical plans can be offered with or without employer contribution.

OptiMed Mini-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 Mini-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

- Guaranteed Issue for Eligible Groups
- Participation Requirements
- Five Enrolled Lives Minimum in Most States
- 20 hours Per Week Minimum
- First Dollar Benefit
- 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
- 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 health cost to the client while retaining a quality benefit program.

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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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.

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.
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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HSA “Compatible” Limited Medical GAP Plan



Features

- Guaranteed Issue for Eligible Groups
- No Health Questions Asked
- First Dollar Benefit
- Five Enrolled Lives Minimum in Most States
- No Employer Contribution Required
- Benefits Paid Directly to Provider
- Cobra & HIPAA Administration Included
- 10% First Year and Renewal Commission

Summary

The OptiMed Limited Medical HSA Compatible GAP Program is designed to be utilized alongside a Qualified HSA major medical program. The HSA Compatible Limited Medical GAP plan is specifically designed to help save direct health insurance premium costs by allowing employers greater freedom in selecting lower cost HSA qualified high deductible major medical health plans.

Why is an HSA Compatible GAP Plan Important?

Employers may be hesitant to implement a qualified high deductible major medical plan with a health savings account due to the steep medical expense costs an employee may face. The HSA Compatible GAP plan helps to fill the deductible hole created for hospital confinement and Emergency Room accident related charges.

Employers who are concerned their employees may not have accumulated funds necessary with their HSA to satisfy the deductible for the underlying Major Medical plan can implement the HSA Compatible Limited Medical GAP plan and potentially provide critical protection for catastrophic events such as hospital confinement.

The HSA Compatible GAP Plan can help provide ease of mind and smooth the transition to a qualified high deductible HSA major medical plan at a surprisingly affordable price.

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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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Services Offered:

- 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
- Online Customizable Benefits Website

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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