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Level-funded benefits are the missing piece of the puzzle you've been looking for. With level-funding, you'll enjoy decreased benefits costs, just as though you were running a large corporation. Choose level-funded, and let your small business grow and financially succeed.

'It's <u>your</u> money. Why should an insurance company get to keep it?'

While traditional health insurance rates continue to increase, in most cases well over 10% every year, small businesses are finding out there is a better, much more affordable way.

Level-funded health benefits offer significant cost savings right from the start. Even better: they allow for opportunities to REDUCE plan costs down the road, even as traditional rates rise.

LEVEL-FUNDED PUTS YOU IN CONTROL

Traditional health insurance plans are governed by someone else - the insurance company and/or the federal government.

Level-funded plans are owned by you, which means you're in control. By being able to monitor claims and how employees use the plan, you can save even more!

MONEY LEFT OVER FROM CLAIMS IS YOURS

When utilizing plans through traditional health insurance, any money left over in the claims fund at the end of the policy period is kept by the insurance company.

Level-funded benefits allow

you to retain those funds at the end of your policy period instead of losing them.

After all, it is your money. And if it isn't used up on eligible claims, shouldn't you be the one to decide what happens to it? When you choose level-funded, you can.

BENEFIT COSTS BECOME A COMPANY ASSET

In traditional health insurance, your money is given to the insurance company - taking it away from your business and leaving you unable to categorize those funds as an asset in your small business.

With level-funded, you're in control of your claims fund, which means you can now list those funds as a company asset.

Increasing your asset pool allows for more opportunities to grow your company and reap financial benefits large corporations experience.

GAIN MORE CONTROL OVER YOUR RATES

Traditional health insurance premiums are determined by national averages. This means rates for a healthy person are drastically increased due to the number of unhealthy plan users across the country.

Level-funded benefit costs are determined based on <u>your company</u>, rather than the health of the entire nation.

This company-focused

Level-Funded VS Traditional Insurance

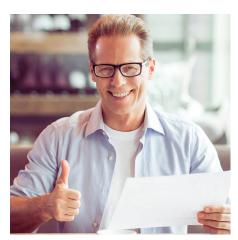




rating approach allows for small businesses to gain access to truly affordable health benefits.

And when your employees make smart decisions on choosing how and when to receive care, they drive claims costs down, further increasing your company's savings overall.





A knowledgeable team member from United Advantage Agency will speak with you to ensure you and your employees are qualified for level-funded health benefits. Once your small business has been qualified, your path to financial success and savings begins!

IT'S NOT JUST FOR LARGE CORPORATIONS

Think your business is too small for level-funded? Think again!

ERISA makes it possible for small businesses to have access to the same coverages and cost-saving benefits that large corporations and Fortune 500 companies already take advantage of.



HOW ELIGIBLE CLAIMS ARE COVERED

Level-funded health benefits plans bring you the ability to pre-fund your claims fund.

Rather than paying claims as they come in - and not ever knowing what to expect from month to month - you already have funds set aside to take care of eligible claims.

But what happens when a claim is more than what you have in your fund?

Nationwide® has you covered with an Excess Stop Loss policy designed to come to your aide in the event that an eligible claim exceeds your claims fund. And your stop loss policy comes with a lower deductible as well.

How Level-Funded Works



CLAIMS FUND ROLLOVER = MORE SAVINGS

When you have money remaining in your claims fund at the end of a policy period, level-funded benefits plans allow you the option of rolling over those dollars into the following term.

Rolling over drives your plan costs down and puts more back into your pocket.

'There are 28.8 million small businesses in America. Shouldn't they have the same access to benefits that large corporations do? With level-funded, they can.' Level-funded health benefits are a smart way to budget for your small business because you pay a set amount each month, and you know what that amount is going to be when you sign up.

While level-funded benefits already save you from the beginning due to the fact that plan rating is based solely on you and your employees, there's even more savings to be had down the road.

By taking advantage of the rollover options for money leftover in your claims fund at the end of a policy term, your company can steadily reduce the cost of benefits in the future.

Here's an example how:

Traditional Insurance Deductible - \$2,500 Fully Insured Policy	YEAR ONE	YEAR TWO (8% rate increase)	YEAR THREE (8% rate increase)
Yearly Premium	\$17,000	\$18,360	\$19,829
Level-Funded Health Benefits Deductible - \$2,500 Fully Insured Policy Rollover from Claims Fund		\$800	\$1,200
Yearly Health Benefits Cost	\$13,500	\$13,780	\$13,682

As you can see, level-funded health benefits put a much larger gap between your cost and the costs of purchasing plans through the ACA.

In fact, by electing to utilize level-funded health benefits, your company will see a greater difference in cost each year - even without taking advantage of the claims fund rollover option.

You can easily save 40% or more on your health benefits costs after just FIVE years with level-funded. And if you choose to go with the rollover option at the beginning of each policy period, that means you and your employees save even more.

With these kinds of savings, it's easy to see why small businesses everywhere are choosing level-funded and reaping the rewards of making this smart financial decision.

How Level-Funded Saves





How Your Employees Save You Money



On average, 93% of employees use less than \$2,500 per year in medical expenses.

Why pay for benefits you don't use? The money left in your claims fund at the end of your program term is yours instead of being revenue for an insurance carrier!

On average, 7% of employees have catastrophic medical claims each year.

With Excess Stop-loss coverage your claims fund is protected from the expense of catastrophic claims.

MAKING SMART DECISIONS

One of the key factors in ensuring your small business health benefits rates stay low is by your employees making smart decisions when seeking care, filling prescriptions, and keeping the overall cost of services down.

Simply put, when they save, you save.

Because you're in control over your plan, you are able to view claims as soon as they come in. And if you notice an employee isn't using the plan in the best manner, you have the ability to immediately help them correct-course, preventing future abuse of benefits and rising costs.



Two-thirds of people in America believe they are extremely healthy. Why pay for what you don't use?

VALUABLE FEATURES INCLUDED IN EVERY PLAN

Save even more on your health benefits costs by choosing to split your claims fund 50/50 with UAA rather than keeping 100% of what's left over at the end of the policy term.

When receiving care out-of-network, our embedded deductibles allow your deductible payment to apply towards both your in-network and out-of-network deductible.

Save your time, gas, and more! Our Teladoc services make it easy to call a doctor, get your prescription, and do it all without ever having to pay a co-pay.



Customer Service for Level-Funded



GETTING YOU SET UP

As your Third Party Administrator (TPA), Advanced Benefit Management Systems is here to help you get your level-funded health benefits plans set up for yourself and your employees.

No insurance company and no insurance policy. You're in control with level-funded, and with that, your TPA wants to make sure you get the absolute most out of the plan because <u>it's yours</u>.

PrimePay from Advanced Benefit Management Systems also helps ensure compliance by providing support for payroll, HR, benefits administration, and more.

VALUABLE TRAINING & ASSISTANCE

Your TPA will teach you things like how to handle the billing for your plan, pay on eligible claims, and set up new employees.

The process with Advanced Benefit Management Systems makes it easy and fast, and because you aren't having to wait for an outside company to get back to or process your paperwork, you don't have to worry about lengthy set up times.

They even offer your employees the ability to call in to find out when and where it will be cheapest for them to schedule necessary procedures without skimping on quality care!

24/7 ACCESS & ONGOING SUPPORT

Your level-funded health benefits plan is yours, so you can access it at any time.

Find out the status of claims, keep track of how employees are utilizing their plans, and more.

In addition, Advanced Benefit Management Systems provides the ability to receive answers to your questions and support when you need it, giving you the confidence to take charge of your plan.

Do I have to wait to enroll?

Absolutely not! You can enroll in level-funded at any time.

What about policy coverages like vision and dental?

United Advantage Agency is proud to offer incredible options in ancillary products that can be added to your plans.

Does level-funded offer HSAs for our employees?

YES! In fact, our HSAs allow your employee funds to ROLL OVER every policy term.



UNITED ADVANTAGE AGENCY

- United Advantage Agency in partnership with Nationwide® brings you health benefits like you never imagined before.
- Stop losing money every year to insurance companies. Start saving TODAY with level-funded health benefits.
- Your path to financial success is right around the corner.

United Advantage Agency Gun Barrel City, TX 888.752.7248





