

Change your perspective and watch your health care savings add up.

Let us show you how much you can save by exploring self-funding solutions. Welcome to the brave new world of benefits plans.



The cure for benefits as usual.

So, what is self-funding?

Does it seem like your company's health care spending is equal to the gross national product of a small country? It's ok to admit it. If you have a stake in employee benefits, you know that workforce wellness and benefits plans are changing at a rate faster than most can follow. Switching to a self-funded plan from Lifetime Benefit Solutions can help. You'll pay only for what you need and use. Plus, with zero premium taxes and lower administration costs, it can add up to some really impressive savings.

Rather than paying a monthly premium to a commercial insurer, you're responsible for paying for your employees' health care claims directly. In other words, you pay the covered claims. You also pay an administrative fee to a Third Party Administrator (TPA) to handle the paperwork, while you pocket the savings. Remember, we're here to help! Our experts are here to show you how the process works and make the transition smooth.

How does it work?

- You use a provider network
- Your employees receive a customized ID card
- You can keep the same benefit levels
- Your annual health care costs will vary based on your employees' claims
- Costs are lower; no state mandates

In this guide:

- Self-funding 101
- TPA advantages
- Why Lifetime Benefit Solutions?
- Wellness works

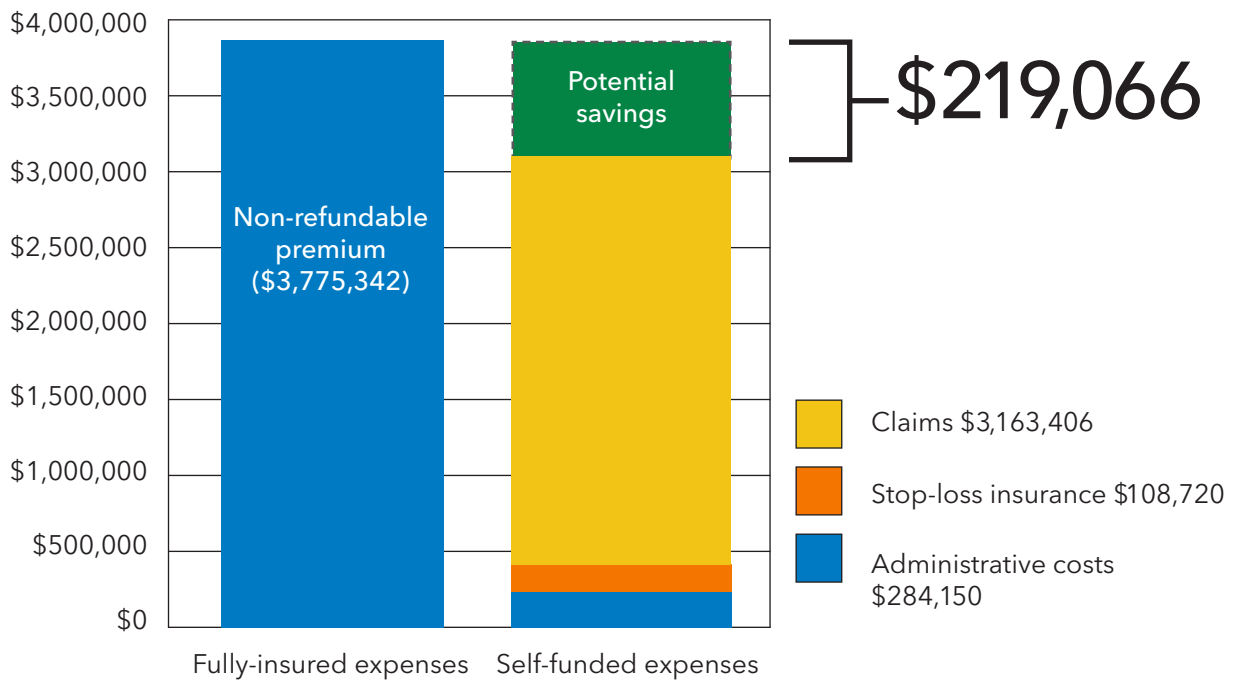


Why consider self-funding?

The savings are big. Even if your group isn't.

Groups with as few as 150 members and \$500,000 total health care spend may save more than \$50,000 per year by choosing a self-funded plan from Lifetime Benefit Solutions. Larger groups may save even more!

Compare a Fully-Insured Plan vs. a Self-Funded Plan From Lifetime Benefit Solutions*



* Example includes health care reform taxes, fees and mandates required for 2014. This is an example of one plan for illustration purposes; all plan fees and savings are different.

Self-funding fast fact

61% of all covered workers in the U.S. benefit from some form of self-funded health plan.

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Ever wish you could design your own health insurance plan?

Well, you can.

Our benefits programs are built around you. With a self-funded approach, you choose the benefits and extras. You'll have control without the restrictions, because your plan doesn't need to adhere to many of the state mandates. This gives you the flexibility to create a plan that's perfect for your company.

Health Care Reform Taxes & Fees

Sample of Taxes & Fees	Fully-Insured Plan You Must Pay All	Self-Funded Plan You Choose
Health Insurer Fee ¹	3.9%	not required
Section 332 Assessment ²	0.9%	not required
Solvency Reserve Charge	3.0%	not required
Total	7.8% of Premium³	

1. Established to raise \$8 billion in 2014; \$11.3 billion in 2015 and 2016. This will be billed as a percentage of premium.

2. Established to support funding for the New York State Department of Financial Services.

3. This list includes some examples – fewer than half of the more than 25 total mandated benefits.



So, what's in it for you?

- Greater control over expenses
- Improved cash flow, since premiums are not paid in advance to an insurance carrier
- Increased flexibility, because you only pay for the "extras" if your company wants and needs them
- Investment income benefits your company, not a health plan
- Lower cost of administration
- No collateral or bonding requirements
- Reduced premium tax

Sit back, relax. This is what a TPA does for you:

- Day-to-day operation of the health plan
- Give you easy access to plan information and reporting
- Handle claims and benefit processing
- Prepare employer reports
- Process eligibility/enrollment
- Provide customer service for employees
- Report claims usage

Keep these points in mind when selecting a TPA:

- Accurate claims processing
- Easy-to-use online tools
- Exceptional customer service
- Extensive network and discounts
- Flexibility in plan design
- Patient advocacy with case management
- Risk reduction programs



Want to self-fund your plan?

We're here to help.

You'll have a dedicated team to implement your health plan, handle claims administration and help you initiate cost-reduction and engagement strategies.

You'll benefit from:

- Extensive experience in the design and administration of self-funded employee benefit programs
- Full range of services, including claims administration, utilization management, underwriting, actuarial and reporting
- Stop loss protection, if you choose to purchase it
- High-quality customer service for you and your employees

Efficient, accurate claims administration

- Plan design
- Electronic, web and paper enrollment
- Custom ID cards
- Appeal administration*
- Benefit booklets*
- Benefit summary grids
- Claim payments
- Compliance services*
- Coordination of Benefits (COB)
- Electronic eligibility review
- HIPAA Certificate of Coverage
- Plan documents
- Provider network access
- Web-based reporting
- Toll-free customer service

*Additional fees may apply.

Appropriate, cost-effective care

Our team of nurses closely monitors your claims to keep your costs in control. Professionals are available to assist you and your employees in obtaining appropriate, cost-effective care.

Managed prescription drug costs

In collaboration with the nation's leading Pharmacy Benefit Managers:

- Claim detail is captured in our system so prescription and medical claim history is available to nurses for case management.
- Our pharmacy team audits claims to ensure accurate discounts, copays and formularies.

Great coverage at home, nationwide

Not only do we offer an extensive, proprietary New York state network, we've also contracted with numerous national provider networks to deliver outstanding care to you and your employees, regardless of your location.

Stop loss protection

To help minimize your risk, stop loss insurance is available for purchase, to protect you from extremely high claims.

Well. Well. Well. Keep your budget and employees healthy with *Steps to Success* workplace wellness.

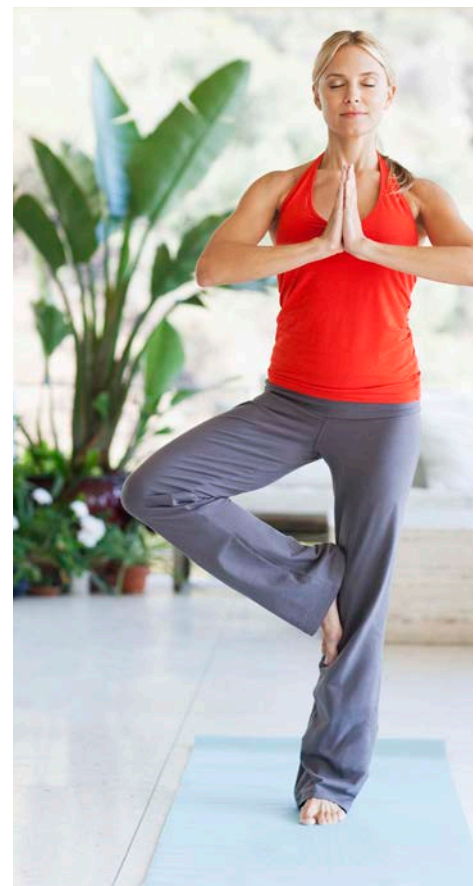
Any TPA can provide claims processing. But we bring you so much more. We offer *Steps to Success* – a measurable, five-step employee wellness program designed to help your employees get healthy, stay healthy and lower claims.

- 1 Create awareness and engagement with guidance, free materials
- 2 Conduct health screenings and assessments on-site
- 3 Deliver screening results to employees and doctors on a secure website
- 4 Provide access to health improvement tools and coaching
 - One-on-one telephone wellness coaches
 - Monthly newsletters
 - Better nutrition and successful weight-loss tools
 - Preventing and managing back pain
 - Controlling asthma, preventing diabetes, managing high blood pressure and more
 - Smoke Free For Life® program (for an additional fee)
- 5 Identify and support chronic care participants with state-of-the-art data mining
 - Send preventive screening reminders
 - Develop care management plans
 - Prevention, forecasting and care management helps prevent high-cost health problems

\$4.6 million savings
through early cancer
detection and treatment

Steps to Success - 2013 Savings Results

- 38 companies participated, with 41,000 members
- 430 cases of pre-cancer and cancer were identified
- 93% of cancer cases were diagnosed and treated for less than \$8,000 each



Have we piqued your interest?
Take the next step. Let's see
how much you can save on
your health care plan.



You'll find us here, ready to help you every step of the way. Let one of our experts help you understand your options and make the right choice for your organization. You'll see how we can help you manage your costs, minimize your risk and maximize your savings.



Contact us today!

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LifetimeBenefitSolutions.com