



Why Level-Fund With USMGU



A Smarter Way
To Get Health Benefits



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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 your 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.

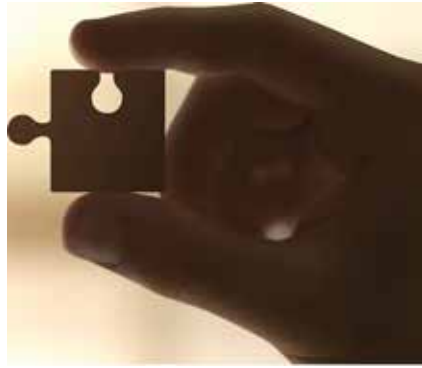
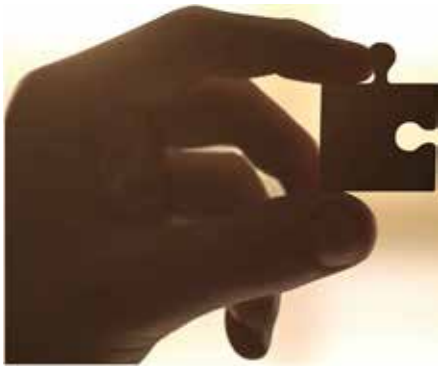
GAIN MORE CONTROL OVER YOUR RATES

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 your company, rather than the health of the entire nation.

This company-focused 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.



How Level-Funded Works

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

CLAIMS FUNDS 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.'

How Level-Funded Saves

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:

	YEAR ONE	YEAR TWO (8% rate increase)	YEAR THREE (8% rate increase)
Traditional Insurance			
Deductible - \$2,500			
Fully Insured Policy			
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.

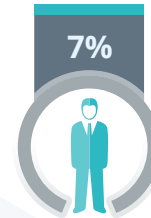
In fact, by electing to utilize level-funded health benefits, your company will see a greater difference in cost each year - even without taking advantage of the claims fund rollover option. You can easily save 40% or more on your health benefits costs after just FIVE years with level-funded. And if 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

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



On Average **7%** of employees have catastrophic medical claims each year.

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 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.



Level-Funded Works

GETTING YOU SET UP

As your Third Party Administrator (TPA), Harmony Third Party Administrator 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 it's yours.

VALUABLE CASE MANAGEMENT

Each Group with Harmony gets the added bonus of having case management at your fingertips. USMGU and Harmony know how important it is to keep your health benefits cost as low as possible in order to enjoy the benefits at the end of the counteract of your claims fund retention.

With this in mind, each group receives case management as part of working with Harmony TPA. Case Management analysis larger claims and works with the member to help them find the best care for service while also making sure the benefit plan does not incur non-essential expenses. Case management is an advocate for the plan and the member who needs service.

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, Harmony Third Party Administrator 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?

USMGU has chosen a selection of plans that truly maximize the costs savings of your health benefits. HSA's are not typically beneficial to smaller groups.



USMGU

United States Managing General Underwriters

USMGU in partnership with Breakpoint 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.

USMGU
Gun Barrel City, TX

