

THE NEXT GENERATION

Employer-Sponsored | Expense-Incurred | Self-Funded | Limited-Day Plans

THE AFFORDABILITY CRISIS - Millions of employees can't afford the employee contribution on their employer sponsored medical plan and do not enroll in coverage. Millions who can afford the employee contribution realize that they could never come up with the \$2,000 to \$6,000 necessary to meet their high deductible and therefore do not enroll in coverage.

At the same time, a huge number of employers cannot afford to pay even 50% of employee only coverage. Many small employers have simply not offered health insurance while many mid-sized employers have offered only MEC coverage, which is a poor substitute.

THERE IS A NEED FOR A PLAN THAT BOTH THE EMPLOYEE AND THE EMPLOYER CAN AFFORD.

FACT: Of the 23.6 Million non-elderly Adult Uninsured

- 21 Million have one or two full time employed adults in the family
- 14.5 Million earn over \$40,000 per year
- 15.8 Million are between 19 and 44 years of age

source: <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

FACT: "More than a third of respondents (38 percent) said they would not consider a monthly premium of more than \$100 per month to be a fair price. Nearly three quarters (74 percent) agreed that a monthly premium over \$200 would be unfair."

source: Costs and Consequences in the ACA Market: A Survey of Individual and Family Health Insurance Consumers by Lisa Zamosky eHealth, Inc.

FOR THE EMPLOYER - AFFORDABLE PREMIUM AND SIMPLE ADMINISTRATION

- Level funded with no excess claim risk and has a refund potential based on utilization
- Requires only a \$50 PEPM employer contribution
- Minimum of 5 enrolled lives or 10% of eligible employees
- Meets ACA "Minimum Essential Coverage" definition

FOR THE EMPLOYEE - AFFORDABLE PREMIUM AND USEABLE BENEFITS

- 60-70% of the cost of Major Medical
- NO deductible
- Low copays
- No health questionnaires
- Tele-medicine with \$0 copay
- EAP with 5 face to face counselor visits included
- Wellness Benefit Plan

COVERS THE **FIVE MOST DESIRED BENEFITS** PLUS HOSPITALIZATION

- Preventative Care
- Doctor visits
- ER visit
- Mental Health
- Maternity Care
- Birth Control
- Plus, Hospitalization (3 days)

100% COVERAGE AFTER COPAY

"Level-funded
copay plan,
not indemnity,
no fixed-limit
payments"

Client: Sample 1 Location: Dallas, TX Effective Date: 1/1/2020 Industry: Restaurant

Limited-Day Plan

Level Funding Plan

Name	Sex	Age	Outpatient	Outpatient + Inpatient
Doe, John	M	25	\$65	\$134
Doe, Jim	M	35	\$95	\$197
Doe, Jane	F	47	\$136	\$281
Doe, Jen	F	26	\$65	\$134
Doe, Tim	M	62	\$309	\$638
Doe, Tonya	F	53	\$214	\$441
Doe, Mike	M	66	\$346	\$716

Monthly Bill Total: \$1,230 **Monthly Bill Total:** \$2,541

Employer Portion: \$350 **Employer Portion:** \$700

Employer portion based on \$50 inpatient employer contribution and \$50 outpatient employer contribution.

Client: Sample 2 Location: Phoenix, AZ Effective Date: 1/1/2020 Industry: Retail

Limited-Day Plan

Level Funding Plan

Name	Sex	Age	Outpatient	Outpatient + Inpatient
Doe, John	M	25	\$51	\$101
Doe, Jim	M	35	\$70	\$143
Doe, Jane	F	47	\$100	\$204
Doe, Jen	F	26	\$51	\$101
Doe, Tim	M	62	\$227	\$463
Doe, Tonya	F	53	\$157	\$320
Doe, Mike	M	66	\$255	\$519

Monthly Bill Total: \$911 **Monthly Bill Total:** \$1,851

Employer Portion: \$350 **Employer Portion:** \$700

The sample rates shown are for illustration purposes only. Actual group rates are available through a formal request for proposal and will vary based on factors including, but not limited to: location, SIC, eligible group size, and employee demographics. For agent use only. This is not a solicitation of insurance and is not an offer to enroll.

AGENT REQUEST FOR PROPOSAL

HOW TO SUBMIT A PROPOSAL REQUEST:

1. Fill out agent and client information in its entirety.
2. Indicate contribution level.
3. Email or fax completed form

AGENT INFORMATION

Name _____ Agent# _____

Agency Name _____

Phone _____ Fax _____ Email _____

CLIENT INFORMATION

Is this a current client?

Name _____ SIC/Industry _____

Name of Business _____

City _____ State _____ Zip _____ County _____

Requested Effective Date _____

Please describe any subsidiaries or other locations

CONTRIBUTION LEVEL:

Outpatient: \$50 100%

Inpatient: \$50 100%

Total number of full-time equivalent employees employed by organization: _____

Total number of employees that would be eligible to enroll in Fundamental Care: _____

List all states that eligible employees reside in: _____
