



Limited Medical Plans are alive and well!

It is not too late to get a 1/1/15 effective date.

Features

- Available for full time and part-time employees for small and large groups
- Guaranteed issue
- No pre-existing condition limitations for group of 10 or more
- **May be offered on a voluntary basis**
- Assignment of benefits
- Flexible plan designs (Customization available upon request)
- Fully insured prescription drug program
- Available for 5 lives or more in most states

Limited Medical (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 that can help with employee retention without causing serious financial pain.

OptiMed Mini-medical plans are limited indemnity benefit plans, meaning they pay only a limited benefit for a covered service at an affordable premium for both employers and employees alike. Mini-medical plans are not to be confused with major medical insurance and they are not meant to replace major medical plans.

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 plan or who have never considered offering benefits.
3. Franchisor groups who are looking to offer a program to their franchisees to assist retention rates and employee morale.

Please ask your OptiMed group sales representative for more information including state availability.

GAP Program

GAP Can Help fill deductible & coinsurance holes!

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

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.

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 escalating costs of their current health program.
3. Groups that are looking to save money, but still 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. Groups 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.

HSA Compatible GAP: In addition, OptiMed offers a HSA compatible GAP Program, please ask your group representative for more information and state availability on this product.

Contact your OptiMed group representative for state availability and to learn more.

Minimum Essential Coverage (MEC)

Features

- Compliance without some of the PPACA's Potential Tax Burdens
- Independent Actuarial Certification Letter
- For Groups of 25 or more
- No Pre-existing Condition Limitation applies
- Aggregate Reinsurance coverage optional

OptiMed has designed an employer sponsored, self-funded Minimum Essential Coverage (MEC) plan to help address a specific portion of the ACA pertaining to penalties for large employers. The OptiMed Preventive Plan is a self-funded preventive coverage only plan that meets the ACA's requirement of "minimum essential coverage." The plan has the required Preventive Benefits that must be included in any employer sponsored minimum essential coverage. Most importantly, the plan premiums are very affordable. The plan design stems from a strict interpretation of the ACA and the collaborating opinions of various independent sources.

It is of critical importance for large employers (those with 100 or more full time equivalent employees) to have options available in creating a strategy that best meets the needs and finances of their company in the context of the ACA.

Consider the OptiMed MEC plan as a potential solution to large group compliance with the PPACA mandate requirements!

Contact your OptiMed group representative for state availability and to learn more.

Essential Bronze "Plus" Program (Compliance with a potential cost savings)

Features

- A "Low" Participation Bronze major medical plan with a voluntary GAP plan and the offering of a Limited Medical plan
- ACA Compliance
- Independent Actuarial Certification Letter
- No Individual health questions asked with 20 or more enrolled on the group's current major medical plan
- Simplified gate keeper questionnaire

The OptiMed Essential Bronze Plus program is a creative approach to help your client to potentially provide a cost savings while at the same time complying with the rules and requirements governing the Affordable Care Act. The ACA compatible bronze program, an alternative to traditional conventional fully-funded premium plans, is a partially self-funded program that has flexible participation rules. For those employees participating in this ACA 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 ACA Bronze Major Medical program, the OptiMed Essential Bronze Plus program offers a stand alone fully-insured non-compliant limited medical benefit plan for those employees who elect not to participate in the major medical program.

Contact your OptiMed Group Representative for additional information, to obtain a quote and learn more.

Self-Funded Major Medical with Reinsurance Protection

No Individual Health Questionnaire Required for Self-Funded Major Medical

Features

- ACA Compliant
- Independent Actuarial Certification Letter
- Flexibility in Plan Design
- Only “A” Rated Reinsurers
- Single Sourced Administration
- Simplified Gate Keeper Questionnaire (No individual health questions asked)

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

A self-insured plan with Stop-Loss protection is one in which an employer assumes partial financial risk for providing health care benefits to its employees. The employer decides on a plan of employee benefits, which may be similar to or nearly identical to the current 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 an insurance carrier, the employer elects to fund the risk up to a reasonable level, 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, 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?

If the conventional carrier changes a premium which exceeds the amount of claims incurred the carrier potentially, not the employer, realizes a profit. With a self insured plan the employer realizes the savings of moderate claims incurred by its employees.

OptiMed does not require individual health questionnaires to be completed by the employees to obtain a major medical quote with 20 or more employees currently enrolled on a major medical plan. OptiMed instead, requires a simplified Gate Keeper questionnaire to be completed by the group.

Contact your OptiMed Group Representative for additional information, to obtain a quote and learn more on why a self-funded major medical plan with reinsurance protection may be the right fit for your clients.

OptiMed Group Dental and Vision

Features

- Guaranteed Issue
- No health questions asked
- May Be offered on a voluntary basis
- Minimum enrollment of 5 lives in most states
- Electronic enrollment options available
- National Dental PPO Network

The OptiMed Group Vision Plan is a great way to help enhance an employee benefit program by making available affordable vision coverage for 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.

The OptiMed Group Vision Plan is a great way to help enhance an employee benefit program by making available affordable vision coverage for 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.

Please ask your OptiMed group sales representative for more information, including a brochure, schedule of benefits and state availability.

To learn more about our other product lines and services please contact your OptiMed group sales representative.

James Cameron
Sales Manager
OptiMed Health Plans
4 Terry Drive, Suite 1
Newtown, PA 18940
1-800-482-8770 ext 234
Fax: 215-968-6301
Cell: 267-240-0146

jcameron@optimedhealth.com

OptiMed is trademarked and exclusively owned by United Group Programs, Inc.