

VAULT HEALTH PLAN



SMALL GROUP LEVEL-FUNDED HEALTH PLAN SOLUTION for groups with 2-75 covered lives



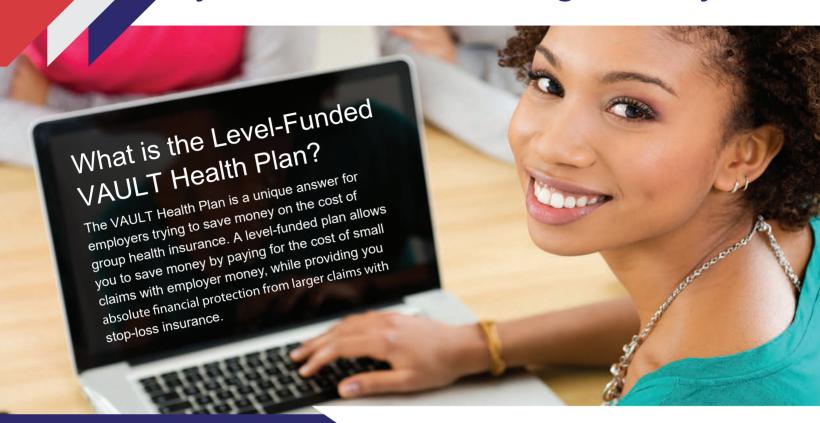
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Do you receive money back from your insurer for being healthy?



Who is the Plan For?

The Level-Funded VAULT Health Plan is for employers with a good health experience who feel they are paying too much premium for too little in benefits. Do you receive money back from your insurer for being healthy? If the answer is NO, then VAULT Health Plan could be the right alternative for you.

How Does the Plan Work?

The VAULT Health Plan saves you money by paying the claims of your employees with your dollars instead of insurance premiums. Money left in your account is your savings and not insurance company profits. You are protected with stop-loss insurance that provides coverage for large claims and caps your maximum exposure.

- 1. Stop-loss insurance protects you when an employee has a serious claim or more employees have claims during the year than you can afford to pay.
- 2. Each month you make a payment that covers the fixed costs of your plan: Stop-loss insurance and the administrative and sales fees.
- 3. Level Funding: You pay your fixed costs and then fund your claim fund monthly with 1/12 of your maximum annual cost. You never have to pay more than this maximum amount. You are never subject to a cash call if claims go past your current maximum contribution.
- 4. After all claims have been paid for the plan year (after the nine-month run-out period), any unused dollars in your claim fund are yours to use as you want to be refunded or used to lower costs for the next year.

How is This Plan Different?

If you are currently covered under a fully insured plan, your monthly premium costs are locked in. Even if you are healthy and have no claims you do not share in the savings, which are kept by the insurance company.

Self funding allows you to keep the savings when your group is healthy while stop-loss insurance caps your exposure. Level monthly funding takes the guessing out of monthly costs. You pay one set monthly fee. After all of your claims are paid for the year the unused money in your claim fund is returned to you.



VAULT Health Plan Advantages

- •You do not pay for benefits that are not used. Unspent claim dollars are yours at the end of the plan year.
- •Stop-loss insurance fully protects you from larger claims. You will never have to pay more than the maximum exposure.
- •Level funding means there are no surprise payments just one monthly fee.
- •Your plan is an ERISA plan that is exempt from some of the federal Affordable Care Act regulations.



What are My Risks With This Plan?

With our level funded your only risk is you will not receive money back at the end of the year. Each month, your payment helps to build up your claim fund. The unused dollars in your claim fund are yours after claims are paid for the plan year. Your costs are capped by stop-loss insurance.



Your only risk is not receiving money back at the end of the year!

Which doctors can you see?

Most of our clients find that they can see whatever Doctor they want. We use several different networks depending on the market area. The networks available in your area will dictate which doctors are available "in-network." Most of our plans allow members to see whatever doctor they like with a little higher co-pay or co-insurance if the doctor is not in the network. We also have unrestricted plans which do not use networks. These plans monitor which doctors are being used by your group, and then work to get agreements for payment terms with them.

How the VAULT Health Plan Works

There are three types of costs:

- Claim Fund
 Covers employees' health care claims
- Stop-Loss Coverage
 Protects employer from unexpected claims
- Administrative & Sales Costs Covers processing and reporting





Stop-Loss Coverage

Administrative & Sales Costs

Your Protection

With level funding, you will never pay more than the maximum claims cost and known fixed expenses for the plan year. Each month you pay 1/12 of your MAXIMUM annual costs. After you have paid this amount each month there are no other charges for claim payments. If needed stop-loss insurance pays claims over your contracted maximum claim cost. Once all claims have been paid for the plan year any unused dollars are returned to you after a 9 month run-out period.

Reporting

Each month, you will receive an accounting report on all claims paid during the month and the plan year-to-date. Each quarter, you will receive a detailed utilization report about claims paid. Reports are subject to federal and state privacy regulations. This reporting provides the information necessary to fully track your claim fund and to understand where your claim fund dollars are spent. such as doctor's office visits, prescription drugs, outpatient services and hospitalizations. This information can be used to change your plan design in future years.

Plan Year & Terminal Liability - Your plan year runs for 12 months from your effective date. Claims incurred during your plan year will be paid through a nine-month run-out period after the end of the plan year. Any remaining money in the claim fund at the end of the run-out period is refunded to you. Terminal Liability coverage is built into the plan by providing the nine-month run-out period.

Administrative and Sales Cost

These are the costs you pay for the administration of your group's health plan. This includes underwriting, claims processing and monthly claim fund reporting. Compensation is also paid to your agent from these costs for their role in helping you tailor your plan, managing your plan enrollment and the ongoing servicing of your plan.