

**QHDHP
4000/70**

**QHDHP
2600/100 or 80**

**QHDHP
3500/100**

**QHDHP
5000/100**

These are all designed as Qualified High-Deductible Health Plans (QHDHP), enabling the use of Health Savings Accounts (HSA) as desired.

70% In Network 60% Out of Network	100% or 80% In Network 90% or 70% Out of Network	100% In Network 90% Out of Network	100% In Network 90% Out of Network
No Deductible, No Copay	No Deductible, No Copay	No Deductible, No Copay	No Deductible, No Copay
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
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Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible


QHDHP OPTIONS: ALL ITEMS, EXCEPT PREVENTIVE CARE, ARE SUBJECT TO THE DEDUCTIBLE.

70% In Network 60% Out of Network	100% or 80% In Network 90% or 70% Out of Network	100% In Network 90% Out of Network	100% In Network 90% Out of Network
\$4,000 per Individual \$8,000 per Family	\$2,600 per Individual \$5,200 per Family	\$3,500 per Individual \$7,000 per Family	\$5,000 per Individual \$10,000 per Family
\$6,600 per Individual \$13,200 per Family	<i>100%</i> \$3,600 per Indv. \$6,200 per Family	<i>80%</i> \$5,000 per Indv. \$10,000 per Family	\$4,500 per Individual \$8,000 per Family
\$6,000 per Individual \$11,000 per Family	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
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Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible

WHAT IS SELF-FUNDING?

As the cost of healthcare continues to escalate more and more, employers are looking for alternative solutions. Self funding offers employers a powerful, practical alternative to traditional insurance. It allows employers to directly fund their actual claim costs while limiting their risk with the purchase of stop-loss insurance. With a traditional fully insured plan, the insurance carrier pays for most of the benefits and offer members small out of pocket expenses in the form of deductibles, copays and coinsurance. In a self funded plan, the employer pays the cost of benefits up to a higher deductible, but purchases stop-loss insurance to reimburse the plan if claim expenses exceed the deductible.

Stop-loss insurance protects the plan against individual catastrophic claims (specific stop-loss) or their total claim expenses (aggregate stop-loss) exceeding their annual budget. Employers hire a Third Party Administrator (TPA) such as GBS to process and pay the claims, provide professional customer service and manage the plan on behalf of the employer.



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.

WHY SHOULD YOU CONSIDER IT?

Self-Funding offers you several **KEY ADVANTAGES** over a traditional health plan.

When you choose GBS HealthyAdvantage Health Plans, you benefit from:

- **Lower Fixed Costs:** Most business realize immediate monthly savings.
- **Lower Claims Costs:** If claims are lower than expected, you would enjoy even greater savings.
- **Limited Risk:** Stop-loss insurance protects you against individual or total claims exceeding your annual budget.
- **Flexible Plan Options:** Wide variety of customized benefit designs including tax-favored HSA, HRA, and FSA plans.
- **Wellness Plan Designs:** Participant engagement and personal health coaching are critical to bending the curve of rising healthcare costs.
- **Reporting:** We will provide useful claim reports that will show you exactly where your benefit dollars are being spent and illustrate how your plan is performing financially.

* **Network Providers have agreed to accept the Maximum Allowable Charge (MAC) as payment in full.** However, when you receive services from Non-Network providers, you are responsible for any amounts over Medicare-based reimbursement levels. Non-Network providers may charge considerably higher amounts. Therefore, if the billed amount exceeds the Medicare-based allowable charge, your provider may bill you for the difference. It is best to utilize network providers whenever possible. These amounts over the Allowed Charges, while the responsibility of the Covered Person, do not apply toward deductible or out-of-pocket maximums. Please refer to your Summary Plan Description (SPD) for details. The SPD is the final determination of all benefits.

** **HealthySolutions** - Earn up to \$2,000 in deductible credits through wellness and health management activities.

Pre-Certification Penalty: Certain procedures or medical care require pre-certification in order to qualify for full benefits. Failure to pre-certify will result in a \$250 penalty per service, procedure or confinement. Please refer to the Pre-Certification section in your SPD for details.

This brochure is intended as a brief overview of the actual plan. Please refer to your Summary Plan Description (SPD) for the actual benefits, limitations and exclusions. If there is any inconsistency between this brochure and the SPD, the SPD shall govern. For further information, please refer to the Summary Plan Description. You may request an SPD from your agent or sales representative or via the web at www.gbsio.net.



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