All Savers®



All Savers Traditional Alternate Funding

Small Business Self-Insured Health Plans

UnitedHealthcare®

For Your Small Business

Plans that don't break the bank

The **number-one concern** for small business owners is the cost of health care.[1] So, All Savers Traditional Alternate Funding plans were built with your small business in mind. They're intended to help you save money – and help your employees get more out of their plans, too.

Did you know that 60 percent of small business employees spend less than $1,500 a year on health care?[2] It's often for things like ear infections, broken bones or routine checkups. But since those employees don't meet their deductibles, they end up covering most of their medical costs out of their own pocket. Which is why All Savers offers Motion Alternate Funding plans to reimburse employees for eligible medical expenses that are applied to the deductible.

A different kind of plan

All Savers Alternate Funding is a self-funded health plan designed specifically for small businesses. It includes three parts:

1. Your **self-funded medical plan**, which pays covered medical expenses of your covered employees and their dependents.
2. A **third-party administration agreement** between you and United HealthCare Services, Inc. for claims processing, billing, customer service and other administrative services.
3. A **stop-loss insurance policy** by All Savers Insurance Company. Stop-loss insurance protects the plan from large catastrophic claims by a covered individual, and provides overall protection in the event that all claim payments made under the medical plan exceed a certain dollar limit.

With a self-funded health plan, you'll pay lower premium taxes throughout the year, your plan won't be subject to state mandates and you'll have the chance to get some money back at the end of the year.

Keep reading to learn more about what you and your employees will get with an All Savers Alternate Funding plan.

[1]Robert Wood Johnson Foundation, Small Business Research, 2008; National Foundation for Independent Business study, 2012.

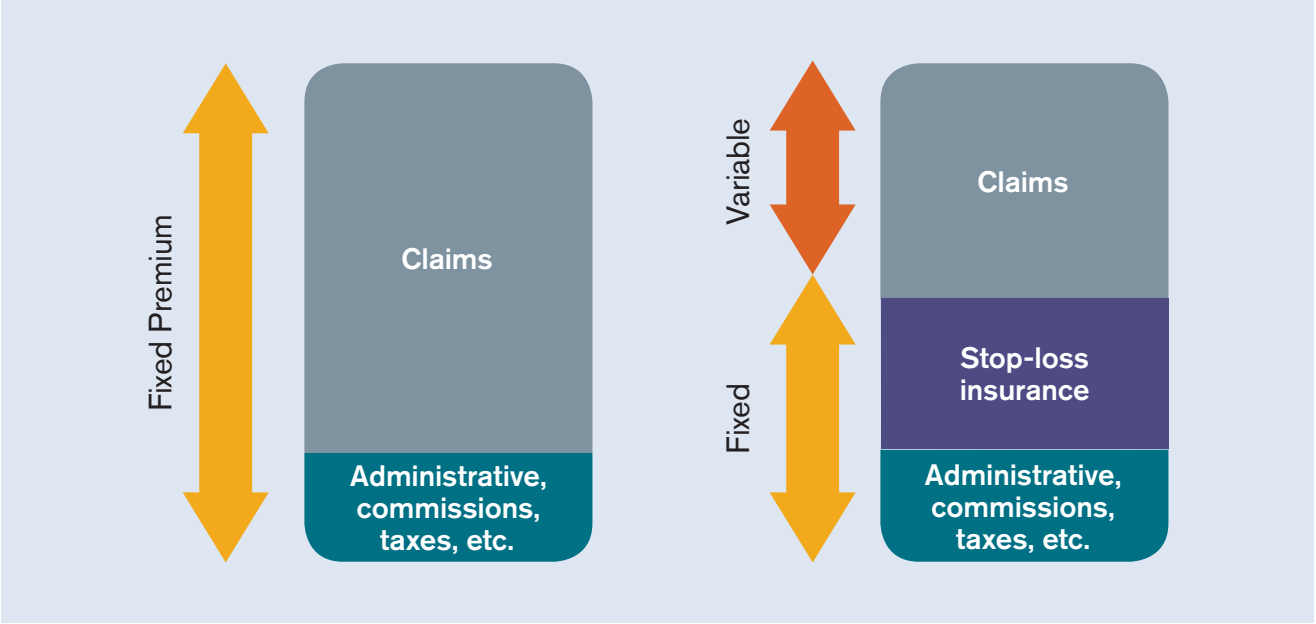
[2]Based on a national sample of UnitedHealthcare small business claims data for fully insured plans from March 1, 2010 to February 28, 2011.

How Does Alternate Funding Work?

Traditional insurance is a fixed cost.

With traditional plans, a small business pays a fixed premium to the insurance company, and then the insurance company pays the health care claims as well as the administrative costs, sales commissions and taxes.

If the actual health care claims are higher than expected, the insurance company covers them. But if the claims are lower than expected, the insurance company keeps the difference. This means your company doesn't get anything back if your employees have lower-than-expected claims.



All Savers Alternate Funding plans are different.

With All Savers Alternate Funding, if the covered health care claims are lower than expected, your plan shares the savings with money back at the end of the year (where allowed by state law). And if the covered claims are higher than expected, your stop-loss insurance policy covers them.

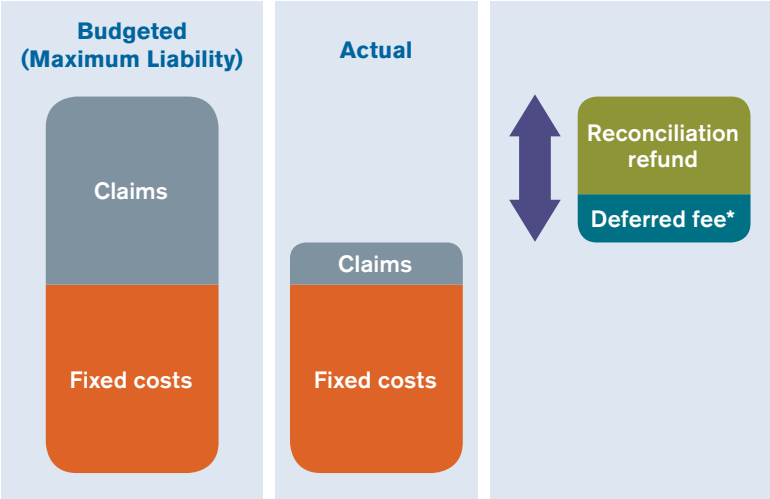
Here are a few additional benefits of an All Savers Alternate Funding self-funded plan:

- The plan is a "level-funded" plan, so your company will make the same monthly claims funding payment throughout the plan year. You won't have to pay any more for claims at the end of the plan year, even if you have high claims costs.

- Self-funded medical plans are not subject to most state insurance mandates or state insurance-premium taxes, which can mean lower costs throughout the year. (However, stop-loss coverage is still subject to premium tax.)

Best case: Low claims

Your company's monthly payments include the estimated health care claims plus fixed-cost items (administrative fees and stop-loss insurance premium). This is called your plan's "maximum liability," which means you won't get stuck at the end of the year with any unexpected costs.



*Where allowed by state law

Part of your monthly payments will go into an account that pays for your covered employees' eligible claims. At the end of the year, the monthly claims funding payments will be compared with the actual claims costs. In the best-case scenario, if actual claims costs for the year are less than what was estimated, your plan has a surplus.

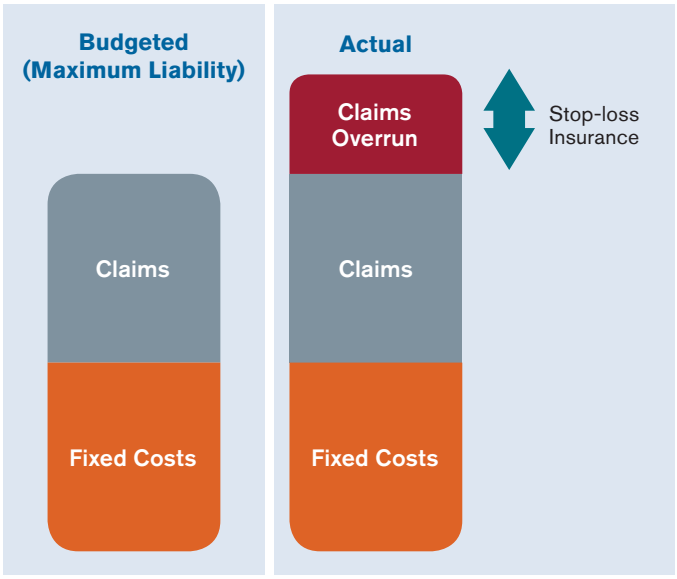
After plan reconciliation, two-thirds of any surplus is sent back to your plan to use for the following year, and one-third is kept as a deferred service fee (where allowed by state law).

Worst case: High claims

In the worst-case scenario, the actual claims would be higher than expected. But because your plan would have already paid the maximum liability, you won't pay more for covered claims at the end of the plan year.

Your plan is protected by the stop-loss insurance that is already built into your monthly payments.

Of course, each year could be somewhere in between. But in any case, many small businesses could save with an All Savers Alternative Funding plan.



What Do Employees Get with a Traditional Motion Plan?

Incentives for employees

These plans were designed to help members get more active and to help pay for everyday health care, too. As little as 30 minutes of activity per day may greatly reduce the risk of disease, and an hour per day is even better.[3] With All Savers Motion, every enrolled employee and covered spouse can earn daily rewards for being active with Hat Trick Motion,™ an activity-based wellness program. Members can earn and accumulate awards, called motion credits, which can be used as reimbursement for many everyday medical expenses. Individuals should consult with their doctor before significantly increasing their physical activity.

They can earn rewards by staying active.

Every covered employee and covered spouse is eligible to participate in Hat Trick Motion to earn a motion credit of up to $4 per day by meeting daily activity goals (up to an annual limit of $1,000). Dependent children cannot earn a Motion Credit, but any credit that is earned by the employee and covered spouse will apply to all enrolled family members. Motion Credits are used to reimburse employees for amounts applied to the deductible. Motion Credits do not pay for co-payments, co-insurance, pharmacy costs or any non-covered services. Expenses like X-rays, lab work, diagnostic tests, and inpatient hospital stays for any covered family member could be reimbursed (preventive exams are already covered at 100%). Reimbursements are calculated quarterly based on the previous quarter's activity and medical expenses.

[3]World Health Organization, Global Recommendations on Physical Activity for Health, 18-64 years old. 2013.

Members Stay Active to Earn Motion Credits

All Savers Motion plans offer enrolled employees and covered spouses the chance to earn daily rewards for staying active. Members participate in Hat Trick Motion and earn credit (up to an annual limit of $1,000 each) every time they meet a daily walking goal. Hat Trick Motion provides participants with a Trio™ activity tracker to measure their activity. The money members earn adds up over time, and can reimburse employees for eligible medical expenses that are applied to the deductible for any covered family member.

The three daily walking goals are:

Frequency	Six 5-minute walks per day*	$1
Intensity	3,000 steps in 30 minutes, once per day	$1
Tenacity	at 10,000 steps or more in one day	$2
	at 8,000 steps or more in one day	$1
	Total	up to $4 per day

*Walks must be a minimum of 300 steps in five minutes. Walks must be at least an hour apart.



Enrolled employees and covered spouses can check their progress online at www.hattrickmotion.com any time. They'll see daily, monthly and annual activity charts and money earned during the year.

Employees are only reimbursed for the eligible covered medical expenses of their family members that are applied to the deductible. For example, if an employee earned $650 of motion credit funds and had $1,000 applied to their deductible, the employee would receive a $650 reimbursement.

Reimbursements are calculated quarterly based on the previous quarter's activity and medical expenses. The employee will receive their reimbursement in the form of a check.

The motion credit resets each calendar year. Enrolled employees and covered spouses can earn up to $1,000 each year. Credits earned will be carried over until March 1 to cover claims through the end of the previous year. If a member is unable to meet the daily activity goals, the member might qualify for an opportunity to earn the motion credit by a different means. We will work with the member (and, if necessary, with the member's doctor) to find another way to earn the motion credit. Contact us at myallsaversinfo@UnitedHealthOne.com to learn more.

Illustration of Costs and Payments

*Let's look at an example of how the motion credit works:**

Now let's look at how the motion credit works with the rest of the plan coverage. Sara chose a plan option with a higher co-payment and deductible. The table below shows how her medical and pharmacy expenses were paid.

She also earned $800 in motion credit funds over the course of the year. The $550 in expenses that applied to her medical deductible is eligible for reimbursement from the motion credit she earned. As a result, her total out-of-pocket cost for the year for medical and pharmacy expenses was $85.

Medical	Cost	Co-payment ($20)	Deductible ($2,750)	Plan Pays	Motion Credit Reimbursement
Annual checkup (preventive)	$200	–	–	$200	–
Exam of skin lesion (office visit)	$100	$20	–	$80	–
Biopsy and removal of skin lesion	$550	–	$550	-	$550
Totals	$850	$20	$550	$280	$550

Pharmacy	Cost	Co-payment	Plan Pays
Tier 1 prescription	$5	$5	–
Tier 3 prescription	$300	$60	$240
Totals	$305	$65	$240

* The example is for network services and is for illustration purposes only. It does not represent real persons or events.



These employee benefit products are marketed under the All Savers brand. Excess-loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc., and its affiliates.

This product is not available in all states.

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