

ON YOUR TEAM.

## Self-Funded Plan Administration

**AmWINS**  
Group Benefits

### PRESENTED BY:

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### REQUEST FOR INFORMATION

Effective

## GROUP BENEFIT SERVICES—HISTORY OF INNOVATION, RECORD OF SUCCESS

GBS is the premier Employee Benefits Administrator in the mid-Atlantic region. Since 1980, GBS has built our reputation by developing creative solutions to meet the needs of our Clients. We do this by developing new cost-containment strategies through unique benefit plan designs and funding models, state of the art technology, advanced reporting and superior customer service.

GBS has a 37-year track record of developing creative and cost effective employee benefit solutions for over 7,000 clients nationwide. Our history of innovation and track record of success is due to the skill, experience and dedication of more than 200 staff professionals who are eager to provide superior customer service and advanced reporting delivered on a state of the art technology platform. Client satisfaction has been and always will be our number one priority.

GBS is uniquely positioned to provide our Clients with a “forward thinking” benefit plan management approach that delivers a high quality, peak performing, cost effective healthcare plan for their employees as well as meet the financial objectives of the Company.

## WHY YOU SHOULD CONSIDER SELF-FUNDING YOUR EMPLOYEE HEALTH PLAN

As the cost of providing health insurance to your employees continues to rise at double digit rates, it becomes a greater strain on an already tight operating budget. One way to control these costs is to self-fund your health insurance program. The advantages of self-funding include:

**Lower Costs** by eliminating profit margins of insurance carriers, eliminating state premium taxes, and reducing administrative costs.

**Improve cash flow** by eliminating the claim reserves held by insurance carriers and by allowing you to pay actual expenses on a “pay as you go” basis (or you can pre-fund on a billed premium equivalent basis and build reserves in your own bank account!).

**Better information management** with monthly reports that help you understand how and where your health care dollars are being spent, to evaluate plan performance, and to better control costs going forward.

**Greater plan design flexibility** allowing you to custom design your health care benefits to achieve your strategic benefit goals and cost objectives, which may include limiting or excluding costly state mandated benefits from your plan.

**Improved administration and customer service** with Group Benefit Services provided by our experienced, dedicated professional staff, all backed by plan performance guarantees!

## WHY PARTNER WITH GBS?

Today, thousands of clients prefer doing business with GBS. It's because we have the experience and resources to assist them every step of the way. When you team up with GBS, you'll start reaping the rewards of GBS' exceptional service right away. Here's what we can do for you:

## HEALTH PLAN COST CONTAINMENT PROGRAM

In today's business climate, most companies are looking for creative solutions to the rising cost of employee benefits. For Human Resource and Benefit Managers, the ever changing health care industry and escalating costs are forcing Employers to reduce benefits and/or increase employee contributions. However, this cost shifting strategy is not a long-term solution.

At GBS, we are strong advocates of a "Consumer Engagement" philosophy by educating employees about the rising cost of healthcare, the role they play in it, and how they can help reduce the cost while maintaining a high quality benefit program. We firmly believe that by engaging employees in proven programs, the Company can preserve a valuable benefit program necessary for a productive workforce.

We accomplish this with a number of creative employee incentive programs by promoting healthier lifestyles through our proprietary Healthy Solutions<sup>®</sup> disease management and wellness programs, and our Provider Choice Rewards Program<sup>®</sup> by utilizing in-network high-quality, lower cost providers. Both programs offer the employee easy to use website tools to help them increase their healthcare knowledge and support, as well as provider pricing transparency. By participating in these incentive programs, the employee can earn "shared-savings" dollars which can be used to contribute to an FSA, earn first dollar deductible credits, or receive a rewards check! It truly becomes a win-win since the employees out of pocket costs go down and the overall costs for the Plan go down! Our Healthy Solutions<sup>®</sup> program has yielded a 7% reduction in stop loss premiums and our Provider Choice Rewards<sup>®</sup> program offers savings in the 6-12% range. We can custom design your employee incentive program that best fits your workforce.

## DEDICATED ACCOUNT MANAGEMENT SERVICES

- Communicate and implement all new plans
- Assist with employee open enrollment meetings to ensure your employee understand and appreciate the benefit program provided to them.
- Provide on-going key-contact support
- Keep you advised on industry trends and regulatory changes
- Review renewal options each year to ensure plan is meeting your strategic benefit goals and cost objectives.

## CLAIMS AND MEMBER SERVICES

GBS is dedicated to providing you and your employees with prompt and accurate claims processing and customer services. This means that the Human Resource or Benefit Manager does not need to spend their time with benefit service issues and can devote their valuable time to important strategic planning responsibilities.

### **Our claims and customer services include:**

- State-of-the-art computer systems that offer full automated features and flexible plan designs
- Dedicated and experienced team assigned to each client to ensure maximum accountability for customer service
- Prompt, accurate claims processing provides employee satisfaction and appreciation for the benefits provided
- Measurable quality audit program monitors performance standards
- Performance guarantees provided in all client contracts for accuracy, claims turnaround, report delivery and eligibility maintenance

## ELIGIBILITY AND BILLING ADMINISTRATIVE SERVICES

Managing the eligibility for your self-insured plan is a critical responsibility to the success of the plan. Accurate and timely eligibility management will safeguard your plan against ineligible claim payments and in the case of a large claimant; provide you stop loss reimbursement protection. Other administrative services include:

- Dedicated and knowledgeable Account Administrator assigned to each client
- Prompt and accurate enrollment processing ensures eligibility is up-to-date and monthly premium invoices are correct
- I.D. cards are customized for each client and produced at GBS and mailed within 2-3 days
- Flexible billing invoice format to accommodate multiple plans, company locations or divisions
- Detailed enrollment transactions reflected on each monthly list invoice

## COMMUNITAS MEDICAL MANAGEMENT SERVICES

Early intervention and management of expensive medical care creates value for both the patient and the health plan. By choosing the appropriate setting for care, patient outcomes are improved and a plan's cost is minimized. GBS is heavily committed to this process – so much so that we have our own experienced clinical team. The GBS Communitas program employs a proactive and preventive approach to cost containment.

- Experienced clinical staff
- Immediate action taken for potentially difficult or large claims when they occur
- Focus on cases that have largest impact on costs
- Propose high quality alternative treatment plans

- Follows proven set of medical criteria (InterQual)
- URAC™ accredited for Utilization Review and Care Management
- Quarterly utilization management reports that outline case progress, costs and savings
- Services include but not limited to:
  - Utilization Management
  - Large Case Management
  - Maternity Management
  - Disease Management
  - Health and Wellness Programs

## COMPLIANCE SERVICES

One of the greatest challenges clients face is keeping current with federal regulations and requirements for health plans. GBS alleviates this concern for our clients by providing compliance services as follows:

- COBRA/HIPAA administrative services
- Compliance Alert newsletters notifying our clients of any new legislative requirements
- Provides Summary Plan Description and Amendment documents
- Issues 1099's to Providers and submits the consolidated reporting file to the IRS
- Provides Schedule A information for Form 5500

## REPORTING SERVICES

GBS' robust data warehouse of eligibility, demographics, medical and pharmacy claims along with our care management data allows us to provide meaningful reports that help us monitor the effectiveness of our clients programs. This sophisticated reporting capability provides you with the tools you need to manage you employee benefits and costs.

- Standard monthly reports to monitor enrollment, benefit utilization and costs
- Executive Management Reports compare current benefit period to last period to analyze plan components (enrollment, benefit category costs, PPO access and savings, trends etc.)
- CarePlus Care Management services and savings reports
- Benchmarking reports to compare your benefit plan design and costs (employer and employee contributions) to other employers of a similar size, industry and geographical region

## TECHNOLOGY SERVICES

We recognize that benefit managers spend a great deal of their time managing their employee benefit program. Most of their time is spent handling paperwork associated with enrollment changes, researching an eligibility or claim issue or inquiring about their invoice via phone or email and waiting for a response.

The GBS website is a powerful web tool and mobile APP that provides employers and their employees with access to valuable information anytime day or night. It's easy, functional and flexible to administer any type

of benefit program. Each client's website is customized with their name and logo and all website features are specific to the clients plan parameters. The following is a brief overview of some of the features:

- **Benefits At A Glance**—View eligibility, enrollment, plans and costs (employer and employee)
- **Document Library**—Access the library containing important documents, information and forms regarding your benefit program, i.e. Summary Plan Descriptions, Open Enrollment Communications, and Pharmacy Formulary etc.
- **Claims Status & History**—View or search the status and payment of medical, dental, vision or Flexible Spending Account claims. You can even view your Explanation of Benefits (EOB) right on line! You no longer need to maintain paper copies of all your EOB's!
- **Flex Spending Account History**—View contributions, claims reimbursements and account balances.
- **Provider Network Directories**—Search for a Preferred Provider to ensure maximize benefit payments and discounts for your claims. Reducing the cost of health care for both the plan and your employees.
- **Health and Wellness Center**—Access valuable health and wellness information to help employees better manage their health care concerns and live a healthier lifestyle which will reduce future health care costs.
- **Online Enrollment**—Eliminate the paperwork with our online enrollment feature. The client decides who will have the ability to perform certain online activities such as:
  - New Hires
  - Terminations
  - Open Enrollment Elections
  - Mid-Year Qualified Status Changes
- **Billing Invoices**—Review invoices, billing summaries or detailed billing information. You can also download the detail to an excel spreadsheet for further analysis.
- **Reports**—Access web-enabled reports that can be sorted or summarized in numerous ways or download to an excel spreadsheet for further analysis.
- **Healthy Solutions<sup>®</sup>**—(Optional) – Wellness incentive program incentivizing your employees to live healthier lifestyles with access to our proprietary website to monitor their health progress with their biometric screening results, health risk assessment and custom profile with recommendations, utilize online education tutorials and engage with a Health Coach for personal assistance. Our website allows them to track their wellness incentive points/deductible credits.
- **Provider Choice Rewards Program<sup>®</sup>**—(Optional)—Our easy to use Provider access website tool allows employees to search for an in-network provider for specific types of medical service (hospital, physician or diagnostic tests) and to select the lowest cost provider and earn a “shared-savings” reward bonus. The preferred provider list also includes patient quality measures, location and directions for each listed provider.

## CHOOSING THE “BEST-IN-CLASS” PARTNERS

GBS has over 37 years' experience in the employee benefits field and have the experience and expertise to help our Clients reduce their overall costs by bringing the “best-in-class” program partners to the relationship. Our innovative partners include:

### PPO Provider Network

At GBS, we select our PPO network affiliations with the highest degree of care, in order to strike the critical balance between access to providers and overall savings. Our goal is to offer you and your employees the best value for your medical dollar.

For your program, we would recommend the Cigna National PPO. Cigna PPO offers the broadest access to in-network hospitals and physicians (over 6,400 hospitals and 840,000 primary care and specialists providers across the country) at the deepest discounts for the Plan. Cigna PPO discounts average between 48-55%. In addition, our systems track and report on the performance of your PPO network as follows:

- Detailed data to track and report network access and cost savings
- Online provider directories in our claims system to assure discount savings are captured

By coupling the Cigna PPO Network with the Provider Choice Rewards Program®, you maximize your PPO provider discounts by selecting from a broad network of preferred providers at the most affordable rate! Your employees win with a shared-savings reward and the Plan wins by paying claims at the lowest costs possible.

### **Pharmacy Benefit Manager (PBM)**

At GBS, we select our PBM affiliations with the highest degree of care, in order to strike the critical balance between access to pharmacies and overall savings. Our goal is to offer you and your employees the best value for your pharmacy dollar.

For your program, we would recommend Cigna's PBM, one of the nation's most successful PBM's because of their proven track-record of reducing pharmacy costs with their patient pharmacy support services, including competitive prescription drug pricing among retail pharmacies.

### **Stop Loss Insurance**

Through our years of experience of working with self-insured clients, GBS has established solid underwriting relationships with the top stop loss carriers in the industry.

- Top rated carriers (A to A++)
- Excellent underwriting relationships that allow you to obtain the best rates
- Stop loss claims (specific and aggregate) automatically submitted each month to stop loss carrier for prompt reimbursement.

During your stop loss coverage marketing effort, we would submit your information to several stop loss Underwriters to negotiate the most competitive stop loss coverage for your plan. This marketing process takes place each and every year to ensure you maintain the most comprehensive stop loss coverage at the most competitive cost.

**Group Benefit Services is committed to offering our clients the most cost effective employee benefits package available. GBS offers a comprehensive menu of services that can be utilized to develop a custom benefit package that is designed to offer you and your employee's choice, flexibility and affordable costs.**