

...Setting the standard in
employee benefit administration



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About Us You

Today's insurance landscape is changing at a speed, volume and complexity that requires even the most resourceful experienced broker to consider carefully the true value of each relationship; leveraging the **knowledge** and **expertise** of business partners is not only smart but is critical in this ever-changing environment where the quantity and intensity of regulatory activity has reached a new high.

As final details of the ACA marketplace become known, bold contrasts are emerging between the proven concept of **customized** self-funded programs versus the newly standardized government-designed insured plans. As more and more employers look for **flexible** solutions to help manage cost, recruit and retain employees, self-funding along with stop loss is a viable alternative.

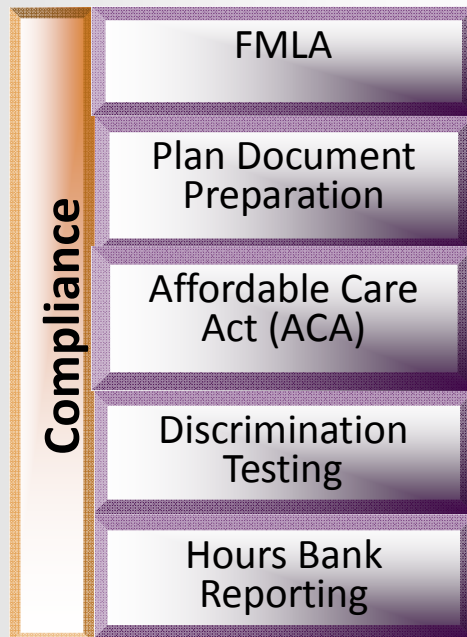
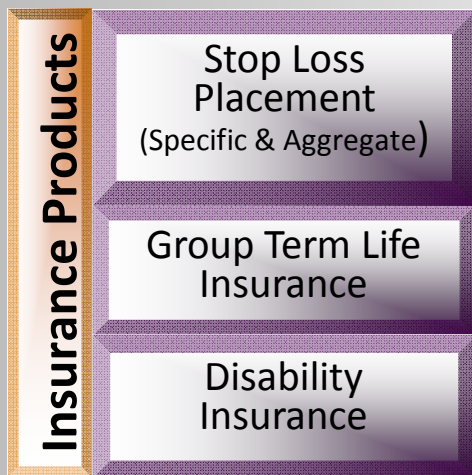
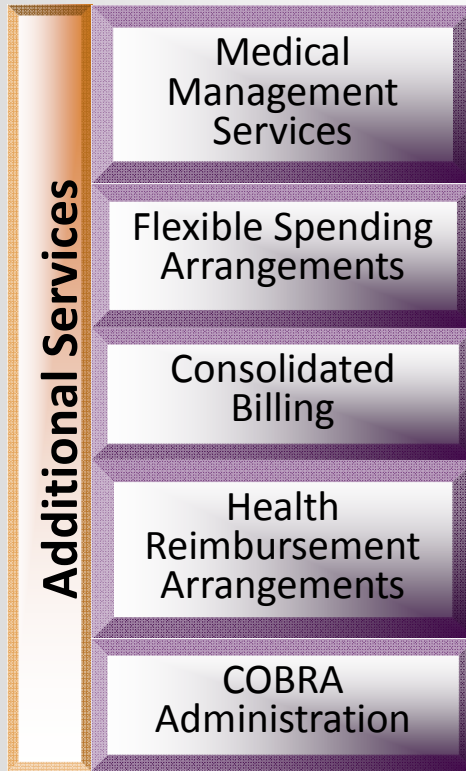
As a TPA business partner with over 25 years of employee benefit administration experience, **Significa Benefit Services** can help **YOU** with?

- * Customized Benefit Design
- * Integrated Administrative Services
- * Compliance Support
- * Vendor Management
- * Transparent On-Line Reporting



Choosing a TPA that has a proven reputation of providing personalized attention, customized solutions and a “we try harder” attitude is just what **YOU** need to challenge the movement to conform with reform.

Product Portfolio



How can we create value for **YOU**?

Customization is critical to maintaining a benefit plan that is affordable and sustainable; allowing control of plan design to better meet the specific circumstance of each employer in a “one-size-fits-all” market.



Understanding the uniqueness of the employer population and culture including benefit philosophies, compliance concerns and risk tolerance is how our process begins.

Stop loss selection...not all stop-loss partners are alike, our extensive industry knowledge allows **SBS** to help you navigate through the process of choosing a carrier with the right features necessary to operate a successful self-funded health plan.

Vendor partners including local/national networks, alternative provider reimbursement arrangements, health promotion programs, medical management and Rx are available. Selecting from a variety of vendors is another method of matching employer needs with appropriate services.

Support and service for you and your client during the quoting process and throughout installation and benefit management is accomplished with a team of experienced dedicated staff.

Tailoring administration to fit your client’s needs, objectives and expectations creates value and empowers employers and members to be informed healthcare consumers.

Transparent reporting to manage and monitor expenditures and utilization patterns can maximize benefits and value by better understanding relevant cost drivers.



Flexible benefit options, comprehensive administration, and robust reporting combined with stop-loss protection utilizing various strategies for risk avoidance, risk retention, risk sharing and risk transfer are the core of self-funding success.

Service Philosophy

Service is defined by our clients, members and business partners. We recognize what it means to achieve service outcomes that are meaningful and effective to **YOU** and the employers we serve.

Service is a collaborative effort, through the constant exchange of information, various support tools and professional interactions to achieve results that meet or exceed expectations.

We make an effort to know your preferences and marketing style from start to finish.

We develop relationships through day-to-day service interactions. Record and analyze service inquiries and offer proactive solutions that educate and assist members as they navigate the healthcare/benefit services spectrum.

Internal service standards are measured against industry outcomes for:

- ⇒ Accuracy
- ⇒ Response time (claims processing, service inquiries, compliance updates)
- ⇒ Documentation
- ⇒ Technology

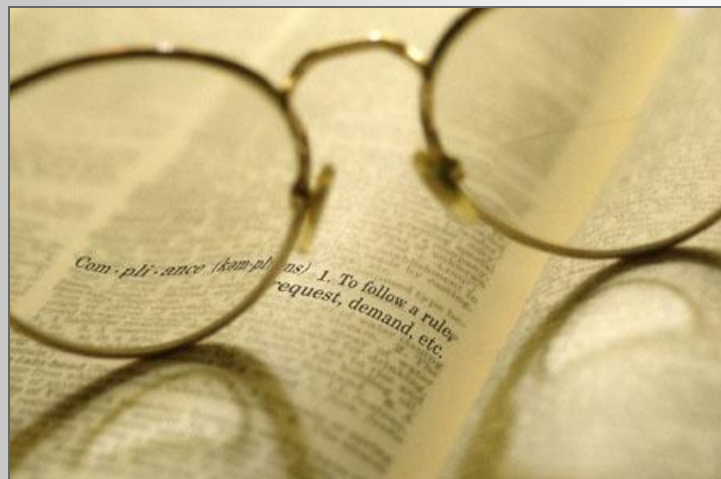


Today more than ever, employee benefit administration is complex and ever-changing. With SBS as your trusted partner, we can chart the course and help carry the load.

Compliance

The employee benefits landscape is shifting dramatically. Keeping abreast of new laws, regulations, official directives and major court decisions affecting employers can be a daunting task. **SBS** is a valuable resource to **YOU**. Our compliance specialists will assist with making the following Federal rules easier to understand:

- Affordable Care Act (ACA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Family and Medical Leave Act (FMLA)
- Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Women’s Health and Cancer Rights Act (WHCRA)
- Mental Health Parity and Addiction Equality Act (MHPAEA)
- Newborns’ Act
- Americans with Disabilities Act (ADA)
- Pregnancy Discrimination Act
- Genetic Information Nondiscrimination Act



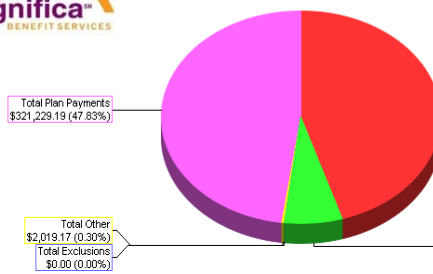
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Reporting

Data transparency is critical to assist **YOU** and your client with comprehensive benefit analysis to interpret plan usage and claim data. Easy to use, on-line reporting tools are available, providing valuable HIPPA compliant data.

	Total	% of Total Charges	Employee	% Employee	% of Total Charges	Dependent	% Dependent	% of Total Charges
Total Number of Claims Processed	1,657		618			1,039		
Total Number of Services	3,800		1,352			2,448		
Total Charges	\$671,611.67		\$274,565.08	40.88%		\$397,046.59	59.12%	
Total Provider Reductions	\$303,606.33	45.21%	\$99,843.80	32.89%	36.36%	\$203,762.53	67.11%	51.32%
Total Employee Responsibility	\$44,756.98	6.66%	\$16,685.02	37.28%				
Total Exclusions	\$0.00	0.00%	\$0.00	N/A				
Total Other Insurance	\$2,019.17	0.30%	\$613.30	30.37%				
Total Plan Payment	\$321,229.19	47.83%	\$157,422.96	49.01%				

Cost Distribution



Turn Around Time Summary

A1 Manufacturing - Group ID: DEMO3

Output Generated: 1/6/2011

Date Range: Check Date 7/1/2010 through 12/31/2010

Comparisons: None

Turn Around Days	# Claims	Cumulative % of Total	Total Charges	Cumulative % of Total	Plan Payments	Cumulative % of Total
0	30	0.86%	\$78,168.24	4.81%	\$30,215.96	4.10%
1	623	18.76%	\$422,187.79	30.79%	\$208,735.80	32.41%
2	284	26.92%	\$108,909.17	37.49%	\$63,109.90	40.97%
3	7	27.12%	\$2,182.28	37.62%	\$0.00	40.97%
4	106	30.17%	\$85,431.20	42.88%	\$47,629.22	47.43%
5	744	51.54%	\$330,608.54	63.22%	\$154,300.47	68.36%
6	868	76.48%	\$272,475.04	79.99%	\$134,586.63	86.61%
7	147	80.70%	\$37,995.55	82.33%	\$13,492.79	88.44%
8	3	80.79%				
9	61	82.54%				
10	210	88.57%				
11-15	367	99.11%				
16-20	7	99.31%				
21-25	4	99.42%				
26-30	4	99.53%				
31 or greater	16	99.99%				



Summary Analysis

[Claim Analysis Overview](#)

[Normative Comparison Summary](#)

[Utilization Benchmark Summary](#)

[Shock Claim Summary](#)

[Monthly Cost Summary](#)

[Dental Summary](#)

[Cost Distribution Summary](#)

[Plan Experience Summary](#)

[Rank Order Analysis](#)

Graphical summary of discounts and employee timeframe

Summary-level view of enrollment, cost and utilization for a specific period

Comparison of benefit your plan and selected benchmarks

Insight into high-claims incurred during a specific timeframe

Per-month summary of discounts and employee timeframe

View of service category costs for the plan during a specific timeframe

Indication of the number of members with 20%, 50% and 80% of a specific timeframe

Eligibility and cost summary

Create a summary of total charges by procedure

Shock Claim Summary

A1 Manufacturing - Group ID: DEMO3

Output Generated: 1/6/2011

Date Range: Check Date 7/1/2010 through 12/31/2010

Comparisons: None

Excluded Prescription Details from PBM

Included Prescription Payments from Adjudication System

Shock Claim Threshold: \$15,000.00

# of members with claims above threshold:	6
Total Plan Payment in claims above threshold:	\$56,888.96
Total Plan Payment for claimants with claims above threshold:	\$146,888.96
Total Plan Payment in claims:	\$743,827.24



Non Shock Claims \$596,938

Top 10 Payee Analysis

This report provides a quick review of the top 10 payees. The chart captures the total payments for the top 10 payees.



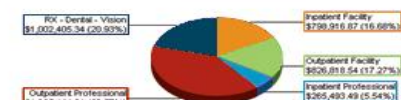
Overview

The summary chart below captures health plan eligibility, payment and total charge information, including network savings for a specific period. The cost distribution graph that follows provides general information about total claim and payment sources, including plan and employee/member responsibility.

Enrollments, Payments & Savings

Total Health Plan Contracts	1,033
Total Health Plan Members	2,173
Members per Contract	2.10
Average Member Age	38.45
Average Employee Age	48.15
Inpatient Facility	\$798,916.87
Outpatient Facility	\$826,818.54
Inpatient Professional	\$265,493.49
Outpatient Professional	\$1,895,144.91
Dental	\$327,292.25
Prescription Drug	\$675,113.09
Total Plan Payment	\$4,788,779.15

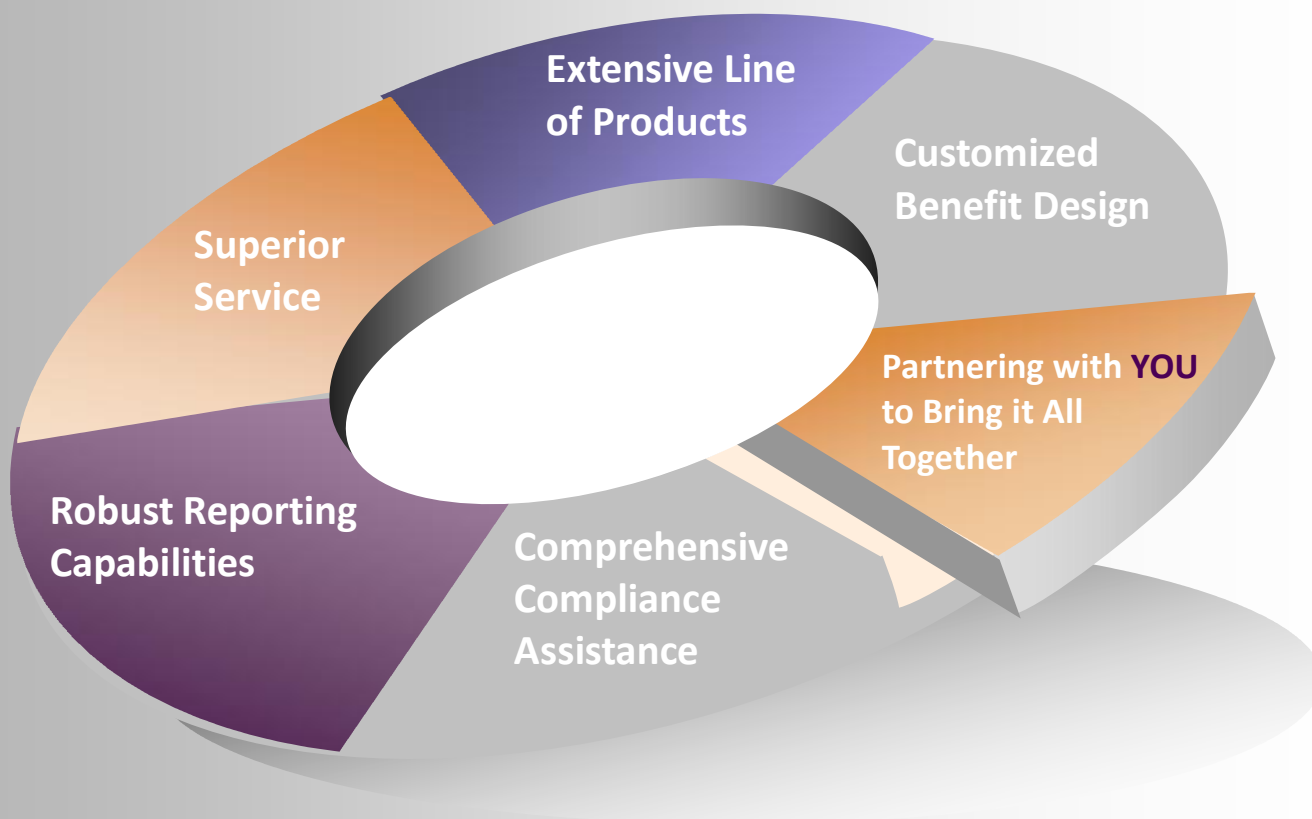
Payment Distribution



Total Charges	\$9,357,610.37
Total Plan Payment	\$4,788,779.15
Employee Responsibility	\$893,935.83
Other Insurance COB	\$52,324.31
Overall NW Savings Amount	\$3,622,488.22
Overall NW Savings Percent	38.71%

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Our Solutions



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