

...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

**Self-Funded Administration**

- Medical
- Dental
- Vision
- Short Term Disability
- Prescription Program
- Consumer Driven Health Plans
- PPO Management
- Plan Analysis & Trend Reporting
- Claim Auditing

**Additional Services**

- Medical Management Services
- Flexible Spending Arrangements
- Consolidated Billing
- Health Reimbursement Arrangements
- COBRA Administration

**Insurance Products**

- Stop Loss Placement (Specific & Aggregate)
- Group Term Life Insurance
- Disability Insurance

**Compliance**

- FMLA
- Plan Document Preparation
- Affordable Care Act (ACA)
- Discrimination Testing
- Hours Bank Reporting

# Creative Design

## 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.



**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.

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

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

**Stop loss selection...**not all stop-loss partners are alike, our extensive industry knowledge allows **Significa** 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.

***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.***

...Setting the standard in employee benefit administration

# 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

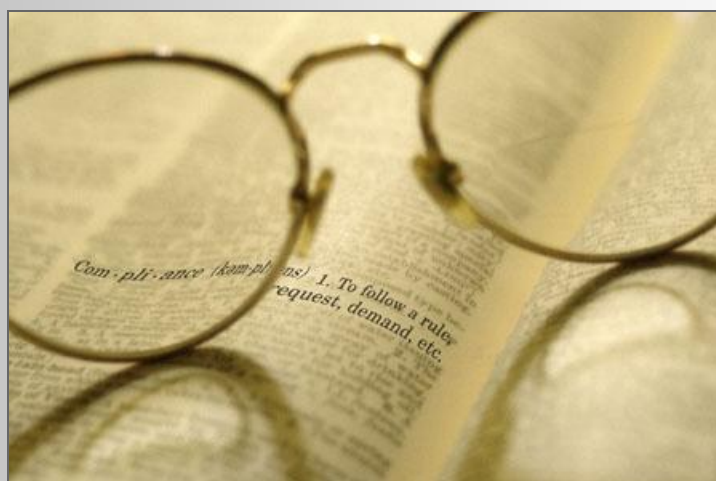


Today more than ever, employee benefit administration is complex and ever-changing. With Significa as your trusted partner, we can chart the course and help carry the load.

# 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. **Significa** 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

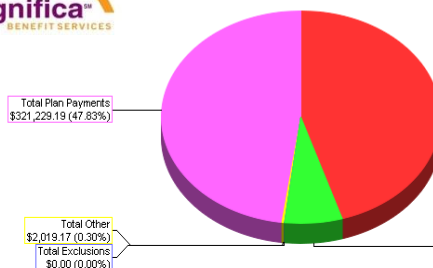


# Reporting

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](#)

Graphical summary of discounts and employee timeframe

[Normative Comparison Summary](#)

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

[Utilization Benchmark Summary](#)

Comparison of benefit your plan and selected benchmarks

[Shock Claim Summary](#)

Insight into high-claims incurred during a specific timeframe

[Monthly Cost Summary](#)

Per-month summary of discounts and employee timeframe

[Dental Summary](#)

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

[Cost Distribution Summary](#)

Indication of the number of claims at 20%, 50% and 80% of a specific timeframe

[Plan Experience Summary](#)

Eligibility and cost summary

[Rank Order Analysis](#)

Create a summary of top procedures sorted by savings

## 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.



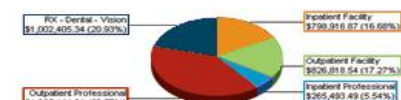
## Overview

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

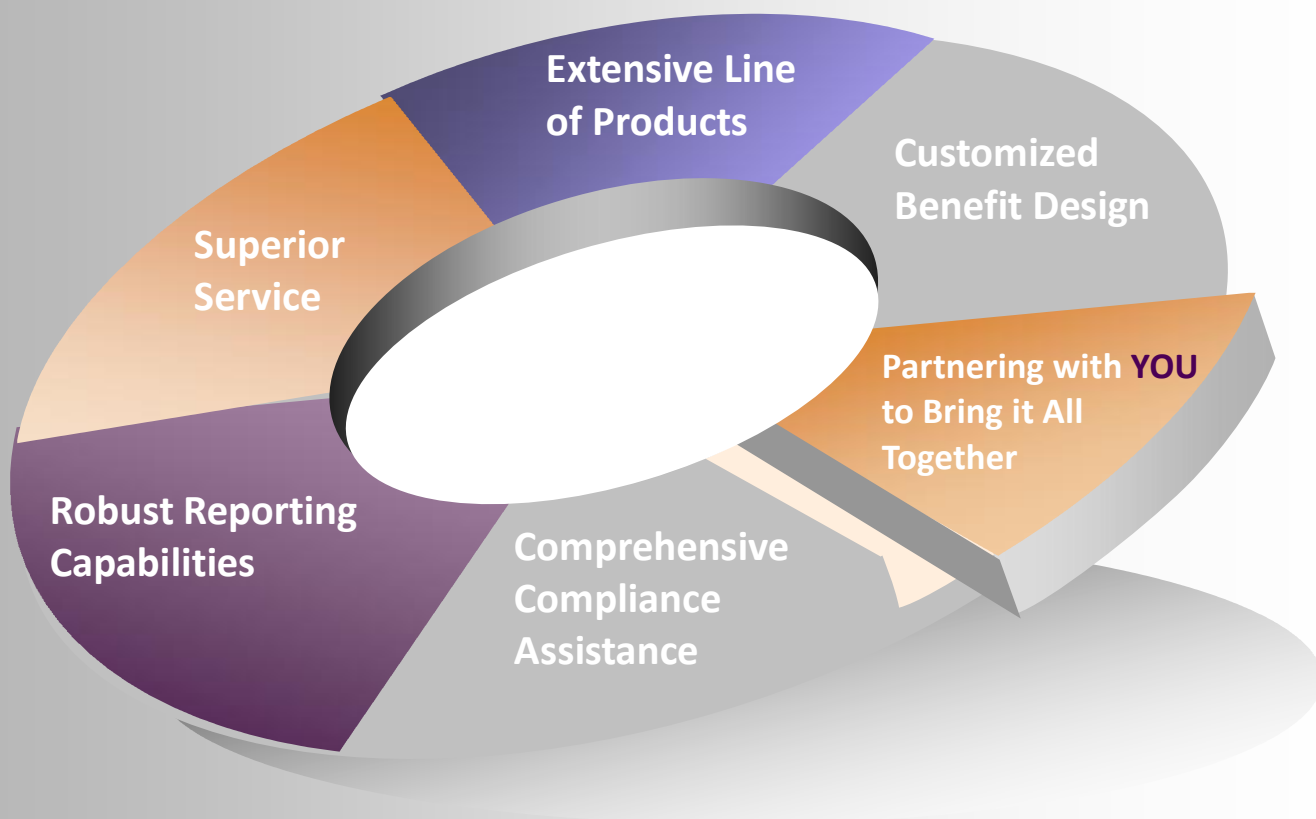
Total Health Plan Contracts	1,033
Total Health Plan Members	2,173
Members per Contract	2.10
Average Member Age	38.45
Average Employee Age	48.15
Inpatient Facility	\$798,916.87
Outpatient Facility	\$826,818.54
Inpatient Professional	\$265,493.49
Outpatient Professional	\$1,895,144.91
Dental	\$327,292.25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

# Our Solutions



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