

All Savers



All Savers Insurance

Small Business Health Insurance

Fully Insured Plans



For Your Small Business

Plans that don't break the bank

The **No. 1 concern** for small-business owners is the cost of health care.¹ So, All Savers was built with low premiums in mind. We believe small businesses shouldn't have to pay outrageous amounts for health insurance. We think you'll agree.

But All Savers isn't just designed to have low premiums. We think your company should **get more for your money**, too. Here's what we mean.

A different kind of insurance

With many traditional plans, some employees feel like they don't get the full benefit of their coverage if they don't meet their deductible. In fact, we found 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 cover their medical costs out of their own pocket year after year. All Savers is different.

Coverage before the deductible

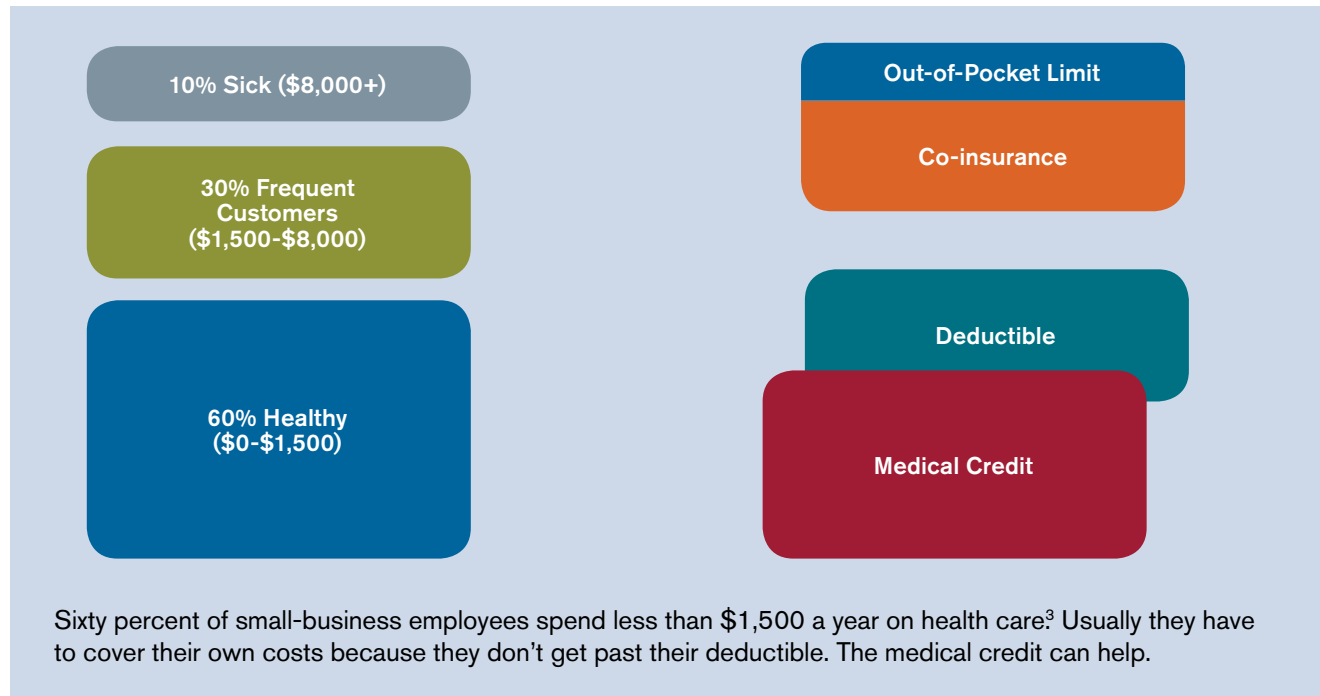
We designed our plans to help pay for many of those everyday health care costs – **before the deductible**. It's good when your insurance helps pay for an unexpected heart attack. It's even better when it helps pay for everyday health care, too. **All Savers does both.**

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

²Based on a national sample of UnitedHealthcare small-business claims data from March 1, 2010, to February 28, 2011.

The Medical Credit

With All Savers standard plans, every employee and covered spouse gets a medical credit that can help cover expenses like office visits, X-rays, lab work and diagnostic tests, and inpatient hospital stays for any covered family member (preventive exams are already covered at 100%). Payments made by the medical credit count toward the member's deductible.



The medical credit can be from \$100 to \$1,000 per person, depending on the plan you select. You don't have to pay extra for the medical credit; **it's built in** as part of the plan.

Once the medical credit is used up, every member must meet their deductible before co-insurance begins to pay eligible claims.

³Based on a national sample of UnitedHealthcare small-business claims data from March 1, 2010, to February 28, 2011 .

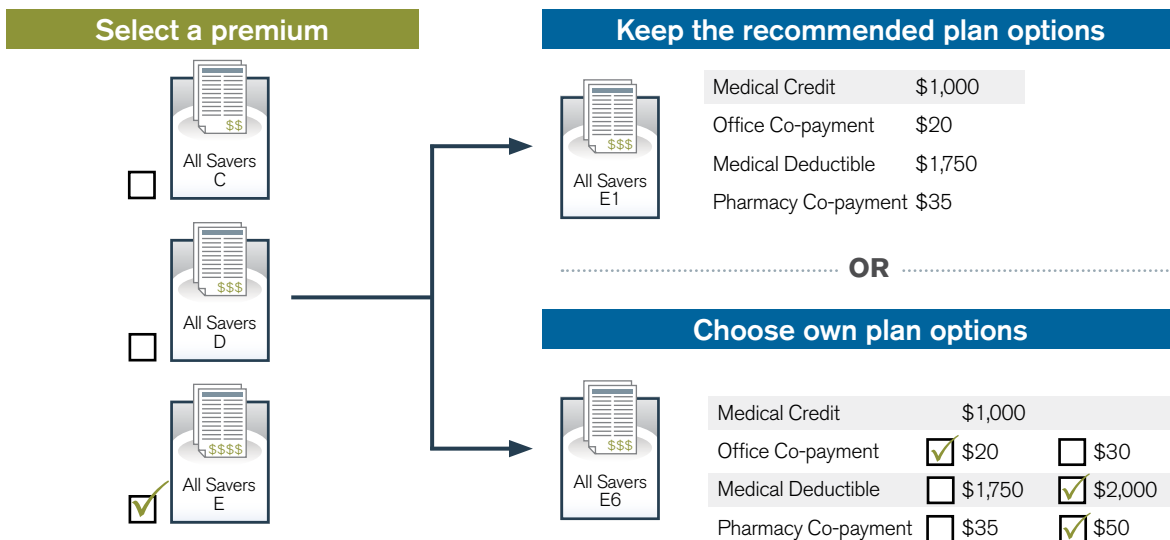
Employees Get to Choose

Designed with employees in mind – because everyone needs to balance budgets

Each employee has different needs. So with All Savers, it's easy for employees to choose the co-payment and deductible options that are right for them.

Do employees want lower co-payments, a lower deductible, or a lower pharmacy co-payment? No problem – it's their choice. With All Savers, your employees can keep your recommended options, or they can choose their own options. And it won't affect your company's premium. Not a single dime.

It only takes a few minutes for employees to choose their own co-payment and deductible options on the All Savers website.



With All Savers, your employees can keep the recommended plan or choose the plan they like best – at no extra cost.

Prescription drugs, minus the headaches

Our pharmacy benefit has low deductibles (as low as zero dollars). And once covered members meet the pharmacy deductible, they'll only cover the co-payments for the rest of the calendar year. All Savers picks up the rest of any eligible costs.

Every All Savers plan has a **\$10 co-payment** for Tier 1 drugs, which includes many generics. The co-payments for the other tiers depend on the plan options your employees choose.

Illustration of Costs and Payments

Your employees can log on to www.myallsavers.com and choose their plan options.

Example 1⁴

Jack “never” gets sick, so he chose a slightly higher office co-payment (\$30). In return, he selected a lower deductible (\$1,750), giving him a little more coverage in case he gets hurt in an expensive accident.

Jack’s medical and pharmacy expenses:

Service	Cost	How it’s paid for		
		Co-payment	Credit (\$1,000 total)	Deductible (\$1,750 total)
Exam and Biopsy, Skin Lesion	\$500 =	\$30	\$470	\$470
Removal of Lesion	\$150 =	\$30	\$120	\$120
Totals	\$650 =	\$60	\$590	\$590*

*Medical credit applies to deductible

Pharmacy		Deductible (\$0 total)	Co-payment
Cephalexin (Tier 1)	\$10 =	-	\$10
Hydrocodone (Tier 1)	\$10 =	-	\$10
Totals	\$20 =	\$0	\$20

Jack’s total medical costs last year were \$650. He paid \$60 in medical co-payments. His \$1,000 medical credit paid for the remainder of his medical services, and it applied toward his deductible. His total out-of-pocket cost was \$80 (including \$20 in drug co-payments).

Compare Jack’s out-of-pocket costs for this year:⁵

Plan Type	Premium Level	Out-of-Pocket Cost
All Savers	Low	\$80
High-Deductible Plan	Low	\$670
Traditional Co-payment Plan	High	\$80

⁴The examples on page 5 and 6 are for network services and are for illustration purposes only. They do not represent real persons or events.

⁵The out-of-pocket cost calculations on pages 5 and 6 for the high-deductible plan assume a \$1,500 deductible. The out-of-pocket cost calculations for the traditional co-payment plan assume \$30 office co-payments, \$10 Tier 1 drug co-payments, and \$30 Tier 2 drug co-payments.

Example 2⁴

Julie goes to the doctor a little more often, so she chose lower office co-payments (\$20). In return, she chose a slightly higher medical deductible (\$2,000).

Julie's medical and pharmacy expenses:

Service	Cost	How it's paid for		
		Co-payment	Credit (\$1,000 total)	Deductible (\$2,000 total)
Office Visit - Plantar Nerve	\$100 =	\$20	\$80	\$80
Lab Tests	\$400 =	\$20	\$380	\$380
Office Visit - Strep Throat	\$100 =	\$20	\$80	\$80
X-ray - Back Pain	\$200 =	\$20	\$180	\$180
Totals	\$800 =	\$80	\$720	\$720*

*Medical credit applies to deductible

Pharmacy		Deductible (\$0 total)	Co-payment
Hydrocodone (Tier 1)	\$10 =	-	\$10
Levofloxacin (Tier 2)	\$100 =	-	\$50
Azithromycin (Tier 1)	\$20 =	-	\$10
Totals	\$130 =		\$70

Julie's total medical costs were \$800. She paid \$80 in medical co-payments, and her medical credit covered the remaining \$720. Her medical credit also applied toward her deductible.

Julie's total drug costs were \$130. She paid \$70 in co-payments, and the remainder was covered by the plan.

Compare Julie's out-of-pocket costs for this year:⁵

Plan Type	Premium Level	Out-of-Pocket Cost
All Savers	Low	\$150
High-Deductible Plan	Low	\$930
Traditional Co-payment Plan	High	\$190

A Wide Array of Benefits

This table outlines how different kinds of eligible services are paid. The premium level you select and the plans your employees choose will determine the actual co-payments, medical credits, deductibles, and co-insurance amounts.

Services	Network				Non-Network			
	Co-payment	Medical Credit	Deductible	Co-insurance	Co-payment	Medical Credit	Deductible	Co-insurance
Preventive <ul style="list-style-type: none"> Wellness Visits Immunizations Routine Screenings 	–	–	–	100%	–	Medical credit applies to non-network claims	2x the network deductible	Same as network rate
Co-payment Level 1 <ul style="list-style-type: none"> Physician Office Visit Urgent Care Visit Minor Lab Work Inpatient Physician Visit Chiropractic 	\$20 to \$50	\$100 to \$1,000	\$1,750 to \$4,500 (Individual) \$3,000 to \$9,000 (Family)	55% to 90% (plan pays)				
Co-payment Level 2 <ul style="list-style-type: none"> ER Visit* 	\$100 to \$250							
Co-payment Level 3 <ul style="list-style-type: none"> Outpatient Facility Ambulance (Air/Ground) Major Diagnostic Testing (CT Scan, MRI, etc.) Inpatient Stay Inpatient Services 	\$200 to \$600							
No Medical Co-payment or Medical Credit <ul style="list-style-type: none"> Transplant Skilled Nursing Home Health Care Rehab Prosthetics Durable Medical Equipment 	–	–						
Prescription Drugs <ul style="list-style-type: none"> Retail Pharmacy (30-Day) Mail-Order (90-Day) 	\$10 ⁶	–	\$0 to \$500	100%				

* If an ER patient is admitted into the hospital, it is counted as inpatient or outpatient services under the No Co-payment section.

⁶This is for Tier 1 co-payments. Separate co-payments apply for Tiers 2, 3, and 4. (Tier 2 range: \$35–\$75. Tier 3 range: \$60–\$120. Tier 4: 50% co-insurance.) To see a list of the prescription drugs included in each tier of our prescription drug list, visit www.myallsavers.com.

Pediatric Dental and Vision Coverage

Child Dental Coverage	Child Dental Co-Insurance Rates	Child Vision Coverage	Child Vision Co-Payments
Applies to medical deductible Separate co-insurance (same for network and non-network services)	<ul style="list-style-type: none"> Preventive – 100% Minor Restorative – 80% Major Restorative – 50% Orthodontic Services – 50% 	Separate co-payments depending on the service. Out-of-network coverage is subject to the medical deductible and then the co-insurance rate.	Exam – \$10 Lenses – \$25 Contact Lenses – \$25 Frames: schedule based on price of frame

All Savers Insurance

The smart choice – for you, for your employees, for better health.

