

Please visit our website at www.benefitbuilders.net for more information about us and our capabilities.

~~This is our home page~~

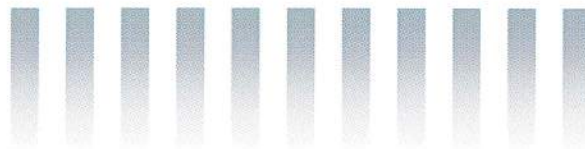


Welcome to Benefit Builders, Inc.

We are an independent employee benefits company, concentrating on small and medium sized businesses. Benefit Builders, Inc. is an Ohio and Indiana licensed insurance brokerage providing a comprehensive array of health, life, dental, and specialty coverage products. In order to optimize benefit packages, our goal is to work with employers to reach a unique solution for their organization's specific needs. Holding ourselves to elevated standards, we are proud of the unmatched level of customer support the Benefit Builders service team is capable of providing.

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- Custom Design Benefits (CDB)	
- Assurant	
- IHC	
- Trustmark/Starmark	
- WellNet	



SECTION 1

What Self-funding can do for you -

This is a good reference for the value of
self-funding, prepared by CDB



PPACA LEADING MORE COMPANIES TO **SELF-FUNDED** HEALTH BENEFITS

We're all aware of the titanic shift in healthcare benefits that will arrive in 2014. As employers consider their options, it has become more apparent that self-funding offers a positive alternative to fully-insured health plans. Many of the benefits of self-funding are especially enhanced by the reforms brought about by the Patient Protection and Affordable Care Act.

With a Self-funded Medical Plan you can:

- Implement your own plan design and use transparent reimbursement structures
- Eliminate your exposure to the new community rating system
- Enjoy the full benefits and cost savings of your company's wellness program
- Maintain quality customer service for your members

Self-funding always offers significant benefits to employers, including:

- Control of your benefit plan
- Improved cash flow
- Exemption from state insurance mandates and most premium taxes
- Utilization of cost containment strategies tailored to your population
- Detailed reporting and analysis for customization

ADAPT

A personal, caring approach to employee benefits



Custom Design Benefits

COMMUNITY RATING SYSTEM WILL HURT YOUNGER WORKFORCES ON FULLY-INSURED PLANS

A piece of the healthcare reform law attempts to level the premiums that individuals and businesses will be asked to pay for coverage. Currently, each customer population for fully-insured coverage is rated and given a rate based on risk. Under the new system, the rating criteria were limited to only geographic area, age, family status and smoking status.

The law also includes a maximum ratio for older to younger people 3:1 in your population for ratings. This used to be 5:1 or 6:1. For many employers with a younger, healthier workforce, fully-insured premiums will rise dramatically.



Under a self-funding model, companies with a low-risk population will be able to control costs and benefit from their healthier workforce. Because funds are spent as healthcare services are utilized – instead of on blanket coverage – the per employee cost varies based on the health of individuals and their healthcare usage. Stop-loss coverage allows employers to protect the plan against the costs of catastrophic care for employees.

WELLNESS PROGRAMS HELP YOU FIND COST SAVINGS

With self-funding your improvements in employee health – through wellness programs and incentives – will benefit your group. Rather than trying to stem the tide of declining health in the community, you can work to improve the health of your employees – improving attendance, productivity and ultimately lowering healthcare costs.

Under the law beginning in 2014, up to 30% of total premium costs can be shifted to individuals in your population who are unable to satisfy a qualified wellness program's biometric health standards. When you're fully insured, the insurance company recoups the savings from this part of the law. When you're self-funded, the cost savings go to your bottom line. CDB's Complete Wellness plan offers your employees the incentive to improve their health, allowing both the employer and the employee to save this money and making self-funded wellness a more valuable asset.

DESIGN THE PLAN YOUR WAY WITH SELF-FUNDING

PPACA and its essential health benefits are likely to also limit customers' options in selecting coverage. As insurers tackle these regulations, plans will become more cookie cutter in their approach. Self-funding allows you to tailor a program for your specific needs and population. You can also utilize detailed data and reporting to identify trends and cost containment opportunities.

Consider Custom Design Benefits' innovative products: TrueCost represents the future of reimbursement – a fair, consistent and transparent reimbursement schedule based on Medicare plus 40%. As providers weigh their reimbursement options – Medicare, Medicaid, fully-insured plans and now Exchanges – TrueCost offers a predictable and competitive rate. Likewise, the Hybrid Insurance Program (HIP) offers an alternative for higher risk companies. You can utilize a high-deductible health plan in combination with self-funding to offer a competitive benefit while reducing costs.

Self-funded regulations under PPACA:

- Guaranteed issue for all employees regardless of health condition
- Coverage of preventative health service
- Fees to fund research and reinsurance

AVOID PREMIUM INCREASES CAUSED BY BENEFITS MANDATE

PPACA has a series of essential health benefits that all fully-insured plans must include. These are expected to raise the cost of fully-insured plan premiums by 7.5 to 15 percent, by some estimates.

By contrast, PPACA requires all plans to merely reach a 60 percent value threshold. The employer designing the plan is able to determine the specifics of the benefits design, within guidelines. Most self-insured plans are expected to easily meet this threshold.



Custom Design Benefits

AVOID DECLINES IN CUSTOMER SERVICE BROUGHT ON BY PPACA

New Medical Loss Ratio (MLR) guidelines in PPACA require that 85% of premiums must be spent on healthcare, leaving 15% for administration and profit. MLR is pushing insurance companies to choose between profits and administrative costs. In many cases, administration is being squeezed, resulting in reduced customer service – longer wait times, less assistance with claims problems and less knowledgeable staff.

Self-funded plans do not have the MLR restriction, and TPA's typically offer lower administrative costs when compared to insurance companies. Custom Design Benefits is committed to providing superior customer and member service. A live person answers the phone, and our team is prepared to assist employers and their employees on all issues related to their coverage.

MORE COMMON THAN YOU THINK

Self-funded healthcare benefits have been steadily growing over the last decade. The passage of PPACA is expected to accelerate this growth.

- 70 million Americans are covered by a self-funded plan
- 58.5% of workers are covered under a self-funded plan
- After passage of Commonwealth Care in Massachusetts, on which PPACA is modeled, the number of firms in the state utilizing self-funding rose from 54.4% to 67.2% (businesses with 50 or more employees)



PERSONALIZED SERVICE
ADVANCED TECHNOLOGY
CREATIVE SOLUTIONS

Contact us today at
800.598.2929 to learn how
Custom Design Benefits can
deliver for your business.

MORE ABOUT SELF-FUNDING

Underwriting - Self-funded plans for smaller groups require health questionnaires because it is an underwritten product.

- This is good news if a group is relatively healthy and not so good news if members have troublesome or chronic health conditions that could increase risk.
- On the other hand, a fully-insured ACA compliant plan is now Community Rated, which means substantially higher costs for groups with good health experience.

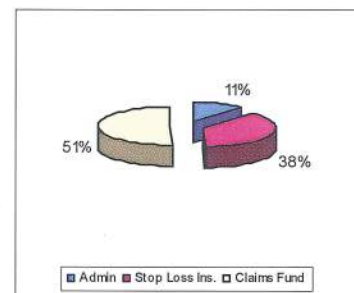
Group Size - Depending on the company or the plan type, minimum group size might be 25 members, while others go down to 10 members, and a few will provide plans down to 5 members.

Today, self-funding is no longer just for the largest corporations.

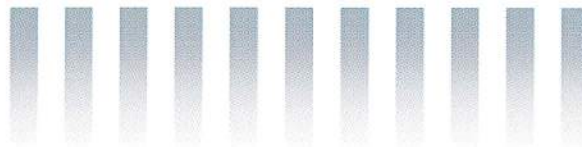
Premiums - In the small group market, self-funded plans can be level funded. That is, the monthly outgo is fixed at a set amount just like fully insured plans. In that way, claims variances from month to month won't affect cash flow adversely.

Stop Loss Insurance - Some insurance companies that provide self-funded options include administrative services and stop loss insurance in a bundled or semi-bundled package. Assurant, IHC and Star mark are examples. Other approaches that aren't bundled have the stop loss insurance provided by special stop loss insurance carriers. These carriers might be Pan American Life, Gerber Life, Zurich Life, etc. In those cases, administrative services are performed by TPAs (Third Party Administrators).

Allocation of Premium Dollars - When premiums are paid for a self-funded plan, the money goes in three directions. A small portion of the premium is for administration, another portion pays for the stop loss coverage, and the balance of the money funds the account that pays claims. In an unbundled plan, the claims account is under the control of the client. The pie chart at right is a typical example.



Taxes - The ACA introduced 5 new taxes on health care. Some do not apply to self-funded plans thereby reducing cost automatically by 3 or 4 percent compared with fully insured plans.

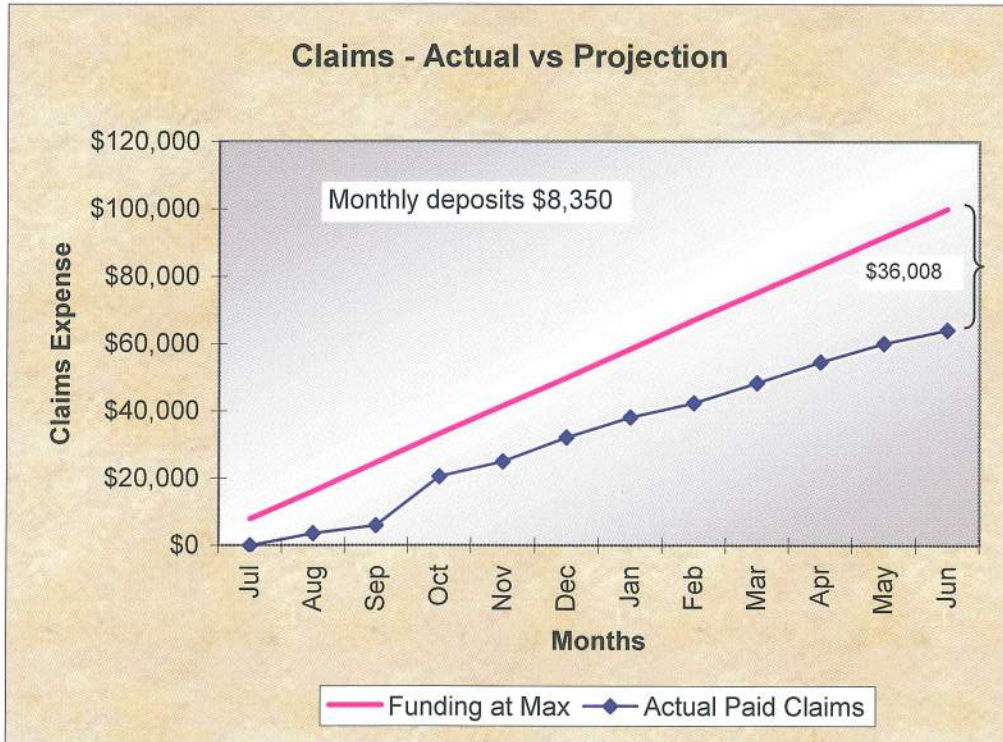


SECTION 2

Claims Chart Example

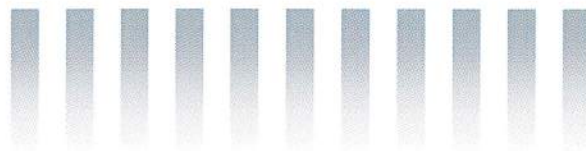
Current BBI client results for this past year

**EXAMPLE CLAIMS ACCOUNT FOR
SELF FUNDED GROUP OF 36 EMPLOYEES**



- The red line illustrates the worst case scenario for the group. This means that if actual claims (blue line) are higher than the red line, the amount above the red line is covered by stop loss insurance.
- Likewise, if actual claims are below the red line at the end of the contract year, the difference represents cost savings.
- In this case (a real client), the claims surplus of \$36,008 represents annualized savings of \$1,000 per employee.

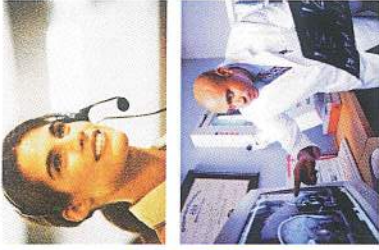
THIS IS NOT AN UNUSUAL OR EXTRAORDINARY OUTCOME



SECTION 3

Stop-Loss Insurance Types

Description of 2 types, prepared by CDB



Stop Loss Products

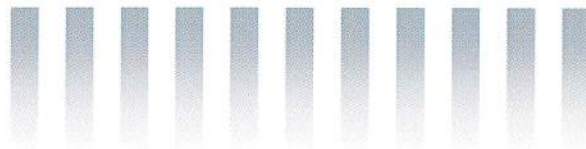
- Traditional Stop Loss

- Client purchases both Specific and Aggregate Stop Loss protection
 - Specific – protects against any one person on the plan exceeding a certain claims threshold (the specific deductible). If a member exceeds the specific deductible, the stop loss policy reimburses the employer.
 - Aggregate – protects against the entire group's claim costs exceeding a certain threshold
 - typically 125% of the underwriter's expected claim projection. If the group as a whole reaches 125% of the group's expected claims, the stop loss policy reimburses the employer.

- Integrated Stop Loss

- Client is protected on an Aggregate basis only
 - Fixed costs are higher than traditional stop loss, but the maximum claim liability is less.
 - Client pays claims up to the cumulative maximum liability. If the group reaches the maximum on any given month, they are reimbursed immediately.





SECTION 4

Sources and Partners

Promotional materials prepared by several plan sources, including

Custom Design Benefits (CDB)

Assurant

IHC

Trustmark/Starmark



Custom Design Benefits



A Personal, Caring Approach to Employee Benefits

Our Services | Members | Clients | Brokers | Providers

ADDITIONAL RESOURCES AVAILABLE ABOVE



CUSTOM DESIGN BENEFITS IS A THIRD PARTY ADMINISTRATOR (TPA) SERVING BROKERS AND THEIR CLIENTS WITH CARING, PERSONALIZED SERVICE TO EMPLOYEES AND THEIR FAMILIES LOCATED THROUGHOUT THE UNITED STATES.

Custom Design Benefits delivers exceptional customer service and cost effective solutions to brokers and their clients by offering tailored employee benefits administration services.

Below is a full menu of the services we provide:

Self-Funded Health Benefits

- Medical
Prescription Drug
Dental
Vision
Short-Term Disability
Online Enrollments
Real-time, Online Reporting
Plan Modeling

Wellness Solutions

- URAC-accredited Utilization & Case Management
Onsite Health Screenings with labs
Disease Management
Educational Programs
Integrated Care Management

Compliance Solutions

- FMLA Administration
COBRA
HIPAA
Summary Plan Descriptions
Medicare Part D Compliance

Cost Management Solutions

- Local, Regional & National PPOs
Medicare-based fee schedule plans
Ancillary Networks
Out-of-Network Discounts & Negotiation
Telemedicine
Domestic & International Travel PPO
Stop Loss Management
Tiered PPO Solutions
Health eReports - online provider cost comparison tool

Consumer Driven Solutions

- High Deductible Health Plans
Health Savings Accounts (HSAs)
Health Reimbursement Arrangements
HIP Plans - Supplemental HRA / MERPs

Flexible Benefit Solutions

- (also called Flexible Spending Accounts, Cafeteria Plans or Section 125)
Health
Limited Health
Dependent Care
Transit / Parking
Adoption Assistance

Home | Getting Online | Our Services | News | About Us | Contact



ASSURANT
Health®

Surprise-Free Self Funding

Assurant® Self-Funded Health Plans

Considering a self-funded health plan? It's a smart idea. Directly funding your own health benefit plan can help you control your group's health care costs — *now and for years to come.*

With Assurant Self-Funded Health Plans you save now because our plans typically cost less than comparable traditional health insurance plans. And your savings continue because:

- Your funds go toward your group's claims expenses only
- Overall savings can be significant if your group's claims expenses are less than the norm
- You have the opportunity to receive annual refunds if you don't use all your claims funds

While our plans can cost less, it doesn't mean you should expect less. We give you a unique and complete package of services and insurance protection that takes uncertainty and guesswork out of self funding.

To ensure that your self-funded plan is free of surprises, Assurant Health gives you:

Expert guidance

We'll help you determine if your group will benefit from self funding. It's a great alternative for groups that expect normal or less-than-normal medical costs. In many cases, these groups get money back at the end of the year. On the other hand, if it's doubtful that your group would benefit from self funding, we'll suggest other alternatives that better fit your needs.

Quality benefit options

We help you select your health benefit plan options from among a wide range of health plan designs — **just like you would with traditional health insurance.**

Predictable monthly costs

We determine your maximum cost for the year up front — most of our customers find they pay less than they would for comparable traditional health insurance. **And your monthly costs are guaranteed to not increase for a full year** (subject to changes in your group's enrollment or benefits).

Protection from larger-than-expected claims

Stop-loss insurance is part of your complete self-funding package. If your group's claims are larger than expected, **stop-loss coverage steps in to take care of all the excess benefit claims under your plan.**

Total plan administration

We handle all the service details for your self-funded plan — customer service, plan accounting and claims payment from your claims fund. Your self-funding package includes the services of our trusted, established third-party administrator.

Compliance

To safeguard you, the employer, Assurant Health has designed the underlying self-funded plan to comply with all applicable mandates. This includes federal COBRA administration, mental health parity and maternity mandates, where applicable. Practices such as excluding particular employees to improve the profile of the group are prohibited by federal law.

Assurant. On your terms.®



THE IHC GROUP

Independence Holding Company

Strength.
Vision.
Stability.

A solid foundation

When you look to a partner for health and life insurance, you need two fundamental things. A company with the financial strength and stability to be there for you, no matter what the winds of change bring. And you need a company that leverages its strength to provide innovative and flexible new solutions—solutions that respond competitively in an ever-changing marketplace. That solid partner is Independence Holding Company and its subsidiaries within The IHC Group.

Independence Holding Company is a publicly traded company (NYSE: IHC) with **assets in excess of \$1 billion** that has been providing health and life insurance solutions for 30 years. We have expertise in six classes of fully insured medical (small group, individuals and families, short-term, dental/vision, limited and student). **Our collective strength ranks nationally among the top five insurers in one of our key niche areas — medical stop-loss coverage.** The IHC Group has the stability and the resources to deliver the confidence and peace of mind you seek.

Strong financial footing

- More than one million customers.
- Over \$1 billion in assets.
- Average investment portfolio rating of “AA.”
- Through our subsidiaries, licensed in all 50 states representing an estimated \$600 million in annualized gross premiums as of December 31, 2009.
- Named one of the 200 Best Small Companies by Forbes Magazine.

Power player in niche markets

Through our subsidiaries, we've grown our business by creatively serving niche insurance needs. Today we offer expertise in:

- Small group medical
- Major medical for individuals and families
- Dental and vision
- Short-term medical
- Limited medical benefit plans for employers and individuals
- Student medical
- Individual and group life
- Long- and short-term disability
- Employer stop-loss
- Volunteer emergency workers life and health
- Critical illness

Strength

We fill a unique niche between “behemoth” and “boutique.” Large enough to compete nationally, but nimble enough to respond quickly.

Vision

We fill a gap in the changing health insurance industry—big enough to be listed on the NYSE, but not so big that we lose touch with our sales partners. **Producers and distributors are not just customers, they are full partners in our success.** Programs such as our “partnership to ownership” enable sales leaders to become IHC shareholders.

- If you are a producer or distributor, we care about you, listen to you and embrace you as a full partner.
- If you are an insured, we strive to give you a positive experience with assistance and support that exceeds expectations.
- If you are an investor, we pledge to do our best to maximize shareholder value.

Stability

IHC formed 30 years ago, and some of our senior management has been with us since day one. Others have joined more recently, bringing with them 25+ years experience as successful leaders and entrepreneurs in the health insurance industry.

The IHC Group

Standard Security Life Insurance Company of New York

"A-" rated (Excellent) by A.M. Best for over 25 years, licensed in all 50 states, and a market leader in medical stop-loss coverage.

Madison National Life Insurance Company

"A-" rated (Excellent) by A.M. Best, licensed in 49 states, and specializing in life, disability, and various medical coverages.

Independence American Insurance Company

"A-" rated (Excellent) by A.M. Best, licensed in 49 jurisdictions, and specializing in major medical for individuals and families, and various group medical coverages.

IHC Health Solutions, Inc.

A benefits management company specializing in the administration and distribution of health benefit plans including marketing support services, underwriting, billing and claims processing for fully insured as well as international groups and individuals.

Independent Producers of America (IPA), LLC

A national marketing organization that distributes major medical insurance plans and other health insurance plans and health membership programs.

Managing General Underwriters

Majestic Underwriters, Marlton Risk Group, Alliance Underwriters and Risk Assessment Strategies are responsible for marketing, underwriting and administering the majority of the company's medical stop-loss business.

IHC Excess Solutions

Specializes in all aspects of administration on behalf of medical stop-loss, excess medical carriers and managing general underwriters.

Actuarial Management Corporation, Inc.

Focuses on incorporating actuarial methods into the individual and small group fully insured medical market segment.

healthinsurance.org, LLC

The oldest Internet site offering consumer information and affordable health and medical insurance coverage.

MedWatch, LLC

MedWatch has the unique distinction of achieving URAC Accreditation in health utilization management, case management and disease management to self insured and fully insured employer groups for over 20 years.

Hospital Bill Analysis, LLC

HBA offers cost containment services to include bill review, re-pricing and direct negotiations for both in network and out of network claims.

www.ihcgroup.com



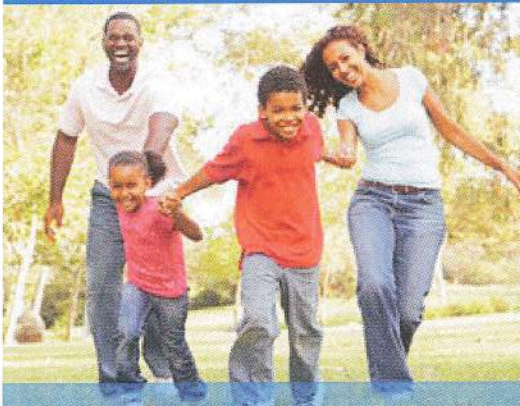
Forward-looking information

Certain statements and materials contained in this document may be considered "forward-looking statements," such as statements relating to management's views with respect to future events and financial performance. Such forward-looking statements are subject to risks, uncertainties and other factors which could cause actual results to differ materially from historical experience or from future results expressed or implied by such forward-looking statements. Potential risks and uncertainties include, but are not limited to, economic conditions in the markets in which we operate, new federal or state governmental regulation, our ability effectively to operate, integrate and leverage any past or future strategic acquisition, and other factors which can be found in our news releases and filings with the Securities and Exchange Commission.

The benefits you want. The protection you need.

Self-Funding

A guide for small to mid-size businesses



Trustmark
LIFE INSURANCE COMPANY

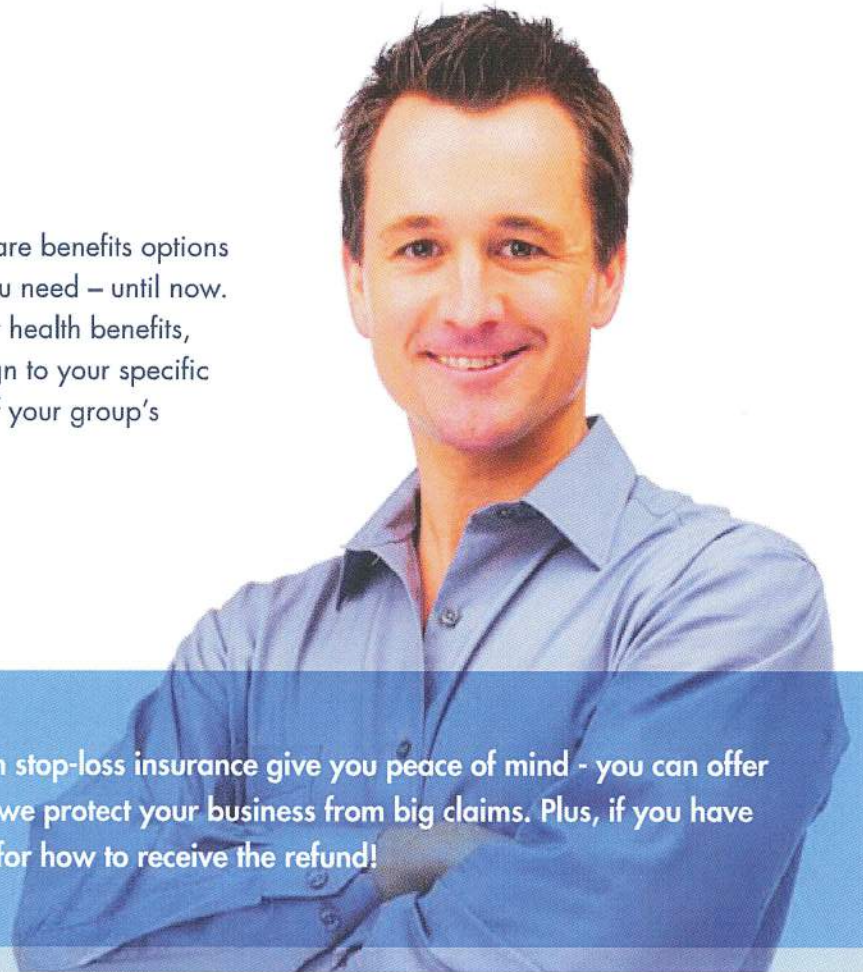


Starmark

PERSONAL. FLEXIBLE. TRUSTED.

Self-Funding

Employers like you often struggle to find healthcare benefits options that give you the control, flexibility and value you need – until now. With Starmark®, you get better control over your health benefits, the flexibility to tailor your self-funded plan design to your specific needs, and the opportunity to receive a refund if your group's claims are lower than expected.



Starmark self-funded health plan designs with stop-loss insurance give you peace of mind - you can offer your employees the benefits they want while we protect your business from big claims. Plus, if you have a surplus in your account, you have a choice for how to receive the refund!

Self-funding with Starmark has many advantages, including:

Opportunity for future savings – If there is a surplus in the aggregate claim liability account (also called claim pre-fund account) for your self-funded plan at the end of the agreement, a portion of that money will be credited to your account and used to lower your costs in future months or returned to you as cash, depending on your plan design.

Stop-loss protection – If medical claims paid by your self-funded plan are higher than the amount of money funded in the claim pre-fund account, you're protected with stop-loss insurance. The stop-loss insurance takes effect and pays claims over the amount you've funded, which means if an individual in your group has a catastrophic claim, or the entire group has high claims, you don't need to worry.

Predictable payments – Payments are the same amount each month, regardless of medical claim activity, which allows for better budgeting and peace of mind.

Attract and retain employees – A Starmark self-funded plan design gives you the feel of a traditional health plan your employees are used to, while allowing you the flexibility to tailor the plan to meet the needs of your company.

Savings on state premium taxes – Self-funded claim dollars are not subject to state health insurance premium taxes, which helps lower costs.

Transparency of healthcare dollars – You'll receive reports showing how your healthcare dollars are being spent, which means you'll be armed with knowledge that can help you target specific areas in your plan design to modify at your next plan year. You'll receive a monthly report summarizing claim liability and also a set of comprehensive claim activity reports that provide an instant view of your claim utilization for the first six, nine, 12 and 18 months after the start of your plan year. The claim activity reports include: Medical Enrollment by Month, Summary by Patient Type, Service and Diagnostic Category, and a Prescription Drug Utilization Report.

How does Starmark® self-funding work for you?

With Starmark, you pay for the claims incurred by your employees under your self-funded plan. And to help minimize the risk and protect your business, the stop-loss insurance pays if the covered claims are more than what you are required to fund, so you don't have to worry.

The aggregate stop-loss will cover claims over a certain amount for the entire group and the specific stop-loss will cover claims over a certain amount for a specific person.

You pay one fixed monthly payment, which goes toward the aggregate and specific stop-loss insurance premium, administrative costs and claim pre-fund account.



When employees have medical claims, the covered claims are paid out of the claim pre-fund account.



Then, one of two things can happen at the end of the year.



If claims are less than what you funded, you can choose to receive the surplus either as an administrative fee credit or cash¹.



OR



If claims are more than what you funded, the stop-loss insurance pays the balance so you don't have to. This means you are protected against large, unexpected claims from the entire group or even just one individual.

¹ Not all surplus options have a cash option.

Starmark gives you the opportunity to manage your surplus

If claim activity is favorable, you may have a surplus in the claim pre-fund account. Groups may choose a new surplus option when they renew their agreement.

Choose one of four surplus options.²

- **2/3 Administrative Fee Credit Surplus³**
2/3 administrative fee credit at renewal. However, any surplus is forfeited if the agreement is terminated on or off anniversary.
- **2/3 Administrative Fee Credit, 2/3 Cash Surplus³**
2/3 administrative fee credit at renewal or 2/3 as cash when the agreement terminates on anniversary. However, any surplus is forfeited if the agreement is terminated off anniversary.
- **Cash Surplus**
A cash refund after surplus determination.

How do these surplus options work?

Starmark self-funded plan designs with one of these surplus options have a 15-month runout period; therefore, covered claims will continue to be paid for 15 months after the agreement ends. Based on the group's claims experience, Trustmark will estimate an amount of money to hold in the terminal liability reserve to pay claims during the runout period. Groups with 10 to 24 covered employees will have their surplus determined in the 16th month after the effective date. Groups with 25 or more covered employees may choose to have the surplus determined in either the 13th month or 16th month. Once the surplus is determined, it cannot be changed, regardless of actual claim activity at the end of the runout period.

- **Traditional Cash Surplus**
A cash refund after the runout period.

How does this surplus option work?

Starmark self-funded plan designs with this surplus option offer a choice of a 9- or 12-month runout period; therefore, covered claims will continue to be paid for 9 or 12 months after the agreement ends. At the end of the runout period, groups receive a cash refund of money remaining in the claim pre-fund account.

If the stop-loss insurance contract terminates before the end of the contract period, there is no aggregate stop-loss insurance available for the months the contract was in force. As a result, the employer is responsible for reimbursing Trustmark Life Insurance Company and/or Starmark for any aggregate advances and aggregate stop-loss insurance claims paid. The employer is also responsible for paying all covered claims, below the specific deductible, that were incurred and not paid while the plan was in force. Additionally, if the 2/3 Administrative Fee Credit Surplus or the 2/3 Administrative Fee Credit, 2/3 Cash Surplus option was selected, the employer forfeits the surplus.

² Surplus options may vary by state.

³ Starmark retains 1/3 of the surplus as a delayed administrative fee.

Count on Starmark®

Choosing a self-funded plan design can be confusing, but Starmark is here to help. Starmark offers the expertise, service and seamless integration you need to make the transition smooth and successful.

Seamless Integration

Self-funded plans are administered by Starmark and the stop-loss insurance is insured by Trustmark Life Insurance Company, a leading health and life insurer for more than 100 years. And because Starmark is part of the Trustmark Companies, you get seamless integration of claims payment, administration and benefits.

Expertise

When you choose a self-funded plan design from Starmark, you can rest assured knowing that you're getting the benefit of Starmark's expertise. Starmark has been serving businesses since 1985. Plus, Starmark actively markets self-funded health plan designs in numerous states.

Service

Starmark prides itself on providing exceptional customer service to its clients. Starmark calls each new group to welcome them and then follows up throughout the year to ensure satisfaction.



More than great benefits!

- Experience Starmark's unparalleled **personal** service.
- Choose from **flexible** plan designs to create a plan to meet your needs and budget.
- Employers have **trusted** Starmark to serve the healthcare benefit needs of their employees since 1985.

Starmark: Personal. Flexible. Trusted.

Self-funded plans are administered by Starmark, and stop-loss insurance is provided by Trustmark Life Insurance Company.

Trustmark: An employee benefits company for more than 100 years

- The Trustmark Companies serve more than 2 million covered lives or plan participants.
- Trustmark Life Insurance Company is rated A- (Excellent) by A.M. Best.

Starmark: Serving the healthcare benefit needs of employer groups for 30 years

With expertise in group healthcare benefits, Starmark offers self-funded plan designs, tools to manage healthcare costs, paperless employee enrollment, nationwide network access and seamless HRA administration for small to mid-size businesses.

The information contained in this brochure is a general description of features, benefits, requirements and restrictions of the Administrative Services Agreement. More details are provided in the Administrative Services Agreement, which is the prevailing document.

Plan design availability and/or surplus options may vary by state.



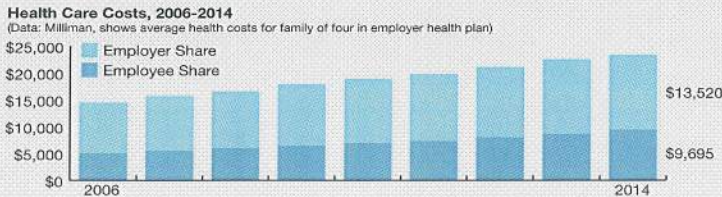
PERSONAL. FLEXIBLE. TRUSTED.

400 Field Drive • Lake Forest, IL
www.starmarkinc.com

1 Healthcare Industry Challenges Businesses are Facing

Cost

- Healthcare cost increases continue to be the problem that will not go away
- Standard solutions include cost shifting, reducing benefits, narrow networks
- Many businesses may be paying for more insurance than needed
- Additional layer of expense due to ACA requirements
- Limited incentive for large insurance companies to manage your company plan
- Opportunities to save money traditionally identified after the fact... too late



Access to Information

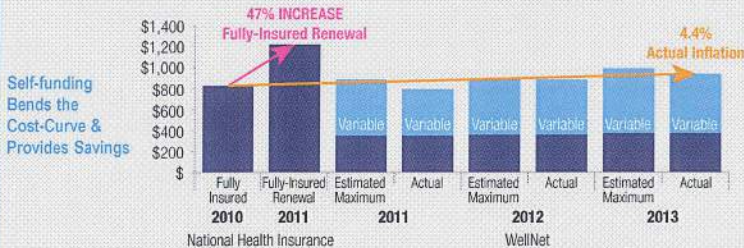
- Lack of data / Information from the carrier to make informed decisions

Member Engagement

- Passive employee / member engagement (one size does not fit all)
- Segmented wellness solutions (variety of different vendors)
- Limited to no incentive management
- Members face challenges to obtain access to their information
- No integrated online portal to manage, measure, and effectively track engagement programs
- Fully-insured premiums are rarely reduced, as a result of wellness programs

2 Advantages of Self-funding under the Affordable Care Act

- Self-funded plans exempt from many costly new mandates and state taxes
- Many ACA provisions do not apply to self-funded plans
- Ability to customize plan designs
- Higher probability to reduce cost & trend of medical benefit expense
- Wellness and member engagement programs have a direct impact on reducing claims costs



3 The WellNet Solution

- Self-funded and Self-funding with a safety net (level-funding)
- Health plans combined with Benefit, Wellness and Incentive administration
- Driving member engagement incentives through medical and pharmacy benefits
- Included with integrated enrollment and eligibility:
 - Choice of network, plan, wellness, and incentive management
 - ACA compliant
 - Integrated enrollment and eligibility
 - Drive performance of your plan and your people



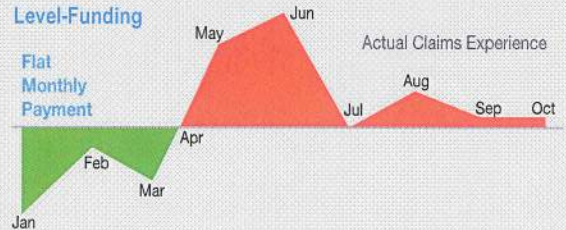
4 Hybrid Approach: Self-Funding simplified with WellNet

Pay flat monthly bill, covering:

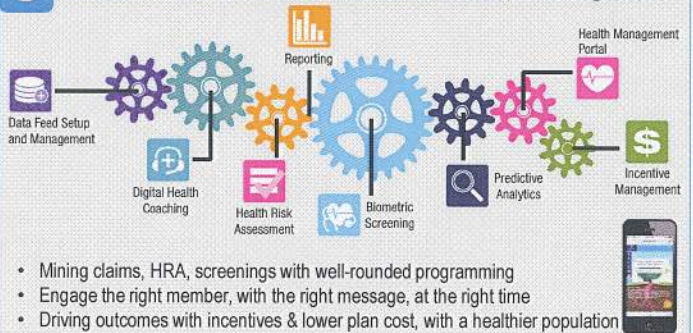
- Medical & Rx claims liability
- Biometric screenings
- Stop-loss insurance premiums
- Administrative expenses
- PPO network access
- 100% return of un-spent dollars

WellNet takes care of the rest:

- Dedicated Account Manager
- Stop-loss insurance protects from larger-than-expected claims
- 24/7 on-demand reporting dashboards



5 Integrated Wellness Administration & Incentive Management



6 What Networks are Available?



7 WellNet In the News



About WellNet: With a foundation built on high-touch, customer service & account management, WellNet has created a turn-key full-service alternative health plan to the health insurance carriers. Our solutions bridge the gap by analyzing data, predicting future health costs, engaging the right members at the time, in order to reduce spending- not the benefits.



Analyze



Predict



Engage



Reduce