All Savers® Alternate Funding
Traditional Plans

Small Business Self-Funded Health Plans for Eligible Members of the Pittsburgh Technology Council.

Group sizes: 5–50
Your business moves fast to adapt to change. 
So do we.

Now offering discounts on health coverage to Pittsburgh Technology Council (PTC) members.

For January 2019 coverage, the PTC has entered into a collaboration with UnitedHealthcare to offer All Savers Alternate Funding Traditional plans to eligible 5–50 employee group members whose businesses are headquartered in Pennsylvania.

All Savers Alternate Funding plans offer more of what Pittsburgh-area employers want:

- Plan designs that may help you save money. UnitedHealth Group ranked #1 for innovation in the insurance and managed care sector by Fortune magazine nine years running.¹
- Access to all Western Pennsylvania hospitals and to over 900K doctors and 5,600 hospitals nationwide.
- Discounts on monthly premium rates offered to eligible Pittsburgh Technology Council members.
How does alternate funding work?

Traditional insurance is a fixed cost.
With traditional plans, a small business pays a fixed premium to the insurance company, and then the insurance company pays the health care claims as well as the administrative costs, sales commissions and taxes.

If the actual health care claims are higher than expected, the insurance company covers them. But if the claims are lower than expected, the insurance company keeps the difference. This means your company doesn’t get anything back if your employees have lower-than-expected claims.

All Savers Alternate Funding plans are different.
With All Savers Alternate Funding, if the covered health care claims are lower than expected, your plan shares the savings with money back at the end of the year (where allowed by state law). And if the covered claims are higher than expected, your stop-loss insurance policy covers them.

Here are a few additional benefits of an All Savers Alternate Funding self-funded plan:

- The plan is a “level-funded” plan, so your company will make the same monthly claims funding payment throughout the plan year. You won’t have to pay any more for claims at the end of the plan year, even if you have high claims costs.
- Self-funded medical plans are not subject to most state insurance mandates or state insurance-premium taxes, which can mean lower costs throughout the year. (However, stop-loss coverage is still subject to premium tax.)
**Best case: Low claims.**

Your company’s monthly payments include the estimated health care claims plus fixed-cost items (administrative fees and stop-loss insurance premium). This is called your plan’s “maximum liability,” which means you won’t get stuck at the end of the year with any unexpected costs.

Part of your monthly payments will go into an account that pays for your covered employees’ eligible claims. At the end of the year, the monthly claims funding payments will be compared with the actual claims costs. In the best-case scenario, if actual claims costs for the year are less than what was estimated, your plan has a surplus.

After plan reconciliation, two-thirds of any surplus is sent back to your plan to use for the following year, and one-third is kept as a deferred service fee (where allowed by state law).

**Worst case: High claims.**

In the worst-case scenario, the actual claims would be higher than expected. But because your plan would have already paid the maximum liability, you won’t pay more for covered claims at the end of the plan year.

Your plan is protected by the stop-loss insurance that is already built into your monthly payments.

Of course, each year could be somewhere in between. But in any case, many small businesses could save with an All Savers Alternative Funding plan.

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**Contact your broker or the PTC Corporate Coverage Group**

at 855-717-2864 or

pgtech-ccg@jrgadvisors.net

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