

# Self-Funded Program

A health-benefit program designed for  
your small- to medium-sized business



*See plan inserts for specific product details and plan options*

The Allstate Benefits Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Allstate Benefits Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered. National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation are rated "A+" (Superior) by A.M. Best.

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# introducing: a **realistic approach** to employee health benefits



Now, you can gain control of your health care expenses while providing quality benefits to your employees. By combining the cost savings of self-funding with the stability of more traditional plans, our Self-Funded Program gives you the simplicity and cost savings you're looking for without the hassle of administering the program yourself.

Allstate Benefits is a national leader in the self-funded space. Our teams of experienced professionals are ready to provide you and your agent with:

- Group market expertise
- Quick resolution of issues
- Immediate access to support
- Hands-on help at time of reissue

# simple. safe. savings.

## Self funding used to be a concept only available to large employers. Not anymore.

Business owners like you enjoy the advantages of self funding. And now, with our Self-Funded Program, you get to experience those advantages without taking on added risk. It's an easy way for you to lower your costs while providing quality health care benefits to your employees.

### Self-Funded Program key advantages:



#### **One, predictable monthly payment**

Your monthly payment is determined upfront and guaranteed not to increase for a full year as long as there are no changes to your group's benefits or enrollment.



#### **Plan administration and account management**

Payments of claims, customer service and reporting is all done for you, leaving you to focus on your business.



#### **Quality benefits**

All employer-established benefit plans are minimum essential coverage.

Preventive services are paid at 100% when received from in-network providers, as recommended by the Affordable Care Act.

### Terminal Liability Coverage:

Provides added protection for claims that come in for 24 months after the end of the plan year – and is included with most plan selections.<sup>1</sup>

<sup>1</sup> Terminal Liability Coverage is optional on 12/12 plans, and does not apply in cases of early termination or for Aggregate only plans for groups with 51 or more enrolling employees. Fees may apply. Please refer to the plan proposal for details.

# are you **overpaying** for group health care benefits?



## Where do your premium dollars really go?

With fully insured health plans, all of your premium is paid to the insurance company. You don't have any control over how that money is spent. You won't see any of those premium dollars again, even in years when your group's claims are less than expected.

*Our Self-Funded Program is different.* Some of your monthly payment is used to run the daily administration of your plan, but portions of it are also used to pay your stop-loss insurance premium and to build your claims account. In years when claims are lower than expected, a portion of the difference between your group's anticipated and actual claims is credited back to you — and that adds up to significant savings.

### Fully-Insured premium

The full payment goes to the insurance company.



### Payments for our Self-Funded Program



Plan administration



Stop-loss insurance



Employer claims account



*Receive money back from your claims account in years when claims are lower than expected.*

# how does it **work?**

## We make it easy for you to put a self-funded health benefit plan to work for your business.

For your everyday convenience, this plan behaves just like a more traditional, fully insured health benefit plan. You provide your level, monthly payment, and we handle the details. The difference lies in where your premium dollars go. We manage your program to make sure you get the savings and simplicity you need by splitting your premium among the program's three components.

### The Self-Funded Program's three components:

#### Plan administration

A third-party administrator handles the day-to-day functions of the program

#### Our third-party administrators will:

- Manage claims payments
- Provide reporting to help manage costs
- Handle your group members' customer service needs

#### Stop-loss insurance

When your group has higher-than-expected claims, stop-loss insurance kicks in to protect your finances

#### Stop-loss insurance:

- Protects your finances from higher-than-expected claims
- Helps you limit your business's financial exposure

#### Claims account

Money used to pay claims incurred during the coverage period

#### Your claims account:

- Holds the funds needed to pay employees' claims
- Is protected from larger-than-expected claims with stop-loss insurance
- Depending on the plan selection you make, if claims are less than anticipated, we will either refund a portion of the difference between the balance of your claims account and your group's actual claims, or you can receive that amount in full\*

# your business. your plan.



## Health benefit plans with features your group will actually use

We provide flexible options to help you select the plan designs that will benefit your group the most.<sup>1</sup>

- Deductible options range from \$500 to \$7,900<sup>2</sup>
- Coinsurance options: 100%, 90%, 80%, 70% and 50%
- Multiple office-visit copay options
- Health Savings account (HSA) and Health Reimbursement Arrangement (HRA) options available<sup>3</sup>
- Access to large, national networks, with discounts for using in-network doctors and hospitals
- Prescription copay options available
- Teladoc®: A convenient and valuable telehealth service that can save money for both you and your members<sup>4</sup>
- Preventive care coverage aligns with Affordable Care Act requirements
- COBRA administration
- Urgent-care and emergency-room copay options
- First-dollar diagnostic x-ray and lab options

1 Not all benefit options available with all plans | 2 Availability varies by state | 3 HSA and HRA availability varies by third-party administrator | 4 Not available in WA

# about Allstate Benefits

Allstate Benefits is a leading provider of employee benefit solutions in the U.S. and Canada, protecting more than 8 million individuals with top-rated supplemental and self-funded insurance products. Allstate Benefits is proud to be part of The Allstate Corporation (NYSE: ALL), a Fortune 100 company and the nation's largest publicly held personal lines insurer. Allstate Benefits helps deliver the Good Hands® promise every day with the name that many know and trust. Learn more at [www.allstatebenefits.com](http://www.allstatebenefits.com).

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. Allstate Benefits is also a marketing name for products underwritten by Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where group health is offered. (Home Office, Milwaukee, WI). ©2021 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)



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