Custom Employer Health Plans – Nationally and Locally





"Horizons Research has proven to be a true business partner. They have helped make our benefit plan a large success."

John Januszko White Lodging Services

ABOUT US

HORIZONS RESEARCH INSURANCE, INC. (HRI) is nationally recognized as a Custom Employee Health Plan Benefits Consultancy that specializes in creating, brokering and maintaining economical and highly evolved self-funded health benefits programs for leaders in several industries including Hospitality, Energy, Farming/ Dairy, Health Care, Manufacturing, Venture Capital and more.

We first tested our mettle in 2000 by helping a major hotel corporation solve its perennial issues with their health benefits system budget overruns. They were "handcuffed" to a single option health plan as offered by a major insurance carrier. There were other problems; the few employees that could afford the benefit loved the rich plan but so many more could not afford the necessary payroll deduction. MANY EMPLOYEES (especially the young and healthy) WENT WITHOUT THE INSURANCE BEING OFFERED. The plan had little effect as an employment retention tool. The system was COSTLY and FAILING.

We offered, UNDER A THIRD OF THE COST, something simpler, wholly customized to the company's specs, FULLY TRANSPARENT and with

NO ADD-ON FEES. We helped the national hotel company get rid of the costly and cumbersome carrier based system and initiated a unique health plan WITH SEVERAL OPTIONS TO CHOOSE FROM that would stay on budget with tremendous LASTING POWER to this very day. The plan design is arguably THE HOSPITALITY INDUSTRY BENCHMARK. In 2012 the plan's total cost, at its annual renewal, came in at no increase, again.

HRI handles all aspects of design, procurement, implementation, administration and oversight of employee health benefit systems, selfinsured and traditional carrier based insured systems alike. A cornerstone of HRI's success involves the hands on approach; working with clients and their employees on a daily basis

providing communication, education and unique customer service functions at every employee level. As part of their commitment, a core function includes face to face visits with employees at each property at least once a year; providing invaluable instruction and individualized help. A national medical "Concierge Service" also helps employees make educated provider choices while saving money and coordinating care with top providers.

HEALTH BENEFITS that make SENSE "We have been very pleased with the results and return provided to us by our relationship with Horizons Research.

They have been invaluable in helping us navigate through the uncertainties of recent health reform developments, providing a strong benefits program for our employees, and all the while keeping our costs under control."

Rolf Tweeten
President/CEO
Alliance Hospitality Management



PRODUCTS AND SERVICES

Program Designs

As a fully independent national life & health consultancy we design and help administrate the highest quality, cost effective fully insured and self-funded medical, dental, vision and supplemental health insurance programs. We are committed to service to employer and employee.

- Custom Designed Self Funded Health Benefit Plans
- Self-Funded Plans for employers having 75+ employees with normal cash flow and normal claims.
- Stop-Loss Insurance utilized to avoid unnecessary employer risk.
- Multiple Option Plans (MOP) normally utilized with selffunded plans, empowers employees to select from a range of benefits options in a risk vs reward setting to better accommodate high vs low utilization users of the plan.
- HSA, HRA & Section 125 and 105 System designs for small, medium and large companies. A turnkey administrative service that combines a savings corridor by using higher deductible health insurance that lowers annual insurance premiums. Medical reimbursements from the savings supplements costs in higher medical usage years.
- Fully Insured and Administrative Service Only Plans from all quality insurance carriers.

Administration and Compliance

Enrollment

Claims Administration

Contract Renewals

On-going participation and termination processing

COBRA compliance and administration

Section 125 and 105 compliance and administration

Customer Service

Billing Administration

HIPAA compliance and administration

Regularly scheduled customized plan analysis and review

PPACA (Health Care Reform) analysis and compliance

Employer Paid and Voluntary Program

Life Insurance Dental Insurance

Disability Insurance

Cancer Insurance

Supplemental Health Insurance

Employee Assistance Programs

Long-Term Care Insurance

MEDICAL CONCIERGE

How can I find the best Medical Provider at the best cost?

Medical Concierge - Provider Search Help Line



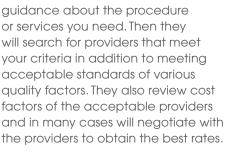
With a single phone call your Personal Medical Concierge will start by providing general information and

guidance about the procedure or services you need. Then they will search for providers that meet your criteria in addition to meeting acceptable standards of various quality factors. They also review cost factors of the acceptable providers

You will then receive a summary outlining their recommendations of providers based on the various factors. It is always up to you which providers



After you decide which providers to use your Medical Concierge can also assist you in scheduling your appointments and coordination of your care with the case management and disease management services of your plan.





When should I use the Medical Concierge?

The Medical Concierge should be used anytime you have a Non-Emergency need to find a provider especially:

A doctor (beyond routine services)

A hospital and other inpatient services

Lab work and imaging services (to include MRI, Pet Scans, CT Scans, etc.)

Outpatient surgeries

Anytime you need help

For emergency situations you will want to find the closest providers, and if possible within your network. Then use the Medical Concierge for any follow up care.

The Medical Concierge should also be used when your doctor recommends that you have a procedure or service, even when your doctor makes a recommendation to a certain provider.

"We very much appreciate HRI's innovative personable approach to developing a benefit plan that is cost effective AND a true benefit to our employees."

Stacey Wolf

Corporate Human Resources Support & Benefits Director Windsor Capital Group



HANDS ON SUPPORT

The Horizons Research experience is enveloped in our "hands on approach" to on-site education, claims administration and our direct involvement from plan managers to employees by a select group of advisors to help throughout the year. It is absolutely vital, if one wants a health plan to succeed, to provide a familiar name and even a face to help at every turn.

A Personal Health Advocate

HRI designates a personal named insurance advocate at the TPA ("insurance company" to your employees) to help solve billing/coverage questions and issues and to answer general health insurance questions. Not just an 800 number with an automated voice response or international call center but a person with an extension and an actual email address. A familiar voice to guide employees throughout the year.

The Medical Concierge

The Medical Concierge (Medical advice and management at your fingertips): With a single phone call or email your Personal Medical Concierge will start by providing general information and guidance about the medical condition, procedure or services you need. Then they will search for providers, that meet your criteria in addition to meeting acceptable standards of various quality factors. They also review cost factors that may affect the deductible or co-insurance and in many cases will negotiate with the providers to obtain the best rates. You will then receive a summary outlining their recommendations of providers based on the various factors. It is always up to you which providers you choose. However, the Medical Concierge empowers you to take control of your healthcare decisions by obtaining the best and most cost effective care. They speak all languages and true to form with any concierge will even set your appointments.

On Site Presentations

At open enrollment, at every location, wherever in the USA we will send our enrollment team to hold on-site group presentations. This includes providing enrollment and communications material printed by us with your edit approval. English and Spanish fluent (other languages with translators) these enrollers will also make themselves available to any individual, one-on-one, who needs additional assistance or guidance. At every employment level, employees need to be educated in understanding "good risk" in the health insurance world. We make it entertaining and informative. This is the moment to make the health plan shine.

Account Manager Access

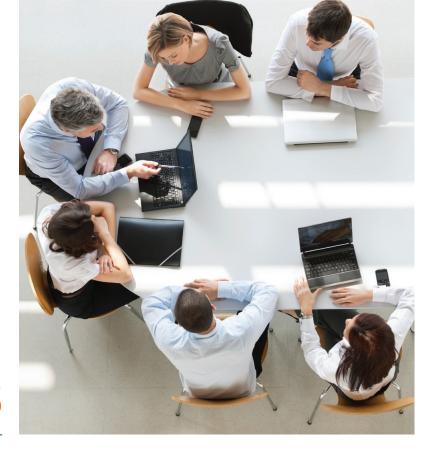
Year round access to account managers at HRI not just for plan mangers, but also for employees. When things don't get done right after calling the TPA, Concierge, or even your doctor's billing department then what? Every employee has our direct phone line and email address. This is not a general email box but direct access to the managers on the account. If and when a problem escalates beyond the norm we step in and help resolve the problem, review for an exception, and find a way to resolve the issue and educate. That is our level of commitment.



"Since Horizons Research
became our strategic partner
in the management and
execution of our Health
Care Plan we have seen
tremendous results by way
of improved plan design,
tightened cost controls,
mitigation of risk and overall
strong performance! We could
not be more satisfied with our
broker of choice!"

Debra Punke

Vice President, Human Resources Concord Hospitality Enterprises



HOW IT WORKS

Plan Design

We start by working within your specifications to design a custom benefits program that works for your company and your employees. This is done in a manner to also meet budgetary guidelines, today and into the future. We are mindful that plans must work today while working toward a long term goal.

Plan Implementation

Once we have your plan designed we work as a general contractor to establish and manage the various components that make up your benefits plan. The various components include, but are not limited to:

Claims and Eligibility Administration
Billing Administration and Plan Funding
COBRA and HIPPA Administration
Provider Networks
Stop-Loss (Maximum Liability) Coverage
Case Management and Utilization Review
Disease and Wellness Management
Pharmacy Benefit Management
Reporting
Specialty Programs

Education and Enrollment

With the plan details and components in place, Horizons Research then assumes the lead role, with your direction, of education and enrollment responsibilities. This process includes the design and implementation of written materials, on-site visits for group meetings and individual consultation, online enrollment capabilities and ongoing new eligible enrollment strategies. These services are available in English, Spanish or whatever language requirement you have.

Customer Service

We at Horizons Research believe the best designed plans can fail due to the absence of good customer service. We have a hands-on philosophy that is demonstrated in every aspect of our customer service, to your company and your individual employees alike. Some examples of this customer service dedication include:

A Medical Concierge designed to work with participants before they need medical services to help them navigate the complexities of the medical system and provide quality and pricing information.

A commitment to on-site visits to each of your company locations at least once a year so we can meet face to face with your employees. This enables us to provide better education, customer service and personal assistance.

Employer representatives and individual employees alike have direct access, year round, to a single source, dedicated claims adjudicator/representative. When your employees or their dependents have questions, problems or just need assistance, they have access through a toll free phone number to the same person who processes their claims, not a customer service bank.

Plan Analysis

At regular intervals of your specification we will provide reporting and plan analysis to include standard plan performance reports and any custom reports you require. The plan analysis will include some benchmarking in addition to any recommendations we have to modify or improve your plan or to address specific issues to your plan.

CASE STUDIES

Recent Cost Savings Case Studies

- Five various sized new or recently added HRI clients' year one savings experience.
- No reduction in benefits made to accomplish savings.
- Increases in benefits in every case with better choices in benefits.
- Increases in provider network reach with all plans using national PPO networks.
- A year-round pre-assigned personal employee contact for counseling and guidance via self funded insurance system. No insurance rep phone bank issues.
- Renewal increases, year to year, at less than 6% with on-going clients*.
- Upper Management at these companies will gladly review their experiences in working with us and making the change at your request.

Chicago-based, small to mid-size Hotel Operation:

Original annual med plan cost: \$594,330

Guaranteed minimum annual savings/original: \$125,352 (Savings)

Expected annual savings/original: \$165,842 (Savings)

Indiana based Midwest Dairy Operation: Original annual med plan cost: \$675,643

Guaranteed minimum annual savings/original: \$34,000 (Savings)

Expected annual savings/original: \$150,000 (Savings

Washington State based, Northwest mid-size Hotel Operation:

Original annual med plan cost: \$1,909,623

Guaranteed minimum annual savings/original: \$266,959 (Savings)

Expected annual savings/original \$517,408 (Savings)

North Carolina based, Eastern-States, large size Hotel Operation: Original annual med plan expected cost: \$4,855,991

Expected annual savings/original: \$544,344 (Savings)

Original annual "at maximum" cost: \$5,885,991

Reduced annual "at Maximum" savings: \$657,527 (Savings)

California based, midsize major brand, National Hotel Franchise Operation Original annual health plan cost (including Med +Den+Vis): \$6,083,595

Current Fully Insured Carriers' Projected Renewal: \$6,911,343

Guaranteed minimum annual savings/renewal (at worse case maximum

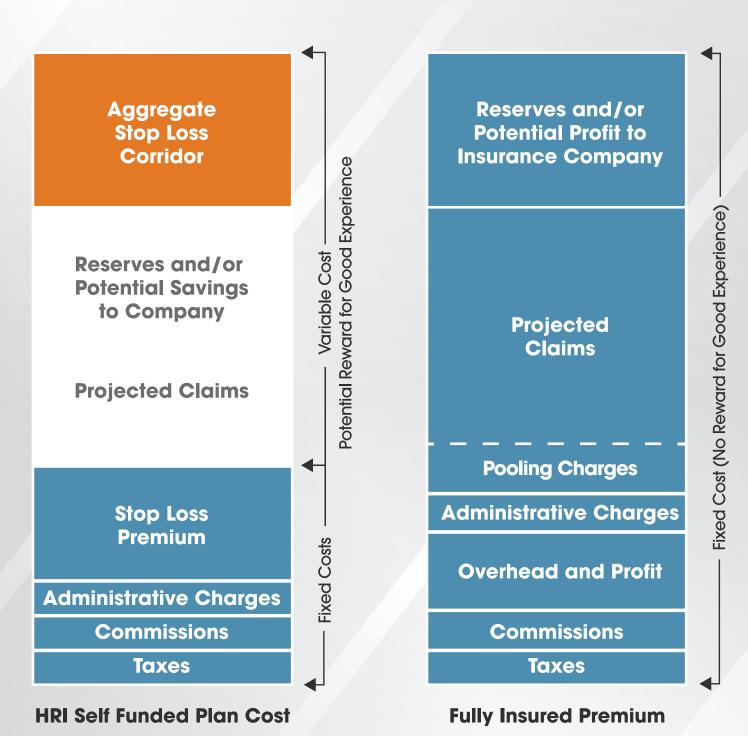
"catastrophic" claims): \$50,273

Expected annual savings/original for expected "normal" claims year: \$973,026

Annual Cost Comparison

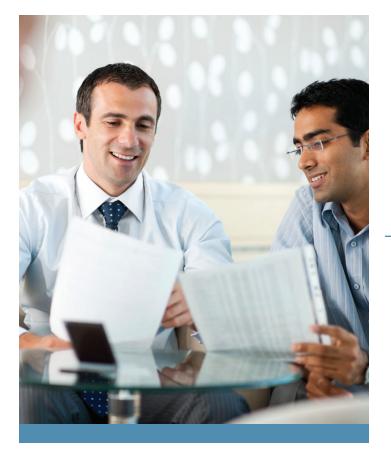
Self-Funded Plan VS Fully Insured Plan

Analysis of Possible Savings



"On top of the significant savings we have realized, I am most impressed with the team at Horizons Research. Being in the hospitality industry, service is the measuring stick we use to define success; and Horizons Research is esteemed when it comes to their helpful, professional and timely assistance."

> **James Gilbert** Financial Controller. InnVentures IVI,LLC



FACT: Fifty-five percent of the employers in the U.S. with more than 200 employees self-fund their health plans.

Unfortunately, there remains a significant group of health plan managers who remain completely misinformed about the self-funded health insurance system and omit this option from their otherwise credible yearly analysis

FICTION: Self-funding is too risky for small employers.

Conventional knowledge states that you must have at least 200 employees to self-insure. This is not true. HRI is successfully self-insuring employers with as little as 75 employees and have cases with only 35 employees. The key factor requires defining the employer's risk tolerance and business discipline. In any case, employers with 75 or more employees should always thoroughly review their self-funding options yearly.

SELF FUNDING -FACTS/FICTION

Self-funding is not for everyone; but those companies that choose this option enjoy tremendous advantages with lower costs, independence and overall efficiency when compared to traditional "Brick and Mortar" carrier based health insurance offerings, even when including the ASO insurer/carrier self-funded model.

FICTION: Self-insured plans don't stack up to insured plans.

Not True. The quality of benefits in self-insured plans is not inferior and may even be better. For example, major insurers provide the same network to self-insured clients as to insured groups. On top of that, the self-insured plan design does not have to change simply because you're going to change out the network, which is not the case if you wished to change networks in an ASO or fully insured plan. Every component of the self-funded plan is interchangeable without messing with the integrity of the plan itself. Each component is marketed separately against other vendors offering similar services assuring the best service and, of course, price. Longevity, lowered costs, same or better lists of providers means Self Insured potentially trumps insured in almost every case!

Resources

Read More about Self-Funded myths in this article by Employee Benefit News: http://ebn.benefitnews.com/news/separating-self-funding-fact-fiction-616791-1.html:

Visit SHRM.org for more information on how Employers Weigh Self-Funded Health Plans: http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/SelfFunded.aspx



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