

# LIBERTY UNION

## FULLY FUNDED HEALTH PLANS



Patient Protection &  
Affordable Care Act  
Certified Health Plans  
for Businesses with  
up to 100 Employees

by **LIBERTY**  **UNION**  
LIFE ASSURANCE COMPANY

# Liberty Union Fully Funded Plans

## The Simple, Easy Solution to Your Benefit Needs.

**Liberty Union Fully Funded Plans** are innovative health plans designed for today's changing environment. These plans combine the best aspects of traditional Fully Insured Coverage with all the positives of Self Funded Plans. We call this design a Fully Funded Plan. With a Fully Funded Plan, your business will benefit from flexible plan designs, low administration costs, the opportunity to get money back, and one fixed easy monthly payment. The Fully Funded Plans operate seamlessly and will provide worry free coverage for your business and your employees. You can have peace of mind knowing that the Fully Funded Plans are provided to you by a company serving small businesses for over 40 years. We have the knowledge and expertise to meet all your benefit needs.



### A Fixed Monthly Payment

Your fixed monthly payment includes all premiums, administration fees and claims liability charges. We make it simple and easy with an all inclusive single payment.

### 12 Month Rate and Fee Guarantee

Rates and fees are fixed and are guaranteed for the first 12 months at which point they will renew annually.

### Competitive Provider Networks

Liberty Union uses the strongest and most competitive provider networks in the State of Michigan. By linking our Liberty Union plans with these provider networks we are able to offer your company

- ✓ Outstanding Cost Containment
- ✓ An Incredibly Large List of Providers
- ✓ Practically Every Major Hospital In Michigan



# Designing Your Fully Funded Plan Is As Easy As 1-2-3

## Pick One From Each Category

### ✓ Pick Your In-Network Deductible (2x Family)

\$250      \$500      \$ 750      \$1,000      \$1,500      \$2,000  
 \$2,500      \$3,000      \$4,000      \$5,000

### ✓ Pick Your In-Network Co-Insurance (Out-of-Network in Parenthesis)

100%(50%)    90%(50%)    80%(50%)    70%(50%)

### ✓ Pick Your Stop Loss (2x Family)

\$5,000 (\$40,000)      \$10,000 (\$40,000)      \$20,000 (\$40,000)      NONE\*

### ✓ Pick Your Doctor's Office Co-Pay

\$10    \$20    \$30    \$40    \$50

### ✓ Pick Your Prescription Drug Card Co-Pay

\$5/\$15/\$30/20%      \$10/\$20/\$40/20%      \$15/\$30/\$50/20%

### Optional Buy-Up - 100% No Deductible Diagnostic / X-Ray / Lab

Yes                  No

### Optional Buy-Up – Auto Rider

Yes                  No

Out-of-Network Deductible is 2x In-Network Deductible. Stop Loss is 2x for family.  
 The Medical Stop Loss amounts of \$5,000, \$10,000 and \$20,000 do not include the deductible, medical co-pay amounts, Specialty Drug co-insurance or the Prescription Drug Card co-payment maximum out-of-pocket.  
 \*If "NONE" is elected, the individual and family maximum out of pocket expenses { deductible plus co-insurance } and co-pays { including Prescription Drug Card } will not exceed PPACA limitations.

# Plan Benefits and Maximums

## Preventive and Wellness Services

### Network Providers Only

>> 100% - *Deductible waived for eligible expenses.*

## Ambulatory Patient Services

>> Office Visits/Consultations -

*Doctors Office Co-Pay then 100%*

>> Urgent Care Physician -

*Doctors Office Co-Pay then 100%*

>> Specialist Visit -

*Doctors Office Co-Pay then 100%*

>> Allergy Testing & Therapy -

*100% - Deductible and Co-Insurance then 100%*

>> Hospice – *In Home Unlimited, In Hospital 45 Days*

*Deductible and Co-Insurance then 100%*

>> Home Health Care - *Deductible and Co-Insurance then 100%*

>> Mastectomy Prosthetics - *Deductible and Co-Insurance then 100%*

## Emergency Services

>> Hospital Emergency Room -

*Deductible and Co-Insurance then 100%*

>> Urgent Care Facility -

*Deductible and Co-Insurance then 100%*

>> Ambulance -

*Deductible and Co-Insurance then 100%*

*- Medically Necessary Only*

## Diagnostic / Laboratory Services

>> X-Ray / Lab/ Testing -

*Deductible and Co-Insurance then 100%*

## Maternity & Newborn Care

### Network Providers Only

>> Maternity - *Delivery, complications of pregnancy and non-network pre and post natal care - Deductible and Co-Insurance then 100%*

>> Routine Pre and Post Natal Care - *(Payable under Preventive Care Benefits) 100% Deductible and Co-Insurance waived Network Providers Only*

## Pediatrics Services

### Network Providers Only

>> Pediatric Dental Benefits: Dental coverage for Children to Age 19

*-Deductible waived for Class I services.*

*Deductible and Co-insurance then 100% for Class II and Class III services.*

>> Pediatric Vision: Includes Vision Exams, Lenses and Frames for Children to Age 19

*100% Deductible Waived for Eligible Expenses*

## Hospitalization

>> Hospital Visit/Consultation -

*Deductible and Co-Insurance then 100%*

>> Inpatient Stay - *Deductible and Co-Insurance then 100%*

>> Skilled Care - *Deductible and Co-Insurance then 100% - 45 days*

## Prescription Drugs

>> Rx Co-Pay then 100%

>> Specialty Drugs - *Deductible, 80% Co-Insurance then 100%*

## Surgical Services

>> Inpatient Surgery - *Deductible and Co-Insurance then 100%*

>> Outpatient Surgery - *Deductible and Co-Insurance then 100%*

## Mental Health & Substance Use Disorder Services

>> Psychiatric Inpatient - *Deductible and Co-Insurance then 100%*

>> Psychiatric Outpatient - *Deductible and Co-Insurance then 100%*

>> Substance Abuse Inpatient -

*Deductible and Co-Insurance then 100%*

>> Substance Abuse Outpatient -

*Deductible and Co-Insurance then 100%*

## Rehabilitative and Habilitative Services

>> Habilitative Service for Autism Spectrum Disorders -

*Deductible and Co-Insurance then 100%*

>> Speech Therapy -

*Deductible and Co-Insurance then 100% - 30 Visits Per Year*

>> Cardiac and Pulmonary Rehabilitation -

*Deductible and Co-Insurance then 100%*

*30 Visits Combined Per Year*

## Other Maximums

>> Coverage Period Maximum - *Unlimited*

>> Psychiatric Coverage Period Maximum - *Unlimited*

>> Substance Abuse Coverage Period Maximum - *Unlimited*

All plans are PPACA compliant to cover all mandated essential health benefits. (EHB)



# Good Dental Means a Great Smile

The advantages of a cost-effective dental plan are obvious when the plan contains genuine benefits that people can really use. A good dental plan serves as an outstanding employment incentive and morale builder for employees and their families.

Liberty Union offers just such plans to our employer groups. There are four plan design options to choose from utilizing a network of participating dentists and specialists. In addition to minimizing employee out-of-pocket expenses and keeping employer costs under control Liberty Union Plans offer excellent benefit coverage. What could be better?

## Schedule of Benefits: Dental Plan Options

Liberty Union offers optional fully insured dental plans when the group elects medical coverage. The dental plan options below are sold in combination with any of the Liberty Union Medical Plans. Please review the benefits of the Liberty Union Dental Plans. You'll find once again, we take the steps to take care of our employer groups. Fully-insured dental plans are sold separate from the medical plan.

Schedule of Benefits	Dental Plan A	Dental Plan B	Dental Plan C	Dental Plan D
<b>Maximum Benefit Paid per Coverage Period</b>	\$1,500	\$1,500	\$1,000	\$1,000
<b>Deductible per Coverage Period</b>				
Preventative (not applied to Class I)	-0-	-0-	-0-	-0-
Per Person	\$25	\$25	\$50	\$25
Per Family	\$75	\$75	\$150	\$75
<b>Percentage Payable By Class</b>				
Class I (Preventative)	100%	100%	100%	100%
Class II (Routine)	100%	80%	80%	50%
Class III (Major)	100%	50%	50%	50%
<b>Optional Orthodontia (Two choices)</b>				
Per Person Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000
or	or	or	or	or
Per Person Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500

*This is a stand-alone dental plan. This plan pays secondary to plans providing Pediatric Dental essential health benefits.*

## Schedule of maximum covered charges:

Dental plans include a published schedule of maximum payment allowances. Both the insured member and dentists know, in advance, what charges will be allowed.

## Schedule of dentists:

All insured members are free to receive care from any dentist and may change dentists at any time. Insured members have less out-of-pocket expenses when they receive care from a PPO participating dentist.

## Optional:

Reasonable and customary non network plans available.

## Pre-Determination:

Dental plans provide Pre-Determination for dental services which exceed \$500. Insured members may request their dentists to submit, in advance of treatment, a claim form with x-rays outlining the proposed course of treatment. Pre-Determinations are completed and notifications mailed with in five business days.

## Orthodontia Option:

The Liberty Union orthodontia benefit covers appliances and treatment for dependent children under the age of 19 when such treatment begins one year after a dependent's effective date of dental insurance. Class IV (Orthodontia) services are payable at 50% up to the lifetime maximum.

# Customize Your Plan to Fit Your Needs

There are times when additional forms of coverage are necessary, Liberty Union can help with those, too. Supplemental Life and Dependent Life Insurance are popular among employees, assuring them of the employer's concern for their well-being as well as peace of mind for their dependents.



## Optional Supplemental Life Insurance Benefit

In addition to the basic required \$15,000 term Life/AD&D benefit your group may elect to offer Supplemental Term Life Insurance.

If an employee is eligible for and is enrolled in the required group term life he may also elect a supplemental life benefit, in \$10,000 increments, up to a maximum of \$250,000. The maximum amount cannot exceed five times the employee's annual salary.

Issuance of Supplemental Term Life Insurance is subject to satisfactory evidence of insurability. Supplemental Term Life Insurance is not subject to other policy provisions such as accidental death and dismemberment.

Increases to your Supplemental Term Life Insurance may be requested during the group's open enrollment period only.

## Optional Dependent Life Insurance Benefit

Liberty Union offers optional Dependent Life coverage to all employer groups electing medical coverage.

Please review the terms, provisions and benefits of the Liberty Union Dependent Life Benefit Options. You'll see Liberty Union is ready to take care of employer's needs. Dependent Life Insurance is optional and may be chosen in either one or two "units" per eligible, enrolled dependent. A "unit" consists of \$2,500 group life insurance on the employee's spouse and \$1,000 group term life insurance.

## Optional Automobile Injury Coverage

All Liberty Union plans exclude auto related conditions from benefit coverage. Coverage for auto related conditions may be added to the plan for an additional cost.

### **Here's how Liberty Union Fully Funded Plan takes care of business**

#### **Easy service access. Easy administration.**

Liberty Union coverage is easy to use. Our PPO providers honor the Liberty Union identification card. NO claim forms are needed for care received through their network facilities.

Claims management is handled by a highly experienced staff of professionals. Processing is prompt and efficient. Most importantly, if questions arise, employers and covered employees have easy access to our member service representatives. All personnel with Liberty Union are ready to assist with any questions you may have.

### **Group Life and Accidental Death and Dismemberment**

Coverage may be chosen under one of three plans, subject to a \$15,000 minimum per employee.

- >> Level Coverage Plan - All eligible insured for an even \$15,000.
- >> Coverage by Multiples of Salary - Coverage may be a multiple of salary.
- >> Class Coverage Plan - Coverage may vary by class of employee provided:
  - At least two insured employees are in each class;
  - No more than three classes are established;
  - The amount of insurance for a class cannot exceed two and one half times the amount of the next lower class.

Maximum Coverage - base amount prior to supplemental life elections is \$15,000. The amount for which an employee is insured is automatically reduced 35% at age 65. Coverage terminates at retirement, but not later than age 70.

### **Available Optional Benefits**

- >> HSA Plan Designs
- >> Dental and Orthodontia
- >> 100% Diagnostic X-Ray and Lab Option
- >> Healthy Choice Option
- >> Dependent Life
- >> Supplemental Life
- >> Auto Related Coverage

### **Eligibility Requirements**

**Group size:** All groups must have a minimum of two full-time eligible employee covered under the medical plan. Groups in excess of 100 eligible employees must receive approval for a proposal from the home office before a quote may be issued.

### **Group Participation**

An employer may participate in the benefit program only if a certain percentage of its employees enroll in the plan.

- >> Employers with two or more employees must enroll 75% of their medically eligible employees.
- >> All groups must complete applications for all eligible employees and all covered dependents providing complete medical information before the employer is considered to be eligible.
- >> All employees must apply if the employer pays the entire employee cost.

### **Employees**

Full-time employees are active, permanent employees who regularly work 30 or more hours per week.

### **Dependents**

Eligible dependents include the lawful spouse and children from birth to the attainment of age 26.

### **Group Effective Dates**

Coverage for new groups will become effective on the first of the month as requested and approved by Underwriting. Liberty Union Life reserves the right to rate coverage for the appropriate medical risk or decline coverage if all enrollment, participation or contribution requirements are not met.

### **Individual Effective Dates**

Newly hired, full-time employees are effective the first of the month following the waiting period; but, not later than the exact date following the maximum waiting period of 90 days.

### **Auto Exclusion**

We exclude auto-related conditions from our standard plans. In Michigan, employees have full medical coverage available under their no-fault auto insurance. Though the standard Liberty Union benefit plans exclude any expenses related to auto accidents it may be elected as an option with all plans.

**This information is a brief description of the plan designs offered by Liberty Union Life Assurance Company. Any discrepancy between the benefits listed above and the Plan Document, the Plan Document and any amendments made to such will prevail.**



CORPORATE OFFICE:  
560 Kirts, Suite 125  
Troy, MI 48084  
(800) 482-0945  
(248) 583-7123

MAILING ADDRESS:  
P.O. Box 5047  
Troy, MI 48007



# LIBERTY UNION

## FULLY FUNDED HEALTH PLANS

Liberty Union is a Michigan based Life/Health Insurance Company that has been servicing Michigan Small Businesses for over 40 years.

[www.libertyunionlife.com](http://www.libertyunionlife.com)