



H.E.R.O.

Healthcare Expense Reduced Outlay

Supplemental Group Medical Insurance

A simple concept designed to help reduce the cost of your group medical insurance

Guaranteed issue

No waiting period for pre-existing conditions



What is the HERO Plan?

The HERO Plan is an employer-sponsored group supplemental insurance plan which is designed to help reduce the cost of group medical coverage. Combining the HERO Plan with certain major medical plans can deliver coverage groups want and can afford.

How does the HERO Plan pay claims? It's simple!

The HERO Plan follows the major medical plan. The HERO Plan pays off of the underlying major medical plan EOB, and it pays benefits directly to the provider. When the insured goes in-network they always receive the carrier's in-network discounts.

What coverage does the HERO Plan provide?*

Supplemental Deductible and Co-Insurance

HERO plans have a supplemental deductible and co-insurance per insured person that must be satisfied before benefits are paid. After the insured's deductible has been satisfied the HERO Plan pays the benefits described in the policy until the payments reach the Maximum Benefit Amount.

Benefits for Hospital and Outpatient Expenses

Our most frequently selected HERO Plan pays the amount applied to your major medical deductible and co-insurance. It covers the same expenses as your major medical plan, with the exception of charges for professional fees in a doctor's office or medical clinic or for outpatient prescription drugs.

What HERO Plan designs are available?

Each group can choose the plan design and benefit amount to achieve the maximum overall premium savings for their group. The HERO Plan is *extremely flexible*.

Maximum Benefit Amount Options are any amount from \$1,000 to \$9,500 per person per policy/calendar year

Deductible Options range from \$250 to \$3,000 (higher deductible available upon request)

Co-Insurance Options are 0%, 90/10%, 80/20%, 70/30%, 50/50% from \$0 to \$10,000 Out-of-Pocket

Are there any participation requirements or waiting periods?

Everyone (employees and dependents) enrolled on the group's major medical plan must be enrolled with the HERO Plan. On the HERO Plan effective date, everyone covered by the group's major medical plan will be covered by the HERO Plan.



What are the underwriting guidelines?

There are no excluded groups. The minimum group size is 7. Guaranteed issue and no waiting period for pre-existing conditions.

* This is a brief description of coverage. See policy for complete details.

HERO Plan Premium Savings Example*

In the example below, the 35-person group received a 15% rate increase on their major medical rate plan. If the group accepted the renewal, the cost for medical coverage would increase by over \$34,100 per year. The group could not afford the renewal rates, so they looked for alternatives. The current carrier gave a 30% rate decrease if the group changed from a \$500 deductible to a \$3,000 deductible plan. When you combine a \$500 deductible, \$2,500 maximum benefit HERO Plan with the \$3,000 deductible major medical plan, the group has roughly the same benefits as it currently has and a renewal cost of less than 1% more than the prior year's plan cost.



Current Rates

	Current Plan \$500 Deductible 100% Coinsurance		Number on Plan	=	Total Current Premium
Employee	\$346.26	X	22	=	\$7,617.72
EE + Spouse	\$763.14	X	4	=	\$3,052.56
EE + Child(ren)	\$721.11	X	2	=	\$1,442.22
EE + Family	\$1,009.16	X	7	=	\$7,064.12
Total current monthly premium =					\$19,176.62

Renewal Rates

	Renewal Plan \$500 Deductible 100% Coinsurance		Number on Plan	=	Total Current Premium
Employee	\$397.36	X	22	=	\$8,741.92
EE + Spouse	\$878.14	X	4	=	\$3,512.56
EE + Child(ren)	\$834.41	X	2	=	\$1,668.82
EE + Family	\$1,157.09	X	7	=	\$8,099.63
Total renewal monthly premium =					\$22,022.93

HERO Savings Plan

	HDHP \$3,000 Deductible 100% Coinsurance		HERO \$500 Deductible 100% Coinsurance \$2,500 Max Benefit	=	Total New Rates with HERO		Number on Plan	=	Total Current Premium
Employee	\$278.38	+	\$70.52	=	\$348.90	X	22	=	\$7,675.80
EE + Spouse	\$637.30	+	\$139.33	=	\$776.63	X	4	=	\$3,106.52
EE + Child(ren)	\$590.56	+	\$126.32	=	\$716.88	X	2	=	\$1,433.76
EE + Family	\$809.75	+	\$203.23	=	\$1,012.98	X	7	=	\$7,090.86
Total renewal monthly premium =									\$19,306.94
Total Monthly Savings =									\$2,715.99
Total Annual Savings =									\$32,591.88

* Rates and savings will vary by group. This is only an example.

How to file a claim

The easiest and best way to receive benefits is to let the provider file the claim

When employees receive their HERO ID card, it will be in a card case that holds two (2) ID cards. Employees can simply put both their major medical ID and their HERO ID cards in the card holder, and show both cards to the provider.

Most providers will file claims for you because the benefits are paid directly to them.

In case of questions, guidelines and claim assistance phone numbers are on the back of the HERO ID card.

If you or your employees have questions about how to file a claim, please contact our HERO Claims Coordinator at 717-394-7156 or 800-555-3312.



All persons covered by the group's major medical insurance plan must be covered by this HERO Plan.

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Health Insurance

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