



SafeGuard Program Guide



SafeGuard[®] Wisconsin

An alternative approach to affordable health coverage for small to mid-size employers.

Simple.

SafeGuard Wisconsin offers the benefits of self-funding without the complications. The employer makes only a few key decisions in building a plan to meet the group's unique needs—simply selecting benefit design, deductible level and member share percentage. The plan document, major provider network memberships, excess loss insurance coverage, and professional administration are already in place.

Seamless.

SafeGuard Wisconsin is turnkey, and results are seamless: All aspects of the plan are handled under one roof, from billing to claims adjudication, member support to network coordination, compliance review to excess loss insurance claim and payment processing. Employers make one monthly payment, and US Health and Life Insurance Company (USHL) handles the rest—the employer is not required to submit bills, track paperwork, or pre-pay high dollar claims and await reimbursement.

Same-source.

SafeGuard Wisconsin offers the significant advantage of same-source excess loss insurance and benefit administration. Because USHL provides both, there are no coverage gaps in the SafeGuard program—thereby eliminating anxiety and processing delays for the member, as well as limiting liability issues and financial impact for the employer.

Understand Self-Funding

Self-funding with SafeGuard Wisconsin

SafeGuard Wisconsin offers small to mid-size employers the opportunity to gain the benefits of self-funding without taking on the complexities and uncapped risk of traditional self-funded programs.

SafeGuard Wisconsin delivers comprehensive benefits, professional administration, and excess loss insurance protection—for one predictable monthly payment, **and if claims experience is favorable, employers can receive money back.**

Insured Coverage	SafeGuard Wisconsin Coverage	Traditional Self-Funded Coverage
Insurer assumes risk	All SafeGuard plans include excess loss insurance—employer risk is capped at the monthly payment	Employer must contract with excess loss insurance carrier to mitigate risk—otherwise, all group claims risk is assumed
Services, benefits, and vendors controlled by insurer	Employer selects the desired time-tested benefit design, and USHL handles the rest—networks, PBMs, and additional vendors are already in place	Employer designs plans, secures network memberships, contracts with PBM
All administration (cards, claims adjudication, etc.) provided by insurer	USHL professionals administer benefit design details, adjudicate claims, communicate with employees, and handle disputes	Employer is responsible for administering plan, paying claims, communicating with employees, handling disputes
One level monthly all-premium payment	One level monthly payment with three components—administration fee, excess loss insurance premium and pre-funded claims account installment	Monthly costs vary according to claims levels—highly volatile
If claims are low, insurer keeps unspent portions of reserves as profit	Employer receives funds remaining in pre-funded claims account after settlement	Employer pays for claims, and plan costs will vary from year to year

Any additional costs or fees with SafeGuard Wisconsin?

Assuming no census changes, the monthly billed amount for SafeGuard Wisconsin (illustrated at right) remains unchanged for the duration of the contract—and this amount covers the employer’s total financial liability for covered claims.

Taxes and fees imposed by government or state agencies must be paid by the employer—USHL Client Services assists in the calculation of these fees and offers remittance advice.

Monthly Payment Breakdown	
AGGREGATE CLAIM LIABILITY	Pre-Funded Claims Account
FIXED COSTS	Administration Fee
	Excess Loss Premium

SafeGuard Wisconsin coverage offers one level monthly payment, consisting of an amount to be reserved for paying claims (the pre-funded claims account), monthly administration fees and excess loss insurance premium. The employer will not owe more for covered claims than this monthly amount and may receive pre-funded claims dollars back at the time of settlement.

Consider Group Characteristics

Risk profile mapping.

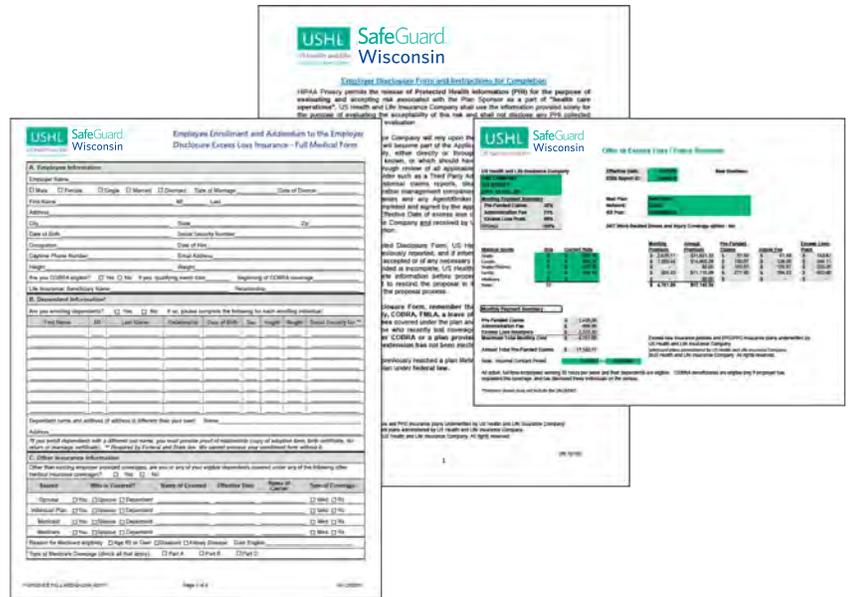
The ideal healthcare solution for any group can be largely determined by the group’s risk profile—a hybrid of many group characteristics, including census information (age and gender, group location, number of employees), health of the group members and the employer’s risk tolerance. Each group will have a unique risk profile which will change over time. A group’s risk profile provides the map to a group’s “best fit” coverage type and benefit design.

Charting a course.

Group evaluation begins with SafeGuard Wisconsin baseline quote; this is a quote for the group based on census information only— i.e. group industry and location, and member information including gender, age and contract type.

If rates contained within the group’s baseline quote look favorable, underwriting is the next step— employer and employees complete required documents and medical information is reviewed to determine the group’s risk profile and final rates.

Documents for underwriting vary by group size— refer to the sidebar at right for requirements; all forms and documents are available online at www.ushealthandlife.com on the New Business Submission Requirements page.



What to expect during underwriting.

During the underwriting process, groups can expect some of the following:

- Complete and detailed information allows fastest turnaround; underwriting generally takes 24 - 48 hours from receipt of all required documentation.
- The USHL underwriter will reach out to the agent or group for any missing information, such as heights and weights, dosages of listed medications, dates of diagnoses, etc.
- Certain medical conditions, or vague answers to medical questions, may prompt the underwriter to request additional detail via completion of a medical questionnaire or a brief phone interview.
- The medical underwriting process includes examination of prescription drug use in the group. Use of certain drugs with no corresponding medical conditions noted may also prompt the request for additional information.

What confidence can I have that the risk profile score is accurate?

Because the risk profile score not only guides USHL in rate development, but also allows the employer to determine whether self-funding is a “best-fit,” confidence in underwriting results is paramount. USHL underwriting produces high level accuracy:

“ Given their underwriting accuracy, the USHL average risk score is one of the lowest we’ve seen across the country. ”

**– Jac Joubert, FSA, FIA, MAAA
Principal and Consulting Actuary
Oliver Wyman Actuarial Consulting Inc.**

What can an employer expect in a typical plan year?

While there really is no “typical” plan year, the charts below illustrate what an employer can expect in both a moderate and high-cost claims year. Regardless of how claims run during the contracted twelve-month period, fixed costs and excess loss insurance premiums remain unchanged, and **the employer owes no more than the monthly payment for covered, eligible claims.** During a moderate-cost claims year, the employer receives unused pre-funded claims dollars after settlement (Example A); during a high-cost claims year, there are no employer pre-funded claims dollars available to be returned (Example B).

SafeGuard Wisconsin

DOCUMENTS REQUIRED
FOR UNDERWRITING

All Groups:

Employer Disclosure Form

Additional Requirements by Group Size

Up to 99 Employees Enrolling:
Short Form Employee Submissions

and

Prior, Current and Renewal Rates

or

Employee Enrollment Forms
and Experience

Must Include:

High-Dollar Claims Experience
(2 - 3 years):
Paid amounts, diagnosis, treatment
plan, prognosis (if available)

Monthly claims and enrollment
(2 - 3 years)

Plan design(s):
If more than one plan, indicate
percentage in each plan

Current and renewal rates & factors

Moderate-Cost Claims Year (A)

Annualized Costs:

Administrative Fees	\$12,600
Excess Loss Premium	\$29,400
Claims Pre-Fund Account	\$18,000
Claims Total	\$14,100
Claims Paid from Pre-Fund	(14,100)
Claims Paid by Excess Loss	-0-
IBNR	(\$1,200)

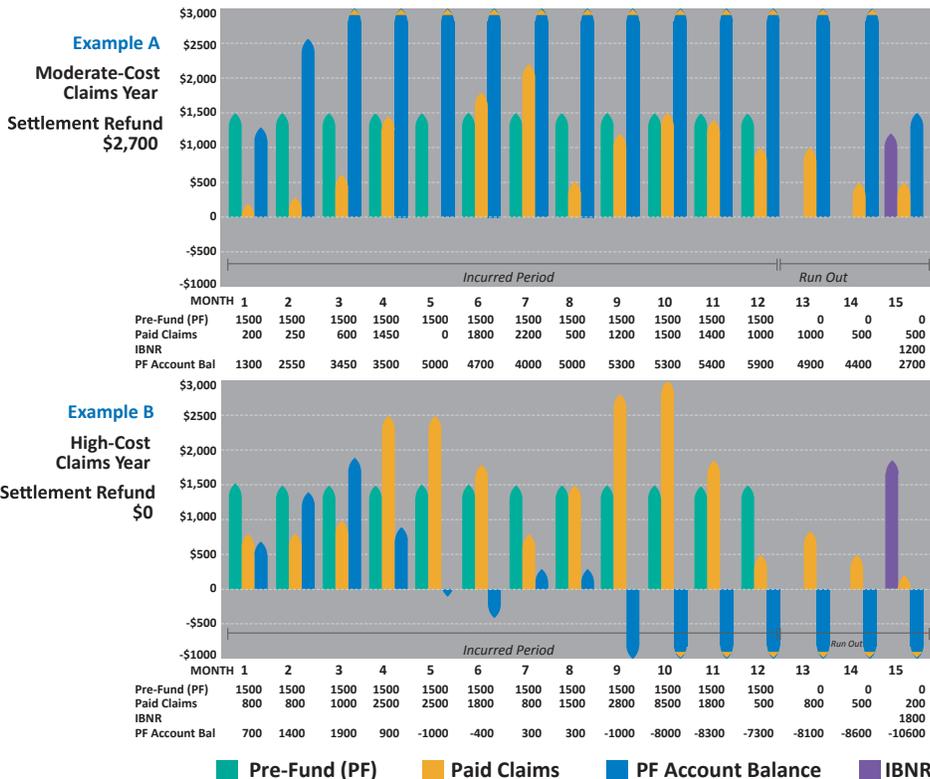
Settlement to Employer \$2,700

High-Cost Claims Year (B)

Annualized Costs:

Administrative Fees	\$12,600
Excess Loss Premium	\$29,400
Claims Pre-Fund Account	\$18,000
Claims Total	\$26,800
Claims Paid from Pre-Fund	(18,000)
Claims Paid by Excess Loss	(\$8,800)
IBNR	(\$1,800)

Settlement to Employer -0-



Select a Benefit Package

Self-funding with a solid foundation.

SafeGuard Wisconsin offers market-proven coverage: Many of the same popular benefit designs that have protected the lives of tens of thousands of USHL insured members comprise the SafeGuard Portfolio.

PPO Benefit Overview

	Plan	Member Share Percentage (In-Net/Out-of-Net)	Member Deductible In-Net Single/Family	Coinsurance Maximum In-Net Single/Family	Copay Office Visit PCP/Specialist
Traditional	SafeGuard Pinnacle \$1000	100%/70%	\$1000/\$2000	N/A	\$20/\$40
	SafeGuard Pinnacle \$2000	100%/70%	\$2000/\$4000	N/A	\$20/\$40
	SafeGuard Pinnacle \$2750	100%/70%	\$2750/\$5500	N/A	\$20/\$40
	SafeGuard Pinnacle \$3500	100%/70%	\$3500/\$7000	N/A	\$20/\$40
	SafeGuard Pinnacle \$5000	100%/70%	\$5000/\$10000	N/A	\$20/\$40
	SafeGuard Peak \$500	80%/50%	\$500/\$1000	\$2500/\$5000	\$30/\$60
	SafeGuard Peak \$1000	80%/50%	\$1000/\$2000	\$2500/\$5000	\$30/\$60
	SafeGuard Peak \$2000	80%/50%	\$2000/\$4000	\$2500/\$5000	\$30/\$60
	SafeGuard Peak \$3500	80%/50%	\$3500/\$7000	\$2500/\$5000	\$30/\$60
	SafeGuard Peak \$5000	80%/50%	\$5000/\$10000	\$1350/\$2700	\$30/\$60
	SafeGuard Zenith \$2000	60%/50%	\$2000/\$4000	\$2500/\$5000	\$20/\$40
	SafeGuard Zenith \$5000	60%/50%	\$5000/\$10000	\$1350/\$2700	\$20/\$40
High Deductible	SafeGuard HDHP Pinnacle \$1500	100%/70%	\$1500/\$3000*	N/A	N/A
	SafeGuard HDHP Pinnacle \$2800	100%/70%	\$2800/\$5600	N/A	N/A
	SafeGuard HDHP Pinnacle \$5000	100%/70%	\$5000/\$10000	N/A	N/A
	SafeGuard HDHP Peak \$1500	80%/50%	\$1500/\$3000*	\$2500/\$5000	80% after deductible
	SafeGuard HDHP Peak \$2800	80%/50%	\$2800/\$5600	\$2400/\$4800	80% after deductible
	SafeGuard HDHP Peak \$4000	80%/50%	\$4000/\$8000	\$2350/\$4700	80% after deductible
	SafeGuard HDHP Peak \$5000	80%/50%	\$5000/\$10000	\$1350/\$2700	80% after deductible

Preventive Care

Preventive care services are generally covered with no cost-sharing and are not subject to copayments, deductibles or annual limits when received only from an in-network provider. For more information please refer to your official plan documents.

A complete list of preventive care services recommended under the U.S. Preventive Services Task Force (USPSTF) is available online at uspreventiveservicestaskforce.org

Prescription Drug

Traditional Plans

Employer Selects Desired Rx Options (Six packages available)

High Deductible Health Plans

Rx Coverage Embedded

SafeGuard Wisconsin basics.

All benefit designs within our SafeGuard portfolio have important common elements:

- SafeGuard Wisconsin coverage utilizes proven provider networks offering high levels of participation and significant discounts. For current network choices available by state, visit www.ushealthandlife.com
- Out-of-state members are assigned a provider network yielding high provider participation and discounts.
- Prescription coverage is accepted at nearly all major pharmacies and most local or independent pharmacies in the U.S.
- A mail-order program for maintenance drugs offers steep discounts and the convenience of home delivery.
- The member and provider experience is similar to that of traditional insurance—members receive ID cards and coverage-related communications from USHL; providers have numbers to call to verify benefits, submit claims in the standard fashion and receive payments from USHL.
- SafeGuard Wisconsin excess loss insurance coverage pays at the time the employer needs it—this coverage is available to pay large claims as they happen, unlike competitor products that require the employer to pay up front and await reimbursement.
- A staff of professionals in claims, billing and member services stand behind our plans, and have extensive experience with our benefit designs, vendors and networks.
- Claim disputes are handled by our member services team.
- Online resources assist members 24/7 with needs including explanation of benefit (EOB) copies, provider lookups and coverage questions.
- Recontracting reports detail the annual “balance sheet”: pre-funded claims account balance, claim activity, excess loss claims, etc.
- Settlement statements are prepared annually and unused pre-funded claims account dollars are returned to qualifying groups.

SafeGuard Wisconsin coverage highlights:*

Physician Services

Primary physician office visits
Specialist physician office visits
Inpatient and outpatient services and surgery
Allergy testing and injections
Emergency room physician services
Urgent care physician services

Facility Charges

Inpatient and outpatient facility services and surgery
Emergency room charges
Urgent care charges
Inpatient and outpatient diagnostic services and advanced imaging (i.e. radiology, pathology, MRA/MRS, MRI, PET, CAT, SPECT)

Preventive Care

First-dollar wellness / preventive, including well-baby visits, mammograms, colonoscopies, immunizations, additional per national recommendations and preventive care guidelines.

Other Services

Inpatient and outpatient substance abuse treatment
Chiropractic care
Semi-private and intensive care unit room and board
Hospital services and supplies
Hospice care
Home healthcare services
Physical / Occupational / Speech therapy
Physiotherapy
Private duty nursing
Ground or licensed air ambulance services
Durable medical equipment and supplies
Blood, blood plasma
Pre and post-natal care
Circumcisions
Chemotherapy and antineoplastic drugs
Extended care facility charges
Treatment for mental, nervous and personality disorders (inpatient and outpatient)
Temporomandibular Joint (TMJ) and comparable disorders
Nurse / midwife services
Voluntary sterilizations
Human organ and bone marrow transplants

* This is a brief description of benefits only. Coverage is determined by the deductible and member-share percentage maximum selections and use of preferred providers. Refer to the Plan Document for detailed benefit and coverage guidelines, general exclusions and applicable limitations.

Data-driven decisions.

SafeGuard Wisconsin provides plan year reporting with a detailed annual “balance sheet” and group level utilization trends for mid-size employers—information needed for data-driven healthcare solution strategies.

Deciphering the data.

SafeGuard Wisconsin reporting, provided in the tenth month of the contract period along with re-contracting rates, provides a big picture view of program financials—re-contracting documents identify pre-funded claims account balances on a monthly basis, as well as group claims by type, claim payment advances and excess loss claim payments.

In addition, groups with fifty or more enrolled are provided reports showing non-member specific data: Information on claims paid, types of visits driving group medical costs, in-network versus out-of-network claims, generic versus brand drug usage, and more.

This reporting is not only helpful in determining the best ongoing healthcare coverage fit for the group, but also helpful to groups wishing to create custom wellness programs tailored to the specific needs of their members. Report information indicates what counseling, preventive and utilization management measures could have greatest impact on group health.

RE-CONTRACTING APPLICATION
POLICY SCHEDULE PROPOSAL FOR GROUP EXCESS LOSS INSURANCE

Part I Policy Holder

- Full Legal Name of Policy Holder: ABC Testing Production
- Address: 123 Main Street, Chicago, Illinois, IL
- City, State, Zip: CHG, ILL, 60601
- Phone: 312-555-1234
- Name and Title of Contact Person: John Smith, Director
- Effective Date: 1/1/2021
- Group/Division #: 12345678

Part II Plan of Insurance, PPO Network, Benefits and Premium Calculation (see attached offer)

Part III Employer Disclosure Form

Part IV Availability of Proposed Plan of Insurance, PPO Network, Benefits and Premium Calculation

This application and attached offer must be signed by an authorized representative and returned in one place to the Underwriter. If it is not possible to sign, a letter from the Underwriter is required.

By signing this application you are certifying that the information is true and correct. This offer is subject upon the actual terms of the contract.

By signing, ABC TESTING PRODUCTION certifies that the attached offer, as well as ABC TESTING PRODUCTION or its authorized representative, has received and read the attached offer.

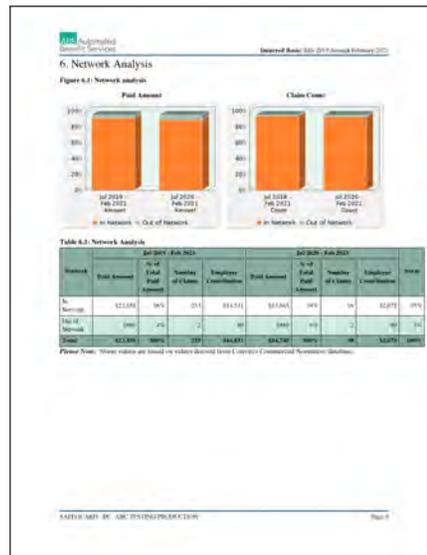
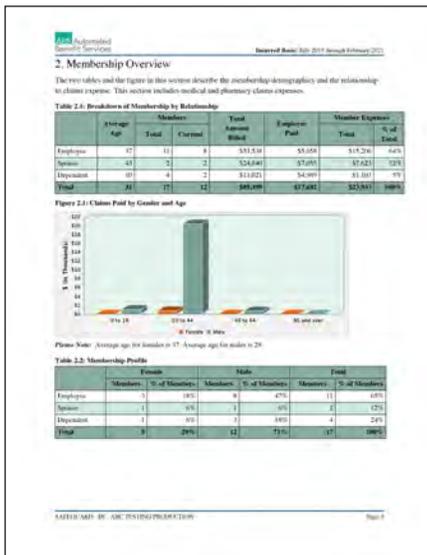
Name of Authorized Representative: John Smith
Signature of Authorized Representative: [Signature]
Title of Authorized Representative: Director
Date: 1/1/2021

Excess Loss Premium: 100%
Total: 100%

Monthly Accounting Report

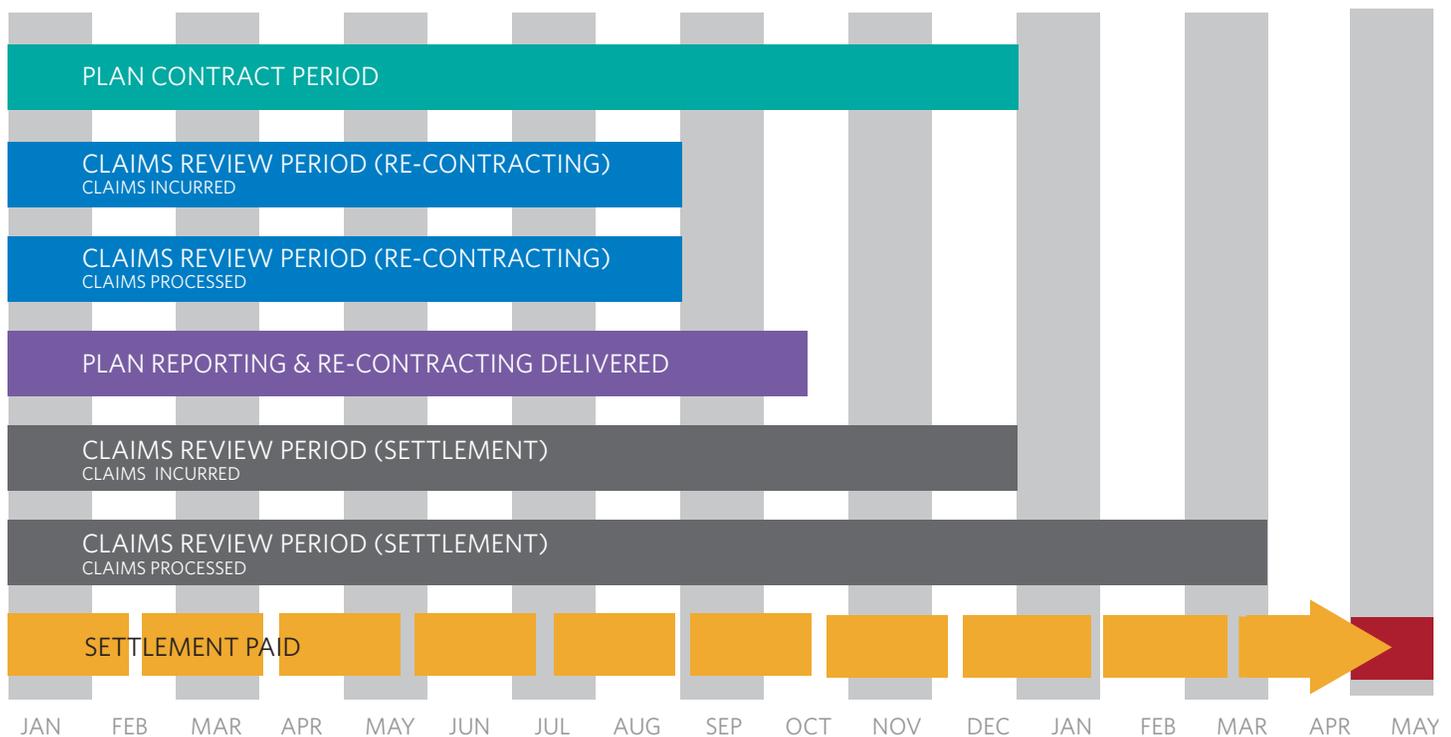
Month	Rate	Count	Excess	Admin	Claim Fund	Total	PL	HEALTH	Medical	TOTAL
June-20	Jan-20	8	2,450.00	1,000.00	1,500.00	5,000.00	200.00		200.00	
July-20	Feb-20	4	2,450.00	1,000.00	1,500.00	5,000.00		200.00	200.00	
August-20	Mar-20	6	2,450.00	1,000.00	1,500.00	5,000.00		400.00	400.00	
September-20	Apr-20	8	2,450.00	1,000.00	1,500.00	5,000.00	200.00		1,200.00	1,400.00
October-20	May-20	9	2,450.00	1,000.00	1,500.00	5,000.00				
November-20	Jun-20	8	2,450.00	1,000.00	1,500.00	5,000.00	200.00		1,800.00	1,800.00
December-20	Jul-20	9	2,450.00	1,000.00	1,500.00	5,000.00	400.00		1,800.00	2,200.00
January-21	Aug-21	8	2,450.00	1,000.00	1,500.00	5,000.00			300.00	300.00
TOTALS		72	18,400.00	6,400.00	42,000.00	66,800.00	1,000.00		5,400.00	7,000.00

Claims amounts shown are based on policy claims only and do not represent the full claims liability of the plan.
The total cost of claims for the 12 month contract period will be determined after the 90 day contract period following the 12 month contract period.
To account for any claims that were incurred but not reported (IBNR) prior to the end of the 12-month period, an IBNR factor will be applied to the total claims report for payment.



All SafeGuard Wisconsin groups receive annual program financials within recontracting documents delivered in the tenth plan month. Groups with fifty or more enrolled can also request group claim analyses: Claim types, in-net versus out-of-net claims, common illness analysis, etc.

SafeGuard Wisconsin Plan and Settlement Timeline



Contract period and plan settlement.

SafeGuard Wisconsin is an incurred-contract program—covered, eligible claims (as defined in the Plan Document) incurred during the twelve month contract period will be processed for payment. This offers a tremendous advantage to the small to mid-size employer looking for a self-funded solution that is without gaps created by incurred-versus-paid timeline complexities.

Another SafeGuard Wisconsin advantage is that the pre-funded claims account is established by twelve monthly payments over the course of the annual incurred contract—many competitor programs collect fifteen to eighteen payments (three to six months beyond the plan year) to continue funding the account for claims lag.

As shown in the timeline above, the contract period runs twelve months; reporting data and re-contracting data are presented at month ten; incurred claims are processed for fifteen months, and settlement and resulting fund distributions occur within five months after the contract end date*. Any claims incurred within the contract period, but not received within the settlement period will be covered by the incurred but not reported (IBNR) claims estimate—see explanation of IBNR Claims Estimate in sidebar.

*If a group terminates prior to the end of the twelve month contract period, settlement will still occur at the originally-scheduled date.

“ A settlement check is like a group’s bonus for a healthy year. ”

What happens at settlement?

SafeGuard Wisconsin is an incurred contract, meaning that any eligible claim incurred during the twelve-month contract period will be processed for payment according to plan guidelines.

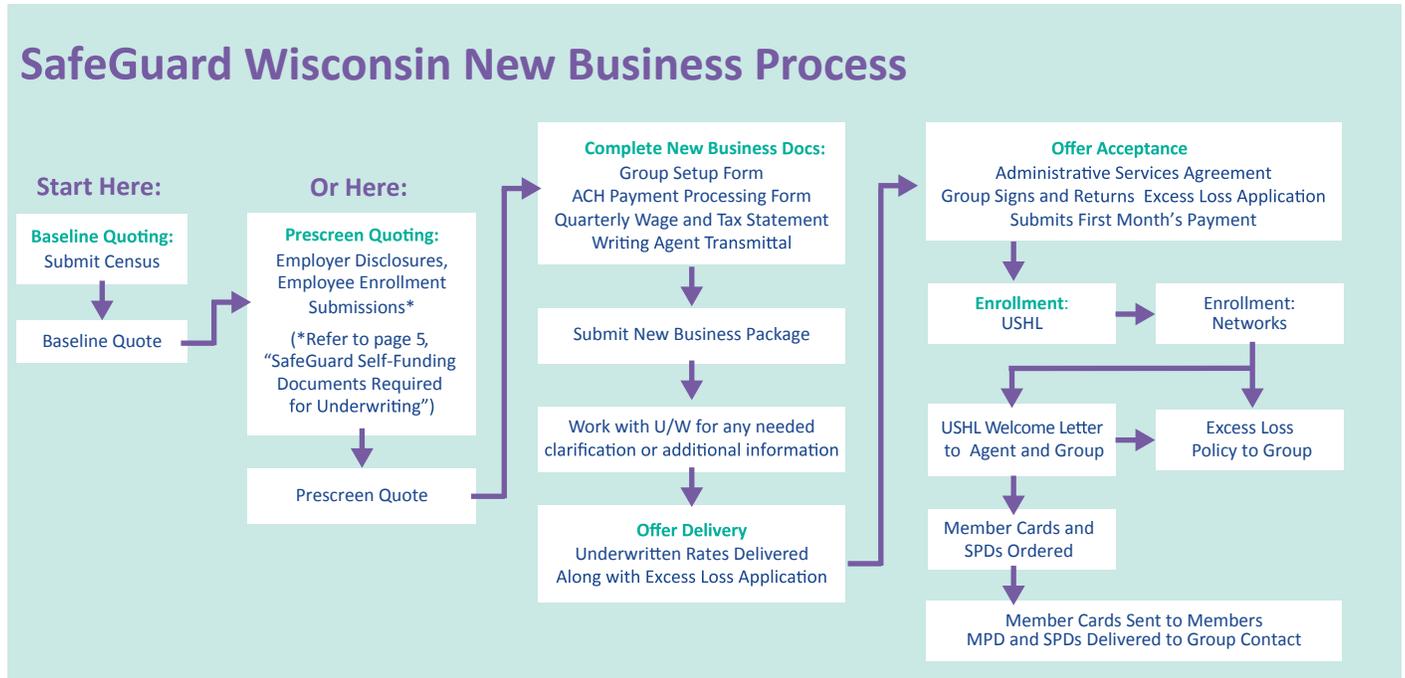
The contract settlement period extends 90 days beyond the twelve-month contract end date in order to allow time for incurred by not reported (IBNR) claims to reach USHL for processing.

At the end of the settlement period, a determination is made on potential claims outstanding—yielding the IBNR Claims Estimate. This amount is held back from funds remaining in the pre-funded claims account.

The remaining balance is returned to the employer within five months following the twelve-month contract end date.

The Next Step

The SafeGuard Wisconsin new business process takes a group from initial baseline quoting to final underwritten rates and member enrollment. This process, as outlines below, takes approximately two weeks from start to finish.



Instructions for new groups.

- To obtain a baseline rate quote (rates based solely on census information), submit a group census to Quotes@ushealthandlife.com
Census must include:
 - Company Name and Address
 - SIC Code (or nature of business)
 - Employee Roster:
 - + Name
 - + Gender
 - + Date of Birth
 - + Contract Type—Employee, Couple, Employee + Children, Family
 - + Residential Zip Code
 - Desired Effective Date

Allow 24 - 48 hours for baseline rate quote delivery.

- Groups may elect to proceed to underwriting after a baseline rate quote has been developed, or as the first step in the process. To obtain an underwritten rate quote, employer and enrolling employees must complete and submit necessary documents* to USHL Underwriting at Prescreens@ushealthandlife.com

Allow 48 - 72 hours for underwritten rate quote delivery.

*Refer to page 5, "SafeGuard Documents Required for Underwriting"

- Underwritten rates (based on medical conditions in the group) will match final rates assuming no relevant group information changes during new business review— i.e. census, medical conditions, contract types and company information.
- To proceed to new business processing, the group must complete a SafeGuard Group Setup Form, Administrative Service Agreement, ACH Payment Processing Form**, and submit a copy of the most recent quarterly wage and tax report.
- Once the new business package has been processed, USHL Underwriting will deliver to the group a SafeGuard proposal, which includes final rates and the USHL Excess Loss Insurance contract, which must be signed and returned along with a binder check for the first month's payment. Payment for subsequent months will occur via ACH payment processing.
- Upon receipt of the signed contract and binder check or wire transfer, USHL and network enrollment is completed; welcome letters, ID cards, Master Plan Document and member copies of the Summary Plan Description go out to the group contact, along with the Excess Loss Insurance Policy.

** Documents required for underwriting and new business submission

are available at <http://www.ushealthandlife.com/Find-a-Plan/Medical/SafeGuard/New-Business-Submission-Requirements>



Frequently Asked Questions

Can a group select from two benefit designs?

Two benefit designs can be implemented in a group with a minimum of five eligible employees enrolled and each plan option must have one eligible employee enrolled.

What groups are eligible for SafeGuard?

Most businesses with appropriate business licensure and possessing bona fide employer-employee relationships will qualify.

Is there a participation requirement?

A minimum of 50% of eligible employees must enroll.

Is there a minimum employer contribution requirement?

No.

What happens to my monthly payment if I add or drop employees?

The monthly payment will change along with changes to the group census.

What happens if there is a significant claim early in the contract period and I don't have adequate funds in my pre-funded claims account to pay it?

At any time during the contract period, if a claim exceeds available funds in the pre-funded claims account, an aggregate advance will be made to cover the claim. At the time of settlement, aggregate advances are reconciled against pre-funded claims account monies. Claims which exceed the total annual balance of the pre-funded claims account will be covered by excess loss insurance payments.

What happens if a claim was incurred during the contract period, but doesn't arrive to USHL for processing until beyond the 15-month settlement period?

At the time of settlement, a determination is made on potential claims outstanding, and USHL Underwriting assigns an incurred but not reported (IBNR) claims estimate. The IBNR claims estimate is retained by USHL to cover any outstanding claims after settlement, and is subtracted from any return of funds due to the employer.

Do I get back my excess loss insurance premium payments if I never utilize the excess loss insurance coverage?

No; excess loss insurance premiums and administration fees are plan fixed costs and are not refundable.

Do I have to open a bank account for the pre-funded claims account?

No; USHL maintains and administers the pre-funded claims amount for each SafeGuard client.

Will I get an ongoing report showing me the rolling balance in my pre-funded claims account?

Your monthly billing statement will show the breakdown of the portion of your payment allotted to the pre-funded claims account; reporting at month ten will show funds accumulated, claims covered by pre-fund claims account dollars, and remaining balance. Settlement will give final accounting of the funds prior to any distributions.

What happens if I terminate prior to the end of the twelve month contract period– will I forfeit all unspent pre-funded claims dollars?

In the event this Agreement is terminated prior to the end of the term for any reason, the Plan Sponsor will be given the opportunity to pay USHL an amount which is equal to 1) the greater of any outstanding amount of the Minimum Aggregate as identified in the Offer of Excess Loss/Policy Schedule or 2) the average of the last three (3) months of prefunded claims multiplied by the number of months remaining in the term. Such payment shall be due within (30) days of the date of termination of the Agreement. In the event USHL does not receive such payment within thirty (30) days of termination of the Agreement, USHL shall cease processing and payment of all claims, regardless of the date the claims are incurred or received by USHL, and Plan Sponsor shall be liable for payment and processing of such claims.

If my group re-contracts, does my unused pre-funded claims account roll over to a new year?

No; the normal settlement process will occur even with re-contracting groups. Each plan year constitutes an entirely new contract, with no "roll-over" from a prior year contract period.

Because this is a self-funded plan, can I choose what I want covered and not covered?

No; SafeGuard allows the employer to select benefit design(s) only; the MPD / SPD, administrative service agreement and excess loss insurance certificate are standard.

How are claims disputes handled?

USHL handles and makes decisions on all claims disputes.

Who is responsible for taxes and fees associated with my self-funded coverage?

Self-funded coverage is subject to certain taxes and fees, including the PCORI Fee and Transitional Reinsurance Fee. USHL Client Services assist in calculations of those fees, but payment is the responsibility of the employer.

What is included in the monthly administration fee?

The monthly administration fees are inclusive of, but not limited to, enrollment, claims processing and adjudication, member cards and plan documents, access to all USHL client service resources (i.e. over the phone, via fax recall and online secure services portals), coordination with networks and PBMs, claims dispute resolution, member and group communications, excess loss insurance claims coordination and payment, and plan reporting.

SafeGuard requires no more administrative involvement from the employer (plan sponsor) than would be associated with an insured group medical plan.

If I elect a SafeGuard HDHP, are my employees required to have an HSA account? If I elect to have an HSA account, do I have to go through USHL, or can I use my preferred bank?

While SafeGuard HDHPs are qualified plans, they may be implemented with or without a health saving account (HSA). If the employer group has a preferred HSA bank, we will work with that institution; otherwise, they can use our preferred HSA vendor.



US Health and Life

US HEALTH AND LIFE INSURANCE COMPANY

US Health and Life Insurance Company

Sales Support (toll-free) 844-828-5968

Main Number 586-693-4300

For additional details, visit www.ushealthandlife.com

M-SFGD-Broch-SFGD-06/21

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company, Inc. SafeGuard plans administered by US Health and Life Insurance Company, Inc. © US Health and Life Insurance Company, Inc. All rights reserved.