

WHAT THIS PROGRAM IS ALL ABOUT

We have developed this and other sites to help employer's expand benefits to employees while not adding to the company's overhead or out of pocket costs. Larger companies and unions have adopted our mythology to address both changes in the health care market and future changes as healthcare reform laws are implemented. All products conform to the federal laws and deviations addressing any state laws that are handled by private labeling of the websites to a particular employer at no cost.

The basis of this program allows benefits to be structured as a defined contribution verses defined benefit, thus allowing all employees to personalize their coverage in the way that best fits their needs and adjusting coverage as their lifestyles change.

This particular site was designed to address employees not covered by group health insurance including part-time and seasonal employees that are forced to purchase inferior financial protection with after-tax dollars on the street. Employers can benefit on average \$400 an employee by allowing these same people to purchase coverage through our online website 24/7 and deducting any contributions pre-tax, saving them on average of 20% on vastly superior plans. Our Premium Only Plans will be offered to any new clients and updates will be offered at rates less than 50% of the lowest cost payroll service. Based on the current changes in the law you must update this contract to address the age 26 dependents which we have described below.

This concept goes beyond health insurance and parts of services are gaining wide acceptance to address waiting periods on a group plan, coverage's not offered by the company and the many unfortunate employees that first cannot afford the company-offered insurance or are not offered coverage based on hours or seasonal employment. You can build morale by helping your dedicated associates for no direct cost right now.

EMPLOYER AND BENEFIT MANAGERS NEED TO TAKE NOTICE

We all know the reporting of benefit costs and the counting of participants and waivers will start January 1st. Now you must comply with both state and federal laws in offering employee's benefits which could result in negative consequences. The current exchange plans highlighted in the Affordable Care Act states that every participant will have \$6000 of out of pocket costs in every plan. The only difference in plans will be how quickly you meet your maximum out of pocket costs and if you will receive subsidized premiums and offset your cost sharing based on your income from the coverage starting in 2014.

We already know that these exchanges will not be able to address the questions, concerns and problems associated with their creation. We will address these issues and offer you and your employees the educational tools, products and services to keep all costs to a minimum.

Things to Keep In Mind

Employers	Employees (Including Part-time and Seasonal)
All employees count towards determining eligibility	Group Plans do not entice employees to shop for lower medical costs
Groups Under 30 will not have any penalties	Our programs can pay employees to shop for lower cost services
The I.R.S. is hiring thousands of agents to monitor compliance	Our Program complies with healthcare reform laws.
You must update your Premium Conversion Plans now	We have found out how to help the currently sick employees
You will be completing with outside choices when fully implemented	Employee pre-existing conditions will have no affect on base rates
You will have an administrative and legal expense to comply	Basic plan costs can be as low as \$164 a month no matter what the age
It is estimated that as many as 1 in 4 employers will stop offering group	Wider selection of products with a choice of insurance companies

You really have nothing to lose for checking the plans out. However, we require you to register on any of our sites initially to protect proprietary information and concepts of which we are in the process of copywriting. We consider all this material as proprietary and duplication of the concepts is strictly prohibited.

Common Questions:

- An automatic response with Username and Password is sent when you register to access health plan details.
- A minimum of 5 employees must enroll in any one plan design.
- No email or address information will be sold or used by any other entity.
- In combination, our plan offers 100% coverage for most services and a lower cost than most other plan options.
- The supplemental plan pays cash benefits based on type of treatment regardless of network.
- The supplemental plan benefits can be assigned to any doctor or facility with your authorization.
- The benefits for the supplemental plan work independently of any group or individual health plan.
- Any supplemental plan can be purchased without the health plan.
- The supplemental plans are not offered to individuals outside of a group's endorsement.
- Non New Jersey residents can enroll in any supplemental plan and then purchase a high deductible plan from their resident state. We can help any non-resident qualify for an individual plan in their state by calling our office.
- The Smart Savings Marketplace, Vision and Hearing Program are given to all that consider our offer.

Bookmark the options page and save the password to avoid the registration page in the future.

**Please call 1-800-662-3982 or Email Sales@1StopBenefits.com
if you have any questions after registering.**