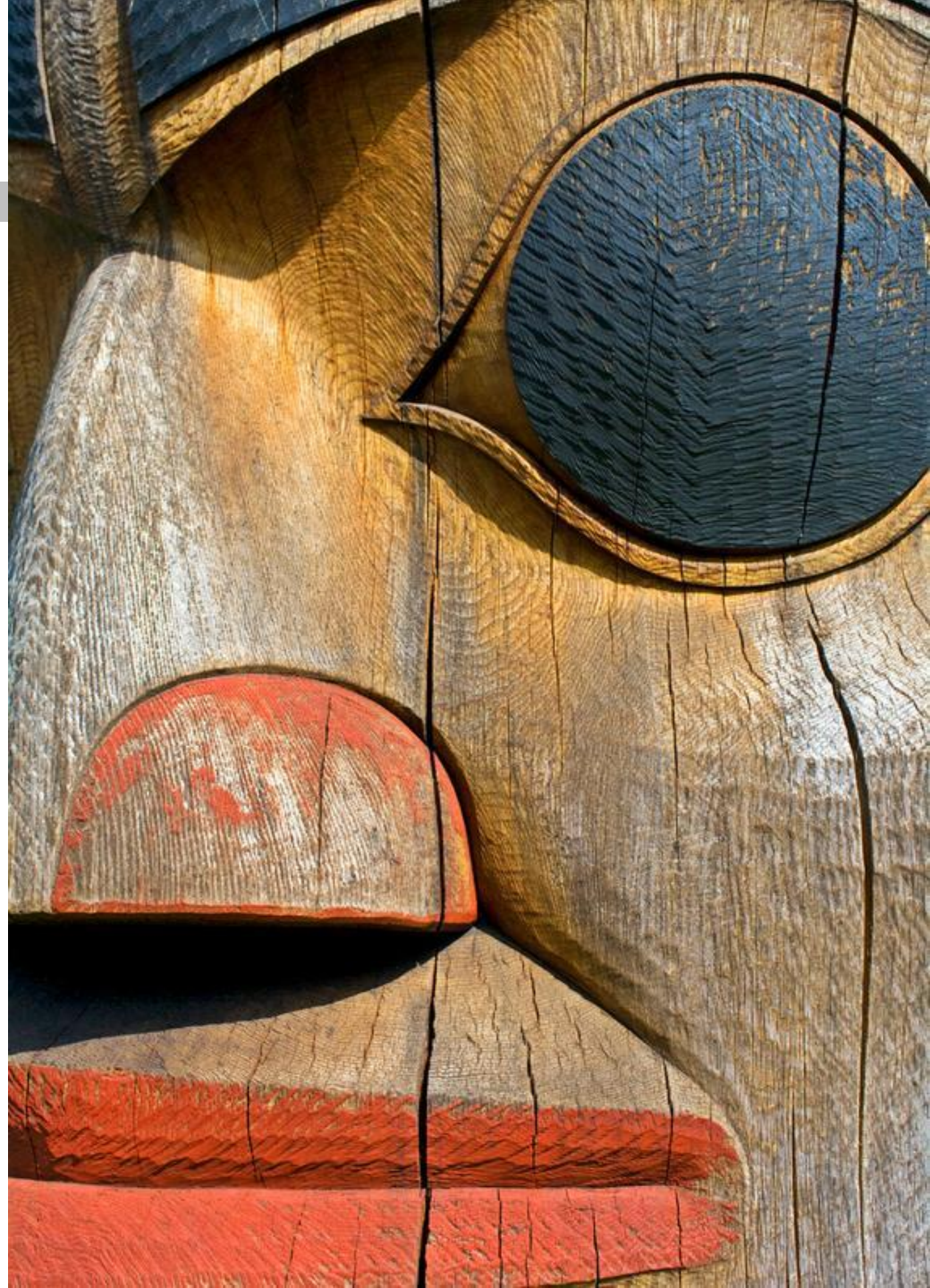


Group Health Proposal



Managing the Entire Portfolio of Health & Welfare Plans

- Medical and Prescription Drugs
- Wellness & Incentive Programs
- Dental
- Vision
- Spending & Saving Accounts
- Life Insurance
- Disability
- Voluntary Plans
- Ancillary Benefits



COMPLEXITY DRIVES RISK

Handling All Lines of Risk Management

- Alternative Risk Transfer
- Builders Risk
- Business Continuity
- Captive Consulting
- Cost of Risk Valuation
- Cyber Risk
- D&O
- **Employee Benefits**
- Enterprise Risk Management
- Environmental Expertise
- Fine Arts
- Global Risks
- Insurance Brokerage
- Intellectual Property
- International Travel
- Loss Prevention
- Real Estate
- Strategic Risk Management
- Student Health Insurance
- Surety



	Deluxe Medical PPO Plan		Value Medical PPO Plan		Medical HDHP	
Calendar Year Benefits	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Medical Deductible						
Individual / Family	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$6,000/\$12,000
Medical Out-of-Pocket Maximum						
Individual / Family	\$4,500 /\$9,000	\$9,000/\$18,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,350/\$12,700	\$12,700/\$25,400
Pharmacy Out-of-Pocket Maximum						
Individual / Family	Combined with Medical		Combined with Medical		Combined with Medical	
Physician/Professional Services¹	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Office Visits	\$15 copay	50% after deductible	\$25 copay	50% after deductible	25% after deductible	50% after deductible
Preventive Care	No charge	Not covered	No charge	Not covered	No charge	Not covered
Basic Lab/X-ray	20% ded waived	50% after deductible	25% ded waived	50% after deductible	25% after deductible	50% after deductible
MRI / CT / CAT / PET	20% after deductible		25% after deductible			
Chiropractic (12 visits/yr)	\$15 copay		\$25 copay			
Acupuncture (12 visits/yr)						
Naturopathic (12 visits/yr)						
Hospital Services²	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Inpatient & Outpatient Services	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Diagnostic Lab & X-ray	20% ded waived		25%, ded waived			
MRI / CT / CAT / PET	20% after deductible		25% after deductible			
Emergency Room	20% after deductible		25% after deductible		25% after deductible	
Pharmacy Services	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Value	\$2 copay	\$2 copay	\$2 copay	\$2 copay	25% after deductible	25% after deductible
Select Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay		
Preferred	45%, deductible waived	45%, deductible waived	45%, deductible waived	45%, deductible waived		
Brand						
Specialty		not covered		not covered	3 x retail ³	not covered
Mail Order (90 day supply)	3 x retail ³		3 x retail ³			

Dental Benefit Comparison 2019-2020

Calendar Year Benefits
Annual Benefit Maximum (Individual)
Annual Deductible
Preventive Services Individual / Family
Basic and Major Services Individual / Family
Preventive Care
Oral Evaluations Cleanings and X-rays (every 6 months) Space maintainers Topical fluoride applications (child through age 18 only)
Basic Care
Fillings, extractions, anesthesia Endodontics, oral surgery Periodontics
Major Care
Inlays Crowns Bridgework Repair of bridges and crowns Dentures

Dental Basic Option	
In-Network	Non-Network
\$1,000	
Waived	
\$75 / \$225	
100%	100%*
80%	80%*
50%	50%*

Dental Deluxe Option	
In-Network	Non-Network
\$2,000	
Waived	
\$50 / \$150	
100%	100%*
80%	80%*
50%	50%*

* fees by Non-Network providers based on Usual & Customary, amounts in excess of plan allowance are patient responsibility

¹ The Federal mandated coverage for Pediatric Dental/Vision benefits attributed to "small group", are not subject to these plans, however, similar benefits are available through the AACA's dental & vision programs.

² Disclaimer: This is a brief summary provided for informational purposes only. If there is a discrepancy between this summary and the Plan Documents the Plan Documents supersede this summary. Any errors are unintentional.

Vision Rider Benefit Summary			
Calendar Year Benefits	Network	Frequency	Out-of-Network Reimbursement
Routine Eye Exam Lenses Standard Single Vision Lenses, or Standard Bifocal Lenses, or Standard Trifocal Lenses Standard Progressive Lenses Premium Progressive Lenses Frame Contacts (In lieu of frame and lens benefit) Non-Elective Contact Lenses (Medically necessary hard lenses) Elective Conventional Lenses (When you choose contacts instead of glasses)	Plan services are covered at 100% up to a maximum of \$300	Once every 12 months up to age 18 Once ever 24 months age 18+	Plan reimburses at the lesser of billed charges or up to a maximum of \$300

¹ The Federal mandated coverage for Pediatric Dental/Vision benefits attributed to "small group", are not subject to these plans, however, similar benefits are available through the AACA's dental & vision programs.

² Disclaimer: This is a brief summary provided for informational purposes only. If there is a discrepancy between this summary and the Plan Documents the Plan Documents supersede this summary. Any errors are unintentional.

Hearing Benefit 2019-2020

Benefit Prerequisites
Services & Supplies
One Otological (ear) exam by a physician or surgeon
One audiological (hearing) exam and evaluation by a certified or licensed audiologist, including a follow-up consultation
A hearing aid (monaural or binaural) prescribed as a result of the examination
Ear molds
Hearing aid instruments
Initial batteries, cords and other necessary supplementary equipment
A warranty
Follow-up consultation within 30 days following delivery of the hearing aid
Repairs, servicing, or alteration of the hearing aid equipment

Hearing Rider Benefit Summary	
These benefits are not subject to the plans deductible or annual out-of-pocket maximum	
The patient must be examined by a licensed physician (MD or DO) before obtaining a hearing aid. The plan allows you to choose any licensed physician, audiologist, or surgeon.	
You must purchase a hearing aid device to qualify for this benefit	
Benefit	Frequency
Plan services are covered at 80% up to a maximum payable of \$800	The benefit maximum is provided once every three years beginning with the date of the ontological examination

- Replacement of a hearing aid, for any reason, more than once in a three-year period;
- Batteries or other supplementary equipment other than those obtained upon purchase of the hearing aid;
- A hearing aid exceeding the specifications prescribed for correction of hearing loss;
- Expenses incurred after coverage ends, unless you order a hearing aid before the termination and receive it within 90 days of the end date;
- Services and supplies that are payable under a workers' compensation or occupational disease law;
- Any expense that results from an act of declared or undeclared war or armed aggression;
- Any expense that is in excess of the maximum plan allowance;
- Any expense you or your dependents do not have to pay;
- Any expense paid in whole or in part by any other provision of the Group Health Insurance Plan provided by the Policy holder.

Disclaimer: This is a brief summary provided for informational purposes only. If there is a discrepancy between this summary and the Plan Documents the Plan Documents supersede this summary. All errors are unintentional.

- **New Offerings**
- Offering New Medical plan - \$3500 Deductible which lowers overall premium
- New Life Insurance program – up to \$50,000 Basic Life Coverage
 - No Aviation Exclusions
- New Voluntary Life Insurance Option with up to \$100,000 Guarantee Issue (No Medical Underwriting)
 - No Aviation Exclusions
- **Additional Voluntary Product Offerings**
 - Employee Assistance Program through Curalinc
 - Identity Theft Protection
 - Pet Insurance through Nationwide
 - Legal Shield

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : \$50,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.	
LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

Your employer pays 100% of the premium for your coverage.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Discover the greatest pet insurance plans ever offered.

My Pet Protection[®] is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- ✓ 90% back on eligible vet bills¹
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers²
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

Here's how My Pet Protection helped Nationwide[®] pet parents

Between big-ticket emergency vet bills and basic preventive care, My Pet Protection coverage helped keep these pet parents' bank accounts in the black.



■ Claim amount ■ Reimbursement by Nationwide ■ Annual deductible

Sample reimbursements are based on actual claims but have been edited for clarity. Coverage for wellness services only available on My Pet Protection with Wellness[®].

Sign up multiple pets with individual plans and receive a discount³ for even more savings.

Get a free, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)





Choose a plan that's as unique as your pet.

Get back 90% of the vet bill for these items and more.*

Visit any vet anywhere

		
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.^{*} However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

^{*}Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.



**To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.

vet helpline[®]

Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide[®].



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.

 Download from the App Store  Download from Google Play

Email, fax and snail mail claim submissions also available.

Identity Theft Protection IdentityForce

ID Theft Protection supports employees **financial wellbeing** through restoration, and can **lower a company's absenteeism**, and **increase presenteeism** for impacted employees. Our partnership with IdentityForce includes market-leading product offerings and competitive pricing

Breadth of Services



Monitor

Credit, social media, dark web, and more



Alert

Live time: phone calls, e-mails, texts, and push notifications



Recover

White glove restoration with US based advocates, incl. Spanish-speaking advocates



Reimburse

Up to \$1 million covered in stolen

Voluntary Pricing^{1,2}

TIER	UltraSecure ID	UltraSecure Plus	UltraSecure Premium
Employee	\$4.54	\$5.98	\$8.98
Family	\$8.18	\$10.50	\$16.50

¹Employer-paid pricing also available

²Rates require payroll deductions; options available for direct billing



RISK STRATEGIES

Benefits' Resources

