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WINTER 2021

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HEALTH PLAN REFERENCE GUIDE

The Health Plan Reference Guide (HPRG) is a compilation of Carrier Plans and Services offered to you through Word & Brown. The HPRG provides brokers with information on plan commissions, benefits, enrollment and eligibility requirements and coverage areas. This information is printed on a quarterly basis and the most up to date guidelines are posted on our website.

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TO OUR BROKERS:

The information in this publication was collected from carriers marketed through Word & Brown and is accurate to the best of our knowledge at the time of printing. However, since this publication is intended strictly as a guide, and plan specifications may change, we recommend that you verify any data with your Word & Brown sales representative and the carrier before making a decision on the information provided. Word & Brown disclaims any and all liability regarding the errors or omissions of the carriers. You further acknowledge and agree that Word & Brown disclaims any and all liability regarding the accuracy and reliability of the information contained in this publication and you will defend, indemnify and hold harmless Word & Brown, its affiliates and assigns against any liability arising therefrom.

Please share these tips with all of your clients changing insurance plans**Until the new insurance plan has been approved, please make sure your clients are aware of the following:**

Emergency Care – In case of an emergency situation, your client should call 911 or go to the nearest hospital* and pay cash or use a credit card for any incurred fees. Once their group is approved by the carrier, they can request reimbursement (less their plan's emergency room co-payment). Also remind clients to keep a record of their payment for submission to the carrier. Some plans waive the emergency room co-payment if the patient is admitted to the hospital directly from the emergency room. Important: The diagnosis by the emergency room physician must meet the carrier's definition of a true emergency in order to receive any reimbursement.

* *The Patient Protection and Affordable Care Act (PPACA) requires health plans to pay emergency services at in-network level even if provider is out of network. However, non-network providers may charge more than in-network contracted rate and member would be responsible for any charges over the in-network contracted rate.*

If your client is taken by car or ambulance to a non-network hospital because it's within closer proximity than an in-network hospital, the new carrier must be notified within 24-48 hours. Please have them call their company's insurance contact person or you, the broker, if they need assistance with this notification process.

Continuity of Care/Completion of Covered Services – If your client or their enrolling spouse is pregnant or your client is undergoing treatment for an acute condition, a serious chronic condition or terminal illness, it is important that they notify their company's designated insurance contact person or you as soon as possible to get assistance with submitting the continuity of care form to the carrier if their situation meets the carrier's program guidelines.

Doctor Office Visit – Some offices will allow the patient to sign a waiver and pay for the visit up front. Remind your client to keep a record of their payment for submission to the carrier along with their reimbursement form once they have their new ID number. If your client is a current patient, some doctors will agree to bill the new insurance carrier once the patient gets their new insurance ID number and will have them pay only the office visit co-pay for their new plan. It is best to call the office before their appointment and explain their situation so they know what the payment procedures are in advance. If this visit can be postponed without adverse consequences to their health, they may want to consider rescheduling their appointment for a later date when they have their new ID number.

NOTE: The Patient Protection and Affordable Care Act (PPACA) also requires health plans to cover Preventive Care with no cost sharing by members (no copays/coinsurance). Check with your health plan carrier regarding what is included as preventive care.

Prescriptions – Clients should refill maintenance prescriptions prior to the effective date for their new coverage. For example, they should refill a maintenance high blood pressure medication no later than 12/31 for new coverage that will be effective 1/1. If they need to fill a prescription on or after the effective date for their new coverage, but they do not have their new ID number yet, they can pay for the prescription at the pharmacy and then request reimbursement from the carrier once they receive their new ID number. For reimbursement, they must submit the pharmacy receipt that includes the name of the drug & dosage rather than only the cash register receipt. If they paid for the prescription by credit or debit card, and return to the pharmacy with their ID number within 7-10 business days, some pharmacies will credit any overpayment back to their account. This is the fastest way for them to get their money back. When a medication is expensive, some pharmacies will work with the client by allowing them to buy a smaller amount (Ex: 10-day supply). When the client returns to pick up the remaining balance of their 30-day supply, the appropriate payment adjustment will be made once they show the pharmacy their new ID number. Some brand name drugs have generic equivalents that are much more cost effective. You or your client can find out if their prescription medication is name brand or generic (and the co-pay amount) by using the carrier's Web site RX search.

Once the plan is approved and your clients' employees have received their new membership cards:

- They should carry their membership card at all times. It is important for them to show their new ID card to their doctor during the first visit after their new insurance plan becomes effective.
- Your clients should always make sure they use an in-network doctor or an in-network hospital in order to maximize their coverage and prevent significant gaps in coverage and/or higher out of pocket expenses.
- You should encourage your clients to review all of the benefit descriptions they received during enrollment and their Explanation of Benefits booklets (which the carrier mails to their home address) so they are familiar with their co-payments and covered procedures.
- Ensure they are aware of which procedures will require prior authorization in their plan documents. Remember that procedures authorized with their previous carrier may require pre-authorization with their new carrier. Each carrier has their own criteria, so an authorization by one carrier does not guarantee authorization by another carrier in all circumstances.
- For any additional questions, your client should call Member Services (see specific carrier section in this book or their ID card for the phone number).

BILLING CYCLES

Carrier	Date of Billing	Due Date	Termination Date
Aetna Funding Advantage	25th of the prior month	2nd business day of the month	End of the month
Anthem Blue Cross Blue Shield	1st of the prior month	1st of the month	End of the month
E.D.I.S.	25th of the prior month	10th of the month	End of the month
National General	10th of the month	Month end	30 day grace period after the due date
Prominence Health Plan	15th of the prior month	1st of month	30 days after due date
Prominence Health Plan - Association Health Plans	On or before the 15th of the month	1st of month	30 days after due date
Total Benefit Solutions		First of the month following invoice date.	Aetna standard is to allow coverage through the end of the month in which member's employment ends. Termination as of the employee separation date is allowed, however it must be consistently applied to all employee terminations.

BROKER OF RECORD CHANGE REQUIREMENTS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Need original Broker of Record change letter on company letterhead or copy ok?	<i>Copy</i>	<i>Copy</i>	<i>Copy</i>	<i>Copy is o.k.</i>	<i>Copy</i>	<i>Letterhead or copy accepted</i>	<p><i>The letter should be provided on your company letterhead and include the following:</i></p> <ul style="list-style-type: none"> • <i>Policy Number</i> • <i>Name of the new broker or agency including their Tax ID number</i> • <i>Effective date of the new broker or agency</i> • <i>Signature and Date</i>
Send Broker of Record change letter to (dept name + fax # or mailing address)	<i>Assigned Account Manager</i>	<p><i>Broker Support 888-445-9236</i></p> <p><i>Broker Support Email: nvsgbroker@anthem.com</i></p>	<i>Broker Services 888-886-7973</i>	<p><i>Email (strongly preferred): sflicensing@ngic.com</i></p> <p><i>Mail to: National General Benefits Solutions Group Retention-3rd Floor 501 W. Michigan St. Milwaukee, WI 53203</i></p>	<i>Sales Support 888-840-9080 or PHPSalesTeam@uhsinc.com</i>	<i>Sales Support PHPSalesTeam@uhsinc.com</i>	<i>Please email your request to globalrenewals@tbsmq.com</i>
Turn around time for processing this change	<i>2 Weeks</i>	<i>2 Weeks</i>	<i>7-10 days (10 day rescission period)</i>	<i>On average 60 days, unless the group is in their first plan year</i>	<i>1 Week</i>	<i>7-10 Business Days</i>	<i>48 hours</i>
Does carrier notify existing broker of this requested change?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	<i>1st of the month following receipt of the letter</i>	<i>1st of the month following receipt of the letter</i>	<i>1st of following month</i>	<i>For new groups, the new BOR change will not be in effect for commissions until the group has reached their first anniversary. Otherwise, we need 60 days notice</i>	<i>1st of month following date received</i>	<i>1st of the month following date received</i>	<i>Broker of record effective date will be what is listed on the BOR letter. For commission purposes, will be 1st of the month following receipt of the change request.</i>
Is prior agent vested? If yes, how long?	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>

	FSA	HRA	HSA
Definition	A flexible spending account (FSA) is an employee and/or employer-funded account for qualifying medical expenses.	A health reimbursement arrangement (HRA) is an employer-funded medical expense reimbursement plan for qualifying medical expenses. IRS regulations affect the plan design of many HRAs.*	A health savings account (HSA) is an employer and/or employee-funded account in the employee's name (eligible individual) for current and future medical expenses – requires a qualifying high deductible health plan (HDHP) and a qualified trustee or custodian. Other individuals may also contribute funds on behalf of the account holder.
Qualifications	Any size group (Only common-law employees can participate.)	Any size group (Only common-law employees can participate on a tax-free basis.)	Any size employer (Only eligible individuals can establish an HSA.)
Employer Tax Savings	Contributions are tax deductible when paid to the participant to reimburse an expense. As a result of salary reductions, lower adjusted employee income reduces employer matching FICA.	Contributions are tax deductible when paid to the participant to reimburse an expense.	Contributions are tax deductible in the year the contribution is made.
Employee Tax Savings	Contributions are made pre-tax. Reimbursements for eligible expenses are excluded from income.	Reimbursements for eligible expenses are excluded from income.	Contributions can be pre-tax or tax deductible on the employee's personal tax return. Funds earn interest tax-free. Reimbursements for qualified medical expenses are excluded from income. Employee may withdraw funds for non-medical expenses subject to income and excise tax.
Who Owns Unused Funds?	If funds attributable to employee pre-tax salary reductions, the plan owns (if an ERISA plan).	Employer (unless benefits paid from a trust)	Employee (eligible individual name on the established trust account)
Are Funds Portable?	No	No – however, it may have a post-termination spend-down feature.	Yes – funds belong to the employee (eligible individual)
Do Funds Carry Over?	Yes - an employer may allow employees to carry over up to \$550 of unused health FSA funds to the following plan year (this is not required). However, the health FSA plan cannot have both a carryover feature and grace period. If the employer chooses to establish a grace period, it will follow the end of the plan year and may not exceed two months and 15 days. Unused FSA funds may be used to reimburse eligible expenses incurred during the grace period.	Yes, if employer specifies	Yes
Funding Requirement	Uniform coverage rule applies – claims must be paid without regard to amount contributed.	Not required to prefund – uniform coverage rule does not apply.	Funds must be present before withdrawal is made. Employer may contribute to HSA periodically or all at once.
Deductibles	A health FSA is not subject to a minimum deductible. A health FSA may be offered in conjunction with a high deductible health plan; however, the deductible amount is established by employer.	Generally, an HRA is not subject to a minimum deductible. An HRA may be integrated with a high deductible health plan; however, deductible amount is established by employer.	\$1,400 minimum HDHP deductible (single) \$2,800 minimum HDHP deductible (family)
Maximum Out-of-pocket	Employer sets funding levels.	Employer sets funding levels.	\$7,000 maximum HDHP deductible (single) \$14,000 maximum HDHP deductible (family)
Maximum Annual Contribution	Health FSA limit is \$2,750** – however, an employer may establish lesser plan limits.	No – however, an employer may establish annual plan limits.	\$3,600 max. contribution (single)*** \$7,200 max. contribution (family)*** \$1,000 max. catch-up contribution (individuals age 55 or older)
Allowable Expenses and Plan Restrictions	FSA can be offered alone or in conjunction with a major medical plan. Plan allows otherwise unreimbursed Code 213(d) medical expense excluding premiums and qualified long-term care services. Employer may restrict scope of reimbursements by plan design. If participant also has an HSA, the FSA must be limited to the following: qualified dental expenses, vision expenses, prescription drugs, and expenses constituting preventive care.	HRA allows otherwise unreimbursed Code 213(d) medical expenses including health insurance premiums. Generally, HRA may not reimburse expenses for qualified long-term care services. Employer may restrict scope of reimbursements by plan design (many plans limit reimbursement to deductibles, co-payments, co-insurance). If participant also has an HSA, the HRA must be limited to the following: qualified dental expenses, vision expenses, prescription drugs, expenses constituting preventive care, qualified insurance premiums, "suspended HRA," and retiree-only HRA.	HSA can only be established by any individual who is covered under a qualifying HDHP (as defined in Code §223 and with a deductible meeting the statutory limit), is not entitled to Medicare, and cannot be claimed as a tax dependent. Account holder cannot have disqualifying non-high deductible health plan coverage. Individuals who are entitled to Medicare cannot establish or contribute to an HSA. HSA allows otherwise unreimbursed medical Code Section 213(d) expenses excluding most premiums. An employer cannot restrict the scope of HSA distributions except for expenses paid with an electronic debit card so long as account holder has other means to obtain funds from HSA. Qualified expenses must be incurred after the HSA is established.
Administration	TPA - Contact your Word & Brown sales representative.	TPA - Contact your Word & Brown sales representative.	WageWorks, health insurance carrier, bank, TPA - Contact your Word & Brown sales representative
Non-Medical Withdrawals	No	No	Taxable and subject to 20% penalty (no penalty if age 65 or older or disabled as defined by Code Section 72)

QUALIFYING EXPENSES UNDER AN FSA, HRA, OR HSA

Health FSAs and HRAs are generally subject to IRS Code Section 105. Therefore, only expenses that qualify as medical care under Code Section 213(d) are eligible for reimbursement, subject to some additional restrictions:

- Health FSAs cannot reimburse expenses for qualified long-term care services and/or insurance premiums (in accordance with Code Section 106 and 125); and
- HRAs cannot reimburse expenses for qualified long-term care services (in accordance with Code Section 106).

HSAs are subject to Code Section 223. Therefore, only expenses that qualify as “medical care” under Code Section 213(d) are eligible for tax-free reimbursement, except as otherwise limited by Code Section 223:

- No insurance premiums except for long-term care premiums, COBRA premiums, health coverage received while receiving unemployment compensation, and any deductible health insurance coverage for individuals who are age 65 or older (other than Medicare supplemental policies).

QUALIFYING MEDICAL EXPENSES

Qualified expenses must be for out-of-pocket medical care for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, including, but not limited to:

Acupuncture	Crutches and slings	Laetrile (when prescribed by doctor)	Rental of medical or healing equipment (requires doctor's note)
Ambulance services	Doctor co-pays	Laser eye surgery	Service animals
Artificial limbs and teeth	Eligible over-the-counter (OTC) medications and health care items	Lip reading lessons for the hearing impaired	Surgery (except cosmetic surgery)
Automobile modifications (hand controls, special equipment, mechanical lifts if for individuals with disabilities)	Examination, physical	Nursing care	Telephones for the hearing impaired
Braille books and magazines	Eye examination	Obstetrical (OB) expenses	Transportation expense related to medical care (including doctor's office)
Contact lenses and solutions	Hearing devices	Oxygen equipment	X-rays
	Hospital bills for medical care	Prescription drugs for medical care	
	Iron lungs (operating cost)	Prescription eyeglasses	

Qualified expenses also include fees paid to the following providers for treatment of a specific disease or medical condition:

Chiropodist (expense)	Hospital	Ophthalmologist	Pediatrician	Psychoanalyst
Chiropractor	Laboratory	Optician	Physician	Psychologist
Clinic	Midwife	Optometrist	Physiotherapist	Psychopathologist
Dentist	Nurse	Oral surgeon	Podiatrist	Specialist
Doctor	Obstetrician	Orthopedist	Practical nurse	Surgeon
Gynecologist	Oculist	Osteopath	Psychiatrist	

Ineligible expenses include: cosmetic surgery for non-medical reasons (including liposuction, hair transplants and electrolysis) and weight-loss programs (unless physician prescribed for treatment of a specific illness, including obesity).

FSA expenses must be incurred (i.e., services rendered) during the plan year.

HSA funds can be withdrawn for other purposes; however, the withdrawal amount will be subject to taxes and penalties. HSA account holders should consult their tax advisor for more information.

The information in this document represents a summary of information only and does not constitute a guarantee of any benefit nor limit our ability to require additional substantiation of a claim. For complete details on the health plan's benefits, limitations, and exclusions, refer to the Summary Plan Description. For details concerning a participant's rights and responsibilities with respect to an HSA (including information concerning the terms of eligibility, qualifying high deductible health plan, contributions to the HSA, and distributions from the HSA), please refer to the HSA Custodial Agreement.

Please refer to the published IRS documents for specifics. Health FSAs and HRAs are covered under IRS Section 105 and 106. Health FSAs are subject to additional rules set forth in the regulations under IRS Code Section 125. HRAs are subject to additional rules set forth in Notice 2002-45 and Rev. Rul. 2002-41. HSAs were established under the Medicare Reform Package, covered under IRS Code Section 223.

*Please consult your legal counsel to ensure your HRA plan design is permissible.

**Maximum annual limits for health FSA salary reductions became effective on January 1, 2013, and the initial limit was \$2,500. The maximum limit may be indexed for inflation each tax year.

***Maximum contribution requires either full-year eligibility or initial eligibility as of December 1 of that year and continuation of eligibility throughout the following year.

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
HMO to HMO Deductible Credit?	Yes	No	*Yes	N/A	N/A	Yes	N/A
PPO to PPO Deductible Credit?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	Yes	Yes
HSA to HSA Deductible Credit?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	Yes	Yes, groups can get credit for any deductible met on an HSA style plan in an HDHP plan design. Prior carrier report or individual EOB's are accepted.
Deductible Credit given from PPO with a deductible to a HMO plan?	Yes	No	Yes	N/A	Yes. We don't, however, give co-insurance credit.	Please contact your Word & Brown representative	N/A
Deductible Credit given from HMO with a deductible to a PPO plan?	Yes	No	Yes	Yes	Yes. We don't, however, give co-insurance credit.	Please contact your Word & Brown representative	Yes
Out-of-Pocket Max Carryover Credit?	No	Prior carrier calendar year deductible/OOPM may be credited if valid EOB from prior carrier submitted within 60 days of implementation.	*Yes	No	The deductible credited to the plan, will also credit the OOP accumulators	Yes	Yes
PEO to PEO Deductible Credit?	No	As long as the previous organization also had Anthem as their carrier and the member is going from like plan to like plan there will be a credit.	Not Applicable	N/A	N/A	N/A	Yes
Prior Carrier Deductible Credit Given?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	Yes	Yes
4th Quarter deductible Credit Given?	No	Yes, they will credit members for the remainder of the calendar year. If a group comes on 11/1 or 12/1 they will receive credit the rest of the year.	*Yes	No	No	No	Yes
Prior carrier deductible form needed?	No, just the usual EOB, ledger or letter.	There is no form needed. We will need copies of EOB's from prior carrier submitted within 60 days of group implementation	Deductible credit letter, claims ledger, EOB's.	Yes	For large groups, the transitioning of deductible credits would be smoother if a report were provided.	Prior carrier report or individual EOB's are accepted.	Yes
Where do I send the forms or EOB's?	Must be faxed to 866-474-4040 no later than 9 days after the effective date.	Fax to: 877-237-4519 (Anthem direct) Can also be mailed to: Attn: Prior deductible Credit 700 Broadway Denver, CO 80271-5747	Submit to the installation manager. These submissions would be during the group's initial installment.	underwriting@employerdriven.com	On the address of the ID card.	Include with submission or send to php-enrollment@uhsinc.com	Members will submit their EOB's to Aetna directly or a deductible credit report will be accepted

*Yes, upon approval via UW.

2021 ACA COMPLIANCE CHECKLIST

As a broker, it often becomes your responsibility to verify that your customers are in compliance with legislation. To that end, we have created the following checklist as a summary of the general tasks associated with ACA compliance. Not all items will apply to every group, but a thorough understanding on your part will help you guide your clients correctly. A corresponding PowerPoint presentation and a training document are available to you for further help, just ask your Word & Brown Sales Representative.

Budget Considerations:

- Use our [Group Size Calculator](#) to determine whether employer had average of 50+ FT plus FTE employees in prior year. If they did, this employer is an ALE subject to Employer Mandate the following year.
- If an ALE, use our [Affordability Calculator](#) to determine whether coverage meets one of ACA Affordability Safe Harbors in order to prevent a penalty. (Note: Affordability percentage is 9.83% in 2021).
- Ask clients about commonly-owned companies for accurate employer size determination
- Collect accurate DOBs for dependents under age 21 due to child rating structure.
- If any clients just reached the 50+ FT plus FTE threshold for the first time, check eligibility for transition relief from employer penalty Jan - Mar if MEC with MV offered April 1. (one-time relief)
- Verify your clients are no longer paying directly for/reimbursing employees for individual health plans, unless the Employer sponsors a Qualified Small Employer HRA (QSEHRA), or Individual Coverage HRA (ICHRA). (Costly Penalty)
- Discuss impact of any upcoming minimum wage increases on affordability of coverage calculations and overall company budget

Health Plan Administration:

- Verify waiting periods do not exceed the 90-day limitation
- If clients have orientation period prior to waiting period verify it is no longer than one month
- Explain to 50+ FTE clients with variable hour employees who may or may not work FT how to set up their lookback measurement, administrative and stability periods
- If client is 50+ FTE review Large Group ACA Compliance checklist for additional considerations
- Check Health FSA documents to make sure they reflect the *TBD* limit and specify either FSA grace period or \$550 carryover provision for 2021.
- Verify all groups are meeting participation. If not, prepare for 11/15-12/15 Special Open Enrollment Window
- Verify all employers are applying 30-hour FT definition to determine eligibility for coverage
- Confirm employers aren't changing employees to 1099 to avoid the mandate
- Determine if use of PEO or staffing agency personnel increases employer size to 50+ FTE due to IRS common law employee rules

Documents for Employees:

- Deliver DOL-Mandated Notice (New Health Marketplace Coverage Options and Your Health Coverage) to new employees within 14-days of hire
- Deliver Summary of Benefits and Coverage (SBC) and Uniform Glossary at enrollment, renewal and to new hires
- Deliver 60-day notices of modification, if plan changes are made outside of renewal
- If employer had average of 50+ FT plus FTE employees in 2020, prepare to give copy of IRS Form 1095-C (for 2021) to FT employees by 1/31/2022.

If you do not understand a concept on this checklist or need assistance assuring your group has accomplished a particular goal, please contact your Word & Brown Sales Representative who can provide further support.

HEALTH CARE REFORM - CARRIER SPECIFIC RATING CHANGES

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Are new hires rated by their age at the time their group became effective or by their age at the time the new hire is added to the plan?	<i>When new hire is added to the plan</i>	<i>New hires are rated by their age at the time the new hire is added to the plan.</i>	<i>Contact your Word & Brown representative</i>	<i>New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.</i>	<i>All rating is based on where the group is domiciled or "business address."</i>	<i>AHP plans have composite rating. New hires do not affect the current rate. Group is re-rated based on age-sex factor at time of renewal.</i>	<i>Access US is composite rated.</i>
If employer is not in service area, are employees who live in service area eligible?	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative regarding carve outs</i>	<i>Contact your Word & Brown representative</i>	<i>A blended rate is provided to the group which incorporates all employees. If however the employer elects a different network for that service area, then another plan can be set up in which unique rates for that plan choice is provided.</i>	<i>The eligible membership is included in the rate, generally based on who is currently enrolled.</i>	<i>Yes. The groups rates are based on the county in which the group is established.</i>	<i>Employees are covered in 49 states. Hawaii is the exception.</i>
If so, how are the employees who live in service area rated?				<i>Employees in the selected service area will be rated based on the rates of the selected network chosen which will be based on gender & age.</i>			
If employer is located in service area but employee does not live in the service area, is employee eligible?	<i>Yes, out of state employees are eligible</i>	<i>Yes as long as at least 25% of the group reside in the our service area.</i>	<i>Contact your Word & Brown representative</i>	<i>Yes, employees who reside elsewhere in the country are eligible.</i>	<i>We allow a maximum of 15% of the group to reside out of state.</i>	<i>We allow a maximum of 15% of the group to reside out of state.</i>	<i>Yes. Pricing is based on employee location. If the employee resides in an area outside of our network, the employee uses the out of network benefit.</i>
If so, how are the employees who do not live in service area rated?		<i>NV employer ZIP code</i>		<i>There will be one set of rates provided to the group. The rates provided take into consideration the entire census.</i>	<i>It's where the group is domiciled, not where the employees live.</i>	<i>Rates are based on where the group is domiciled, not where the employees live.</i>	
How do you handle quoting employers with multi-county zips?	<i>We use the employer's headquarter location</i>	<i>We do not allow multi-county ZIP Codes. One employer address. If an employer is in a multi-county ZIP code, once the ZIP code is entered, the county needs be entered. Anthem confirms the county by using the US Postal site: http://www.usps.com</i>	<i>Contact your Word & Brown representative</i>	<i>We utilize the zip in which the main office is located.</i>	<i>Rates are not blended. Rates are based on where the groups corporate address is domiciled. They are not based on where the employees live.</i>	<i>Rates are not blended. Rates are based on where the group's corporate address is domiciled. They are not based on where the employees live.</i>	<i>We take all ZIP Codes into account during the quoting process and as employees are added to the plan.</i>

HEALTH CARE REFORM - COVERAGE ELIGIBILITY

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
When a member marries - and they submit application to have spouse added, when does the coverage start?	<i>Date of marriage</i>	<i>Date of Marriage</i>	<i>First of the month following the date of event</i>	<i>The first of the month following their application</i>	<i>Date of Marriage</i>	<i>Date of Marriage</i>	<i>Coverage begins on the qualifying event date.</i>
Newborn child, adoption, etc. - when is baby added? (i.e. date of birth, first of the month in which the child was born, or first of the month following birth)?	<i>Date of birth</i>	<i>Newborn children are covered automatically from the moment of birth. Following the birth of a child, you should submit an application/ change form to the group within 31 days to add the newborn to your plan. Adopted children are eligible the date of adoption as long as an application is submitted within 31 days of the event.</i>	<i>Date of birth</i>	<i>Date of birth</i>	<i>Newborns of subscribers are eligible on their date of birth. Adopted children are eligible on the date of the adoption.</i>	<i>Newborns of subscribers are eligible on their date of birth. Adopted children are eligible on the date of the adoption.</i>	<i>Coverage begins on the qualifying event date.</i>
Does your health plan go by Calendar Year or Policy Year for deductibles?	<i>Calendar year</i>	<i>Yes</i>	<i>HRA plans, we would follow the carrier policy. For our stop loss level funded plans, they are CYD.</i>	<i>The group has the option to choose either Calendar Year or Policy Year for their deductible.</i>	<i>Calendar Year</i>	<i>Calendar Year</i>	<i>Our health plan goes by calendar year.</i>
Does your health plan cover employees through the end of the month if termed mid-month?	<i>Yes</i>	<i>Yes</i>	<i>The employee would be covered until the end of the month.</i>	<i>Employees on the health plan will be covered until the end of the month if terminated after the 1st of any given month.</i>	<i>This is the group choice, whatever they choose goes on their contract.</i>	<i>Yes, unless the group is set up for the wash rule.</i>	<i>Aetna standard is to allow coverage through the end of the month in which member's employment ends. Termination as of the employee separation date is allowed, however it must be consistently applied to all employee terminations. Retroactive enrollments and terminations (employee and dependent) are limited to 60 days.</i>

HEALTH CARE REFORM - HIPAA CERTIFICATION

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Will you voluntarily issue a coverage verification document to all members who cease their coverage?	<i>No, upon request only</i>	<i>Letters will not voluntarily go out to members.</i>	<i>E.D.I.S. will send a Certificate of Credible Coverage to all members after coverage has ceased if requested.</i>	<i>Yes</i>	<i>No, upon request only</i>	<i>No, upon request only</i>	<i>We can issue coverage verification documents upon request.</i>
Will a verification of coverage document be available upon request? If so, please provide contact information.	<i>Yes, please contact member services</i>	<i>Yes. Members can request documents through member services at 877-833-5734.</i>	<i>Yes, please contact Member Services at 888-886-7973.</i>	<i>Yes</i>	<i>Yes, a COC can be requested through Member Services at 800-863-7515 or 800-770-9310.</i>	<i>Yes, a COC can be requested through Member Services at 800-863-7515 or 800-770-9310.</i>	<i>Yes, by contacting member services at: 800-231-7729</i>
What type of documentation, if any, will you be requiring when you receive off-anniversary enrollment due to loss of coverage?	<i>Proof of loss of coverage</i>	<i>An employee change form can be completed or the employer can make the change through employer access.</i>	<i>Proof of last coverage showing the last effective date</i>	<i>Proof of loss of coverage, along with a completed enrollment form</i>	<i>A COC will be requested if it's a loss of coverage scenario.</i>	<i>A COC will be requested if it's a loss of coverage scenario.</i>	<i>The plan sponsor tells us and decides who is eligible for health coverage. Other than an enrollment change form, no additional documentation is required.</i>

HEALTH CARE REFORM - PEDIATRIC DENTAL & VISION

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Do you send out a separate Pediatric Dental and Vision card to employee household (for those that have dependent coverage 18 and under)?	N/A	No	N/A	N/A	<i>Pediatric Dental and Vision are included in the medical. There are not separate cards issued for these benefits.</i>	<i>Pediatric Dental and Vision are included in the medical. There are not separate cards issued for these benefits.</i>	<i>Access US plans are large group plans and therefore do not include Pediatric Dental as part of the medical plan.</i>
Is the ID card under the Dependent's name?	N/A	<i>Grandfathered plans will be in the subscriber's name and ACA plans are issued with dependents names.</i>	<i>No, the ID card will be under the subscriber's name.</i>	N/A	Yes	<i>This can be arranged, yes.</i>	N/A
If the employee has dependent children 18 and under and also enrolls in the group dental program, which plan is primary?	N/A	<i>Pediatric Dental</i>	<i>Pediatric Dental</i>	N/A	<i>The group dental plan is primary.</i>	<i>The group dental plan is primary.</i>	N/A
Is there coordination of benefits between the group dental plan and the Medical Pediatric Dental and Vision program?	N/A	Yes	<i>No, pediatric dental falls under Medical and Medical and Dental do not coordinate benefits.</i>	N/A	Yes	Yes	N/A

HEALTH CARE REFORM - WAITING PERIODS, 2-LIFE GROUPS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
What waiting period options will you be offering new business small groups in 2021?	N/A	<p>First of the month following Date of Hire</p> <p>First of the month following 1 month from the Date of Hire</p> <p>First of the month following 2 months from the Date of Hire</p>	First of the month following date of hire, 30 days and 60 days (NOT to exceed 90 days)	0, 30, 60 and 90 days	Waiting Period – Cannot exceed 90 days from date of hire	Waiting Period – Cannot exceed 90 days from date of hire; we allow other scenarios around this as long as it doesn't exceed this.	<p>At initial submission of the group the benefit waiting period (BWP) may be waived upon the employer's request.</p> <p>BWPs must be consistently applied to all employees, including newly hired key employees.</p> <p>The BWP for future employees may be the date of hire or first of the month following 0, 30, 60 days following date of hire, or the 90th day</p> <p>One BWP may be selected and must be consistently applied within a class of employees as defined by the employer.</p> <p>A reduction to the benefit waiting period may only be made on the plan anniversary date.</p>
What procedure must a current employer follow if they want to change to a 90-day waiting period off-anniversary?	N/A	N/A	Submit request to: Administration@employerdriven.com	N/A	Any change in waiting period, is submitted to the PHP Account Manager in writing. The Account Mgr. would submit a change request to UW to prepare change and create an addendum to the contract.	Submit the request to: phpsalesteam@uhsinc.com	An increase in the BWP may be requested once in a 12-month period and may be requested either on or off the anniversary date.
When will this new 90-day waiting period become effective?	N/A	N/A	Varies based upon product	N/A	Group determines the effective date but cannot retro more than 60 days.	Group determines the effective date but cannot retro more than 60 days.	No retroactive BWP changes will be allowed.
Will 2-life husband/wife groups be eligible in 2021?	No	Yes—a husband and wife group with one non-familial employee (defined as any employee other than one's spouse) is eligible for small group coverage. The non-familial employee can waive coverage.	Contact your Word & Brown representative	They will be eligible.	No, per ACA Husband and Wife only groups are not eligible for coverage. There must be at least one full-time employee in addition to the husband & wife.	No, per ACA Husband and Wife only groups are not eligible for coverage. There must be at least one full-time employee in addition to the husband & wife.	2 life husband and wife groups are eligible as long as they are both W2 employees and enrolled separately

HEALTH PLAN COMPARISON - DOCTOR SELECTION & REFERRAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
How often can members change their Primary Care Physician (PCP)?	N/A	Can change PCP at any time	N/A	Unlimited	As often as they like	Unlimited	N/A
Can family members each choose a PCP from a different IPA/ Medical Group?	N/A	Yes	N/A	Yes	Yes	Yes	N/A
Self-referral available?	Yes	Yes—all plans	Yes	Yes	Yes—all plans	Yes—all plans	N/A
Express referral available?	N/A	N/A	No	No referrals are required to see a specialist.	N/A	N/A	N/A

HEALTH PLAN COMPARISON - HSAs, HRAs & OUT-OF-NETWORK

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Do any of your HSA-Compatible or HRA-Compatible High Deductible Health Plans (HDHP) have an embedded† deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible?	Yes	Yes	Yes	Yes	Yes—some plans have embedded deductibles.	Yes	Both of our standard Access US HDHP plans are embedded. Our standard Access 2000 HDHP plan does have the higher individual deductible of \$2800 in 2021.
On plans which include out-of-network benefits, what do you use to determine benefit [Limited Fee Schedule (LFS), Usual, Customary & Reasonable (UCR), percentage of Medicare, etc.]?	Refer to schedule of benefits	LFS - Providers who have not signed any contract with us and are not in any of our networks are Out-of-Network Providers, subject to Blue Cross Blue Shield Association rules governing claims filed by certain ancillary providers. For Covered Services you receive from an Out-of-Network Provider, the Maximum Allowed Amount for this Booklet will be one of the following as determined by us: 1. An amount based on our Out-of-Network Provider fee schedule/rate, which we have established in our discretion, and which we reserve the right to modify from time to time, after considering one or more of the following: reimbursement amounts accepted by like/similar providers contracted with Anthem, reimbursement amounts paid by the Centers for Medicare and Medicaid Services for the same services or supplies, and other industry cost, reimbursement and utilization data; or 2. An amount based on reimbursement or cost information from the Centers for Medicare and Medicaid Services ("CMS"). When basing the Maximum Allowed amount upon the level or method of reimbursement used by CMS, Anthem will update such information, which is unadjusted for geographic locality, no less than annually; or 3. An amount based on information provided by a third party vendor, which may reflect one or more of the following factors: (1) the complexity or severity of treatment; (2) level of skill and experience required for the treatment; or (3) comparable Providers' fees and costs to deliver care, or 4. An amount negotiated by us or a third party vendor which has been agreed to by the Provider. This may include rates for services coordinated through case management, or 5. An amount based on or derived from the total charges billed by the Out-of-Network Provider.	Varies	Out of network benefits are calculated using a percentage of Medicare. If the service isn't listed, then UCR is utilized.	UCR	UCR	Inside the U.S., providers not in the Aetna network may require them to pay the provider directly for services rendered and submit a claim to Aetna. For U.S. provider out of network claims, we base fees on market factors and the federal government's Resource Based Relative Value Scale (RBRVS) methodology with adjustments made at the local level. We develop fee schedules separately for each service area, and fee schedules may also vary among providers in the same geographical area as determined by market considerations. The standard percentage is 105 percent for professional charges and 140 percent for facility charges.

† When HSA plans were first introduced in 2004, IRS publications used the term "embedded deductible" to refer to the individual deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible. Current IRS publications do not use the term "embedded deductible."

IRS Publication 969 (2010) "Health Savings Accounts and Other Tax-Favored Health Plans" provides the following HDHP eligibility clarification on page 4:

"Family plans that do not meet the high deductible rules. There are some family plans that have deductibles for both the family as a whole and for individual family members. Under these plans, if you meet the individual deductible for one family member, you do not have to meet the higher annual deductible amount for the family. If either the deductible for the family as a whole or the deductible for an individual family member is below the minimum annual deductible for family coverage, the plan does not qualify as an HDHP."

HEALTH PLAN COMPARISON - HOUSE CALLS, TELEMEDICINE & OTHER ALTERNATIVE HEALTH CARE DELIVERY METHODS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Doctor House Calls available through Heal™ or another provider of this type of service?	<i>Dispatch Health</i>	<i>HMO plans: Yes</i> <i>PPO plans: Yes</i>	<i>HMO plans: Yes</i> <i>PPO plans: No</i>	<i>HMO plans: N/A</i> <i>PPO plans: N/A</i>	<i>HMO plans: Telemedicine</i> <i>PPO plans: Telemedicine</i>	<i>Telemedicine and Teladoc</i> <i>Dispatch Health</i>	<i>Yes, with Teladoc®, our telemedicine offering in the U.S., members have access to a national network of board-certified physicians who can treat a variety of health issues. Care is available 24/7/365 by web and phone.</i> www.teladoc.com/aetna
Nurse's Hotline available? For more Information:	<i>Yes</i>	<i>HMO plans: Yes</i> <i>PPO plans: Yes</i>	<i>HMO plans: No</i> <i>PPO plans: No</i>	<i>HMO plans: Teladoc</i> <i>PPO plans: Teladoc</i>	<i>HMO plans: Telemedicine</i> <i>PPO plans: Telemedicine</i>	<i>Teladoc</i>	<i>Yes, you may call 800-556-1555</i>
Facetime/Skype Access to Doctor? For more Information:	<i>Yes</i>	<i>HMO plans: Yes</i> <i>PPO plans: Yes</i>	<i>HMO plans: Yes</i> <i>PPO plans: Yes</i>	<i>HMO plans: Teladoc</i> <i>PPO plans: Teladoc</i>	<i>HMO plans: Telemedicine</i> <i>PPO plans: Telemedicine</i>	<i>Telemedicine and Teladoc</i>	<i>We offer members online-video consultations with physicians through Teladoc. To arrange a consultation, members can call a toll-free number, visit the Teladoc website at www.teladoc.com/aetna or use Teladoc's mobile app www.teladoc.com/aetna</i>
Email Access to Doctor?	<i>N/A</i>	<i>Live Health Online</i>	<i>HMO plans: Yes</i> <i>PPO plans: Yes</i>	<i>HMO plans: N/A</i> <i>PPO plans: N/A</i>	<i>HMO plans: Telemedicine</i> <i>PPO plans: Telemedicine</i>	<i>Telemedicine and Teladoc</i> <i>However, some providers outside of this have these capabilities</i>	<i>No, we offer members phone and online-video consultations with physicians through Teladoc</i> www.teladoc.com/aetna
Any other alternative health care delivery service you offer? For more Information:	<i>N/A</i> <i>Aetna Member Services 800-872-3862</i>	<i>HMO plans: N/A</i> <i>PPO plans: N/A</i> <i>Contact your Word & Brown representative</i>	<i>HMO plans: No</i> <i>PPO plans: Yes</i> <i>CallADoc for more information contact E.D.I.S. at 888-886-7973.</i>	<i>HMO plans: N/A</i> <i>PPO plans: N/A</i> <i>Contact your Word & Brown representative</i>	<i>HMO plans: Telemedicine</i> <i>PPO plans: Telemedicine</i> <i>Contact your Word & Brown representative</i>	<i>Telemedicine and Teladoc</i> <i>Dispatch Health</i> <i>Contact your Word & Brown representative</i>	<i>N/A</i> <i>N/A</i>

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Acupuncture	No	No	Covered	Not covered	Varies by plan design. Please verify benefits by COC.	Standard in most, however, varies by plan design. Please refer to your EOC under Alternative Care	Yes
Chiropractic	Yes-refer to COC	Yes	Covered	Covered under outpatient physical medicine which has a limit of 30 visits per plan year.	Varies by plan design. Please verify benefits by COC.	Standard in most, however, varies by plan design. Please refer to your EOC under Spinal Manipulation	Yes
Dental-Adult	No	Available	Available	Not covered	Unavailable	N/A	Optional
Dental-Pediatric	No	Yes	Not Covered	For the wellness visits covered under ACA, they are included in the rates.	Yes	Standard in most for children, however, varies by plan design. Please refer to your EOC.	Dependents can be included in dental adult plans.
Included in rates?		Yes		Yes	Yes		
Hearing Treatment	Refer to COC	Limited benefits — see COC	Not Covered	No	Limited benefits — see COC	Standard in most, however, varies by plan design. Please refer to your EOC.	Included
Hearing Aids Covered?	No	Yes—see COC	Not Covered	No	Currently covered in Small Group only	Standard in most, however, varies by plan design. Please refer to your EOC.	Included

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Infertility	No	Limited benefits — see COC	Benefits are included for procedures which are consistent with established medical practices in the treatment of infertility by a Physician. These procedures include, but are not limited to, diagnosis, diagnostic tests, medication, surgery, and gamete intrafallopian transfer. Benefits will not be available for in-vitro fertilization procedures.	Yes, for groups with 50 or more employees, fertility is covered up to a maximum of \$10k per plan year.	For coverage limitations, please consult COC.	Diagnosis only, please refer to the EOC for coverage details.	Included
Life	No	Available	Available	N/A	Contact your Word & Brown representative	N/A	Not included
Speech Therapy	Refer to COC	Yes—with limitations—see COC	Covered	Covered under outpatient physical medicine which has a limit of 30 visits per plan year.	Limited to 60 visits per condition per calendar year. Autism up to 750 hours per member per calendar year.	Yes, however please review your EOC for coverage levels.	Included

NOTE: Unless otherwise noted, information shown on this page reflects in-network benefits.

HEALTH PLAN COMPARISON - PRESCRIPTIONS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
If generic available, and doctor has not indicated "dispense as written," will member receive a generic equivalent rather than a brand name drug?	Yes	Yes	No	Yes	Yes	Yes	Yes
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay amount?	<i>Depends on the plan</i>	<i>By exception only</i>	Yes	<i>Regardless of whether the doctor or the patient requests the brand when there is a generic equivalent, the patient will receive the generic. If the doctor or patient wants the brand when a generic equivalent is available, they can do so but the customer will pay the brand name copay (if the plan chosen has an Rx copay) PLUS the difference between the brand and generic cost.</i>	No	Yes	<i>Members pay the difference in cost between a brand and generic in addition to their copayment if a generic is available but the member requests that the pharmacy dispenses a brand. If the brand is medically necessary, the physician can request an exception for the brand to pay at the copay level. If we approve the exception, the member will pay the applicable brand copay only. This is our standard plan for fully insured customers</i>
Does carrier use Rx formulary?	Yes	Yes	Yes	Yes	Yes	Yes	<i>Formulary 2021 Plan Year - Advance Control Plans – Aetna Download your up-to-date formulary at the following link: https://www.aetna.com/individuals-families/find-a-medication.html</i>
Are non-formulary drugs available?	No	<i>For exceptions please contact your sales representative</i>	Yes	<i>Any drug not listed on the formulary is excluded and not covered.</i>	At Non-Formulary Level	At Non-Formulary Level	<i>Yes, however, members will be charged the full cost of their medicine</i>
Mail Order	Yes	Yes	Yes	90 day supply	Yes—also available at retail pharmacy for 2 Copays - 3 month supply	Yes	Yes

Benefit information shown on this page is a brief summary. Limitations and exclusions apply. Please refer to certificate book, evidence of coverage or call representative for details.

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Composite Rates	<i>Yes 4 Tier</i>	<i>Yes—Two-tier composite rating available.</i>	<i>Yes 4 Tier</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>
Use Employer or Employee ZIP Code?	<i>Employer</i>	<i>Employer ZIP Code</i>	<i>Employee</i>	<i>Employer</i>	<i>Employer ZIP Code is used for rating purposes. Employee ZIP Codes are required to establish state of residency.</i>	<i>Employer</i>	<i>Product availability for group benefit offerings is always determined by the ZIP code of the employee</i>
How are New Hires rated?	<i>New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age</i>	<i>New Hire rates will be based on the member's age at the member's enrollment date.</i>	<i>New Hire rates will be based on the member's age at the member's enrollment date</i>	<i>New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.</i>	<i>New Hire rates will be based on the member's age at the member's enrollment date.</i>	<i>New hires on AHP plans are not rated at time of enrollment. Group is re-rated at time of renewal.</i>	<i>Rated the same as all other employees-no age banded rating</i>
How are out-of-state employees rated?	<i>Blended/ composite rate</i>	<i>Employer ZIP Code</i>	<i>Employee Specific Rating (based on where the employee is located)</i>	<i>It is a blended rate.</i>	<i>All employees are rated based on location of corporate headquarters.</i>	<i>Composite rated</i>	<i>Pricing is based on employee location. If the employee resides in an area outside of our network, the employee uses the out of network benefit.</i>
Wage & Tax statement required?	<i>No</i>	<i>Yes—if in business more than 3 months</i>	<i>Yes</i>	<i>Yes, we do require a quarterly contribution/wage report for each employer from their respective state(s).</i>	<i>Yes</i>	<i>No, but could be requested</i>	<i>No</i>
Payroll records OK if no Wage & Tax Reports?	<i>No</i>	<i>Payroll will need to be submitted for any new hire not listed. If hired within two weeks of group application, a W-4 may be submitted.</i>	<i>Yes</i>	<i>If none filed, yes and may require additional documents</i>	<i>Yes—minimum of 2 weeks</i>	<i>Yes, minimum of 2 weeks, if requested</i>	<i>No</i>
Is a prior booklet required?	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
Is prior billing required?	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>No</i>

† Payroll records must include the number of hours worked for each employee. If no payroll records, group must also submit copy of their business license and tax ID number. Group must be in business a minimum of 50% of prior quarter in order to be guaranteed issue.

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Must submit check with initial application?	<i>Does not accept</i>	<i>Yes or submit EFT form with voided check</i>	<i>No</i>	<i>Yes</i>	<i>Yes (or ACH Form)</i>	<i>Yes (or ACH Form)</i>	<i>Yes</i>
Make check payable to	<i>N/A</i>	<i>Anthem</i>	<i>E.D.I.S.</i>	<i>National General Insurance</i>	<i>Prominence Health Plan</i>	<i>Prominence Health Plan</i>	<i>Checks for premium payments should be made out to "Total Benefit Solutions". Total Benefit Solutions P.O. Box 45329 San Francisco, CA 94145-0329</i>
New in Business Minimum length of time in business?	<i>3 months prior to effective date</i>	<i>2 weeks</i>	<i>No</i>	<i>No Minimum</i>	<i>6 weeks</i>	<i>6 weeks</i>	<i>None</i>
Payroll records [†] required? If yes, how long?	<i>No, unless requested by UW</i>	<i>At least 2 weeks worth is required if a quarterly tax and wage statement is unavailable. If no payroll available a W4 will suffice.</i>	<i>6 weeks</i>	<i>Yes, and they need to be current.</i>	<i>At least 2 weeks worth is required if a quarterly tax and wage statement is unavailable. K-1, Schedule C or Copy of Draw</i>	<i>At least 2 weeks worth is required if a quarterly tax and wage statement is unavailable. K-1, Schedule C or Copy of Draw</i>	<i>No</i>
Copy of business license?	<i>No</i>	<i>No—unless quarterly wage and tax is unavailable</i>	<i>No</i>	<i>Only if other documentation cannot be provided</i>	<i>No</i>	<i>No</i>	<i>No</i>
Other documents required?	<i>Depending on information provided, it may be possible</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Depending on information provided it may be possible</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Please refer to 2020 Access NG Documents.zip.</i>

[†] Payroll records must include the number of hours worked for each employee. If no payroll records, group must also submit copy of their business license and tax ID number. Group must be in business a minimum of 50% of prior quarter in order to be guaranteed issue.

HEALTH PLAN COMPARISON - WRAP[†] REQUIREMENTS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Can be written with another carrier's PPO or indemnity plan?	No	No	Yes	No	No	No, we will not sit side by side with another carrier	No
Can be written with another carrier's HMO, HNO or POS?	No	No	No	No	No	No, we will not sit side by side with another carrier	Yes, by exception only.

[†]Indicates flexibility in being offered with products of another carrier.

Creditable Coverage Prescription drug benefit with current plan from employer is at least as good as the pharmacy benefits offered through the new Medicare Part D standard plan
Non-creditable Coverage Prescription drug benefit with current plan from employer is not as good as the pharmacy benefits offered through the new Medicare Part D standard plan

	CREDITABLE	NON-CREDITABLE
Anthem Blue Cross Blue Shield		
Anthem Bronze Choice PPO 6000/25%/7000 w/HSA		■
Anthem Bronze Choice PPO 8000/40%/8550		■
Anthem Bronze Guided Access HMO 6900/0%/7000 w/HSA		■
Anthem Bronze Guided Access HMO 7500/40%/8550	■	
Anthem Bronze Guided Access HMO 8550/0%/8550		■
Anthem Bronze Pathway HMO 7500/40%/8550	■	
Anthem Bronze Pathway HMO 6900/0%/7000 w/HSA		■
Anthem Bronze Pathway HMO 8550/0%/8550		■
Anthem Bronze Pathway PPO 7750/40%/8550	■	
Anthem Bronze Pathway PPO 7000/0%/7000 w/HSA		■
Anthem Bronze Pathway PPO 8550/0%/8550		■
Anthem Bronze PPO 7000/40%/8550	■	
Anthem Bronze PPO 6900/0%/7000 w/HSA		■
Anthem Bronze PPO 8550/0%/8550		■
Anthem Silver Choice PPO 2500/30%/8000	■	
Anthem Silver Choice PPO 5000/30%/8500	■	
Anthem Silver Choice PPO 6000/30%/8550	■	
Anthem Silver Guided Access HMO 4000/50%/8250	■	
Anthem Silver Guided Access HMO 4500/0%/4600 w/HSA	■	
Anthem Silver Guided Access HMO 5000/50%/8550	■	
Anthem Silver Guided Access HMO 6000/30%/8000	■	
Anthem Silver Pathway HMO 4000/50%/8250	■	
Anthem Silver Pathway HMO 4500/0%/4600 w/HSA	■	
Anthem Silver Pathway HMO 5000/50%/8550	■	
Anthem Silver Pathway PPO 4000/50%/8550	■	
Anthem Silver Pathway PPO 5000/30%/8550	■	
Anthem Silver Pathway HMO 6000/30%/8000	■	
Anthem Silver PPO 3500/30%/8550	■	
Anthem Silver PPO 3000/20%/5250 w/HSA	■	
Anthem Silver PPO 5500/50%/8550	■	
Anthem Silver PPO 4500/0%/4600 w/HSA	■	
Anthem Silver PPO 4000/20%/8150	■	
Anthem Gold Choice PPO 1000/20%/7350	■	
Anthem Gold Choice PPO 1500/20%/5000	■	
Anthem Gold Choice PPO 1500/20%/6000	■	
Anthem Gold Choice PPO 250/20%/7000	■	
Anthem Gold Choice PPO 2500/20%/5000	■	
Anthem Gold Choice PPO 500/20%/7500	■	
Anthem Gold Guided Access HMO 1250/30%/7000	■	
Anthem Gold Guided Access HMO 2000/20%/5000	■	
Anthem Gold Guided Access HMO 2500/20%/6000	■	
Anthem Gold Guided Access HMO 500/20%/7500	■	
Anthem Gold Guided Access HMO 2800/20%/4250 w/HSA	■	
Anthem Gold Pathway HMO 1250/30%/7000	■	
Anthem Gold Pathway HMO 2000/20%/5000	■	
Anthem Gold Pathway HMO 2500/20%/6000	■	
Anthem Gold Pathway HMO 500/20%/7500	■	
Anthem Gold Pathway HMO 2800/20%/4250 w/HSA	■	
Anthem Gold Pathway PPO 1000/20%/6000	■	
Anthem Gold Pathway PPO 1500/20%/7000	■	
Anthem Gold Pathway PPO 2800/20%/4450 w/HSA	■	
Anthem Gold PPO 1000/20%/6500	■	
Anthem Gold PPO 1500/20%/6750	■	
Anthem Gold PPO 2000/20%/5000	■	
Anthem Gold PPO 500/25%/7000	■	

National General

PPO		
All creditable except those that don't offer an Rx Copay - Contact Rep	■	

	CREDITABLE	NON-CREDITABLE
Prominence Health Plan		
HMO Select 500		■
HMO Select 1000		■
HMO Select 2500		■
HMO Select 3500		■
HMO Select 5000		■
HMO Select 6000		■
HMO Select 7900		■
HMO H.S.A. 3000	■	
HMO H.S.A. 4000	■	
HMO H.S.A. 5500		■
HMO H.S.A. 6650		■
Freedom Plus 500	■	
Freedom Plus 1000	■	
Freedom Plus 2500	■	
Freedom Plus 3500	■	
Freedom Plus 5000	■	
Freedom Plus 6000	■	
Freedom Plus 7900		■
POS Triple Choice 500	■	
POS Triple Choice 1000	■	
POS Triple Choice 2500	■	
POS Triple Choice 3500	■	
POS Triple Choice 5000	■	
POS Triple Choice 6000	■	
PPO Choice 500	■	
PPO Choice 1000	■	
PPO Choice 2500	■	
PPO Choice 3500	■	
PPO Choice 5000	■	
PPO Choice 6000	■	
PPO Choice 6500		■
PPO Choice 7900		■
PPO H.S.A Choice 3000	■	
PPO H.S.A Choice 4000	■	
PPO H.S.A Choice 5500		■
PPO H.S.A Choice 6650	■	
























Prominence Health Plan - Association Health Plans

Contact your Word & Brown representative

Total Benefit Solutions

PPO Access Elite	■	
PPO Access 250	■	
PPO Access 500	■	
PPO Access 750	■	
PPO Access 1000	■	
PPO Access 1500	■	
PPO Access 2500	■	
HDHP Access 2000	■	
HDHP Access 3000	■	

ONLINE SERVICES

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
	Contact your Word & Brown representative	anthem.com	employerdriven.com	ngah-ngic.com	prominencehealthplan.com	prominencehealthplan.com	aetna.com
EMPLOYER SERVICES 							
View Employee Add-Ons/Terminations	●	●	●	●	●*	●*	●
Rates For EEs/Dependents	●	●	●	●	●*	●*	●
Premium Payment	●	● 	● 		●** 	●** 	●
Online Billing Payment	●	●	●	●	●*	●*	●
Online Addition/Termination of Employee	●	●	●		●*	●*	●
View Directory	●	●	●	●	●	●	●
Download Forms	●	●	●	●	●	●	●
E-Mail Customer Service	●	●	●	●	●*	●*	● 
EMPLOYEE SERVICES 							
View Claims Status	●	●	●	●	●*	●*	● 
Order Permanent ID Cards	●	●	●	●	●*	●*	● 
Print Temporary ID Cards	●	●		●	●*	●*	● 
View Benefits	●	●	●	●	●*	●*	● 
View Current PCP Or Doctor	●	●		<i>Depends on network</i>	●*	●*	● 
Change Doctor	●	●			●	●	● 
View Directory	●	●	●	●	●	●	● 
Download Forms	●	●	●	●	●	●	● 
Book Doctor Appointments	●						● 
BROKER SERVICES 							
Manage Group Acct	●	●	●	●	●	●	●
Commission Information	●	●	●		●	●	● 
Group Info (e.g. Add-Ons)	●	● ²	●	●		●	● 
Online Only Agent Appt, Paper App. or Both?	<i>Both</i>	<i>Online Only</i> 	<i>Both</i> 	<i>Both</i>	<i>Online Only</i> 	<i>Online Only</i> 	<i>Online Only</i>

* Must register on Prominence Health Plan's secure portal at www.prominencehealthplan.com.

** After group is established.

RENEWAL INFORMATION - MEDICAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Are 2-life husband/wife groups eligible or will they be required to move to IFP?	No	Yes, however we can audit these groups at any time.	N/A	They will be eligible.	A husband/ wife group with one non-familial employee (defined as any employee other than one's spouse) is eligible for small group coverage. Please also note that Sole Proprietors are not eligible for small group coverage.	No	Groups must have a minimum of 2 W-2 employees on the plan.
Which groups do you recertify at renewal?	All groups at time of renewal	None automatically; however, sporadic audits may occur on random groups.	N/A	All groups are underwritten at time of renewal.	If a small group has members with same last name and/or adequate participation levels are in question, group will be sent a letter asking for information (i.e. Quarterly Wage & Tax statement).	All, if eligible	Based upon underwriting review
Where does a broker go with questions about the group's renewal? Account Manager or 800 Number?	Account Manager	Please contact the Small Group Broker Support Team: 888-445-9236.	Renewal Department email: renewal@employerdriven.com Phone: 888-886-7973	Account Manager	phpsalesteam@uhsinc.com or 888-840-9080	phpsalesteam@uhsinc.com	Please reach out to the TBS Global Renewal team at Globalrenewals@tbsmga.com
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	Yes www.springboardmarketplace.com	Yes, through the Broker Portal at: http://www.anthem.com/home-brokers.html	Yes yourbenportal.com	No	No, but they may request access to the employer portal for enrollment changes.	Yes, they have access through their broker portal.	Groups will have access to the TBS Online billing system. They may grant the broker access if they wish.

RENEWAL INFORMATION - MEDICAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Do new enrollees have the ability to register online and print temporary ID cards?	Yes	Yes	No	Yes, once the group's new plan year is established in the system.	Employees cannot enroll online. Once they enroll and become active covered members, they can create a personal login through prominencehealthplan.com and print a temporary ID.	Once employees are enrolled and become active covered members, they can create a personal login through prominencehealthplan.com and print a temporary ID.	<p>New business: Groups and members that are new to an existing Aetna group (or re-hires) will initially get a physical ID card in the mail. Once members are enrolled and if/when they register for Aetna Navigator AND have an email address on file in Navigator they will begin receiving digital ID cards after their initial physical ID card is provided and will only get physical cards in the following scenarios:</p> <ul style="list-style-type: none"> • New member enrollment • Rehired employees • ID number will be sent when new ID number is triggered (e.g. member being moved from DE state plan to WA/MD control) <p>Renewals: Aetna will force a new ID card when groups have a plan change at renewal (group plan changes or when benefit changes are being implemented such as a change in copay), Aetna will not trigger ID cards for renewal "as is". For those members that have an email address in Navigator, their new renewal ID card will be updated in Navigator and they will get an email indicating a new ID card is available online. For those that do not have an email address in Navigator, they will continue to receive physical ID cards in the mail.</p> <p>Dental: For members who have Aetna dental coverage only ID cards will not be sent. However, members may log in to the Aetna Navigator site at www.aetna.com to print one for their records.</p>
How far in advance do groups receive their renewal material?	60 days	At least 60 days in advance	Approximately 60 days.	As soon as broker delivers it. If the broker doesn't deliver within 10 days of their receipt, the employer is notified electronically of their ability to view the offer online.	60-75 days in advance	60 days	This will depend upon the deliver to the group from the broker.
How far in advance do brokers receive their renewal material?	60 days	60-75 days in advance - brokers are notified via email that renewals are available through SGQ/ Broker Portal.	Approximately 60 days	60 days	60-75 days in advance - brokers are notified via email that the renewal is available on our broker portal.	60 days	<p>Your anniversary date will be 12 months after your original effective date. It is on this date that you will receive your annual renewal from Aetna. The annual renewal period is the time of year when you and your employees can reevaluate your health benefits needs, select the plan(s) that best meets those needs and make contract changes. The timing of the annual renewal greatly affects the service your members receive. TBS will provide the renewal to your broker contact approximately 45 days of the anniversary date. Aetna must receive written confirmation in advance of the policy renewal date. Written confirmation may include signed renewal acceptance from the customer delivered by mail, fax or email.</p>
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	Contact their assigned Account Manager	Please contact the Small Group Broker Support Team: 888-445-9236 or contact your sales rep.	Contact E.D.I.S. renewal department Email: renewal@employerdriven.com Phone: 888-886-7973	They can view/retrieve renewal offers online or they can contact their account manager.	PHPSalesTeam@uhsinc.com or 888-840-9080	PHPSalesTeam@uhsinc.com	Please reach out to the TBS Global Renewal team at Globalrenewals@tbsmga.com

RENEWAL INFORMATION - MEDICAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Where does a broker get SBCs for renewal groups?	Account Manager or broker portal, Producer World	SBC's can be accessed at https://sbc.anthem.com/dps/	SBCs can be accessed at yourbenportal.com or by calling Member Services at 888-886-7973.	They are provided with the reissue offer to the group.	Contact your Account Manager or PHPSalesTeam@uhsinc.com	Contact your Account Manager or PHPSalesTeam@uhsinc.com	A link will be sent to the plan sponsor at renewal from Aetna directly. Members may log into their Aetna member services account to view.
Deadline for submission of group level renewal changes & their effective date?	Contact Account Manager	By the last business day of the renewal month (e.g. April renewal = last submission date for changes is Tuesday, April 30).	Prefer changes are submitted prior to the end of the month preceding the renewal, but will accept changes through the renewal month up to the last business day of the renewal month, or until the signed agreements are submitted.	The day before the group's plan year begins	The 5th of the month prior to the effective date is the preferred time frame.	The 5th of the month prior to the effective date is the preferred time frame.	<p>Renewal policy cancellations require written notification of intent to cancel within 30 days of the renewal. This written notification must be on the group's company letterhead, list the requested effective date, lines of coverage, the reason for terming, and be signed and dated.</p> <p>Plan changes must be returned within the specified time frame on your renewal letter. Plan changes will not be accepted after the date noted on the renewal letter.</p> <p>Changes to your plans can be made at New Business or at Renewal. Please contact your broker to facilitate these changes.</p>
Deadline for submission of employee/dependent renewal changes & their effective date?	Contact Account Manager	If there are renewal changes and not subscriber eligibility or Qualifying Event changes, then the deadline is by the last business day of the renewal month.	Changes may be submitted prior to the end of the month preceding the renewal. They will also be accepted up to the last business day of the renewal month or until the signed agreements are submitted.	The day before the group's plan year begins	Within 30 days of eligibility effective date (this deadline is strongly adhered to)	Within 30 days of eligibility effective date (this deadline is strongly adhered to)	All member adds & deletes must be submitted to TBS within 30 days of the renewal effective date.
Email address and/or fax number for submission of renewal change forms?	Contact Account Manager	Email to: NVSmallGroupRenewals-sm@anthem.com or fax to: 702-586-6259.	Underwriting@employerdriven.com Fax: 559-635-6527	NGBSSelfFunded@ngic.com	PHPSalesTeam@uhsinc.com	PHPSalesTeam@uhsinc.com	<p>Total Benefit Solutions Global Account Management Team Direct HR contact for escalated issues & direct broker contact for renewal delivery.</p> <p>Amanda Lokken globairenewals@tbsmga.com 425-777-4613</p>

RENEWAL INFORMATION - MEDICAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Which submission method offers the fastest processing time for renewal changes?	www.springboardmarketplace.com	Via employer access	Email	Email	Email	Email	Email all renewal information to globalrenewals@tbsmga.com
What changes are allowed at renewal?	Plan benefits, network, specific deductible and enrollment changes	Refer to NV Small Group Underwriting Guidelines, Benefit modifications or Contact Small Group Broker Support Team: 800-445-9236.	Group & member level changes	Plan benefits, network, specific deductible and enrollment changes	The changes allowed include changing or adding of plan designs, adding or deleting dependents, and waiting period changes.	The changes allowed include changing or adding of plan designs, adding or deleting dependents, and waiting period changes.	<p>Plan changes employees</p> <ul style="list-style-type: none"> • Employees are not eligible to change plans until the group's open enrollment period, which is upon their annual renewal. <p>Plan change group level</p> <ul style="list-style-type: none"> • Plan changes available upon renewal. <ul style="list-style-type: none"> • 30 day notification required prior to implementation
Forms required?	Contact Account Manager	If the group is making plan changes, then there are certain forms required at renewal. No form is needed if the group is renewing "as is" to the mapped plans.	There may be forms required if making certain changes.	At renewal, we require the following: <ol style="list-style-type: none"> 1. A signed renewal proposal 2. Signed Business Associate Agreement 3. Signed Administrative Services agreement. 	Yes, a renewal election form will be sent to the group 60 days prior to renewal.	Yes, a renewal election form will be sent to the group 60 days prior to renewal.	These are outlined in the renewal email sent to the broker.
Can group add dental, vision or life at renewal, or can it be added anytime?	Renewal	Can be added at renewal or at any time	Dental, vision and/or term life can be added at the group level off of open enrollment if they do not already have these lines of coverage.	No	N/A	N/A	Dental may be added at any time. Vision may be added at renewal. Life is not available.

UNDERWRITING REQUIREMENTS

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Are Union/Non-union exclusions allowed?	Yes	Contact your Word & Brown representative	Yes	Yes	Yes—employees to be covered must be clearly identified by collective bargaining agreement.	Yes—employees to be covered must be clearly identified by collective bargaining agreement.	No
Will new business carve out groups be eligible?[†]	No	Yes	Yes	Yes	Yes—as allowed by ACA Requirements	Yes—as allowed by ACA Requirements	Management carve-outs and other carve-outs are not allowed.
Will they need to prove compliance with IRS code 105(h) or sign a document indicating they do comply		Not at this time. It is the employer's responsibility to ensure they are in compliance.	No	Yes	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Not applicable
Will existing carve out groups be eligible to continue coverage?[†]	N/A	Yes—as Allowed by ACA Requirements. Minimum of 5 Enrolling	Yes	Yes Existing groups do not require revalidation. They sign a carve out agreement when they first enroll.	Yes	Yes	Management carve-outs and other carve-outs are not allowed.
Will they need to prove compliance with IRS code 105(h) or sign a document indicating they do comply?	N/A	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Contact your Word & Brown representative	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Not at this time. It is the employer's responsibility to ensure they are in compliance.	Not applicable

[†] The Affordable Care Act (ACA) requires group health plans to comply with IRS code 105(h) which prohibits discrimination in favor of highly compensated employees. After reviewing the comments submitted in response to proposed regulations, the IRS postponed implementation of this portion of ACA until they release further guidance. In anticipation of that guidance, some health plans already have decided to no longer accept carve-outs. Once this guidance is published the responses outlined above may change. Word & Brown will keep focused on this important issue and update you promptly regarding any changes.

UNDERWRITING APPOINTMENT REQUIREMENTS - MEDICAL

	Aetna Funding Advantage	Anthem Blue Cross Blue Shield	E.D.I.S.	National General	Prominence Health Plan	Prominence Health Plan - Association Health Plans	Total Benefit Solutions
Licensing Required?	Yes	<i>No—we like to have the licensing paperwork at the same time as a new submission, but we will begin processing new business if the broker is still working on the paperwork.</i>	Yes	Yes	<i>No—but commissions will not be paid until appointed</i>	<i>Licensing is required to become appointed and to be paid commissions. Licensing not required to quote.</i>	Yes
Will the Carrier hold the approval?	Yes	No	No	Yes	<i>No—but commissions will not be paid until appointed</i>	<i>No—but commissions will not be paid until appointed</i>	Not applicable
Requirements	Refer to www.aetna.com or contact the LAAU@aetna.com	W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required	W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required	W-9 is required DOI printout accepted	W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required	W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required	Licensing requirements for each group sale Brokerage license for the U.S. state the group is headquartered. Aetna appointment in the U.S. state the group is headquartered.
Check appointment status	www.LAAU@aetna.com	isg.agent.appointments@anthem.com	Call Broker Services at 888-886-7973	sflicensing@ngic.com	PHPSalesTeam@uhsinc.com	PHPSalesTeam@uhsinc.com	LAAU@aetna.com
Ok To Send Licensing Without Case Submission?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	Ameritas	BEST Life and Health Insurance Company	Camden	Companion Life	Delta Dental	Guardian	Humana	Lincoln Financial Group
Licensing Required?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Will the Carrier hold the approval?	<i>No—but commissions will not be paid until appointed</i>	No	No	<i>No—but commissions will not be paid</i>	<i>No—but commissions will not be paid until appointed</i>	<i>No, but commissions will not be paid until approval</i>	Yes	No
Requirements	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>Copy of license is required</i> <i>DOI printout accepted—but copy of license must be sent in</i>	<i>W-9 is required</i> <i>Copy of license is required</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i> <i>Proof of E&O required</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i> <i>Proof of E&O required</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i> <i>Proof of E&O required</i>
Check appointment status	<i>group_licensing@ameritas.com</i>	<i>cs@bestlife.com</i>	<i>phil@thecamden.com</i>	<i>agent.compliance@companiongroup.com</i>	<i>producerservices@delta.org</i>	<i>Licensing and appointment is performed online. Please contact local Guardian representative for verification.</i>	<i>AgencyMgt@humana.com</i>	<i>bplicensing@lfg.com</i>
Ok To Send Licensing Without Case Submission?	<i>Appointment paperwork can be submitted, but will not be processed until group is sold.</i>	Yes	Yes	No	Yes	Yes	Yes	Yes

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	MetLife	Nippon Life Benefits	Principal	Reliance Standard	SecureCare Dental & Vision	United Concordia	Unum	VSP
Licensing Required?	Yes	Yes	<i>The marketer must hold the applicable State License for product being sold. Appointment will be processed when business received.</i>	<i>No—but commissions will not be paid until appointed</i>	<i>Producer must hold required state license. Appointment will be processed when business is submitted.</i>	Yes	Yes	Yes
Will the Carrier hold the approval?	<i>It will not hold up approval, but commissions will not be paid until licensing is complete.</i>	<i>No—but commissions will not be paid until appointed</i>	Yes	<i>No—but commission will not be paid until appointed</i>	No	Yes	Yes	<i>No—but commission will not be paid until appointed</i>
Requirements	<i>W-9 is required We validate license per National Registry Proof of E&O required</i>	N/A	N/A	<i>W-9 is required Copy of license is required DOI printout accepted</i>	<i>W-9 is required Copy of license is required DOI printout accepted Proof of E&O required</i>	<i>W-9 is required Copy of license is required DOI printout accepted Proof of E&O required Producer Information and a Producer Agreement</i>	<i>W-9 is required Copy of license is required DOI printout accepted Proof of E&O required</i>	<i>W-9 is required Copy of license is required DOI printout accepted</i>
Check appointment status	clr_institutional@metlife.com	continuingrelations@nipponlifebenefits.com	licandappt@exchange.principal.com	pdewald@ameritas.com	cfisher@securecaredental.com	ucproducer@ucci.com	AskUnum@unum.com	asca@vsp.com
Ok To Send Licensing Without Case Submission?	Yes	No	<i>Appointment paperwork can be submitted, but will not be processed until group is sold.</i>	Yes	Yes	Yes	Yes	Yes

Tools to Help You Do Your Job Better

Whether you're new to Word & Brown, or you've been partnering with us for years, you may not be aware of all of the online resources we offer to help you serve your clients. **Check them out below.**

Underwriting Quick Reference Charts

<https://www.wordandbrown.com/forms-search>

2018 Waiting Period Options

(Updated 6/1/2020)

Startup Group Flyer

(Updated 6/1/2020)

Special Open Enrollment Window

(Updated 6/1/2020)

Provider and Rx Formulary Search Instructions

<https://nv.wordandbrown.com/resources/Pages/Provider-Search-Instructions.aspx>

- **Small Group Provider Search Request Form (All Medical Carriers)**
-

Products

<https://www.wordandbrown.com/products>

NEVADA RATING AREAS

Area	Counties
1	Clark, Nye
2	Washoe
3	Carson City, Douglas, Lyon, Storey
4	Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Pershing, White Pine

SPECIAL OPEN ENROLLMENT






The Guaranteed Issue Special Open Enrollment period runs from November 15th to December 15th each year for a January 1st effective date.

Carriers are required to offer a special open enrollment window to Small Employers that do not meet carrier participation and/or contribution requirements. These groups must meet all other Underwriting Guidelines.

Small Employers that have struggled to attain coverage due to participation or contribution requirements can obtain coverage during this special open enrollment window.






The UW guide summarizes our carrier partners' deadlines and other important details such as whether or not the listed carrier must be the sole carrier for the group.

Although carriers must lower their contribution requirements, the Affordable Care Act mandates that Applicable Large Employers (ALEs) with 50 or more full-time plus full-time equivalent employees must offer affordable coverage that meets minimum value in order to avoid a 4980H(b) employer penalty. IRS common ownership/controlled group rules apply when determining whether or not an employer is an ALE.

Carrier	Guidelines
	Not available
	Must be the sole carrier Must be complete at submission with all requirements in by 12/15 - no exceptions Recertification at renewal: no Waivers are not required during this window
	Groups submitted between 11/15 and 12/15 will have an effective date of 1/1
	Not available
	Groups submitted between 11/15 and 12/15 will have an effective date of 1/1






This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.

START-UP GROUP REQUIREMENTS

Carrier	Requirements for Start-Up Groups
	<p>A company must have been in business for a minimum of three months prior to the requested effective date to be eligible for an AFA quote</p>
	<p>Payroll records, business license and Articles of Incorporation Note: Anthem will not accept a brand new business until payroll records are available</p>
	<p>New companies in business 3 months or less, Articles of Incorporation and/or Partnership of Proof of Establishment & Financial Viability Letter from Financial Institution</p>
	<p>If there is no wage and tax report yet, then as much payroll records that are available will be required</p> <p>If the business has not opened yet, but will open for business on or right before the policy effective date, employee W-9 will be required to prove employment</p> <p>A copy of a business check whether paying by check or ACH to verify business existence</p>
	<p>Payroll records, business license and Articles of Incorporation Note: Prominence will not accept a brand new business until payroll records are available</p>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier
 Please refer to the carrier guidelines for additional information

WAITING PERIOD OPTIONS

Carrier	Waiting Period Options:
	<p>No waiting period. Coverage begins on date of hire First of the month following date of hire First of the month following 30 days from the date of hire First of the month following 60 days from the date of hire 90 days from the date of hire</p>
	<p>First of the month following date of hire First of the month following 1 month from the date of hire First of the month following 2 months from the date of hire</p>
	<p>First of the month following 30 days from the date of hire First of the month following 60 days from the date of hire First of the month following 90 days from the date of hire</p>
	<p>First of the month following date of hire First of the month following 30 days from the date of hire First of the month following 60 days from the date of hire 90 days from the date of hire</p>
	<p>No waiting period. Coverage begins on date of hire First of the month following date of hire First of the month following 30 days from the date of hire First of the month following 60 days from the date of hire 90 days from date of hire</p>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna Funding Advantage¹		
Medical	10-50	\$30 - Can be adjusted
Aflac (Individual Voluntary Plans)¹		
Creative Solutions	3-99 Policy holders	Begins at 12%
Ameritas		
Dental	3-199	10% Level Simple Add-Ons - 10%
Vision	3+	10% Level Simple Add-Ons - 10%
Anthem Blue Cross Blue Shield		
Medical	1-50	\$28-\$36 PCPM**
Dental	2-50	8%
Vision	2-50	10%
Life and AD&D	2-50	10%
Avesis		
Vision	2-100	10% [for all years]
BEST Life and Health Insurance Company²		
Dental	2-50 51-99 Voluntary 5-50 Voluntary 51-99	10% 8% 10% 8%
Vision	5+	10%
Life and AD&D	2+	15%
Camden-Avesis¹		
Vision	5-50	10%
Cigna¹		
Medical	25-250	5%
Dental	25-250	10%
Vision, Life and Disability	25-250	Contact your Word & Brown representative as we will need to co-broker
Colonial Life¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product

* In addition to full, standard carrier broker commissions for cases placed through Word & Brown.

** PCPM amount varies based upon group size and broker tiering.

¹ Quoting for this carrier is not available through our online Quoting System, please send your quote request to nevadaquotes@wordandbrown.com or contact your Word & Brown representative.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

CARRIER / PLAN	GROUP SIZE	COMMISSION
Companion Life¹		
Dental	Group size varies by product	2-9 Lives: 10% 10+ Lives: First \$10K - 10% Next \$10K - 7.5% Next \$10K - 5% Above - 3.5% Voluntary 3+ - 10%
Vision	2-50	10%
LTD	2-50 Voluntary: 10-50	2-9 Lives: 15% 10+ Lives: First \$5K - 15% Next \$10K - 10% Next \$10K - 8% Next \$20K - 5% Above - 2.5% Voluntary 10+ - 15%
STD	2-50 Voluntary: 3-50	2-9 Lives: 15% 10+ Lives: First \$5K - 15% Next \$10K - 10% Next \$10K - 8% Next \$20K - 5% Above - 2.5% Voluntary 10+ - 15%
Life and AD&D	2-50 Voluntary: 5-50	2-9 Lives: 15% 10+ Lives: First \$5K - 15% Next \$10K - 10% Next \$10K - 8% Next \$20K - 5% Above - 2.5% Voluntary 5+ - 15%
Delta Dental		
Dental	Group size varies by plan	10%
Delta Dental (MWG)¹		
Dental	1-4	10%
E.D.I.S.¹		
Freedom Dental	2-50 51-99	10% 7.5%
Group Term Life	2+	10%
EDHP Hybrid, RBP and Buy Up Plans	2+	\$6 PEPM, and the below % of both the specific and aggregate premium. ● 8% if spec deductible is \$10,000 ● 9% if spec deductible is \$20,000 ● 10% if spec deductible is \$30,000 or higher
EDHP MVP Plan	2+	\$10 PEPM
MEC Plans	2+	\$5 PEPM
Evolved Benefits¹		
Staff Benefits Management and Administrators (SBMA)	25-100	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
Transamerica/TransConnect	2-100	HP45 - 18%
Guardian²		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	1-50	Standard M-Scale

(Continued)

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
HealthiestYou¹		
TeleHealth	1+	15%
Humana¹		
Dental and Vision	1-50	First \$10,000: 10% Next \$10,000: 7.5% Next \$10,000: 5% Next \$20,000: 2.5% Over \$50,000: 1.5%
Employer-Sponsored Group Life & AD&D	1-50	10%
Voluntary Group Life and AD&D	1-50	15%
International Medical Group¹		
Alternative Solutions	2-50	10%
Lincoln Financial Group¹		
Dental	2-99	First \$10,000 - 10.00% Next \$10,000 - 8.00% Next \$10,000 - 4.00% Next \$20,000 - 2.00% Next \$50,000 - 1.50% Next \$150,000 - 0.25% Next \$250,000 - 0.15% Above \$500,000 - 0.15%
Vision	2-99	10%
LTD	2-99	First \$15,000 - 15.00% Next \$10,000 - 10.00% Next \$25,000 - 5.00% Next \$50,000 - 1.00% Above \$100,000 - 0.50%
Life AD&D and STD	2-99	First \$2,000 - 15.00% Next \$3,000 - 12.00% Next \$5,000 - 11.00% Next \$5,000 - 8.00% Next \$5,000 - 7.00% Next \$5,000 - 6.00% Next \$5,000 - 5.00% Next \$20,000 - 2.00% Next \$50,000 - 1.50% Next \$50,000 - 1.00% Next \$350,000 - 0.75% Above \$500,000 - 0.50%
MetLife¹		
Dental	2-9	Graded beginning at 10%
Vision	2-50	10%
LTD	2-50	First \$15K - 15% Next \$10K - 10% Above - Varies Flat 15% available
STD	2-50	First \$5K - 15% Next \$5K - 10% Above - Varies Flat 15% available
Life and AD&D	5-50	Graded beginning at 15%
National General¹		
Medical	2-24 25-50 51-200	7.0% 6.0% 4.5%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits¹		
Dental	2-50 51-100	10% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0%
Vision	2-50 51-100	10% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0%
Life and AD&D	2-50 51-100	15% first year and renewal \$0 - \$10,000 = 15% \$10,001 - \$15,000 = 10% \$15,001 - \$20,000 = 10% \$20,001 - \$25,000 = 7.5% \$25,001 - \$50,000 = 7.5% \$50,001 - \$100,000 = 5% \$100,001+ = 2.5%
STD	2-50 51-100	15% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0%
LTD	2-50 51-100	15% first year and renewal \$0 - \$10,000 = 15% \$10,001 - \$15,000 = 15% \$15,001 - \$20,000 = 12.5% \$20,001 - \$25,000 = 12.5% \$25,001 - \$50,000 = 10% \$50,001 - \$100,000 = 10% \$100,001+ = 5%
Premier Access		
Dental	1-100	\$0-10,000 - 10% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5% \$30,001 - \$50,000 - 2.5% \$50,001 - \$250,000 - 1.5%
Premium Saver (MWG)¹		
Creative Solutions	1-50	Zero to 15%. Contact your Word & Brown representative
Principal²		
Dental	3+ Voluntary: 5+	Graded beginning at 10%
Vision	3+ Voluntary: 5+	Graded beginning at 10%
LTD	3+ Voluntary: 5+	Graded beginning at 15%
STD	3+ Voluntary: 5+	Graded beginning at 10%
Life and AD&D	3+ Voluntary: 5+	Graded beginning at 10%
Accident	3+ Voluntary: 5+	65% 1st year; 5% 2nd year +
Critical Illness	3+ Voluntary: 5+	30% 1st year; 15% 2nd year +

¹ Quoting for this carrier is not available through our online Quoting System, please send your quote request to nevadaquotes@wordandbrown.com or contact your Word & Brown representative.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

(Continued)

CARRIER / PLAN	GROUP SIZE	COMMISSION
Prominence Health Plan		
Medical	2-50	\$34-\$40 PEPM*
Prominence Health Plan - Association Health Plans		
Medical	2-50	6%
Reliance Standard¹		
Dental	2-19	10%
LTD	2-19	15% 1st year; 10% Renewal
STD	2-19	10%
Life and AD&D	2-19	15% 1st year; 10% Renewal
Accident and Critical Illness	2-19	15% 1st year; 10% Renewal
SecureCare²		
Dental	2-50+	10%
Vision	5-50+	10%
Seniors Choice¹		
Medical	1-50	8%
Part D (RX)	1-50	5%
Dental	1-50	10%
Vision	1-50	10%
The Holman Group		
Alternative Solutions (EAP)	10-100	% is broker directed
Total Benefits Solutions¹		
Medical (International)	2+	5% first year and renewal
United Concordia		
Dental	2+	10%
Unum¹		
Dental	10-50	10%
Vision	10+	10%
LTD	2-50 Voluntary: 10-50	First \$15K - 15% Next \$10K - 10% Next \$25K - 5% \$50K+ - 1% Voluntary 10+ - 15%
STD	2-50 Voluntary: 10-50	First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K - 0.5% Voluntary 10+ - 15%
Life and AD&D	2-50 Voluntary: 10-50	First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K - 0.5% Voluntary 10+ - 15%
VSP		
Vision	5-50 Voluntary: 10-50	First \$5,000 - 10% Next \$5,000 - 5% Next \$10,000 - 3.56% Next \$10,000 - 2.31% Next \$20,000 - 1.44% Next \$250,000 - .73% Exceeding \$5000,000 - .35%

¹ Quoting for this carrier is not available through our online Quoting System, please send your quote request to nevadaquotes@wordandbrown.com or contact your Word & Brown representative.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

Word&Brown®

MEDICAL



CONTACT INFORMATION

Member Services	800-872-3862
Spanish Member Support	800-872-3862
Internet Support	800-343-6101 - Aetna Answer Team
Provider Eligibility Verification	800-872-3862
Claims	800-872-3862
Release Authorization (for HIPAA Release Forms)	800-872-3862
Customer Service	800-872-3862
Commissions	800-622-3435
Adds/Terms	800-343-6101 - Aetna Answer Team
Administrator	800-343-6101 - Aetna Answer Team
Billing/Payments	800-343-3862
Eligibility	800-872-3862
Broker of Record Changes	Contact assigned account manager
Cal-COBRA Department/ Federal COBRA Enrollments	Contact assigned account manager
Small Group Cancellations/ Reinstatements	Contact assigned account manager
Producer Service & Broker Service	800-343-6101 - Aetna Answer Team
Underwriting Department	800-343-6101 - Aetna Answer Team
Broker Licensing Department/ Broker Licensing Paperwork	Licensing and Account Department - 866-511-2863



PROVIDER NETWORKS

HMO Networks	N/A
PPO Networks	Choice POS II
EPO Networks	Open Access Aetna Select

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date 1st of the month

Premium Amount Required for 15th? No

Applications must be dated within 90 days of requested effective date

Spouse/Domestic Partner Employees - 1 application or 2? 1

FEES

Enrollment Fee Amount N/A

Type of Enrollment Fee N/A

Monthly Administration Fee N/A

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? N/A

Is on-the-job covered for corporate officers, partners and sole proprietors? N/A

Is there a premium adjustment for 24 hour coverage? N/A

SPECIAL CONSIDERATIONS



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	10	10
Max. # of employees	50	50

Minimum Employer Contribution

	Group Size
	10-50
Employees	50% of lowest cost plan
For Dependents	0
% of Total Cost	50% of employee cost - not total cost

PARTICIPATION

Contributory

	Group Size
	10-50
Employees	50% of all eligible employees
Dependents	0

Non-Contributory

Employees	100%
Dependents	0



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Are employees covered if traveling out of USA?	Emergency only
Is coverage available for out-of-state employees?	Contact your Word & Brown representative
Max. percentage of employees residing out-of-state allowed	If headquartered in Nevada, 1 W-2 to enroll in plan - not owner or owner's spouse

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?						
	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	Refer to specific benefit summary or contact member services: 800-872-3862					
Medical/Durable Medical Equipment Benefit*	Refer to specific benefit summary or contact member services: 800-872-3862					

[†]Vendors for Diabetes Equipment: Contract is with Medical Group. See PCP.

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	N/A - HMO plans are not offered in Aetna Funding Advantage	N/A - HMO plans are not offered in Aetna Funding Advantage	N/A - HMO plans are not offered in Aetna Funding Advantage

These services may change at any time without notice.
Please contact your Word & Brown rep for specific inquiries on listed services

For Prescription information, refer to comparison chart in the front of this guide.

Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.



CONTACT INFORMATION

Member Support	877-833-5734
Bilingual Support	877-833-5734
Internet Support	anthem.com
Provider Eligibility Verification	877-833-5734
Broker Support	888-445-9236 Fax 888-819-7475 nvsgbroker@anthem.com
Adds/Terms	Fax 855-750-2227
Commissions	888-445-9236
Billing	Anthem Blue Cross Blue Shield P.O. Box 541013 Los Angeles, CA 90054-1013 800-922-4770 Fax 855-750-2227
Claims	Anthem Blue Cross Blue Shield P.O. Box 5747 Denver, CO 80217-5747 877-833-5734
Wellness Discounts	Several discounts available for various services through Anthem Special Offers
Health Equity (HSA Banking Partner)	Our partner, BenefitWallet, administers our HSA solution with The Bank of New York Mellon as the custodian
Tax ID Number	NAIC # 11011 PPO Tax ID # 84-0747736 HMO Tax ID # 841017384



PROVIDER NETWORKS

HMO Networks *Pathway HMO, Guided Access (available in Clark and Nye Counties)*

PPO Networks *Pathway PPO, Full Network PPO, Choice PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st or the 15th of the month*

Premium Amount Required for 15th? *Yes—submit 100% of the premium*

Applications must be dated within *Within 60 days prior to the effective date*

Spouse/Domestic Partner Employees - 1 application or 2? *Both*

FEES

Enrollment Fee Amount *None*

Type of Enrollment Fee *N/A*

Monthly Administration Fee *None*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *No*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Yes*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

Location carve outs need prior underwriting approval.

There are three options for employers to select from for monthly contributions to their employees' health premiums:

- **Traditional option:** A minimum contribution of 50% of each employee's monthly health premium
- **Fixed-dollar option:** A fixed-dollar amount of \$125 or more, for each covered employee's monthly health premium. Certain restrictions and minimums apply
- **Percentage-of-plan option:** A minimum of 50% toward a specific plan, chosen by the employer



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	1	1
Max. # of employees	50	50

Minimum Employer Contribution

	Group Size
	1-50
Employees	50% (see special considerations on previous page)
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

Contributory	
	Group Size
	1-50
Employees	75% of eligible
Dependents	N/A
Non-Contributory	
Employees	100%
Dependents	N/A



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Yes—must be employed by the company full time and year round
Are 1099 employees allowed?	Yes—No more than 50 percent of the group's eligible employees may be 1099 employees.
Are employees covered if traveling out of USA?	Yes
Is coverage available for out-of-state employees?	Group is eligible if at least 25% reside in Nevada, an Anthem state, or combination of Anthem states. Anthem states are: CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA & WI.
Max. percentage of employees residing out-of-state allowed	See above

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	Varies	Varies	Varies	Varies	Varies	Varies
Durable Medical Equipment	Varies	Varies	Varies	Varies	Varies	Varies

[†]Vendors for Diabetes Equipment: Please contact Customer Service at (877) 833-5734.

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	Yes	Depends on drug	No
PPO plans	Yes	Depends on drug	No
HSA plans	Yes	Depends on drug	No

These services may change at any time without notice. Please contact your Word & Brown representative for specific inquiries on listed services

For Prescription information, refer to comparison chart in the front of this guide.

Benefit information shown on this page is a brief summary. Limitations and exclusions apply. Please refer to certificate book, evidence of coverage or call representative for details.

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

Member Support	<p>Phone: 888-886-7973 Email: service@employerdriven.com Fax: 559-733-2325</p>
Bilingual Support	<p>Phone: 888-886-7973 Email: service@employerdriven.com</p>
Internet Support	<p>Phone: 888-886-7973 Email: service@employerdriven.com Web: www.employerdriven.com</p>
Provider Eligibility Verification	<p>Phone: 888-886-7973 Email: service@employerdriven.com Fax: 559-733-2325</p>
Provider Services	<p>Phone: 888-886-7973 Email: service@employerdriven.com Web: www.yourbenportal.com</p>
Broker Support	<p>Phone: 888-886-7973 Email: service@employerdriven.com</p>
Commissions	<p>Phone: 888-886-7973 Email: accountservices@employerdriven.com</p>
Employer Support	<p>Phone: 888-886-7973 Email: service@employerdriven.com Web: www.yourbenportal.com</p>
Adds/Terms	<p>Email: administration@employerdriven.com Web Portal: www.yourbenportal.com</p>
Billing	<p>Phone: 888-886-7973 Email: accountservices@employerdriven.com</p>
Pharmacy	<p>Phone: 888-886-7973 Email: service@employerdriven.com</p>
Mail Order Drug	<p>Phone: 888-886-7973 Email: service@employerdriven.com</p>
Claims Reimbursement	<p>P.O. Box 7809 Visalia, CA 93290</p>
Tax ID Number	<p>81-4658349</p>

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

PROVIDER NETWORKS

HMO Networks *N/A*

PPO Networks *MEC, MEC Value, MEC+, MVP, Full RBP, Hybrid, Full PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the month*

Premium Amount Required for 15th? *1 1/2 months premium*

Applications must be dated within *The employee's signature date cannot be more than 60 days prior to the requested effective date for new group submissions.*

Spouse/Domestic Partner Employees - 1 application or 2? *1*

FEES

Enrollment Fee Amount *\$500*

Type of Enrollment Fee *One-time setup fee*

Monthly Administration Fee *All fees are a part of the premium.*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *No*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Yes*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

N/A

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	26	26
Max. # of employees	No max.	No max.

Minimum Employer Contribution

	Group Size
	2-50
Employees	75% for 50 or fewer lives enrolled and 60% for 51 or more lives enrolled
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

Contributory

	Group Size
	2-50
Employees	75% but not less than 50%
Dependents	N/A

Non-Contributory

Employees	100%
Dependents	N/A

Contact your Word & Brown representative for details.

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Yes—if more than 51% of their income is derived from that employer
Are 1099 employees allowed?	Yes—if more than 51% of their income is derived from that employer
Are employees covered if traveling out of USA?	Yes—for true emergencies only
Is coverage available for out-of-state employees?	Yes
Max. percentage of employees residing out-of-state allowed	49%

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump†	Glucose Monitor†
Rx Drug Benefit	■	■	■ (If relating to diabetes)			
Diabetic Supply Benefit				■	■	■

†Vendors for Diabetes Equipment: For Insulin Pumps please see DocFind. Glucose Monitors can be obtained at any retail pharmacy

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	N/A	N/A	N/A
PPO plans	Yes	Yes	Yes

Check Rx formulary at employerdriven.com

**These services may change at any time without notice.
Please contact your Word & Brown representative for specific inquiries on listed services**

For Prescription information, refer to comparison chart in the front of this guide.

*Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.*

CONTACT INFORMATION

Member Support, Customer Service, Bilingual Support	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
Internet Support	<i>NGBSSelfFunded@ngic.com</i>
Eligibility/Benefits	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
Account Services, Client Management, Precertification Department, Enrollment Department, Bilingual Support	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
Release Authorization (for HIPAA Release Forms)	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
Pharmacy Services, Wellness Discounts	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
Broker Licensing, Commissions, BOR Changes	<i>800-458-3246</i>
Billing, Payments, Administration & Claims	<i>Allied: 888-292-0272 Cigna: 800-244-6224 Meritain: 800-925-2272</i>
To contact by mail, or for payment submission	<i>For Allied: Allied Benefit Systems, Inc. PO Box 3205 Carol Stream, IL 60132-3205 For Cigna or Meritain: Tabs PO Box 17031 Winston-Salem, NC 27116-7031</i>

PROVIDER NETWORKS

HMO Networks *None*

PPO Networks *Cigna, Cigna OAP, Cigna Local Plus, Aetna POS, Aetna ASA PPO, PHCS*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st or 15th*

Premium Amount Required for 15th? *The full first month premium*

Applications must be dated within *31 days of the effective date*

**Spouse/Domestic Partner Employees
- 1 application or 2?** *2*

FEES

Enrollment Fee Amount *\$0*

Type of Enrollment Fee *None*

Monthly Administration Fee *Varies based on TPA and commissions.*

24 HOUR COVERAGE

**Is Workers' Comp required on corporate
officers, partners and sole proprietors?** *No*

**Is on-the-job covered for corporate officers,
partners and sole proprietors?** *Yes*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	2	2
Max. # of employees	200	200

Minimum Employer Contribution

	Group Size
	2-200
Employees	50%
For Dependents	0%
% of Total Cost	N/A

PARTICIPATION

Contributory

	Group Size
	2-200
Employees*	50%
Dependents	0%

Non-Contributory

Employees*	50%
Dependents	0%

*Those covered by another plan are NOT considered eligible in calculating participation. In order to NOT be considered eligible, the other coverage must be a group plan

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	Yes
Are employees covered if traveling out of USA?	For emergency coverage only
Is coverage available for out-of-state employees?	Yes
Max. percentage of employees residing out-of-state allowed	99%

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	■	■	■			
Diabetic Supply Benefit				■	■	■

[†]Vendors for Diabetes Equipment: Cigna

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
PPO plans	Yes, they are covered under the Prescription Drug benefit.	Depends on the drug. For additional information, please use the online Cigna Drug List Tool. This tool will indicate whether a particular drug requires pre-authorization	Depends on the drug. For additional information, please use the online Cigna Drug List Tool. Note: The first fill can be obtained at retail. Subsequent fills are required to utilize mail order.

**These services may change at any time without notice.
Please contact your Word & Brown representative for specific inquiries on listed services**

For Prescription information, refer to comparison chart in the front of this guide.

*Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.*

Prominence[®] Health Plan

CONTACT INFORMATION		
Member Support	<i>HealthFirst - HMO & POS Health Choice - PPO & HSA Prominence Health Plan Nurse Line</i>	<i>800-863-7515 800-433-3077 800-243-5495</i>
Bilingual Support	<i>HealthFirst - HMO, POS & Freedom Plans Health Choice - PPO & HSA</i>	<i>800-863-7515 800-433-3077</i>
Internet Support	<i>www.prominencehealthplan.com Customer Service 800-863-7515</i>	
Provider Eligibility Verification	<i>866-500-2741</i>	
Broker Service & Commissions	<i>888-840-9080 PHPSalesTeam@uhsinc.com PHPCommissions@uhsinc.com</i>	
Adds/Terms	<i>PHP-Enrollment@uhsinc.com</i>	
Billing	<i>PHP-PremiumBilling@uhsinc.com</i>	
Claims	<i>Prominence Health Plan Claims / Member Services 1510 Meadow Wood Lane Reno, Nevada 89502</i>	
Tax ID Number	<i>Prominence HealthFirst Prominence Health Insurance Company, Inc.</i>	<i>88-0293082 88-0193357</i>

Prominence[®] Health Plan

PROVIDER NETWORKS

HMO Networks *Health First-Statewide*

PPO Networks *Preferred Health Care Network (PHCN) in Northern Nevada;
Universal Health Network in Southern Nevada*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the month*

Applications must be dated within: *Within 60 days prior to the effective date*

**Spouse/Domestic Partner Employees
- 1 application or 2?** *Either*

FEES

Enrollment Fee Amount *None*

Type of Enrollment Fee *None*

Monthly Administration Fee *None*

24 HOUR COVERAGE

**Is Workers' Comp required on corporate
officers, partners and sole proprietors?** *Yes*

**Is on-the-job covered for corporate officers,
partners and sole proprietors?** *No*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

N/A

Prominence[®] Health Plan

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	2	2
Max. # of employees	50	50

Minimum Employer Contribution

	Group Size
	2-50
Employees	50% of the lowest cost plan or defined contribution equal to 50% of the lowest cost plan.
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

Contributory

	Group Size	
	2-3	4+
Employees	100%	75% of eligible employees excluding valid waiver
Dependents	N/A	N/A

Non-Contributory

Employees*	100%	100%
Dependents	N/A	N/A

Prominence[®] Health Plan

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Are employees covered if traveling out of USA?	Yes—limitations apply.
Is coverage available for out-of-state employees?	Yes—groups with 10 or more employees may offer a POS, Freedom plan or PPO plan to their out-of-state employees as long as the group is domiciled within Nevada.
Max. percentage of employees residing out-of-state allowed	15%

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	■	■	■			■
Durable Medical Equipment Benefit				■	■	

[†]Vendors for Diabetes Equipment: Edge Park Medical Supplies

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
All plans	Yes	Yes	Yes

**These services may change at any time without notice.
Please contact your Word & Brown representative for specific inquiries on listed services**

For Prescription information, refer to comparison chart in the front of this guide.

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Please refer to certificate book, evidence of coverage or call representative for details.*

Prominence®

Health Plan

Association Health Plans

CONTACT INFORMATION	
Broker Support: BOR changes, renewals and group terminations	Phpsalesteam@uhsinc.com
Broker licensing and appointment information	Phpsalesteam@uhsinc.com
Commissions	Phpsalesteam@uhsinc.com
Employer Support	Phpsalesteam@uhsinc.com
Adds/Terms	Broker Portal or Phpenrollment@uhsinc.com
Enrollment Department	Phpenrollment@uhsinc.com
Payments	Phppremiumbilling@uhsinc.com
Provider Services/ Eligibility Verification Prior Carrier Deductible Credit	866-500-2741
Member Support/Bilingual Support	800-863-7515
Internet Support	800-863-7515
Cal COBRA Department	N/A
Claims	Prominence Health Plan Claims/Member Services 1510 Meadow Wood Lane Reno, Nevada 89502
Billing	phppremiumbilling@uhsinc.com
Account Services, Eligibility, Release Authorization (for HIPAA Release Forms), Pharmacy Services, Account Service & Membership Accounting Dept., and Producer Services	phpsalesteam@uhsinc.com
To contact by mail, or for payment submission	Prominence Health Plan Claims/Member Services 1510 Meadow Wood Lane Reno, Nevada 89502
Benefits	Phpsalesteam@uhsinc.com or 800-863-7515
Client Management Dept. (for rates and service issues) and Small Group Cancellations/Reinstatements	Phpsalesteam@uhsinc.com
Broker Licensing Department	N/A - Phpsalesteam@uhsinc.com

Prominence[®]

Health Plan

Association Health Plans

PROVIDER NETWORKS

HMO Networks *Health First-Statewide*

PPO Networks *UHN-Statewide*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the month*

Premium Amount Required for 15th? *Yes*

Applications must be dated within: *60 days prior to the effective date*

Spouse/Domestic Partner Employees - 1 application or 2? *Yes - 1 or 2 applications*

FEES

Enrollment Fee Amount *N/A*

Type of Enrollment Fee *N/A*

Monthly Administration Fee *N/A*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *Yes*

Is on-the-job covered for corporate officers, partners and sole proprietors? *No*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

N/A

Prominence[®]

Health Plan

Association Health Plans

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	2	2
Max. # of employees	50	50

Minimum Employer Contribution

	Group Size
	2-50
Employees	We request 50% of lowest cost plan or defined contribution equal to 50% of lowest cost plan, however this is defined under ACA each year based upon income levels
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

Contributory

	Group Size	
	2-3	4+
Employees	100%	75% of eligible employees excluding valid waiver
Dependents	N/A	N/A

Non-Contributory

Employees*	100%	100%
Dependents	N/A	N/A

Prominence[®]

Health Plan

Association Health Plans

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	Yes, on a case by case basis with a signed attestation form.
Are employees covered if traveling out of USA?	Yes—limitations apply.
Is coverage available for out-of-state employees?	Yes—groups with 10 or more employees can offer a plan that has national network coverage.
Max. percentage of employees residing out-of-state allowed	15% (Carrier is planning to raise to 30%. Contact your Word & Brown representative.)

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	■	■	■			■
Durable Medical Equipment Benefit			■	■	■	

[†]Vendors for Diabetes Equipment: Edge Park Medical Supplies

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	Yes	Yes	Yes
MC plans	N/A	N/A	N/A
PPO & Indemnity plans	Yes	Yes	Yes

**These services may change at any time without notice.
Please contact your Word & Brown representative for specific inquiries on listed services**

For Prescription information, refer to comparison chart in the front of this guide.

*Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.*

CONTACT INFORMATION

Broker Support: BOR changes, renewals and group terminations	<i>TBS Total Benefit Solutions Global Account Management Team Direct HR contact for escalated issues & direct broker contact for renewal delivery. Amanda Lokken globalrenewals@tbsmga.com/425-777-4613</i>
Broker licensing and appointment information	<i>LAAU@aetna.com</i>
Commissions	<i>brokercomp@tbsmga.com</i>
Employer Support	<i>globalrenewals@tbsmga.com or the assigned Aetna Account Executive</i>
Adds/Terms	<i>Via OBS (email with instructions to register is sent to plan sponsor) or globalbilling@tbsmga.com</i>
Enrollment Department	<i>Billing and Enrollments are administered by Total Benefit Solutions. Enrollment forms, changes, and terminations may be completed online through the TBS OBS system. 855-246-8873 or globalbilling@tbsmga.com/Log on at link: TBS Online Billing System</i>
Payments	<i>Payment options include ACH submission and EFT. No credit card payments are accepted at this time</i>
Provider Services/Eligibility Verification Prior Carrier Deductible Credit	<i>Not applicable</i>
Member Support/Bilingual Support	<i>Aetna International– Member Services: 800-231-7729 or aiservice@aetna.com For 24/7/365-Memberassistance with benefits, claims, and general inquires/Note: Aetna requires member's personal information be changed/corrected through the employer only Aetna Member Website – Self-Service Online Member Portal: www.aetna.com Members can register by clicking “Register Now” and following the instructions.</i>
Pre-Authorization & Pre-Certification Department	<i>Members may obtain precertification by calling the toll free number on the back of their ID cards.</i>
Internet Support	<i>www.aetna.com</i>
Cal COBRA Department	<i>Not applicable</i>
Claims	<i>Not applicable</i>
Billing	<i>Not applicable</i>
Account Services, Eligibility, Release Authorization (for HIPAA Release Forms), Pharmacy Services, Account Service & Membership Accounting Dept., and Producer Services	<i>Assigned Aetna Account Executive (see implementation communication</i>
To contact by mail, or for payment submission	<i>globalbilling@tbsmga.com</i>
Benefits	<i>www.aetna.com</i>
Client Management Dept. (for rates and service issues) and Small Group Cancellations/Reinstatements	<i>globalrenewals@tbsmga.com</i>
Broker Licensing Department	<i>LAAU@aetna.com</i>



PROVIDER NETWORKS

HMO Networks	N/A
PPO Networks	Open Choice PPO, Open Access Managed Choice PPO
EPO Networks	N/A

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	1st of the month
Premium Amount Required for 15th?	N/A
Applications must be dated within	N/A
Spouse/Domestic Partner Employees - 1 application or 2?	N/A

FEEES

Enrollment Fee Amount	N/A
Type of Enrollment Fee	N/A
Monthly Administration Fee	1% TPA Fee

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors?	Yes
Is on-the-job covered for corporate officers, partners and sole proprietors?	No
Is there a premium adjustment for 24 hour coverage?	No

SPECIAL CONSIDERATIONS (IF APPLICABLE)





COVERAGE RESTRICTIONS

Are commission-only employees allowed?	<i>We will allow employers to cover employees who work 25 hours or more.</i>
Are 1099 employees allowed?	<i>Ineligible employee — employees/individuals not eligible for coverage include, temporary employees, seasonal employees, substitute employees, independent contractors, uncompensated employees, volunteers, retirees, inactive owners, officers who are not active, managing members who are not active, investors or shareholders who are not otherwise eligible and silent partners. Retirees are not eligible for medical and dental.</i>
Are employees covered if traveling out of USA?	<i>Yes</i>
Is coverage available for out-of-state employees?	<i>Yes. Coverage is available for employees in all states except for Hawaii</i>
Max. percentage of employees residing out-of-state allowed	

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?						
	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump[†]	Glucose Monitor[†]
Rx Drug Benefit	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>
Medical/Durable Medical Equipment Benefit*	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>

[†]Vendors for Diabetes Equipment: Visit www.aetna.com and click on the "Find a Doctor" link

If the member's plan has a separate Pharmacy Drug benefit, the medical plan doesn't cover the insulin. The Pharmacy Drug benefit covers the Insulin.

- We cover diabetic supplies through 1 of the following plans:
-Medical
-Pharmacy
- Members may choose to get covered diabetic supplies through either:
-Their pharmacy benefit
-A durable medical equipment (DME) supplier
- If medical plans don't exclude diabetic supplies, the supplies fall under direct access when members get them from DME vendors.
- Deductible and coinsurance apply when members get diabetic supplies from DME vendors. When diabetic supplies aren't DME, cost sharing and maximums don't apply.
- We cover supplies when members use pharmacies or DME vendors

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
MC plans	<i>See below</i>	<i>See below</i>	<i>See below</i>
PPO & Indemnity plans	<i>See below</i>	<i>See below</i>	<i>See below</i>

* Check Aetna's Rx formulary at www.aetna.com/formulary

We cover physician administered injectable drugs under the medical benefit, except those covered by CVS Caremark under the pharmacy benefit. Pharmacy managed self-injectable drugs are covered under the CVS Caremark benefit. CVS Specialty Pharmacy Network is the only specialty vendor to get pharmacy managed self-injectable drugs.

We do not provide coverage for the following injectable medications:

- Anabolic steroids used for performance enhancement
- Diagnostic agents
- Experimental or investigational drugs
- Drugs that have to do with treatment of non-covered services
- Certain infertility drugs

Please refer to 2021-precert-list.pdf for a listing of Self-injectable drugs requiring pre-certification.

CVS Caremark covers self-injectables submitted by CVS Specialty Pharmacy Network for Traditional members. Self-injectables gotten elsewhere pay under medical. CVSCaremark rejects injectables submitted by CVS Specialty Pharmacy Network that CVS Caremark doesn't cover. CVS Specialty Pharmacy would then submit to medical.

For Prescription information, refer to comparison chart in the front of this guide.

**These services may change at any time without notice.
Please contact your Word & Brown rep for specific inquiries on listed services**

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Please refer to certificate book, evidence of coverage or call representative for details.*



Word&Brown®

DENTAL

RENEWAL INFORMATION - DENTAL

	Aetna Funding Advantage	Ameritas	Anthem Blue Cross Blue Shield	BEST Life and Health Insurance Company
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	<i>Aetna-assigned account manager</i>	<p style="text-align: center;">Contact support@gotodais.com</p> <p style="text-align: center;">Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist</p>	<i>The brokers receives an email when their renewals are ready to view on the broker portal. They may also reach out to broker services or their sales rep.</i>	<p style="text-align: center;">Broker Services Department 800-433-0088</p> <p><i>If adding a new line of coverage to group, contact assigned sales representative.</i></p>
Deadline for submission of group level renewal changes & their effective date?	<i>Aetna-assigned account manager</i>	<i>By the end of the renewal month.</i>	<p><i>The completed documentation, including all necessary Anthem Blue Cross forms, must be received by Anthem Blue Cross within 30 days of the requested anniversary date. Non-anniversary benefit modifications will not be allowed.</i></p>	<p><i>Renewal changes at the group level can be made at the time of their renewal, prior to renewal effective date. For future renewal - if a group would like to have the changes made at their next renewal, we would have to process it before the invoice for that month is processed, which is more than 30 days. As for effective date, I would recommend 60-90 days before their renewal.</i></p>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>Aetna-assigned account manager</i>	<i>Within 30 days of qualifying event.</i>	<p>A. Covered subscribers may move to a different product offered by their group at the anniversary month.</p> <p>B. A subscriber can request a change in medical benefits by completing the Employee Change Form or the Plan Change Request form on their group's anniversary date.</p>	<i>We have O/E open a month prior to their renewal month and continues through the end of the renewal month. In that window, the employee can make changes to their coverage.</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	<i>Yes—online at Springboard Marketplace.com</i>	<i>Broker may Call Ameritas Agent Services to be set up on Ameritas Broker Portal for Access 855-517-5307 Option 4.</i>	<i>Yes, as long as their group is enrolled in employer access. The group can give the broker access as well.</i>	<i>Yes - through the Broker Portal at: https://www.bestlife.com/brokers First time users must register by contacting 800-433-0088.</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	<i>Online at Springboard Marketplace.com</i>	<i>Online when group is registered</i>	<i>Online through employer access</i>	<i>Online Broker Portal: https://www.bestlife.com/brokers</i>
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	<i>Aetna-assigned account manager</i>	<p style="text-align: center;">Contact support@gotodais.com</p> <p style="text-align: center;">Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.</p>	<p style="text-align: center;">Email nvsgbroker@anthem.com or call them at 1-888-445-9236</p>	<i>Call Broker Services Department 800-433-0088</i>
How far in advance do these receive their renewal material - Groups? Broker?	<i>60 days</i>	<i>At least 90 days</i>	<i>At least 60 days</i>	<i>60 days</i>

RENEWAL INFORMATION - DENTAL

	Companion Life	Delta Dental	E.D.I.S.	Guardian
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	<i>Email</i> clife.renewals@companiongroup.com	<i>Email</i> cs@alliedadministrators.com	Renewal@employerdriven.com or 888-886-7973	Brokers can contact their local Guardian Account Manager or they can access Guardian Anytime (guardiananytime.com) for a group's renewal.
Deadline for submission of group level renewal changes & their effective date?	<i>We would prefer to get plan changes before the renewal, but no more than 30 days after renewal if we have to set a deadline.</i>	<i>Whether a new group submission or benefit change at renewal, our cut-off dates that you use for new business would apply.</i>	<i>Request for plan changes to be effective on the renewal date must be submitted 10 days prior to the renewal date.</i>	<i>Contact your Word & Brown representative</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>We would prefer to get plan changes before the renewal, but no more than 30 days after renewal if we have to set a deadline.</i>	<i>Whether a new group submission or benefit change at renewal, our cut-off dates that you use for new business would apply.</i>	<i>Request for plan changes to be effective on the renewal date must be submitted 10 days prior to the renewal date.</i>	<i>Contact your Word & Brown representative</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	<i>Brokers can reach our service team at c.life@companiongroup.com for adds and terms. Brokers can request access to our portal.</i>	<i>Adds and Terms can be emailed to cs@alliedadministrators.com</i>	<i>No</i>	<i>Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	<i>Email</i>	<i>Enrollment changes - Email cs@alliedadministrators.com</i> <i>Benefit changes - Email underwriting@alliedadministrators.com</i>	<i>Email</i>	<i>Brokers can access Guardian Anytime (guardiananytime.com) for any renewal changes.</i>
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	<i>Email</i> clife.renewals@companiongroup.com	<i>Email</i> renewals@alliedadministrators.com	www.yourbenportal.com or 888-886-7973	<i>Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.</i>
How far in advance do these receive their renewal material - Groups? Broker?	<i>3 months in advance</i>	<i>Group – 60 days Broker – 90 days</i>	<i>Up to 45 days in advance</i>	<i>Groups will receive their renewals in accordance with the timeframes set forth by the state requirements.</i>

RENEWAL INFORMATION - DENTAL

	Humana	Lincoln Financial Group	MetLife	Nippon Life Benefits
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	www.humana.com	<i>Contact local LFG Sales Rep</i>	Phoenix_service@metlifeservice.com	<i>Contact assigned Account manager 844-486-8471</i>
Deadline for submission of group level renewal changes & their effective date?	<i>The submission deadline is the 5th of the renewal month. The effective date is the 1st of the renewal month. Ex: 5/5/2020 submission deadline for a 5/1/2020 effective date.</i>	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date</i>	<i>Last day prior to the renewal. Prefer 30 days</i>	<i>Contact your Word & Brown representative</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>Member changes for open enrollment can be submitted 60 days prior to the renewal date and up to 30 days after the renewal date. All open enrollment changes are effective upon the renewal date. Members with a qualifying event must be enrolled within 30 days of the qualifying event date</i>	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.</i>	<i>Last day prior to the renewal. Prefer 30 days</i>	<i>Contact your Word & Brown representative</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	www.humana.com	www.lincoln4benefit.com	www.metlink.com	<i>Yes via Employer Portal, but must be approved by group</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	<i>Email</i>	<i>Online</i>	<i>Email</i>	<i>Contact assigned Account manager 844-486-8471</i>
How does a broker secure a copy of a missing renewal? <small>(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)</small>	<i>Molly Zwettler mzwettler@humana.com</i>	<i>Contact local LFG Sales Rep</i>	Phoenix_service@metlifeservice.com	<i>Contact assigned Account manager 844-486-8471</i>
How far in advance do these receive their renewal material - Groups? Broker?	<i>60 days</i>	<i>Typically 60 days</i>	<i>60-90 days</i>	<i>60 days</i>

RENEWAL INFORMATION - DENTAL

	Principal	Reliance Standard	SecureCare Dental	United Concordia	Unum
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	Any questions related to a group's renewal should be directed to the assigned Principal Account Executive.	Email Fred Kiehm - fred.kiehm@rsl.com	Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	For groups of 2-99 enrolled: Small Business Unit 1-800-972-4191, prompt 4 uccisbu@ucci.com	Terri Lacoste: 602-651-2931
Deadline for submission of group level renewal changes & their effective date?	Contact your Word & Brown representative	For our SmartChoice small group products, we do not have these deadlines. Our groups do not renew, they just continue. If a group makes a change or add/deletes an employee, they just contact our office and we make the change in real time.	Preferred 30-15 days prior to process any changes before billing cycles. We are flexible and can make changes after renewal date has passed up to 30 days, or on exception basis.	At least 15 days prior to the renewal date would be ideal; however, there is no "deadline" date.	If the broker is referencing Voluntary Life, AD&D, Long Term Disability and Short Term Disability then the deadline would be the anniversary date. The employees have 60 days prior to the anniversary date to submit their enrollments. For example if a group's anniversary is 1/1 then the annual enrollment period would be 11/1 to 1/1. Please note that some contracts may differ from this, but the above is the most common when it comes to the deadline. If the group wants to make an exception to the enrollment we could always work with underwriting for approval. Please also note that if an employee already has Voluntary Life and AD&D coverage they can apply at any time during the plan year, but would require EOI. The only instance they would not require EOI is if they are increasing their coverage during the annual enrollment period under the guaranteed issue.
Deadline for submission of employee/dependent renewal changes & their effective date?	Contact your Word & Brown representative	For our SmartChoice small group products, we do not have these deadlines. Our groups do not renew, they just continue. If a group makes a change or add/deletes an employee, they just contact our office and we make the change in real time.	Preferred 30-15 days prior to process any changes before billing cycles. We are flexible and can make change after renewal dates have passed. Depending on confirmation from group (i.e. payroll deduction on employee half) we can retro add as far back as necessary. Terms are 60 days or on an exception basis past that 60 day mark.	At least 15 days prior to the renewal date would be ideal; however, there is no "deadline" date.	If the broker is referencing Voluntary Life, AD&D, Long Term Disability and Short Term Disability then the deadline would be the anniversary date. The employees have 60 days prior to the anniversary date to submit their enrollments. For example if a group's anniversary is 1/1 then the annual enrollment period would be 11/1 to 1/1. Please note that some contracts may differ from this, but the above is the most common when it comes to the deadline. If the group wants to make an exception to the enrollment we could always work with underwriting for approval. Please also note that if an employee already has Voluntary Life and AD&D coverage they can apply at any time during the plan year, but would require EOI. The only instance they would not require EOI is if they are increasing their coverage during the annual enrollment period under the guaranteed issue.
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	Yes https://advisors.principal.com/ Call us at 800-554-3395 to get set up. Call us at 800-843-1371 for help using eService.	No	Adds/Terms can be submitted online with Group #: mysecurecare.com - enroll online	Yes; however, the group must provide permission for the broker to access this information. Our account management portal (AMP) provides fast, online access to group dental and billing information. Using this powerful tool, employers can view membership and eligibility information as well as view and pay bills. For clients who do not provide an electronic enrollment file, the enrollment tool within AMP offers add, modify and delete capabilities—eliminating the need to complete paper enrollment change forms.	Yes, they have to request access per group.
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	Accessing the eService site to process any annual enrollment changes will provide the fastest processing time.	Email Fred Kiehm - fred.kiehm@rsl.com	Email Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	Submitting renewal changes online is the fastest method. Fax and email are also valid options; however, we cannot process changes via phone.	Email askunum@unum.com
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	If a broker is missing a copy of a renewal, they can contact their assigned Principal Account Executive (which is assigned by broker location).	Fred Kiehm - 267-256-3838	Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	Contact the Small Business Unit: 1-800-972-4191, prompt 4 uccisbu@ucci.com	Terri Lacoste: 602-651-2931
How far in advance do these receive their renewal material - Groups? Broker?	Renewal letters are mailed to the broker 60 days in advance and to the group 45 days in advance of the renewal. Brokers can contact their assigned Principal Account Executive to obtain the information earlier if needed.	3 months in advance to the GA or company	60-90 days	Renewals are typically released 60 days prior to the renewal date; however, it depends on the negotiated requirements. Broker letters are mailed a few days ahead of group letters.	60 days in Nevada.

DENTAL BENEFITS COMPARISON

	Aetna Funding Advantage	Ameritas	Anthem Blue Cross Blue Shield	BEST Life and Health Insurance Company	Companion Life	Delta Dental	E.D.I.S.	Humana	Guardian
Are there any industries that are ineligible?	Yes—refer to the Aetna Dental underwriting guidelines	Yes—Dental Offices, all marijuana related businesses	Yes—Dental Offices & Clinics	Yes - Dental Offices	Yes—Dental Offices and Clinics	Yes	Yes-SIC's: 8021 & 8111	Dental offices	No, however some industries may require underwriter review.
Are there any industries that receive an automatic rate load?	No	No	Rate loads based on SIC, ZIP Code, Total # of eligible EE's, with or without prior coverage and plan designs.	No	No	Yes—based on SIC code	No	Yes – rates vary by SIC	Rates are developed based on SIC codes, as well as other factors.
Is over age dependent verification required?	No	No	No	No	No	No	No	No	Yes
Maximum age/units	Maximum age: 26	Maximum age: 26 <i>(Follows state laws, can request special dependent age through Agent Services.)</i>	Maximum age: 26	Maximum age: 26	Maximum Age: 26	Maximum age: 26	Maximum age: 26	Up to age 26	Up to age 26
Do you offer Open Enrollment to groups at their anniversary each year?	Contact your Word & Brown representative	Yes <u>DHMO:</u> N/A	Yes	Yes	No	Yes	Yes	Yes	Yes
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	Yes—refer to the Aetna Dental underwriting guidelines	Yes Waiting periods vary by plan: Type 3 0-12 month; Ortho 0-12 month	No: Classic, Value, Enhanced Plans Yes: Voluntary Plans - Major & Ortho	No restrictions - it is a true open enrollment	New employees are subject to a 12 month waiting period on Major and Ortho coverage.	<u>Employer paid:</u> No <u>Voluntary PPO:</u> Yes—for new plans beginning 2021, new employees are subject to a 12 month waiting period for endodontics, periodontics, oral surgery, major and orthodontic services. Contact your Word & Brown representative.	No	No	Restrictions vary based on quoted benefits
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	Yes—Voluntary	If Employee does not enroll at initial eligibility date, he/she may enroll as a late entrant (Late Entrant Provision will apply) or wait and enroll at the next open enrollment time (renewal). Waiting periods vary by plan: Type 3: 0-12 month; Ortho: 0-12 month See premium option for waiver of waiting periods.	No: Classic, Value, Enhanced Plans Yes: Voluntary Plans - Major & Ortho	Yes - Restrictions apply based on enrollment size, participation and contribution.	It is standard for new hires to have a 12 month waiting period for major and ortho services, however, this can be waived by Underwriting.	<u>Employer paid:</u> No <u>Voluntary PPO:</u> Yes—new employees are subject to a 12 month waiting period for major and orthodontic services. Contact your Word & Brown representative	No waiting period for Employer Paid 12 month wait for major benefits or late enrollees and add-ons with no prior dental plan for Voluntary. No waiting period for individuals with prior dental	Yes – groups with 2-9 enrolled	No
Are employees who reside outside of Nevada eligible?	Yes	Yes	Yes	Yes	Yes	<u>PPO:</u> Yes	Yes	Yes	Our PPO Network includes nationwide coverage. Group plans are based on the situs state of the planholder and would apply to all members.
Any state restrictions?	No	Groups situs in CA and NV	Groups situs in NV	No state restrictions	No state restrictions	Contact your Word & Brown representative	Contact your Word & Brown representative	No state restrictions	

DENTAL BENEFITS COMPARISON

	Lincoln Financial Group	MetLife	Nippon Life Benefits	Principal	Reliance Standard	SecureCare Dental	United Concordia	Unum
Are there any industries that are ineligible?	Yes, Dental Offices, & Private Households	Yes	Multiple Employer Trusts, Multiple Employer and Welfare Associations, Associations, Taft Hartley Welfare Funds, Employee Leasing Firms, Religious Organizations, Professional Sports Teams, Franchise Groups, and Professional Employee Organizations (PEOs) are not eligible for coverage with Nippon Life Benefits. Not for Profits require Prior HD approval.	Yes - Private households and non-classifiable establishments	YES - Dentist Offices & Labs, Association Groups/Membership Orgs/Fraternal Orgs, Trusts and Unions	Yes—dental offices and labs, companies in business less than 12 months and 2 person husband/wife groups.	Cannabis companies, PEOs, Employee Leasing Firms, and temp agencies	Yes Dental Clinics and Dental Labs are not eligible industries
Are there any industries that receive an automatic rate load?	Law Firms, Medical Groups	Yes	SIC used in rating all groups	Yes—Rates vary by SIC	Yes—Jewelry-related Businesses, Automotive Dealers, Direct Selling Businesses (House to House, Street Vendors, etc.), Security/Commodity Dealers, Real Estate Agents/Developers, Beauty Salons, Funeral Services, Educational Services and Carve-Out Groups	Yes—however, there is no load for groups without prior coverage.	Yes, for groups over 50 enrolled.	Yes Rates vary by industry. We use SIC Codes to determine the appropriate risk.
Is over age dependent verification required?	Yes	No	Yes	No	No	No Full-time student not required	Not typically	Yes—Dependents must be unmarried. Student status not required. The limiting age does not apply to a child who is incapable of self-support by reason of mental retardation, mental illness or disorder, or physical handicap provided the incapacitated child is unmarried and dependent on an individual insured under the Policy/Certificate.
Maximum age/units	Age 26 is maximum	Maximum age: 26	26	Maximum age: 26	Maximum age: 23 Age 26 can be requested at time of enrollment.	Maximum age: 26	26, unless different regulatory guidelines apply	Maximum age: 26
Do you offer Open Enrollment to groups at their anniversary each year?	Open Enrollment is available for PPO	DPO: 2-9: Open Enrollment is not available. Late Entrants will have waiting periods unless they have qualifying previous coverage 10+: Open Enrollment is available on a case by case basis. If no open enrollment on plan, late entrant penalties will apply for any applications who do not have qualifying previous coverage.	Option available for Open enrollment	DPO: Yes—annual enrollment is included as standard.	DPO: No	Yes	Groups under 50 enrolled are handled on a case-by-case basis. For groups over 50 enrolled, the assigned sales manager will coordinate the development, printing and distribution of standard enrollment materials with the client. The enrollment materials typically include a description of the dental program, answers to frequently asked questions, and enrollment information.	Yes
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	No	No	No waiting period	Open enrollment is available for the EPO, POS and PPO plans.	No Open Enrollment. If an insured is deemed a Late Entrant**, benefits are limited to exams and cleanings for adults and exams, cleanings, and fluoride treatment for children for the first 12 months	No	No, unless there are specified waiting periods on certain services.	Waiting periods do not apply for timely entrants with similar or like coverage, or for new hires with prior-like coverage (lapse in coverage must be less than 63 days and employee must provide proof of coverage).
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	Our PPO has several options for benefit waiting periods including no benefit waiting period.	No waiting periods for major services for timely added new hires, or those who enroll during an open enrollment period.	Late entrant 24 months Timely entrant 12 months. There is a buy up to reduce or remove these with 5 or more lives.	No	DPO: No - waiting periods are optional, however, are available upon request through Request a Quote Virgin group: 12 month waiting period on major services. 2-9 lives have a 24 month waiting period on Ortho. 10-19 lives have a 12 month waiting period on Ortho.	No	Our plans do not typically include waiting periods, but we can administer waiting periods on PPO plans for experience-rated groups where we are matching the incumbent's benefits.	New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit. Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum Dental will have a 12-month waiting period applied to basic and major services and orthodontia upon re-applying.
Are employees who reside outside of Nevada eligible?	Yes, for our PPO.	Yes—benefit levels may vary for groups of 10+	Yes	Yes	Yes	Yes	Yes, employees who reside outside of California are eligible. Certain states regulate out-of-state contracts insuring their residents, while others do not. DHMO is available for regional and multi-state group in California. For a DHMO group member to be covered, the member must work or reside within the designated service area.	Yes—for an Active PPO plan, the INN and OON coinsurance percentages may not vary by more than 30%. For example, if the INN is 100% coinsurance, the OON must be 70% or greater.
Any state restrictions?		No state restrictions	Contact your Word & Brown representative	Benefit and rating restrictions may apply	No state restrictions	No state restrictions	California mandates at least 10% coinsurance for preventive services.	

DENTAL BENEFITS COMPARISON

	Aetna Funding Advantage	Ameritas	Anthem Blue Cross Blue Shield	BEST Life and Health Insurance Company	Companion Life	Delta Dental	E.D.I.S.	Humana	Guardian
Do you offer Orthodontic Coverage?	Yes—depending on plan	<u>Employer-sponsored PPO/Indemnity:</u> Child only up to age 19. <u>Voluntary PPO and Indemnity:</u> Child only up to age 19. Ortho available when 3 or more employees with children enroll for benefit.	<u>PPO:</u> Yes—down to 5 employees enrolled <u>Indemnity:</u> N/A <u>Dual Option:</u> Yes	<u>Employer-Sponsored or Voluntary for PPO/Indemnity:</u> Adult: Available for Employer Paid groups of 25+ enrolling \$1,000 lifetime maximum per patient Child: Available for groups of 5+ enrolling \$1,000 and \$1,500 lifetime maximum per patient	Yes, available on all dental options. 750, 1000, 1500, and 2000. Options for Child and adult ortho	Group size 2-4: Orthodontic coverage is not available. Group size 5+: Child ortho is available. Adult/child ortho available for employer paid groups of 25 or more enrolled, and voluntary groups of 50 or more enrolled. <u>DeltaCare USA</u> Available in all Delta Care USA plans.	Available on plans \$1000, \$1500 & \$2000	Yes 2+ enrolled	Yes, we can offer orthodontic coverage subject to some plan restrictions and is not available for groups with fewer than 2 lives.
Do any of your plan cover/ include a discount for implants?	No	Discounts for non-covered procedures may apply in network.	Yes	PPO & Indemnity - Mid & High Plans	2-9: No Voluntary/10+: Yes, implants are included in major services	<u>PPO:</u> Implants are a covered benefit in all PPO plans. <u>DHMO:</u> No	No	Implant rider available 10+ enrolled	Discounts for implants vary based on quoted benefits
Do any of your plans cover/ include a discount for teeth whitening?	No	Discounts may apply in network	No	Yes—Discounts may apply in network.	No	<u>PPO:</u> No <u>DHMO:</u> Yes	No	No	No
Are 1099 employees eligible?	No	No	Yes as long as no more than 50% of the group are 1099's and there are at least two W2 employees enrolling.	No	No	No	Yes—if they work full-time for one employer	Yes	Yes
Out of Network Claim Adjudication	Yes—PPO. Refer to Aetna underwriting guidelines	Ameritas First Plans: 1100 Plan, PPO Fee Schedule 1600 Plan, PPO Fee Schedule 1600 Incentive Plan, AVG UCR 2100 Plan, AVG UCR	MAC (DB100) and 80th Fair Health	90th or 80th UCR or MAC	90% is standard; 80% can be an option	Yes—PPO or PPO plus Premier	80th percentile of UCR	90th Percentile U&C or INFS (In Network Fee Schedule)	90th UCR or MAC

DENTAL BENEFITS COMPARISON

	Lincoln Financial Group	MetLife	Nippon Life Benefits	Principal	Reliance Standard	SecureCare Dental	United Concordia	Unum
Do you offer Orthodontic Coverage?	Lincoln has flexibility to build out an ortho plan for the needs of the group.	2-9 life groups: Not available 10+: Available on all takeover groups. Virgin cases must be 50 lives or above	1000 or 1500 Benefit, Child only or Children and Adult	Dental - 5 enrolled lives for child ortho, 25 lives for adult or adult/child ortho Voluntary Dental – Contact your Word & Brown representative	Plan A and Plan C: Not Available Plan B: - For groups of 2-9: 50%, Subject to a 24-month elimination period with a \$1,000 Lifetime Orthodontic Benefit - For groups of 10+: 50% Subject to a 12-month elimination period with a \$1,000 Lifetime Orthodontic Benefit. Note: Elimination period will be waived on 10+ takeover parts.	PPO (MAC) & PPO (UCR): All plans include a scheduled (discounted) orthodontic benefit for adults and children. Insured orthodontia also available to 10 or more enrolled employees: Child only \$1,000 - \$2,000 + Lifetime Maximum 50% Coverage 12 Month waiting period with no prior insured Orthodontia	Yes, with certain size and product limitations. PPO: We have a PPO rider that includes coverage for Orthodontics under a specific lifetime maximum benefit. Coverage can be for child dependents, adults, or both. Availability of this rider varies by group size. DHMO: We have DHMO plans that cover orthodontics	Child(ren) Orthodontics 2-9 Enrolled Lives – Available on takeover groups, only. 10+ Enrolled Lives - Available Orthodontics are available to dependent children up to age 19 as an optional benefit. Adult Orthodontics Available on groups of 25 or more enrolled lives, unless matching in-force coverage. Must include child(ren) orthodontics on the plan and adult lifetime maximum must match child(ren) lifetime maximum.
Do any of your plan cover/ include a discount for implants?	Yes, implant coverage can be added as an optional rider	DMO: N/A DPO: 2-9: No 10+: Standard	Implants included down to 2 lives.	DMO: Not available DPO: No—but implant coverage is available as a major service or through a separate benefit rider	DPO: No	Yes. Implants are covered standard on all plans for all size groups.	PPO: We have a PPO rider that includes coverage for implants, either under an implant-specific maximum benefit or under the overall product maximum. Availability of this rider varies by group size. DHMO: Our DHMO plans do not offer coverage for implant procedures.	Yes, Unum Dental members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed, 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant-related services are not covered.
Do any of your plans cover/ include a discount for teeth whitening?	No	DMO: N/A DPO: 2-9: No 10+: Contact your Word & Brown representative	No	DMO: Not available DPO: No—but coverage for teeth whitening is available through a separate benefit rider	DPO: No	No	No	Yes Optional rider available on 50+ enrolled lives.
Are 1099 employees eligible?	Underwriting will determine during quoting	2-9: No 10+: Contact your Word & Brown representative	No	No	No	Limited— contact your Word & Brown representative	No	No - Only FT W-2 employees are eligible.
Out of Network Claim Adjudication	90% UCR is standard but also options for 80%, 85% or 95% UCR as well as MAC	2-9: 80% UCR 10+: 90th UCR is standard	95th, 90th, 80th, 60th and MAC plans available	80th percentile is standard (other options available)	Out-of-network claim adjudication for non-MAC is either 80% U&C or 90% U&C. O	5+ Enrolled - 90th - 95th percentile 2-4 Enrolled - 85th percentile	The method of reimbursement is client-specific. United Concordia's claims processing system handles the adjudication of claims for out-of-network provider submissions in the same way we handle in-network submissions; however, if the member visits an out-of-network dentist, they will potentially be balance-billed.	90th percentile or MAC



CONTACT INFORMATION

Member Support	<i>Aetna Member Support - 800-872-3862</i>
Commissions	<i>Aetna Member Support - 800-872-3862</i>
Claims	<i>Aetna Member Support - 800-872-3862</i>

NEVADA COVERAGE

Nevada PPO Counties	<i>All</i>
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NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes</i>
What is the minimum percentage of employees required in NV?	<i>10%</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>Contact your Word & Brown representative</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>Depends on location and plan selected</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	<i>Employer ZIP Code</i>
Any other rules, restrictions, or guidelines not mentioned:	<i>None</i>

DUAL OPTION (MIX & MATCH)

Yes

PROVIDER NETWORKS

PPO Network	<i>Refer to Aetna Plan Guide</i>
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FUNDING ADVANTAGE

RATING INFORMATION

Group Size	2-50
Rate Guarantee	12 months
Rates Vary by Industry?	N/A

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	2-3	4-5
Employees	100%	50%
For Dependents	0%	0%
% of Total Cost	N/A	N/A

PARTICIPATION

CONTRIBUTORY

	Group Size	
	2-3	4-5
Employees	100% except valid waivers	50% except valid waivers
Dependents	N/A	N/A

NON-CONTRIBUTORY

Employees	100% valid waivers	100% valid waivers
Dependents	0	0

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes
Virgin groups eligible?	Yes
Wage & tax reports required?	Yes

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	N/A
Management/Non-management?	N/A
Union/Non-union?	N/A
Minimum group size	N/A

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

No

SPECIAL CONSIDERATIONS

No



CONTACT INFORMATION

Customer/Member Service	855-517-5307	
Dental & Vision Claims	Option 1	Ameritas Group Claims PO Box 82520 Lincoln, NE 68501 group@ameritas.com Fax 402-467-7336
Enrollment, Billing Status & Add-ons/Deletes	Option 2	group_assistants@ameritas.com
Sales, Product Information & Broker/Agent Support	Contact your Word & Brown representative	
Licensing, Compensation & Commissions	Option 5	group_licensing@ameritas.com
Broker Services, Tradeshow Requests or Marketing Materials	Option 6	
Agent Portal Tech Support	Option 8	
VSP Claims	800-877-7195 www.vsp.com	
Website	www.ameritas.com	

NEVADA COVERAGE

Nevada HMO Counties	None
Nevada PPO Counties	All
Nevada Indemnity Counties	All

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes, all employees.
What is the minimum percentage of employees required in NV?	No minimum
What states are allowed (or not allowed) for out-of-state coverage?	Out of state cover all
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All. Plan designs subject to state laws
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Rates are based on Employer (situs) zip code
Any other rules, restrictions, or guidelines not mentioned	N/A

DUAL OPTION (MIX & MATCH)

May be offered dual choice (separate billing) as long as minimum 3 enrolled in Ameritas.

PROVIDER NETWORKS

PPO Network	Ameritas Dental Network: www.ameritas.com/applications/group/findaproviderclassic
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RATING INFORMATION

Group Size	Ameritas First Plans: 3-199
Rate Guarantee	1 year
Rates Vary by Industry?	No

Rate Segments: 3-9; 10-50; 51-199 (Based on ENROLLED not eligible.)
 Rate Options: Voluntary or Employer Sponsored
 Rate load available to waive waiting periods.
 Virgin and Non-takeover groups: option to use 1.15 rate factor (+15%)
 to waive waiting periods on Major and Ortho for existing and new hires.

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution	
	Group Size
	3-199
Employees	<i>Voluntary: No minimum contribution. Employer Sponsored: Minimum contribution of 50% for straight PPO.</i>
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	3-199
Employees	All plans require 50% participation or a minimum of 3 enrolled, whichever is greater.
Dependents	Ortho available when 3 or more employees with children enroll for benefit.
NON-CONTRIBUTORY	
Employees	All plans require a minimum of 3 PPO enrolled.
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

Ameritas First PPO 1100 Plan - PPO Fee Schedule
 Ameritas First PPO 1600 Plan - PPO Fee Schedule
 Ameritas First PPO 1600 Incentive Plan - Average UCR
 Ameritas First PPO 2100 Plan - Average UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	No
Any ineligible industries?	Dental offices, all marijuana related businesses
Virgin groups eligible?	Yes

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Offer to all eligible employees, no carve-outs
Management/Non-management?	Offer to all eligible employees, no carve-outs
Union/Non-union?	Allowed with underwriting approval
Minimum group size	3 enrolled

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Dental plans have a 12 month wait for Major and Ortho coverage. Waiting periods may be waived with proof of 12 month prior PPO, DHMO or EPO benefits.

Virgin and Non-takeover groups: option to use 1.15 rate factor(+15%) to waive waiting periods on Major and Ortho for existing and new hires.

SPECIAL CONSIDERATIONS

Discounts up to 10% for eyewear at Walmart. Discounts at Walmart and Sam's Club for prescriptions.

Reimbursement is available for emergency dental care needed while traveling abroad. Ameritas partners with AXA to locate credible provider care for members traveling around the globe, and reimburses for covered procedures.

Simple Add-ons:
 LASIK Advantage and HearingCare available for groups with a minimum of 10 or more enrolled lives



CONTACT INFORMATION

Dental Provider	<i>Dental Prime/Diversified Dental</i>	
Member Support	<i>800-928-6459</i>	
Broker Support	<i>866-956-8602</i>	
Fax (Adds/Terms)	<i>877-604-2124</i>	
Commissions	<i>866-956-8602 or 888-227-9354</i>	
Billing	<i>Anthem Blue Cross Blue Shield Attn: Dental Billing and A/R PO Box 1171 Minneapolis, MN 55440-1171</i>	<i>877-606-3409 Fax 877-803-2433</i>
Dental Claims	<i>Anthem Blue Cross Blue Shield Attn: Dental Claims PO Box 1115 Minneapolis, MN 55440-1115</i>	

NEVADA COVERAGE

Nevada PPO Counties	<i>All counties</i>
Nevada Indemnity Counties	<i>N/A</i>

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes</i>
What is the minimum percentage of employees required in NV?	<i>Group is eligible if at least 25% reside in Nevada, an Anthem state, or combination of Anthem states. Anthem states are: CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA & WI.</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>See above</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>All plans</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code? (and separate rates)?	<i>NV employer ZIP Code</i>
Any other rules, restrictions, or guidelines not mentioned	<i>Contact your Word & Brown representative as Bundling Discounts are available, discounts for coming off prior dental coverage, and med-lock discounts.</i>

DUAL OPTION (MIX & MATCH)

Available if the group has at least 15 net eligible employees. A minimum of 5 employees must enroll in each option with a 10% premium differential. Dual option is not available for voluntary plans.

PROVIDER NETWORKS

PPO Network	<i>Prime Complete</i>
Indemnity Network	<i>N/A</i>



RATING INFORMATION

Group Size	2-50
Rate Guarantee	12 or 24 months (rates are the same for 24 months vs. 12 months)
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	with Medical 2-50	Standalone 2-50
Employees	N/A	N/A
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

No employer contribution required for our employer sponsored dental plan

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	with Medical 2-4; 5-50	Standalone 2-4; 5-50
Employees	100%; 75%	100%; 75%
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	at least 5 enrolled	at least 5 enrolled
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	Yes if no more than 50% of the group are 1099s
Any ineligible industries?	Yes - Dental offices and clinics
Virgin groups eligible?	Yes
Wage & tax reports required?	Not if sold as a stand alone

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Contact your Word & Brown representative
Management/Non-management?	Contact your Word & Brown representative
Union/Association?	Contact your Word & Brown representative
Minimum group size	5 (could be lower on specialty products. Contact your Word & Brown representative)

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

None

SPECIAL CONSIDERATIONS

Medical Lock (discount option):

1. Enrollment in the dental plan requires the employee to be enrolled in the employer medical plan. Medical enrollment requirements still apply to medical plan enrollment.
2. Enrollment elections for medical and dental must be the same. For example, an employee with single coverage on medical must have single coverage on dental.
3. Bundling discount is available when dental and any other specialty product is purchased



BEST Life and Health Insurance Company

CONTACT INFORMATION

Member Support, Customer Service & Commissions	800-433-0088 cs@bestlife.com
Billing	BEST Life and Health Insurance Co. P.O. Box 19721 Irvine, CA 92623-9721
Claims	BEST Life and Health Insurance Co. 800-433-0088 P.O. Box 890 Fax 208-893-5040 Meridian, ID 83680 Email: cs@bestlife.com
Add-ons/Terminations	Fax: 949-724-1603 Email: changes@bestlife.com or Online Broker Portal: https://www.bestlife.com/brokers
Sales and Product Information	Phone: 800-237-8543 Quote Request: quotes@bestlife.com Website: www.bestlife.com
Broker Relations	Phone: 800-237-8543

NEVADA COVERAGE

Nevada PPO Counties	All counties
Nevada Indemnity Counties	All counties

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	There is no minimum
What states are allowed (or not allowed) for out-of-state coverage?	All states allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO in 14 states. Indemnity in 39 states.
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are based on NV employer ZIP Code. Note: Rates are blended for groups with more than 50% out of state.
Any other rules, restrictions, or guidelines not mentioned	N/A

DUAL OPTION (MIX & MATCH)

Boxes containing a number indicate that these coordinate plans offered by this carrier can be written together to create a dual option package. The number indicates the minimum enrollment required on each of the coordinate plans. Blank boxes indicate which plans cannot be written together

BEST PPO & IndemnityPlus		
	PPO (All)	IndemnityPlus (All)
PPO Dental	5	5
IndemnityPlus	5	5

Minimum 10 employees must enroll in order for group to be eligible for Dual Option. A minimum of 5 must enroll on either plan.

PROVIDER NETWORKS

PPO and Indemnity Networks	Diversified Dental Services (Nevada) www.ddsppo.com
	DenteMax (National) www.dentemax.com

Please note: BEST Life offers access to both networks for PPO and Indemnity plans



BEST Life and Health Insurance Company

RATING INFORMATION

Group Size	<i>Employer-Sponsored: 2+ Voluntary: 5+</i>
Rate Guarantee	<i>1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available.</i>
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	<i>Employer-Sponsored 2+</i>	<i>Voluntary Plans 5+</i>
Employees	50%	N/A
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

PARTICIPATION

VOLUNTARY

	Group Size	
	2-4	5+
Employees	N/A	20% <i>On groups where Employer contributes 100%, 100% participation required</i>
Dependents	N/A	N/A

EMPLOYER-SPONSORED

Employees	100%	60% <i>On groups where employer contributes 100%, 100% participation required</i>
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Three options available:

1. 90th UCR.
2. 80th UCR.
3. MAC

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes—Dental Offices
Virgin groups eligible?	Yes
Wage & tax reports required?	No—only required for groups enrolling less than 5 employees

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes—if group has a carve out in place with prior dental carrier. (Minimum of 5 enrolling required)
Management/Non-management?	Yes—if group has carve out in place with prior dental carrier. (Minimum of 5 enrolling required)
Union/Associations?	No
Minimum group size	Minimum of 2 enrolling employees for employer-sponsored plans only, regardless of prior coverage. Waiting periods may apply.

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Employer Contributory:

2-4 Enrolled - Will have a 12 month wait on Major Services regardless of prior group coverage.
5-9 Enrolled - 12 month wait on Major Services WAIVED but need to show proof of 12 consecutive months of comparable prior group coverage.
10+ Enrolled - Have no wait on Major Services and no proof of prior group coverage needed.

Voluntary:

2-4 - N/A
5-9 Enrolled - 12 month wait on Major Services WAIVED, but will need to demonstrate proof of 12 months of prior group coverage.
10-24 Enrolled and Over 50% - Participation Wait on Major Services WAIVED but will need to demonstrate proof of comparable prior group coverage.
10-24 Enrolled and Less than 50% - Participation will need to demonstrate proof of 12 consecutive months of comparable prior group coverage.
25+ Enrolled - Have no wait on Major Services and no proof of prior group coverage needed.

SPECIAL CONSIDERATIONS

- Any voluntary group that can demonstrate a 61% participation or greater employee enrollment rate will be eligible to have the lower Employer Contributory rates as a reward.
- Implants covered in mid and high plans.
- Mid-month Effective Dates - 1st of month and 15th of month effective dates are offered.
- Supplemental Dental Accident Benefit - Covers up to \$1,000 per accident to sound and natural tooth. Does not count toward annual maximum.
- Children's Good Vision Benefit - Covers 50% of eligible expenses for dependent children with ortho coverage.
- Bundling Discounts - Save an additional 2-5% on dental with purchase of vision and/or life.



CONTACT INFORMATION

Member Support	800-753-0404
Commissions	800-753-0404
Claims	Companion Life Insurance Company P.O. Box 100102 Columbia, SC 29202-3102

NEVADA COVERAGE

Nevada PPO Counties	Statewide
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NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	Contributory: 2 lives Voluntary: 3 lives
What states are allowed (or not allowed) for out-of-state coverage?	N/A
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All Plans are available
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Based on NV zip code
Any other rules, restrictions, or guidelines not mentioned	Not yet filed in California - UW will need to review the out-of-state content of the census - if more than 10% of the census resides in CA, UW may decline the dental plan

DUAL OPTION (MIX & MATCH)

Yes, dual options are available to groups of 50 or more employees. At least 10 lives to enroll into each plan is preferred, however, UW has the authority to accept with less than 10 lives.

PROVIDER NETWORKS

PPO Network	DenteMax Network Stratose Network
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The above products and services are underwritten and/or provided by Companion Life Insurance Company. Companion Life is an independent company from Anthem Blue Cross Blue Shield. Companion Life will be responsible for all services related to the above products.



RATING INFORMATION

Group Size*	2+
Rate Guarantee	12 Months
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2+
Employees	0% Voluntary 25% Contributory
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY

	Group Size
	2+
Employees	3/20% (Whichever is greater) participation - Voluntary
Dependents	75% participation - Contributory

NON-CONTRIBUTORY

Employees	100% participation - Non-Contributory
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

90th percentile UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes—as long as they are full-time employees
Are 1099 employees allowed?	No
Any ineligible industries?	Dental Offices and Clinics
Virgin groups eligible?	Yes
Wage & tax reports required?	Not required, but may be requested by Underwriting on a case-by-case basis

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Not allowed
Management/Non-management?	Not allowed
Union/Non-union?	Not allowed
Minimum group size	N/A

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

12 months for Major and Ortho Services

SPECIAL CONSIDERATIONS

Hearing Services Plan is provided at no additional cost to all employees enrolled in any Companion Life dental plan.

The above products and services are underwritten and/or provided by Companion Life Insurance Company. Companion Life is an independent company from Anthem Blue Cross Blue Shield. Companion Life will be responsible for all services related to the above products.



A REGISTERED TRADEMARK OF DELTA DENTAL PLANS ASSOCIATION

CONTACT INFORMATION

Customer Service & Bilingual Support	800-521-2651
Commissions & Broker Services	415-989-7443
Claims	Delta Dental Insurance Company P.O. Box 1809 Alpharetta, GA 30023-1809
Broker Appointment	producerservices@delta.org
Add-ons/Deletes	Email: cs@alliedadministrators.com Fax 415-439-5861

NEVADA COVERAGE

Nevada PPO Counties	All Counties
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	PPO: Yes HMO: No
What is the minimum percentage of employees required in NV?	PPO: No restrictions for out-of-state employees. Group situs in Nevada and at least one employee (authorized to sign the contract) must be located in Nevada HMO: Services must be provided in the contract state. HMO is only offered on a dual choice basis, for groups with less than 50 employees.
What states are allowed (or not allowed) for out-of-state coverage?	PPO: All states HMO: N/A
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	The PPO plan design, chosen by the employer, covers their employees in all states. Employees have access to Delta Dental's nationwide PPO and Premier Networks, which are among the largest networks in the U.S.
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are based on the Nevada employer ZIP Code
Any other rules, restrictions, or guidelines not mentioned	No

DUAL OPTION (MIX & MATCH)

*If the employer selects a PPO plan with a DeltaCare USA plan, each plan must meet the minimum participation requirements of that plan and as follows:

PPO plan:

- 0% to 49.9% employer paid - a minimum of 5 eligible employees must enroll.
- 50% to 74.9% employer paid - 50% or 5, eligible employees, whichever is greater, must enroll.
- 75% to 99.9% employer paid - 75% of 5, eligible employees, whichever is greater, must enroll.
- Groups with 2-4 enrollees - minimum of 2 enrolled in PPO and 2 enrolled in DeltaCare USA.

DeltaCare USA plan:

- A minimum of 2 eligible employees is required. If 100% employer paid, all eligible employees and dependents must be enrolled in either the PPO plan or the DeltaCare USA Plan.
- Groups with 2-4 enrollees - minimum of 2 enrolled in PPO and 2 enrolled in DeltaCare USA.

*Enrollees may switch between plans only during the group's annual open enrollment.

*DeltaCare USA plans and PPO plans are not available as part of a dual choice offering with another carrier.

*Services under the DeltaCare USA plan must be rendered in the state in which the contract is issued.

DeltaCare USA plan is only available in Nevada when offered with a Delta Dental PPO plan.

PROVIDER NETWORKS

Network	Delta Dental PPO SM Delta Dental Premier [®] DeltaCare USA
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A REGISTERED TRADEMARK OF DELTA DENTAL PLANS ASSOCIATION



A REGISTERED TRADEMARK OF DELTA DENTAL PLANS ASSOCIATION

RATING INFORMATION

Group Size	<i>PPO: 2-99 HMO: 2-50</i>
Rate Guarantee	<i>Effective 1/1/2021 the Delta rate guarantee for Nevada will be 1 year (12 months)</i>
Rates Vary by Industry?	<i>HMO: No Non-voluntary PPO: Yes Voluntary PPO: Yes</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution & Group Size*

Employer contributions of 0% to 49.9%, a minimum of 5 (2 for the 2-4 group size) primary employees must enroll.

Employer contributions of 50% to 74.9%, a minimum of 50% or 5 (2 for the 2-4 group size) primary employees, whichever is greater, must enroll.

Employer contributions of 75% to 99.9%, a minimum of 75% or 5 (2 for the 2-4 group size) primary employees, whichever is greater, must enroll.

100% employer contribution, all employees and/or their eligible dependents must enroll.

PARTICIPATION

Participation & Group Size

All permanent full-time employees (as determined by the employer) and their dependents are eligible to enroll within 30 days following the employer's eligibility waiting period. Employees and their dependents not enrolled when eligible may enroll during the group's annual open enrollment or within 30 days of a qualifying event. An employee enrolling one eligible dependent must enroll all eligible dependents.

OUT-OF-NETWORK CLAIM ADJUDICATION

The employer can choose the out-of-network reimbursement:

1. *PPO - pays the lesser of the submitted charge or the PPO contracted fee.*
2. *PPO plus Premier - pays the lesser of the submitted charge or:*
 - a) *PPO contracted fee for Delta Dental PPO dentists.*
 - b) *Premier contracted fee for Delta Dental Premier dentists.*
 - c) *Non-contracted dentists - maximum plan allowance*
3. *DeltaCare USA - Not Applicable*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>May be eligible if not paid via 1099 –</i>
Are 1099 employees allowed?	<i>No</i>
Any ineligible industries?	<i>Yes</i>
Virgin groups eligible?	<i>Yes</i>
Wage & tax reports required?	<i>Employers must submit a copy of the group's quarterly wage statement or a complete census of eligible employees.</i>

CARVE OUTS*

Employers can carve out employee classes (e.g., management/non-management, union/non-union and hourly/salaried employees). The following will apply:

- *Stand alone PPO, DeltaCare USA or Dual Choice plans may be offered, but must adhere to all underwriting guidelines and requirements on the carve out population.*
- *Employer can offer a Delta Dental PPO plan to one population and DeltaCare USA plan to the other population. Underwriting guidelines apply to each of the carve out plans.*
- *When offering Delta Dental coverage for a carve out class of employees, the other population cannot have coverage through another carrier.*
- *Level 2 rating applies to carve-out groups regardless of industry.*
- *Employer must provide documented proof identifying the carve-out employees.*

** Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

Waiting periods apply only to voluntary PPO plans:

- *12-month waiting period for all endodontic, periodontic, oral surgery, major and orthodontic services, if covered.*
- *The 12-month waiting period may be waived for initial employees and eligible dependents. Discount plans and individual plans do not qualify. New hires, regardless of prior coverage, must satisfy the waiting period.*

SPECIAL CONSIDERATIONS

New groups, from an existing Delta Dental PPO or DeltaCare USA plan are not allowed to transfer into Delta Dental's Small Business Program.

Delta Dental PPO ineligible industries:

*Part time employees, Farm Labor & Management Services, Landscape & Horticultural Services, Beauty and Barber Shops, Employment Agencies, Misc. Business Services, Dentist Offices, Dental Labs, Medical Labs, Membership Organizations/Associations, Private Households, Not elsewhere classified, International Affairs, Christmas/Part-time help, High Turnover***

DeltaCare USA Ineligible Industries:

*Seasonal Employment, Legal Firms, Membership Organizations/Associations, High Turnover***

***A business has "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.*

Delta Dental is able to provide group proposals outside of the Small Business Program. For more information contact your Word & Brown representative.



A REGISTERED TRADEMARK OF DELTA DENTAL PLANS ASSOCIATION

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

Phone	888-886-7973
Email	service@employerdriven.com

NEVADA COVERAGE

Nevada PPO Counties	All Counties
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum
What states are allowed (or not allowed) for out-of-state coverage?	Yes-available for out of state employers in: Arizona, Colorado, Kansas, Nevada, South Carolina, Texas, Utah, Washington DC
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO & EPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	No minimum
Any other rules, restrictions, or guidelines not mentioned	All are allowed

DUAL OPTION (MIX & MATCH)

Employer may offer all four plan options from which the employee may select.

PROVIDER NETWORKS

Indemnity Network	N/A
PPO Network	DenteMax First Dental Health

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

RATING INFORMATION

Group Size	2-99
Rate Guarantee	12 Months
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-99
Employees	0-50% of the lowest priced plan
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

CONTRIBUTORY

	Group Size
	2-99
Employees	75%
Dependents	N/A

NON-CONTRIBUTORY

Employees	N/A
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

80th percentile of UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Any ineligible industries?*	Yes—excluded industries include those with SIC codes 8021 (Dentist) & 8111 (Law Office)
Virgin groups eligible?	Yes—subject to a twelve month wait for major benefits on Voluntary plans only

* The group's SIC will determine if a 10% load is applicable to the rates. Any groups with a SIC over 5100 is subject to a 10% load.

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	Must meet 75% participation rule

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

None

SPECIAL CONSIDERATIONS

This is a fully insured product. No administration fee applies.

Employer Sponsored: Employer may make one plan available or all four plans available as an option.

Voluntary: Minimum of 2 enrolled, no other participation guidelines.



CONTACT INFORMATION

Customer Response Unit	<i>(available to employees, employers and brokers)</i> 1-800-627-4200 cru@glic.com
Administration and Self-Service Portal	<i>(available to employees, employers and brokers)</i> www.GuardianAnytime.com

NEVADA COVERAGE

Nevada PPO Counties	<i>We offer our PPO network in all Nevada counties and can provide network access analysis reports for a specific group during the quoting process.</i>
Nevada Indemnity Counties	<i>Yes, we can quote Indemnity Dental anywhere in the state of Nevada.</i>

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes, our PPO network offers nationwide coverage. Plans may be quoted to include out-of-state employees.</i>
What is the minimum percentage of employees required in NV?	<i>There are no requirements for the minimum percentage of employees in Nevada, however to be a considered a situs, there would need to be one officer located in the state.</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>Not applicable; however, plan design is based on employer location, so some state variations may apply</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>There are some limitations and variations on what we can offer depending on the specific state regulation.</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	<i>Premiums are based on the employer location. Provider services are reimbursed based on the fee schedule or reasonable and customary reimbursement, based on the provider ZIP Code.</i>
Any other rules, restrictions, or guidelines not mentioned	<i>Benefits are quoted based on state requirements.</i>

DUAL OPTION (MIX & MATCH)

Not applicable. Our DHMO network does not include coverage in Nevada.

PROVIDER NETWORKS

Indemnity Network	<i>Guardian can offer indemnity plans.</i>
PPO Network	<i>Guardian has a PPO Dental network.</i>



RATING INFORMATION

Group Size	1-50
Rate Guarantee	1 year
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	1-50
Employees	No limitations
For Dependents	No limitations
% of Total Cost	No limitations

PARTICIPATION

CONTRIBUTORY

	Group Size
	1-50
Employees	No limitations
Dependents	No limitations

NON-CONTRIBUTORY

Employees	No limitations
Dependents	No limitations

OUT-OF-NETWORK CLAIM ADJUDICATION

Non-contracted dentists are reimbursed using reasonable and customary for the dentist's ZIP Code area. We use the 90th percentile of reasonable and customary as our standard and can pay claims using different percentiles of reasonable and customary, such as the 50th, 70th, 75th, 80th, 85th or 95th percentile at the plan holder's preference.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	Yes, generally subject to UW review
Any ineligible industries?	No
Virgin groups eligible?	Yes
Wage & tax reports statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	No
Management/Non-management?	No
Union/Non-union?	No
Minimum group size	No

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Dependent on case.

SPECIAL CONSIDERATIONS

Each case stands on its own merits and will be evaluated separately. Any special considerations will be provided during the quoting stage.

Humana

CONTACT INFORMATION

Customer Service, Member Service & Claims	866-427-7478
Fax (Add-ons/Deletes)	866-584-9140
Member Eligibility	800-232-2006
Commissions	AgencyMgt@humana.com
BOR Changes	AgencyMgt@humana.com
Website	www.humana.com
Dental Provider	www.humana.com
Sales & Product Information	<p>Mike Parkin mparkin@humana.com or</p> <p>Jillian Phillips jphillips44@humana.com</p>

NEVADA COVERAGE

Nevada PPO Counties	All counties use Humana DPPO network.
Nevada Indemnity Counties	None

NOTE: DHMO plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	None
What states are allowed (or not allowed) for out-of-state coverage?	All
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are blended for all ZIP Codes.
Any other rules, restrictions, or guidelines not mentioned	None

DUAL OPTION (MIX & MATCH)

Dual option available 5+ enrolled

PROVIDER NETWORKS

PPO Network	Humana DPPO
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Humana

RATING INFORMATION

Group Size	2-50
Rate Guarantee	1 yr
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-50
Employees	0%
For Dependents	0%
% of Total Cost	0%

PARTICIPATION

CONTRIBUTORY

	Group Size
	2-50
Employees	50%
Dependents	0%

NON-CONTRIBUTORY

Employees	0%
Dependents	0%

OUT-OF-NETWORK CLAIM ADJUDICATION

90th Percentile U&C or INFS (In Network Fee Schedule)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes but must have 1 W2
Any ineligible industries?	Dental offices
Virgin groups eligible?	Yes
Wage & Tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	2+

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the Humana Dental plan.

SPECIAL CONSIDERATIONS

None



CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	800-423-2765 Brokers enter prompt 4 Admin Support: prompt 2 Providers: prompt 3
Commissions	800-423-2765 Brokers enter prompt 4
Claims	PPO Claims Dental Claims Processing Center PO Box 614008 Orlando, FL 32861 Fax: 877-843-3945
Provider Services	800-423-2765 Providers: prompt 3 Payer ID Number: CX061 To check claim status, email: claims@lfg.com

NEVADA COVERAGE

Nevada PPO Counties	All
Nevada Indemnity Counties	All

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum
What states are allowed (or not allowed) for out-of-state coverage?	All states are allowed.
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO and Indemnity are offered in all states for out-of-state employees.
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Out of state ZIP Code
Any other rules, restrictions, or guidelines not mentioned	N/A

DUAL OPTION (MIX & MATCH)

Lincoln has flexibility to offer High/Low plans.

PROVIDER NETWORKS

PPO Network	Lincoln Connect PPO Claims Dental Claims Processing Center PO Box 614008 Orlando, FL 32861 Fax: 877-843-3945 1-800-423-2765 Providers: prompt 3 Payer INumber: CX061
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RATING INFORMATION

Group Size	2-99 lives
Rate Guarantee	1 year guarantee, renewal rates caps
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-99
Employees	0
For Dependents	0
% of Total Cost:	0

PARTICIPATION

CONTRIBUTORY

	Group Size
	2-99
Employees	25%
Dependents	0%

NON-CONTRIBUTORY

Employees	100%
Dependents	0%

OUT-OF-NETWORK CLAIM ADJUDICATION

Dentist Office will typically file claim on claimants behalf.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Any ineligible industries?	Dental Office; Private Households
Virgin groups eligible?	Yes
Wage & Tax statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	2-99 lives

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Our proposal will outline if waiting periods are waived.

SPECIAL CONSIDERATIONS

N/A

MetLife®

CONTACT INFORMATION

Member Services	800-275-4638
Commissions	888-653-8325 brokerinfo@metlife.com
Claims	MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998 888-466-8673
Fax (Add-ons/Deletes)	888-505-7446
Sales and Product Information	Richard Rathbun - rrathbun@metlife.com 480-205-6587
Broker/Agent Support	Richard Rathbun - rrathbun@metlife.com 480-205-6587
Broker Relations, Tradeshow Requests or Marketing Materials	Richard Rathbun - rrathbun@metlife.com 480-205-6587

NEVADA COVERAGE

Nevada PPO Counties	All Counties
Nevada Indemnity Counties	Contact your Word & Brown representative

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All states are allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO with state variations
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Contact your Word & Brown representative
Any other rules, restrictions, or guidelines not mentioned	Contact your Word & Brown representative

DUAL OPTION (MIX & MATCH)

Available for groups with 25+ employees. Must have at least 5 employees enrolling on each dental option. Contact your Word & Brown representative for more information.

PROVIDER NETWORKS

PPO Network	PDP Plus Network www.metlife.com/dental
Indemnity Network	N/A

MetLife®

RATING INFORMATION

Group Size	2-9
Rate Guarantee	Typical rate guarantee is 1 year. 2 year guarantees may be available depending on group characteristics.
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	2-9	10+
Employees	100%	0%
For Dependents	N/A	0%
% of Total Cost	25%	0%

Voluntary dental not available for groups under 10 eligible lives.

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	2-9	10+
Employees	75%	Minimum participation varies by group - typically 35%
Dependents		
NON-CONTRIBUTORY		
Employees	100%	100%
Dependents		

OUT-OF-NETWORK CLAIM ADJUDICATION

2-9: 80% UCR
 10+: 90% is standard. 51st, 80th, and 99th also available.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Contact your Word & Brown representative
Are 1099 employees allowed?	Typically 1099's aren't eligible, but exceptions considered case-by-case.
Any ineligible industries?	Yes
Virgin groups eligible?	Must have been in business for at least 1 year
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Contact your Word & Brown representative
Management/Non-management?	Contact your Word & Brown representative
Union/Non-union?	Contact your Word & Brown representative
Minimum group size	10+ lives

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

2-9 lives:
 Plan 1 & 2 - takeover not available to groups with no prior major services coverage

Plan 3 - New groups - takeover groups discount rates with 3%

10+ lives:
 Contact your Word & Brown representative

SPECIAL CONSIDERATIONS

N/A



CONTACT INFORMATION

Customer Service, Bilingual Support, & Broker Services	800-374-1835 (English)
Claims	800-374-1835 (English)
Provider Services	800-374-1835 (English)

NEVADA COVERAGE

Nevada HMO Counties	N/A
Nevada PPO Counties	All counties
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum
What states are allowed (or not allowed) for out-of-state coverage?	NV-issued policies cover employees in all states
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	NV unless they have multiple locations
Any other rules, restrictions, or guidelines not mentioned:	No

DUAL OPTION (MIX & MATCH)

Can offer Dual option with 10 enrolled employees. Only require 1 employee in second plan.

PROVIDER NETWORKS

HMO Network	N/A
PPO Network	ADA FDH
Indemnity Network	N/A



RATING INFORMATION

Group Size	<i>2-100</i>
Rate Guarantee	<i>1 or 2 years</i>
Rates Vary by Industry?	<i>Yes</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	<i>2-100</i>
Employees	<i>50%</i>
For Dependents	<i>No Minimum</i>
% of Total Cost:	<i>No Minimum</i>

PARTICIPATION

CONTRIBUTORY

	Group Size
	<i>2-100</i>
Employees	<i>25%</i>
Dependents	<i>No Minimum</i>

NON-CONTRIBUTORY

Employees	<i>25%</i>
Dependents	<i>No Minimum</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

95th, 90th, 80th, 60th and MAC available

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>No</i>
Any ineligible industries?	<i>Yes</i>
Virgin groups eligible?	<i>Yes</i>
Wage & Tax statements required?	<i>No</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>Yes</i>
Management/Non-management?	<i>Yes</i>
Union/Non-union?	<i>No for union groups</i>
Minimum group size	<i>2+</i>

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS



Insurance underwritten by Principal, a member of the Principal Financial Group®.

CONTACT INFORMATION

Customer & Broker Services	949-553-1616
Adds/Terms	Email: groupbenefitsadmin@principal.com
Commissions	800-388-4793
BOR Changes	Email BOR Change Request Form to commissions.group@principal.com
Claims	800-247-4695
Billing Address	Principal Life Group P.O. Box 14513 Des Moines, IA 50306-3513

NEVADA COVERAGE

Nevada PPO Counties	All counties
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	Contact your Word & Brown representative
What states are allowed (or not allowed) for out-of-state coverage?	All states are allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Contact your Word & Brown representative
Any other rules, restrictions, or guidelines not mentioned	Contact your Word & Brown representative

DUAL OPTION (MIX & MATCH)

Contact your Word & Brown representative

PROVIDER NETWORKS

PPO Network	Diversified Dental Services- Las Vegas Diversified Dental Services- Reno
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Insurance underwritten by Principal,
a member of the Principal Financial Group®.



Insurance underwritten by Principal, a member of the Principal Financial Group®.

RATING INFORMATION

Group Size	3-150 employer paid 5-150 voluntary	
Rate Guarantee	<i>Voluntary w/o prior</i> <20 lives: 1 year >20 lives: 1 or 2 year	<i>Dental or Vol</i> <i>w/prior</i> <5 lives: 1 year >5 lives: 1 or 2 year
Rates Vary by Industry?	Yes	

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size		
	3-150 employer paid 5-150 voluntary		
	<i>Non-contributory</i>	<i>Contributory</i>	<i>Voluntary</i>
Employees	100%	50–99%	0-49%
For Dependents	0%	0%	0%
% of Total Cost	N/A	N/A	N/A

PARTICIPATION

CONTRIBUTORY	
	Group Size
	3-150 employer paid 5-150 voluntary
Employees	50%
Dependents	N/A
NON-CONTRIBUTORY	
Employees	100%
Dependents	N/A
VOLUNTARY	
Employees	Greater of 5 enrolled or 20%
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Mac/Scheduled or UCR (50th through 99th percentiles available)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	No
Any ineligible industries?	Yes—Private households and non-classifiable establishments
Virgin groups eligible?	Yes
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	5 enrolled lives

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

No waiting period applies for timely entrants or those enrolled at initial takeover.

SPECIAL CONSIDERATIONS

1. For Retiree coverage, please contact your Word & Brown representative.
2. Annual enrollment period options are available.
3. Domestic Partner coverage is available.
4. Additional Benefit Riders are available.
5. For groups over 150 lives, please contact your Word & Brown representative.
6. Voluntary coverage is not available for groups under 5 lives.



Insurance underwritten by Principal, a member of the Principal Financial Group®.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Smart Choice

CONTACT INFORMATION

Member Support, Customer Service, Commissions	<i>Dental LTD & STD</i>	<i>800-659-2223 800-351-7500</i>
Claims	<i>P.O. Box 82510 Lincoln, NE 68501 800-497-7044</i>	
Fax (Add-ons/Deletes)	<i>402-309-2583</i>	

NEVADA COVERAGE

Nevada PPO Counties	<i>N/A</i>
Nevada Indemnity Counties	<i>All Counties</i>

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes</i>
What is the minimum percentage of employees required in NV?	<i>No minimum</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>All states allowed</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>Indemnity with nationwide passive PPO</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	<i>Rates are based on the firm's home office (i.e. where billed).</i>
Any other rules, restrictions, or guidelines not mentioned	<i>No</i>

DUAL OPTION (MIX & MATCH)

N/A

PROVIDER NETWORKS

PPO Network	<i>Utilizes both Ameritas and Principal PPO Network</i>
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RELIANCE STANDARD
LIFE INSURANCE COMPANY

Smart Choice

RATING INFORMATION

Group Size	2-19
Rate Guarantee	1 or 2 Years
Rates Vary by Industry?	Yes, some loaded industries are considered higher risk.

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution		
	Group Size	
	2-19	2-19
Employees	No requirement	Any %
For Dependents		
% of Total Cost		

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	2-19	2-19
Employees	2 eligible employees - both must be insured 3 to 5 eligible employees - all but one must be insured 6 to 9 eligible employees - all but two must be insured 10 to 19 eligible employees - 75% must be insured	3-5 eligibles - All but one needs to be enrolled 6-9 eligibles - All but two need to be enrolled 10+ eligibles - 75% needs to be enrolled
Dependents		
NON-CONTRIBUTORY		
Employees	100% of eligible employees	
Dependents		

OUT-OF-NETWORK CLAIM ADJUDICATION

Indemnity: Out of network claim adjudication for non-MAC is either 80% U&C or 90% U&C

Plan C only offers MAC or 80% U&C.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	No
Any ineligible industries?	Yes
Virgin groups eligible?	Yes
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:	
Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	Down to 3 insured employees; If sold with 2 other lines of coverage down to 2 insured employees, Life STD LTD CI or AI

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Plan A and Plan B:
- For groups of 2-19: 12 month wait for Major Services, which can be waived on takeover groups with similar coverage in force for at least 12 months prior to the effective date. 10% rate load applied to takeover groups.

Plan C:
- No waiting periods or loads for takeover.

SPECIAL CONSIDERATIONS

N/A

SECURECARE DENTAL**GROUP INSURANCE****CONTACT INFORMATION**

Customer Service, Bilingual Support & Broker Services	888-429-0914 x2500
Commissions	602-241-0914 x2505
Claims	602-241-0914 x2501
Fax (Add-ons/Deletes)	602-285-0121
Online Enrollment (Add-ons/Deletes)	mysecurecare.com

NEVADA COVERAGE

Nevada PPO Counties	Las Vegas, Reno and Henderson
Nevada Indemnity Counties	All Counties

Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes—for all plans including The Copay Plan. Employees out-of-state enroll on the same Copay Plan as employees in Nevada and pay the same copays.
What is the minimum percentage of employees required in NV?	51%
What states are allowed (or not allowed) for out-of-state coverage?	All states allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	The Copay Plan, The PPO Plan (MAC), The PPO Plan (UCR); National PPO Network available in states outside Nevada
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code? (and separate rates)?	Out of State EE ZIP Codes are factored into group rate in underwriting, but not separate rates.
Any other rules, restrictions, or guidelines not mentioned	No

DUAL OPTION (MIX & MATCH)

Yes—groups of 5+

PROVIDER NETWORKS

Copay Plan Network	Southwest Preferred Dental Organization
PPO (MAC) Network	Diversified Dental Services, Inc.
PPO (UCR) Network	Diversified Dental Services, Inc.
National Network	Dentemax

SECURECARE DENTAL

GROUP INSURANCE

RATING INFORMATION

Group Size	2-50*
Rate Guarantee	12 months+
Rates Vary by Industry?	No

* 51 or more - Large group available upon request. Please contact your Word & Brown representative for details.

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	ER Sponsored 5+	Voluntary 2+
Employees	50%	N/A
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

* Employer sponsored groups may also contribute 100% of the employee only cost of The Copay Plan and employees can buy up to The PPO Plan (MAC) and/or The PPO Plan (UCR).

PARTICIPATION

CONTRIBUTORY	
	Group Size
	5+
Employees	75%
Dependents	N/A
NON-CONTRIBUTORY	
Employees	N/A
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

85th - 90th percentile standard. Up to the 95th available.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No. Exceptions may be possible on an individual basis.
Any ineligible industries?	Yes—Dental related businesses, husband and wife business with only 2 EE's
Virgin groups eligible?	Yes—12 months in business
Wage & tax reports required?	Employer sponsored only

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	2

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

The Copay Plans have no in-network waiting periods.

The PPO (MAC) and PPO (UCR) employer sponsored plans do not have waiting periods.

For plans with waiting periods insureds received month-to-month prior coverage credit for satisfaction of waiting period met under employer's prior qualifying group dental plan

SPECIAL CONSIDERATIONS

Benefit Highlights

- Flexible Triple and Dual choice plans for groups of 5 or more enrolled
- White fillings on molars are standard
- 4 cleanings with perio surgery is standard
- No age limit on pediatric care
- No 6 month limit on cleaning frequency
- No loads for groups without prior coverage
- Census enrollment available
- Implants covered standard

UNITED CONCORDIA® DENTAL

CONTACT INFORMATION

Customer Service & Bilingual Support	800-332-0366
Broker Services	888-898-0353
Commissions	800-972-4191, prompt 3
Claims	Member: 800-332-0366; Broker: 888-898-0353
Provider Services	800-307-8514

CALIFORNIA COVERAGE

California HMO Counties	Coverage is statewide
California DPO Counties	Coverage is statewide
California Indemnity Counties	Coverage is statewide

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes, for PPO plans. Our Elite Plus network is national.
What is the minimum percentage of employees required in CA?	Under 50 enrolled, we require 90% enrollment in CA
What states are allowed (or not allowed) for out-of-state coverage?	Coverage is allowed for out-of-state members
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	Out-of-state employees are rated based on member home ZIP Code
Any other rules, restrictions, or guidelines not mentioned	Contact your Word & Brown representative

DUAL OPTION (MIX & MATCH)

PROVIDER NETWORKS

HMO Network	Concordia Plus
PPO Network	Elite Plus
Indemnity Network	N/A. We can pay a PPO product's out of network claims with a higher percentile UCR allowance to minimize balance billing situations

UNITED CONCORDIA[®] DENTAL

RATING INFORMATION

Group Size	2+
Rate Guarantee	12 & 24 months available
Rates Vary by Industry?	Yes, for groups over 50 enrolled contracts

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
Employees	<i>Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics</i>
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY

	Group Size
Employees	<i>Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics</i>
Dependents	

** Must meet participation requirement*

NON-CONTRIBUTORY

Employees	<i>Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics</i>
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

HMO	N/A
PPO	UCR & MAC

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Any ineligible industries?	<i>Cannabis companies, PEOs, Employee Leasing Firms, and temp agencies</i>
Virgin groups eligible?	Yes
DE9C statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	<i>Regardless of carve out, the entire policy must follow our standard participation guidelines.</i>

** Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.*

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS



CONTACT INFORMATION

Member Support	888-400-9304
Commissions	i-Services plan administrator site or 800-Ask-Unum (275-8686)
Claims	i-Services plan administrator site or 800-Ask-Unum (275-8686)
Add-ons/Delete	i-Services plan administrator site or 800-Ask-Unum (275-8686)
Dental Provider	ProviderRelations@unum.com
Sales and Product Information	Chet McBee cmcbee@unum.com 602-651-2980
Broker/Agent Support, Broker Relations, Tradeshow Requests or Marketing Materials	Chet McBee cmcbee@unum.com 602-651-2980
Tech Support	i-Services plan administrator site or 800-Ask-Unum (275-8686)
BOR Changes	i-Services plan administrator site or 800-Ask-Unum (275-8686)
Billing	i-Services plan administrator site or 800-Ask-Unum (275-8686)
Website	www.AlwaysAssist.com for Insureds

NEVADA COVERAGE

Nevada PPO Counties	All plan types are available in all counties in Nevada.
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OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	The minimum participation requirement is the greater of 2 enrolled lives or 20% minimum participation of eligible employees.
What states are allowed (or not allowed) for out-of-state coverage?	All states allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO, MAC
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code? (and separate rates)?	Dental rates are based upon the home ZIP code of eligible employees, whether in-state or out-of-state.
Any other rules, restrictions, or guidelines not mentioned	No; these would be based on the situs state of NV.

DUAL OPTION (MIX & MATCH)

Yes, a minimum of 5 enrolled lives are required on each plan.

PROVIDER NETWORKS

PPO Network

Always Care Network





RATING INFORMATION

Group Size	<i>2+ as long as minimum participation requirements are achieved</i>
Rate Guarantee	<i>10+: 1 year standard and 2 year may be offered with a rate load; 2-9: 1-year standard</i>
Rates Vary by Industry?	<i>Yes</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	<i>2-9 enrolled lives</i>	<i>10+ enrolled lives</i>
Employees	<i>The greater of 2 enrolled lives or 20% minimum participation</i>	<i>The greater of 10 enrolled lives or participation levels of 20% or more</i>
For Dependents	<i>N/A</i>	<i>N/A</i>
% of Total Cost	<i>N/A</i>	<i>N/A</i>

Center column answers apply to Voluntary plans. Far right column answers apply to Employer Contribution plans.

Rates are based on employee participation versus contribution by the Employer.

PARTICIPATION

CONTRIBUTORY	
	Group Size
	<i>10+ enrolled lives</i>
Employees	<i>The greater of 10 enrolled lives or 20% minimum participation of eligible lives. Those employees covered under a spouse's Group plan would not count as an eligible employee.</i>
Dependents	<i>N/A</i>
NON-CONTRIBUTORY	
Employees	<i>N/A</i>
Dependents	<i>N/A</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

80th percentile, 90th percentile, and MAC are standard offerings.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>Yes, if they are W-2 employees working for the Policyholder.</i>
Are 1099 employees allowed?	<i>No</i>
Any ineligible industries?	<i>Dental Clinics and Dental Labs are not eligible industries</i>
Virgin groups eligible?	<i>Yes—Must meet minimum participation requirements.</i>
Wage & tax reports required?	<i>No</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>No. Our preference is to offer 1 plan, or a dual-choice offering, to all active FT employees.</i>
Management/Non-management?	<i>No. Our preference is to offer 1 plan, or a dual-choice offering, to all active FT employees.</i>
Union/Non-union?	<i>No. Our preference is to quote only non-union groups at the present time.</i>
Minimum group size	<i>The greater of 2 enrolled lives or 20% minimum participation.</i>

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Waiting periods do not apply to those individuals insured under the current dental plan in effect at the time of the employer's application. Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date.

If takeover benefits are included in the plan, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to Unum.

SPECIAL CONSIDERATIONS

Unum's Second or Third Trimester Prophylaxis Benefit covers one additional cleaning or periodontal maintenance per 12 months if the member is in the second or third trimester of pregnancy.

Unum's Oral Cancer Screening Benefit provides for one adjunctive pre-diagnostic screening for oral cancer per 12 months. The benefit is available for members over the age of 40 and who show risk factors for oral cancer or suspicious lesions to reduce risk from late diagnosis of oral cancer.

Unum's Hearing Savings Plan provides financial support toward the costs of hearing instruments and accessories that are typically not covered by most medical plans. This benefit is available to all Unum dental plan members, at no additional cost. The Hearing Savings Plan includes:

- 30-60% discounts off major name brand hearing instruments and accessories
- 40% savings on hearing aid batteries shipped directly to members' homes
- On-call support for member questions, managed by professional hearing counselors.



Word&Brown®

VISION

RENEWAL INFORMATION - VISION

	Aetna Funding Advantage	Ameritas	Anthem Blue Cross Blue Shield	BEST Life and Health Insurance Company
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	Contact your Word & Brown representative	Contact support@gotodais.com Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.	The brokers receives an email when their renewals are ready to view on the broker portal. They may also reach out to broker services or their sales rep.	Broker Services Department 800-433-0088 If adding a new line of coverage, please call assigned sales representative.
Deadline for submission of group level renewal changes & their effective date?	Contact your Word & Brown representative	By the end of the renewal month.	The completed documentation, including all necessary Anthem Blue Cross forms, must be received by Anthem Blue Cross within 30 days of the requested anniversary date. Non-anniversary benefit modifications will not be allowed.	Renewal changes at the group level can be made at the time of their renewal, prior to renewal effective date. For future renewal - if a group would like to have the changes made at their next renewal, we would have to process it before the invoice for that month is processed, which is more than 30 days. As for effective date, I would recommend 60-90 days before their renewal.
Deadline for submission of employee/dependent renewal changes & their effective date?	Contact your Word & Brown representative	Within 30 days of qualifying event.	A. Covered subscribers may move to a different product offered by their group at the anniversary month. B. A subscriber can request a change in medical benefits by completing the Employee Change Form or the Plan Change Request form on their group's anniversary date.	We have O/E open a month prior to their renewal month and continues through the end of the renewal month. In that window, the employee can make changes to their coverage.
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	Contact your Word & Brown representative	Broker may Call Ameritas Agent Services to be set up on Ameritas Broker Portal for Access 855-517-5307 Option 4	Yes, as long as their group is enrolled in employer access. The group can give the broker access as well.	Yes - Broker Portal at: https://www.bestlife.com/brokers New users will need to contact 800-433-0088
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	Contact your Word & Brown representative	Online when group is registered	Online through employer access	Email: changes@bestlife.com or Online Broker Portal: https://www.bestlife.com/brokers
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	Contact your Word & Brown representative	Contact support@gotodais.com Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.	Email nvsgbroker@anthem.com or call them at 1-888-445-9236	Call Broker Services Department 800-433-0088
How far in advance do these receive their renewal material - Groups? Broker?	Contact your Word & Brown representative	At least 90 days	At least 60 days	60 days

RENEWAL INFORMATION - VISION

	Camden Insurance Affiliate of Vision Plan of America	Companion Life	Guardian	Humana
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	213-616-0640	Email clife.renewals@companiongroup.com	Brokers can contact their local Guardian Account Manager or they can access Guardian Anytime (guardiananytime.com) for a group's renewal.	Molly Zwettler mzwettler@humana.com
Deadline for submission of group level renewal changes & their effective date?	Contact your Word & Brown representative	We would prefer to get plan changes before the renewal, but no more than 30 days after renewal if we have to set a deadline.	Contact your Word & Brown representative	The submission deadline is the 5th of the renewal month. The effective date is the 1st of the renewal month. Ex: 5/5/2020 submission deadline for a 5/1/2020 effective date.
Deadline for submission of employee/dependent renewal changes & their effective date?	Contact your Word & Brown representative	We would prefer to get plan changes before the renewal, but no more than 30 days after renewal if we have to set a deadline.	Contact your Word & Brown representative	Member changes for open enrollment can be submitted 60 days prior to the renewal date and up to 30 days after the renewal date. All open enrollment changes are effective upon the renewal date. Members with a qualifying event must be enrolled within 30 days of the qualifying event date.
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	No	Brokers can reach our service team at c.life@companiongroup.com for adds and terms. Brokers can request access to our portal.	Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.	www.humana.com
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	All: Erick@thecamden.com Phil@thecamden.com 213-616-0640 (phone)	Email	Brokers can access Guardian Anytime (guardiananytime.com) for any renewal changes.	Email
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	All: Erick@thecamden.com Phil@thecamden.com 213-616-0640 (phone)	Email clife.renewals@companiongroup.com	Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.	Molly Zwettler mzwettler@humana.com
How far in advance do these receive their renewal material - Groups? Broker?	30-60 days or earlier upon request	3 months in advance	Groups will receive their renewals in accordance with the timeframes set forth by the state requirements.	60 days

RENEWAL INFORMATION - VISION

	Lincoln Financial Group	Nippon Life Benefits	Principal
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	<i>Contact local LFG Sales Rep</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>Any questions related to a group's renewal should be directed to the assigned Principal Account Executive.</i>
Deadline for submission of group level renewal changes & their effective date?	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	www.lincoln4benefit.com	<i>Yes via Employer Portal, but must be approved by group</i>	<i>Yes https://advisors.principal.com/ Call us at 800-554-3395 to get set up. Call us at 800-843-1371 for help using eService.</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	<i>Online</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>Accessing the eService site to process any annual enrollment changes will provide the fastest processing time.</i>
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	<i>Contact local LFG Sales Rep</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>If a broker is missing a copy of a renewal, they can contact their assigned Principal Account Executive (which is assigned by broker location).</i>
How far in advance do these receive their renewal material - Groups? Broker?	<i>Typically 60 days</i>	<i>60 days</i>	<i>Renewal letters are mailed to the broker 60 days in advance and to the group 45 days in advance of the renewal. Brokers can contact their assigned Principal Account Executive to obtain the information earlier if needed.</i>

RENEWAL INFORMATION - VISION

	Reliance Standard	SecureCare Vision	VSP
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	Fred Kiehm - fred.kiehm@rsli.com	Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	800-216-6248 option 4
Deadline for submission of group level renewal changes & their effective date?	<i>For our SmartChoice small group products, we do not have these deadlines. Our groups do not renew, they just continue. If a group makes a change or add/deletes an employee, they just contact our office and we make the change in real time.</i>	<i>Preferred 30-15 days prior to process any changes before billing cycles. We are flexible and can make changes after renewal date has passed up to 30 days, or on exception basis</i>	<i>VSP sends out renewal notices 90 days in advance. On our small group pooled business, we do not require a signature; rather, it is an auto-renewal whereby unless we are notified otherwise, the group's coverage will be renewed. In addition, we do not monitor a group's eligibility requirements such as hours per week and waiting periods. It is up to the client to manage and make membership updates online accordingly. Should they forget to make an update, they can contact the VSP service team and ask for an exception retro two months plus the existing month to obtain a credit. Any other changes such as changing a renewal date or upgrading a plan, etc., they should work with their VSP Client Manager. The Client Manager's name will always appear on the renewal notice</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>For our SmartChoice small group products, we do not have these deadlines. Our groups do not renew, they just continue. If a group makes a change or add/deletes an employee, they just contact our office and we make the change in real time.</i>	<i>Preferred 30-15 days prior to process any changes before billing cycles. We are flexible and can make change after renewal dates have passed. Depending on confirmation from group (i.e. payroll deduction on employee half) we can retro add as far back as necessary. Terms are 60 days or on an exception basis past that 60 day mark</i>	<i>VSP sends out renewal notices 90 days in advance. On our small group pooled business, we do not require a signature; rather, it is an auto-renewal whereby unless we are notified otherwise, the group's coverage will be renewed. In addition, we do not monitor a group's eligibility requirements such as hours per week and waiting periods. It is up to the client to manage and make membership updates online accordingly. Should they forget to make an update, they can contact the VSP service team and ask for an exception retro two months plus the existing month to obtain a credit. Any other changes such as changing a renewal date or upgrading a plan, etc., they should work with their VSP Client Manager. The Client Manager's name will always appear on the renewal notice</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	No	<i>Adds/Terms can be submitted online with Group #: mysecurecare.com - enroll online</i>	<i>Yes, if authorized by the client, brokers can access membership to make updates. Vsp.com or 800.216.6248 option 2</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	Email fred.kiehm@rsli.com	Email: Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	vspwestern@vsp.com
How does a broker secure a copy of a missing renewal? (If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)	267-256-3838	Christina Fisher Account Manager 888-429-0914 x123 Cfisher@securecaredental.com	vspwestern@vsp.com
How far in advance do these receive their renewal material - Groups? Broker?	<i>3 months in advance to the GA or company</i>	<i>60-90 days</i>	<i>90 days</i>



CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	<i>Contact your Word & Brown representative</i>
Commissions	<i>Contact your Word & Brown representative</i>
Claims	<i>Contact your Word & Brown representative</i>

NEVADA COVERAGE

Nevada HMO Counties	<i>Contact your Word & Brown representative</i>
Nevada PPO Counties	<i>Contact your Word & Brown representative</i>
Nevada Indemnity Counties	<i>Contact your Word & Brown representative</i>

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Contact your Word & Brown representative</i>
What is the minimum percentage of employees required in NV?	<i>Contact your Word & Brown representative</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>Contact your Word & Brown representative</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>Contact your Word & Brown representative</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	<i>Contact your Word & Brown representative</i>
Any other rules, restrictions, or guidelines not mentioned	<i>Contact your Word & Brown representative</i>

PROVIDER NETWORKS

HMO Network	<i>Contact your Word & Brown representative</i>
PPO Network	<i>Contact your Word & Brown representative</i>
Indemnity Network	<i>Contact your Word & Brown representative</i>



FUNDING ADVANTAGE

RATING INFORMATION

Group Size	Contact your Word & Brown representative
Rate Guarantee	Contact your Word & Brown representative
Rates Vary by Industry?	Contact your Word & Brown representative

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	Contact your Word & Brown representative
Employees	Contact your Word & Brown representative
For Dependents	Contact your Word & Brown representative
% of Total Cost	Contact your Word & Brown representative

PARTICIPATION

CONTRIBUTORY	
	Group Size
	Contact your Word & Brown representative
Employees	Contact your Word & Brown representative
Dependents	Contact your Word & Brown representative
NON-CONTRIBUTORY	
Employees	Contact your Word & Brown representative
Dependents	Contact your Word & Brown representative

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Contact your Word & Brown representative
Are 1099 employees allowed?	Contact your Word & Brown representative
Any ineligible industries?	Contact your Word & Brown representative
Virgin groups eligible?	Contact your Word & Brown representative
Wage & tax statements required?	Contact your Word & Brown representative

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Contact your Word & Brown representative
Management/Non-management?	Contact your Word & Brown representative
Union/Non-union?	Contact your Word & Brown representative
Minimum group size	Contact your Word & Brown representative

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Contact your Word & Brown representative

SPECIAL CONSIDERATIONS

Contact your Word & Brown representative



CONTACT INFORMATION

Customer/Member Service	855-517-5307	
Dental & Vision Claims	Option 1	Ameritas Group Claims PO Box 82520 Lincoln, NE 68501 group@ameritas.com Fax 402-467-7336
Billing, Enrollment Status & Add-ons/Deletes	Option 2	group_assistants@ameritas.com
Directory Information	Option 3	
Sales & Product Information	Contact your Word & Brown representative	
BOR Changes	Option 5	group_licensing@ameritas.com
Broker Services, Tradeshow Requests or Marketing Materials	Option 6	wbservices@gotodais.com
Agent Portal Tech Support	Option 8	
EyeMed Claims	866-289-0614	www.eyemedvisioncare.com
VSP Claims	800-877-7195	www.vsp.com
Website	www.ameritas.com	

NEVADA COVERAGE

Nevada Vision Indemnity Counties	All counties
Nevada Vision PPO Counties	All counties

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum requirement of employees located in NV; 3 if enrolled anywhere.
What states are allowed (or not allowed) for out-of-state coverage?	Employees can reside in any state and be covered. If the company situs location is WA or NY, not available. If the company is situs is FL, there are separate rate brochures.
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All. Plan designs subject to state laws.
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Vision plans are nationally rated.
Any other rules, restrictions, or guidelines not mentioned	N/A

PROVIDER NETWORKS

PPO Network	VSP Network Plus Affiliated for Focus Plans EyeMed Access Network for ViewPointe Plans
Select Any Vision Provider	MCE Vision Perfect Plan Flat Max Vision Perfect Plan





RATING INFORMATION

Group Size	3+
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	3-199
Employees	N/A
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	3+
Employees	All plans require a minimum of 3 enrolled.
Dependents	
NON-CONTRIBUTORY	
Employees	All plans require a minimum of 3 enrolled.
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

Mail in for reimbursement. (If the member goes to Walmart, we have an arrangement that they will run the claim for the member.)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	No
Any ineligible industries?	Eye doctors, all marijuana related businesses
Virgin groups eligible?	Yes
Wage & tax reports required?	May be requested if 50% or more of group is related.

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Offer to all eligible employees, no carve-outs
Management/Non-management?	Offer to all eligible employees, no carve-outs
Union/Non-union?	Allowed with underwriting approval
Minimum group size	3 enrolled

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Vision has no waiting periods or late entrant penalties.

Eligible employees can only elect or terminate coverage at open enrollment period each year, unless there is a qualifying life event.

SPECIAL CONSIDERATIONS

Discounts up to 10% for eyewear at Walmart.
Discounts at Walmart and Sam's Club for prescriptions.

Simple Add-ons:
LASIK Advantage and HearingCare available for groups with a minimum of 10 or more enrolled lives.





CONTACT INFORMATION

Member Support	<i>877-833-5734 or 866-723-0515</i>	
Broker Support	<i>888-445-9236</i>	
Fax (Add-ons/Deletes)	<i>855-750-2227</i>	
Commissions	<i>888-445-9236</i>	
Billing	<i>Anthem Blue Cross Blue Shield P.O. Box 541013 Los Angeles, CA 90054-1013</i>	<i>877-833-5734 Fax 855-750-2227</i>
Vision Claims (out-of-network only)	<i>Blue View Vision Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111</i>	<i>866-723-0515 Fax 866-293-7373</i>

NEVADA COVERAGE

Nevada HMO Counties	<i>All</i>
Nevada PPO Counties	<i>All</i>
Nevada Indemnity Counties	<i>N/A</i>

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes</i>
What is the minimum percentage of employees required in NV?	<i>At least 25% minimum enrollment must reside in Nevada or an Anthem State.</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>All</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>All plans - PPO</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	<i>NV employer ZIP Code</i>
Any other rules, restrictions, or guidelines not mentioned	<i>Contact your Word & Brown representative</i>

PROVIDER NETWORKS

PPO Network	<i>Blue View Vision www.anthem.com</i>
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RATING INFORMATION

Group Size	<i>2-50</i>
Rate Guarantee	<i>24 Months</i>
Rates Vary by Industry?	<i>No</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	<i>2-50</i>
Employees	<i>50%</i>
For Dependents	<i>N/A</i>
% of Total Cost	<i>N/A</i>

PARTICIPATION

CONTRIBUTORY	
	Group Size
	<i>2-50</i>
Employees	<i>50%</i>
Dependents	<i>N/A</i>
NON-CONTRIBUTORY	
Employees	<i>At least 5 enrolled</i>
Dependents	<i>N/A</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>No</i>
Are 1099 employees allowed?	<i>No</i>
Any ineligible industries?	<i>Yes</i>
Virgin groups eligible?	<i>Yes</i>
Wage & tax report statements required?	<i>Yes</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>Contact your Word & Brown representative</i>
Management/Non-management?	<i>Minimum of 5 enrolling</i>
Union/Non-union?	<i>Contact your Word & Brown representative</i>
Minimum group size	<i>5 (could be lower on specialty products)</i>

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Contact your Word & Brown representative

SPECIAL CONSIDERATIONS

Bundling Discounts are available if combined with a dental plan





BEST Life and Health Insurance Company

CONTACT INFORMATION

Member Support, Customer Service & Commissions	800-433-0088 cs@bestlife.com
Billing	BEST Life and Health Insurance Co. P.O. Box 19721 Irvine, CA 92623-9721
Claims	BEST Life and Health Insurance Co. P.O. Box 890 Meridian, ID 83680 800-433-0088 Fax 208-893-5040 Email: cs@bestlife.com
Add-ons/Terminations	Fax: 949-724-1603 Email: changes@bestlife.com or Online Broker Portal: https://www.bestlife.com/brokers
BOR Changes	scuriel@bestlife.com
Sales and Product Information	Phone: 800-237-8543 Quote Request: quotes@bestlife.com Website: www.bestlife.com

NEVADA COVERAGE

Nevada Vision Indemnity Counties	All counties
Nevada Vision PPO Counties	All counties

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	There is no minimum
What states are allowed (or not allowed) for out-of-state coverage?	There are no restrictions.
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO and Indemnity
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are based on the NV employer ZIP Code.
Any other rules, restrictions, or guidelines not mentioned	None

PROVIDER NETWORKS

Indemnity Network	No network required
Vision PPO Network	EyeMed's national Access PPO network



BEST Life and Health Insurance Company

RATING INFORMATION

Group Size	<i>Minimum of 5+ enrolled</i>
Rate Guarantee	<i>1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available</i>
Rates Vary by Industry?	<i>No</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	Employer Sponsored 5+	Voluntary Plans 5+
Employees	50%	0%
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

PARTICIPATION

VOLUNTARY

	Group Size
	5+
Employees	<i>5+ enrolled and 20% total participation. On groups where Employer contributes 100%, 100% participation required.</i>
Dependents	N/A

EMPLOYER-SPONSORED

Employees	<i>5+ enrolled and 60% total participation. On groups where Employer contributes 100%, 100% participation required</i>
Dependents	N/A

Please note: employees with group vision coverage do not count towards participation requirements.

OUT-OF-NETWORK CLAIM ADJUDICATION

Claims payments are based on a per service maximum.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>No</i>
Any ineligible industries?	<i>Yes - Optometry Offices/Clinics</i>
Virgin groups eligible?	<i>Yes</i>
Wage & tax reports required?	<i>No</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>Yes - if the group has a carve out in place with prior carrier. Minimum of 5 enrolling</i>
Management/Non-management?	<i>Yes - if the group has a carve out in place with prior carrier. Minimum of 5 enrolling</i>
Union/Non-union?	<i>No</i>
Minimum group size	<i>Minimum of 5 employees or more enrolling</i>

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

Mid-month Effective Dates - Both 1st of the month and 15th of the month effective dates are offered.

Bundling Discounts - Save an additional 2-5% on dental with purchase of vision and/or life.

Voluntary groups that can demonstrate a 61% participation or greater enrollment rate will have the lower Employer Contributory rates as a reward.



The Camden Insurance Agency
An affiliate of Vision Plan of America

CONTACT INFORMATION

Broker Service/Commissions	213-616-0640 3250 Wilshire Blvd., #1610 Los Angeles, CA 90010
Avesis Claims/Member Services	800-522-0258
Avesis Eligibility Dept. Adds/Terms	Fax 866-871-1638
Avesis Customer Care Department	800-828-9341
Email	Phil@theCamden.com

NEVADA COVERAGE

Avesis Nevada Insured Vision Plan Counties	All Counties
Nevada Indemnity Counties	N/A

The Avesis Insured Vision Plan is brought to you by Camden Insurance, an affiliate of Vision Plan of America, and is underwritten by Fidelity Security Life. Policy #VC-16; Form M9059

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes—nationally
What is the minimum percentage of employees required in NV?	Minimum 5 enrolled for employer-paid Minimum 10 enrolled for voluntary No minimum percentage required
What states are allowed (or not allowed) for out-of-state coverage?	All states covered
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	Insured Vision Plan only
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Single rate for all areas
Any other rules, restrictions, or guidelines not mentioned	Employer paid groups: minimum employer contribution of 75% or 50% if tied to medical

PROVIDER NETWORKS

Insured Vision Plan	Avesis www.avesis.com Plan #905
Indemnity Network	N/A



RATING INFORMATION

Group Size	5+ employer-paid 10+ voluntary
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	5+ employer-paid 10+ voluntary
Employees	75% of employer-paid or 50% if tied to medical 0% for voluntary
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	5+ employer-paid 10+ voluntary
Employees	75% of employer-paid or 50% if tied to medical
Dependents	N/A
NON-CONTRIBUTORY	
Employees	75% of employer-paid or 50% if tied to medical
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Each 15 days

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes—with payroll deduction
Any ineligible industries?	No
Are 1099 employees allowed?	Yes—with payroll deduction
Virgin groups eligible?	Yes
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	N/A
Management/Non-management?	N/A
Union/Non-union?	N/A
Minimum group size	5 - employer-paid 10 - voluntary

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

No waiting periods
No pre-approvals*

*Except for medically necessary contact lenses

SPECIAL CONSIDERATIONS

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.



CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	866-939-3633
Commissions	888-439-3633
Claims	EyeMed Vision Care 4000 Luxottica Pl. Mason, OH 45040

NEVADA COVERAGE

Nevada PPO Counties	Statewide
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	2 lives
What states are allowed (or not allowed) for out-of-state coverage?	N/A
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	N/A
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code?	N/A
Any other rules, restrictions, or guidelines not mentioned	N/A

PROVIDER NETWORKS

HMO Network	N/A
PPO Network	EyeMed Vision Care Access Network
Indemnity Network	N/A

The above products and services are underwritten and/or provided by Companion Life Insurance Company. Companion Life is an independent company from Anthem Blue Cross Blue Shield. Companion Life will be responsible for all services related to the above products.



RATING INFORMATION

Group Size	2+
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2+
Employees	0% Voluntary 25% Contributory
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	2+
Employees	2 lives minimum
Dependents	
NON-CONTRIBUTORY	
Employees	When non-contributory we require that all are eligible to enroll. Minimum is 2
Dependents	

Please note: employees with group vision coverage do not count towards participation requirements.

OUT-OF-NETWORK CLAIM ADJUDICATION

There are OON allowances for services. Differs by plan

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Any ineligible industries?	Offices and Clinics of Optometrists
Virgin groups eligible?	Yes
Wage & tax reports required?	Not required

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	No
Management/Non-management?	No
Union/Non-union?	No
Minimum group size	2+

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

N/A

The above products and services are underwritten and/or provided by Companion Life Insurance Company. Companion Life is an independent company from Anthem Blue Cross Blue Shield. Companion Life will be responsible for all services related to the above products.





CONTACT INFORMATION

Customer Response Unit	<i>(available to employees, employers and brokers)</i> 1-800-627-4200 cru@glic.com
Administration and Self-Service Portal	<i>(available to employees, employers and brokers)</i> www.GuardianAnytime.com

NEVADA COVERAGE

Nevada HMO Counties	N/A
Nevada PPO Counties	<i>We offer our Vision networks in all Nevada counties and can provide network access analysis reports for a specific group during the quoting process.</i>
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes, our Vision plans offer nationwide coverage. Plans may be quoted to include out-of-state employees.</i>
What is the minimum percentage of employees required in NV?	<i>There are no requirements for the minimum percentage of employees in Nevada, however to be a considered a situs, there would need to be one officer located in the state.</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>Not applicable; however, plan design is based on employer location, so some state variations may apply.</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>There are some limitations and variations on what we can offer depending on the specific state regulation.</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	<i>Premiums are based on the employer location. Provider services are reimbursed based on the fee schedule or reasonable and customary reimbursement, based on the provider ZIP Code.</i>
Any other rules, restrictions, or guidelines not mentioned	<i>Benefits are quoted based on state requirements.</i>

DUAL OPTION (MIX & MATCH)

We can offer dual option plans for Guardian Vision and VSP or Davis Vision and VSP.

PROVIDER NETWORKS

Vision PPO Network	<i>Guardian offers our Guardian Vision network as well as VSP and Davis Vision</i>
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RATING INFORMATION

Group Size	1-50
Rate Guarantee	1 year
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	1-50
Employees	No limitations
For Dependents	No limitations
% of Total Cost	No limitations

PARTICIPATION

CONTRIBUTORY

	Group Size
	1-50
Employees	No limitations
Dependents	No limitations

NON-CONTRIBUTORY

Employees	No limitations
Dependents	No limitations

OUT-OF-NETWORK CLAIM ADJUDICATION

We can offer out-of-network coverage on most plans. Typically members would receive a reimbursement up to the limits of the specified out of network schedule.

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	Yes, generally subject to UW review
Any ineligible industries?	No
Virgin groups eligible?	Yes
Wage & tax reports statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	No
Management/Non-management?	No
Union/Non-union?	No
Minimum group size	No

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Dependent on case.

SPECIAL CONSIDERATIONS

Each case stands on its own merits and will be evaluated separately. Any special considerations will be provided during the quoting stage.

Humana

CONTACT INFORMATION

Customer Service	866-427-7478
Broker Services	800-592-3005
Add-ons/Deletes	www.humana.com
Claims	800-592-3005

NEVADA COVERAGE

Nevada HMO Counties	None
Nevada PPO Counties	Humana Insight Network
Nevada Indemnity Counties	None

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	None
What states are allowed (or not allowed) for out-of-state coverage?	None
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	Same
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Rates are blended for all ZIP Codes
Any other rules, restrictions, or guidelines not mentioned	None

PROVIDER NETWORKS

HMO Network	None
Vision Network	Humana Insight Network

Humana

RATING INFORMATION

Group Size	2-50
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-50
Employees	0%
For Dependents	0%
% of Total Cost	0%

PARTICIPATION

CONTRIBUTORY

	Group Size
	2-50
Employees	50%
For Dependents	0%

NON-CONTRIBUTORY

Employees	0%
For Dependents	0%

OUT-OF-NETWORK CLAIM ADJUDICATION

Reimbursement schedule

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	Yes
Any ineligible industries?	No
Virgin groups eligible?	Yes
Wage & Tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Allowed
Management/Non-management?	Allowed
Union/Non-union?	Allowed
Minimum group size	2+

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

N/A



CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	800-423-2765 Brokers enter prompt 4 Admin Support: prompt 2 Providers: prompt 3
Commissions	800-423-2765 Brokers enter prompt 4
Claims	1-800-440-8453 Monday-Friday 5:00am PST – 8:00pm PST Saturday 6:00am PST – 3:30pm PST www.lvc.lfg.com

NEVADA COVERAGE

Nevada HMO Counties	N/A
Nevada PPO Counties	No County Restrictions
Nevada Indemnity Counties	All

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	0%
What states are allowed (or not allowed) for out-of-state coverage?	N/A
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO plans
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Out of State ZIP Code
Any other rules, restrictions, or guidelines not mentioned	N/A

PROVIDER NETWORKS

PPO Network	1-800-440-8453 Monday-Friday 5:00am PST – 8:00pm PST Saturday 6:00am PST – 3:30pm PST www.lvc.lfg.com
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RATING INFORMATION

Group Size	<i>2-99 Lives</i>
Rate Guarantee	<i>1 year or 2 years</i>
Rates Vary by Industry?	<i>Yes</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	<i>2-99</i>
Employees	<i>0%</i>
For Dependents	<i>0%</i>
% of Total Cost	<i>N/A</i>

PARTICIPATION

CONTRIBUTORY	
	Group Size
	<i>2-99</i>
Employees	<i>0</i>
For Dependents	<i>0</i>
NON-CONTRIBUTORY	
Employees	<i>0</i>
For Dependents	<i>0</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

Must pay out of pocket and file claim for reimbursement

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>Yes</i>
Any ineligible industries?	<i>No</i>
Virgin groups eligible?	<i>Yes</i>
Wage & Tax statement required?	<i>No</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>Yes</i>
Management/Non-management?	<i>Yes</i>
Union/Non-union?	<i>Yes</i>
Minimum group size	<i>2-99</i>

WAITING PERIOD WAIVER/TAKEOVER

Varies based on quote. Refer to proposal. Typically, waiting period is matched with previous plan and prior service credit is given.

SPECIAL CONSIDERATIONS

N/A



CONTACT INFORMATION

Customer Service	800-374-1835 (English)
Broker Services	800-374-1835 (English)
Commissions	800-374-1835 (English)
Claims	800-374-1835 (English)

NEVADA COVERAGE

Nevada HMO Counties	N/A
Nevada PPO Counties	All NV counties available
Nevada Indemnity Counties	N/A

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in CA?	No Minimum
What states are allowed (or not allowed) for out-of-state coverage?	NH
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	NV unless multiple locations
Any other rules, restrictions, or guidelines not mentioned	No

PROVIDER NETWORKS

Vision Network	EyeMed
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RATING INFORMATION

Group Size	2-100
Rate Guarantee	1 or 2 years
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-100
Employees	50
For Dependents	0
% of Total Cost	0

PARTICIPATION

CONTRIBUTORY

	Group Size
	2-100
Employees	25%
For Dependents	0

NON-CONTRIBUTORY

Employees	25%
For Dependents	0

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes
Virgin groups eligible?	Yes
Wage & Tax statements required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	No Union
Minimum group size	2+

WAITING PERIOD WAIVER/TAKEOVER

SPECIAL CONSIDERATIONS



Insurance underwritten by Principal, a member of the Principal Financial Group®.

CONTACT INFORMATION

Customer & Broker Services	949-553-1616
Adds/Terms	Email: groupbenefitsadmin@principal.com
Commissions	800-388-4793
BOR Changes	Email BOR Change Request Form to commissions.group@principal.com
Claims	800-247-4695
Billing Address	Principal Life Group P.O. Box 14513 Des Moines, IA 50306-3513

NEVADA COVERAGE

Vision coverage is available throughout the state

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	Contact your Word & Brown representative
What states are allowed (or not allowed) for out-of-state coverage?	All states are allowed.
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	Indemnity and Managed Care Vision
Are rates for out-of-state employees based on the CA employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are based on NV employer ZIP Code with no difference in rates for other locations.
Any other rules, restrictions, or guidelines not mentioned	Yes—see <i>Special Considerations</i>

PROVIDER NETWORKS

PPO	VSP Choice
Indemnity	N/A



Insurance underwritten by Principal, a member of the Principal Financial Group®.

RATING INFORMATION

Group Size	<i>3-150 employer paid 5-150 voluntary</i>
Rate Guarantee	<i>12 months</i>
Rates Vary by Industry?	<i>Yes</i>

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	<i>3-150 employer paid 5-150 voluntary</i>
Employees	<i>0 to 100%</i>
For Dependents	<i>0 to 100%</i>
% of Total Cost	<i>N/A</i>

PARTICIPATION

CONTRIBUTORY	
	Group Size
	<i>3-150 employer paid 5-150 voluntary</i>
Employees	<i>50%</i>
Dependents	<i>N/A</i>
NON-CONTRIBUTORY	
Employees	<i>100%</i>
Dependents	<i>N/A</i>
VOLUNTARY	
Employees	<i>Greater of 5 enrolled or 20%</i>
Dependents	<i>N/A</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

*PPO - scheduled reimbursement
Indemnity - N/A*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>Yes</i>
Are 1099 employees allowed?	<i>No</i>
Any ineligible industries?	<i>Yes—Private households and non-classifiable establishments</i>
Wage & tax reports required?	<i>No</i>

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	<i>Yes</i>
Management/Non-management?	<i>Yes</i>
Union/Non-union?	<i>Yes</i>
Minimum group size	<i>5 enrolled lives</i>

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

- 1. Only prescription contacts are available.*
- 2. Contact lens benefit is in lieu of the lens and frame, when contacts are chosen.*
- 3. Annual enrollment period applies.*
- 4. For groups over 150 lives, please contact your Word & Brown representative.*
- 5. Word & Brown representative.*
- 6. For retiree coverage, please contact your Word & Brown representative.*
- 7. Members are eligible for a vision discount plan, the VSP Access Program, at no extra cost.*
- 8. 3 & 4 Life groups must quote 2 or more coverages.*



Insurance underwritten by Principal, a member of the Principal Financial Group®.

SECURECARE

GROUP INSURANCE

Dental ■ Vision

CONTACT INFORMATION

Customer Service & Bilingual Support	1-888-429-0914 x2500
Broker Services	1-888-429-0914 x123
Commissions	1-888-429-0914 x2505
Claims	1-888-429-0914 x2501
Fax (Add-ons/Deletes)	1-800-275-4064
Directory Information	1-888-864-3273

NEVADA COVERAGE

Vision coverage available throughout the state

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	<i>Yes. SecureCare Vision has a national vision network - DavisVision</i>
What is the minimum percentage of employees required in NV?	<i>A minimum of 2 employees must enroll.</i>
What states are allowed (or not allowed) for out-of-state coverage?	<i>All states are allowed.</i>
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	<i>All SecureCare Vision plans are offered out-of-state using our national vision network.</i>
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	<i>SecureCare Vision rate quotes apply for employees in Nevada, as well as, outside Nevada.</i>
Any other rules, restrictions, or guidelines not mentioned	<i>N/A</i>

PROVIDER NETWORKS

SecureCare Vision benefits available with the national Davis Vision provider network. Find a vision provider at mysecurecare.com

SECURECARE

GROUP INSURANCE

Dental ■ Vision

RATING INFORMATION

Group Size	2+
Rate Guarantee	24 months
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	Employer Sponsored 2+	Voluntary Plans 2+
Employees	50%	0%
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

PARTICIPATION

CONTRIBUTORY

	Group Size
	2+
Employees	75% participation of eligible employees. On groups where employer contributes 100% requires 100% participation of eligible employees.
Dependents	N/A

NON-CONTRIBUTORY

Employees	Minimum of 5 eligible employees enrolled. No participation percentage required.
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Claims are based on a per service maximum

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	Limited
Any ineligible industries?	Dental related businesses
Virgin groups eligible?	Yes - 12 months in business
Wage & tax reports required?	Employer sponsored only

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Offered to all eligible employees, carve-outs available.
Management/Non-management?	Offered to all eligible employees, carve-outs available
Union/Non-union?	Yes
Minimum group size	2+

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

There are no SecureCare Vision waiting periods.

SPECIAL CONSIDERATIONS

Benefit Highlights:

- SecureCare Vision quoted rates are discounted assuming bundling with dental
- Nationwide vision network - DavisVision
- 1 year eyeglass breakage warranty included automatically
- Scratch protection plan and coatings available
- Laser vision correction discounts
- Low vision coverage
- Mail order contact lenses



CONTACT INFORMATION

Customer Service & Bilingual Support	800-877-7195
Broker Services	800-216-6248
Commissions	800-216-6248
Claims	800-877-7195
Fax (Add-ons/Deletes)	877-654-3727 or online at: www.vsp.com
Directory Information	www.vsp.com 800-877-7195

NEVADA COVERAGE

Nevada HMO Counties	N/A
Nevada PPO Counties	All Counties
Nevada Indemnity Counties	N/A

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	<p>VSP is not based on % enrollment:</p> <ul style="list-style-type: none"> • 75% or greater Employer paid for ees and deps: Minimum of 5 enrolled • 75% Employer paid for employees, 0% employer paid dependents: Minimum of 10 enrolled • Voluntary, no employer contribution to ees or deps: Minimum of 10 enrolled
What states are allowed (or not allowed) for out-of-state coverage?	All states eligible
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	NV rates apply to clients headquartered in NV and apply to their employees regardless of what state they reside in. Rates are always based on the state in which the client is headquartered, regardless of the location of the employees.
Any other rules, restrictions, or guidelines not mentioned	No

PROVIDER NETWORKS

PPO Network	www.vsp.com/choice
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RATING INFORMATION

Group Size	Employer Paid: 5+ Voluntary: 10+
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

Plan Name	Group Size	Contribution Requirements
VSP Core Employee/ Voluntary Dependents	Minimum enrollment is 10 employees	Minimum 75% employer contribution for all eligible employees. Dependent coverage is voluntary and employee paid.
Voluntary Plan	Minimum enrollment is 10 Employees	100% Employee paid
VSP Core Plan	Minimum enrollment is 5 employees	Minimum 75% employer contribution for all eligible employees and dependents, or, if bundled, 100% of those enrolled in the medical or dental plan.

OUT-OF-NETWORK CLAIM ADJUDICATION

Out of network claims based on VSP open access allowances.

Claims processed within 5-15 business days

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	Yes
Any ineligible industries?	No
Virgin groups eligible?	Yes
Wage & tax reports required?	No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes
Management/Non-management?	Yes
Union/Non-union?	Yes
Minimum group size	Employer paid: minimum of 5 employees enrolled Voluntary: minimum of 10 employees enrolled Core employee/Vol. deps: minimum of 10 employees enrolled

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

- Nationwide PPO Network-67,000 points of access nationwide
- Free GetFIT program
- Primary eye care
- Cost controlled lens options
- Guaranteed patient satisfaction through network providers
- Diabetic outreach program
- TruHearing Discount Plan

VSP Core Employee/Voluntary Dependents

1. THESE RATES ASSUME A MINIMUM 75% EMPLOYER CONTRIBUTION FOR ALL ELIGIBLE EMPLOYEES. DEPENDENT COVERAGE IS VOLUNTARY AND EMPLOYEE PAID.
2. MINIMUM ENROLLMENT IS 10 EMPLOYEES.

Voluntary Plan

1. 100% Employee paid.
2. Enrollment is completely Voluntary.
3. Minimum enrollment is 10 Employees.

VSP Core Plan

1. THESE RATES ASSUME A MINIMUM 75% EMPLOYER CONTRIBUTION FOR ALL ELIGIBLE EMPLOYEES AND DEPENDENTS, OR, IF BUNDLED, 100% OF THOSE ENROLLED IN THE MEDICAL OR DENTAL PLAN.
2. MINIMUM ENROLLMENT IS 5 EMPLOYEES.

Word&Brown®

**ALTERNATIVE
SOLUTIONS**



Enroll Today!

Group Sponsored Errors & Omissions Insurance for Agents of Choice Administrators, Inc.

Affordable and comprehensive Errors & Omissions Insurance for Life & Health Agents, delivered by CalSurance® and an admitted carrier rated A+ by AM Best*

- NO GROUP POLICY AGGREGATE – You do not share your limits with other enrolled agents
- Defense Outside the Limits – Defense costs do not erode your limit
- First Dollar Defense – You pay no deductible on defense costs
- Deductibles as Low as \$500/claim – Deductible waiver also available
- Multiple Coverage Options – Purchase only the coverage you need
- New Agent Discounts Available
- Regulatory Defense Extension Included
- Personal Data Compromise (Cyber) Extension Included
- Limited Employment Practices Insurance (EPLI) Available
- Personal Lines P&C Coverage Available
- Flexible Payment Plans

See attached information for full program details.

** The information obtained from A.M. Best dated August 30, 2018 is not in any way CalSurance Associates' warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of publication.*

Enroll Online in 5 Minutes or Less!

Visit: www.calsurance.com/choice



**A Division of Brown & Brown Program
Insurance Services, Inc.**

**681 S. Parker Street, #300, Orange, CA 92868
Domiciled in California, CA License #0B02587**

**For more information contact CalSurance® at:
800-745-7189 (M-F, 7:00 a.m.-5:00pm PST)
info@calsurance.com**

COMPNET

CONTACT INFORMATION	
Mailing Address	<i>Berkshire Hathaway Guard P.O. Box 1368 Wilkes-Barre, PA 18703</i>
Workers' Compensation Claims	<i>Berkshire Hathaway Guard 1-888-639-2567 https://www.guard.com</i>
Customer Service	<i>COMPNET Insurance Solutions, Inc. 1-833-266-7638 info@compnet-insurance.com</i>
Broker Relations	<i>COMPNET, David Bedard dbedard@compnet-insurance.com 1-833-266-7638</i>
Workers' Compensation Payment Options PAY AS YOU GO available No down payment or installment fees apply Payments can be made in conjunction with your payroll service COMPNET can work with any payroll service	<i>For online payments, call: 800-673-2465 or go to: https://www.guard.com</i>
To submit a workers' compensation claim, documentation should include the following information	<ul style="list-style-type: none"> • <i>When calling, both the employer AND employee should jointly make the call whenever possible</i> • <i>The whole process should take about 15 minutes, and we do all the paperwork!</i> • <i>The employer's tax identification and policy numbers will be needed as well as the employee's social security number and personnel file plus any accident reports</i>
For instant workers' compensation quoting	<i>https://www.wordandbrown.compnet-insurance.com</i>

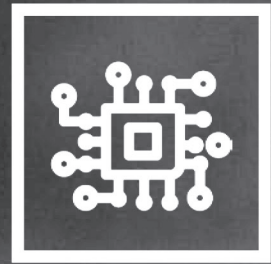
SAVE 10%

with EMPLOYERS & Anthem
Blue Cross workers'
compensation program!

COMPNET's
target markets are
10-15% less than
the competition!

- Restaurant
- Retail
- Professional Office
- Auto Service
- Technology Company

COMPNET



1.508.397.7906



(266.7638)
1.833.COMPNET



info@compnet-insurance.com


CONTACT INFORMATION

	TransConnect	TransChoice	SBMA MEC
Member Support	888-763-7474 TEBcustresp@transamerica.com	866-975-4641 irvcustomerservice@amwins.com	888-505-7724, option 2 updates@sbmamec.com
Spanish Member Support	Call your Word & Brown Representative	866-975-4641 irvcustomerservice@amwins.com	888-505-7724, option 4 updates@sbmamec.com
Internet Support	TEB_WebCoordinator@transamerica.com	N/A	updates@sbmamec.com
Provider Eligibility Verification	1-866-224-3100	866-975-4641	888-505-7724, option 1 updates@sbmamec.com
Claims	1-866-224-3100	866-975-4641	888-505-7724, option 3 updates@sbmamec.com
Release Authorization (for HIPAA Release Forms)	Call your Word & Brown Representative	irvcustomerservice@amwins.com	updates@sbmamec.com
Customer Service	888-763-7474 TEBcustresp@transamerica.com	866-975-4641	888-505-7724, option 2 updates@sbmamec.com
Commissions	Producer Portal on www.transamericabenefits.com or 800-400-3042, Option 4 or TEBcommissions@transamerica.com	irvcustomerservice@amwins.com	888-205-0186, option 8 commissions@sbmamec.com
Adds/Terms	TEB_eligibilityservices@transamerica.com	irvcustomerservice@amwins.com	updates@sbmamec.com
Administrator	888-763-7474 TEBcustresp@transamerica.com	irvcustomerservice@amwins.com	888-505-7724, option 2 updates@sbmamec.com
Billing/Payments	866-411-4159, Option 3 TEB_billingservices@transamerica.com	866-975-4641 irvcustomerservice@amwins.com	888-205-0186, option 2 billing@sbmamec.com
Eligibility	TEB_eligibilityservices@transamerica.com	irvcustomerservice@amwins.com	888-505-7724, option 2 updates@sbmamec.com
Broker of Record Changes	tebcontracting@transamerica.com 866-546-0997	866-546-0997 tebcontracting@transamerica.com	888-205-0186, option 1 sales@sbmamec.com
Cal-COBRA Department/ Federal COBRA Enrollments	Call your Word & Brown Representative	N/A	updates@sbmamec.com
Small Group Cancellations/ Reinstatements	Call your Word & Brown Representative	866-975-4641 irvcustomerservice@amwins.com	Cancellations – updates@sbmamec.com Reinstatements – sales@sbmamec.com
Producer Service & Broker Service	800-400-3042, Option 3 TEBcproducers@transamerica.com	tebhealthclientservices@transamerica.com	888-205-0186, option 1 sales@sbmamec.com
Underwriting Department	Call your Word & Brown Representative	tebhealthclientservices@transamerica.com	888-205-0186, option 4 sales@sbmamec.com
Broker Licensing Department/ Broker Licensing Paperwork	New Agents: FACS Line: 866-546-0997 or fax: 866-945-8708 Existing Agents: TEBcontracting@transamerica.com	866-546-0997 tebcontracting@transamerica.com	888-205-0186, option 1 sales@sbmamec.com


**EVOLVED
BENEFITS**
PROVIDER NETWORKS

	TransConnect	TransChoice	SBMA MEC
HMO Networks	N/A	N/A	N/A
PPO Networks	N/A	MultiPlan	MultiPlan
EPO Networks	N/A	N/A	N/A

UNDERWRITING & ENROLLMENT REQUIREMENTS

	TransConnect	TransChoice	SBMA MEC
Carrier's Effective Date	1st or 15th of the month	1st of the month - Monthly First day of pay period - Paycycle	1st of the month
Premium Amount Required for 15th?	Call your Word & Brown representative	Call your Word & Brown representative	No premium required. Invoices will be run first of the month of the effective date unless billing in arrears then first of the month following the effective date
Applications must be dated within	60 days	60 days	N/A
Spouse/Domestic Partner Employees - 1 application or 2?	One application	One application	One application

FEES

	TransConnect	TransChoice	SBMA MEC
Enrollment Fee Amount	None	None	N/A
Type of Enrollment Fee	None	None	N/A
Monthly Administration Fee	None	None	Varies by plan

24 HOUR COVERAGE

	TransConnect	TransChoice	SBMA MEC
Is Workers' Comp required on corporate offices, partners and sole proprietors?	N/A	N/A	N/A
Is on-the-job covered for corporate offices, partners and sole proprietors?	If covered by underlying major medical	N/A	N/A
Is there a premium adjustment for 24-hour coverage?	N/A	N/A	N/A

SPECIAL CONSIDERATIONS



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	TransConnect		TransChoice		SBMA MEC	
	Initial	After Issue	Initial	After Issue	Initial	After Issue
Min. # of employees	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>10 Enrolled</i>	<i>10 Enrolled</i>	<i>25</i>	<i>25</i>
Max. # of employees	<i>No max</i>	<i>No max</i>	<i>No max</i>	<i>No max</i>	<i>No max</i>	<i>No max</i>

Minimum Employer Contribution

Group Size			
	TransConnect	TransChoice	SBMA MEC
Employees	<i>Call your Word & Brown representative</i>	<i>No Employer Contribution required</i>	<i>No contribution required</i>
For Dependents	<i>Call your Word & Brown representative</i>	<i>No Employer Contribution required</i>	<i>No contribution required</i>
% of Total Cost	<i>Call your Word & Brown representative</i>	<i>No Employer Contribution required</i>	<i>N/A</i>

PARTICIPATION

Contributory

Group Size			
	TransConnect	TransChoice	SBMA MEC
Employees	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>10 Enrolled</i>	<i>25 lives</i>
Dependents	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>10 Enrolled</i>	<i>N/A</i>

Non-Contributory

Employees	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>10 Enrolled</i>	<i>25 lives</i>
Dependents	<i>Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.</i>	<i>10 Enrolled</i>	<i>N/A</i>

EVOLVED **BENEFITS**

COVERAGE RESTRICTIONS

	TransConnect	TransChoice	SBMA MEC
Are commission-only employees allowed?	<i>If covered by underlying major medical plan</i>	<i>Yes</i>	<i>No</i>
Are 1099 employees allowed?	<i>Call your Word & Brown representative</i>	<i>Call your Word & Brown representative</i>	<i>No</i>
Are employees covered if traveling out of USA?	<i>No</i>	<i>No</i>	<i>No</i>
Is coverage available for out-of-state employees?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Max. percentage of employees residing out-of-state allowed	<i>No max</i>	<i>No max</i>	<i>No max</i>

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?		Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump†	Glucose Monitor†
TransConnect	Rx Drug Benefit	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
	Medical/Durable Medical Equipment Benefit*						
TransChoice	Rx Drug Benefit	<i>Insulin only</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
	Medical/Durable Medical Equipment Benefit*	<i>N/A</i>					
SBMA MEC	Rx Drug Benefit	<i>Generic only</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
	Medical/Durable Medical Equipment Benefit*	<i>N/A</i>					

Self-Injectable Drug Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?			
	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
TransConnect	<i>N/A</i>	<i>Yes</i>	<i>N/A</i>
TransChoice	<i>N/A</i>	<i>No</i>	<i>N/A</i>
SBMA MEC	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

**These services may change at any time without notice.
Please contact your Word & Brown rep for specific inquiries on listed services**

For Prescription information, refer to comparison chart in the front of this guide.

*Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.*



CONTACT INFORMATION

Member Support	<p><i>HealthiestYou Member Services</i> Phone: 866-703-1259 ext. 4 Email: help@healthiestyou.com</p>	<p><i>Jerek Toves - Client Success Manager</i> Phone: 602-734-9732 Email: Jtoves@teladochealth.com</p>
Spanish Member Support	<p><i>HealthiestYou Member Services</i> Phone: 866-703-1259 ext. 2</p>	
Internet Support	<p><i>HealthiestYou Member Services</i> Phone: 866-703-1259 ext. 4 Email: help@healthiestyou.com</p>	
Provider Eligibility Verification	<p><i>HealthiestYou Broker Support</i> Phone: 866-703-1259 ext. 5 Email: brokersupport@teladochealth.com</p>	
Commissions	<p><i>HealthiestYou Broker Support</i> Email: brokersupport@teladochealth.com</p>	
Adds/Terms	<p><i>Jerek Toves - Client Success Manager</i> Phone: 602-734-9732 Email: Jtoves@teladochealth.com</p>	
Renewals	<p><i>Dominic Luna - Manager, Renewals</i> Phone: (623) 734-4876 dluna@teladochealth.com</p>	
Billing	<p><i>HealthiestYou Broker Support</i> Email: accounting@healthiestyou.com</p>	
Payments	<p><i>HealthiestYou Broker Support</i> Email: accounting@healthiestyou.com</p>	
Administrator	<p><i>Lauren Ozanich - Manager, Broker Sales</i> Phone: 530-230-8281 Email: Lozanich@teladochealth.com</p> <p><i>Jerek Toves - Client Success Manager</i> Phone: 602-734-9732 Email: Jtoves@teladochealth.com</p>	

HealthiestYou Complete Bundle



We believe healthcare should be hassle-free, so we made it that way.

Now there is even more to love about HealthiestYou. By combining the incredibly intuitive member-experience healthcare tools of HealthiestYou with the comprehensive family of virtual care services from Teladoc Health, employers can provide a complete bundle of the best virtual care has to offer. With the HealthiestYou Complete Bundle, employees don't need to worry about costly appointments, time wasted getting to and from doctors' offices, or if they are getting the best deal on a prescription. They have the tools to focus on what's important—getting back to living their healthiest life.

Fully integrated, \$0-visit fee bundle for employer groups

number of employees	2-249	250-499	500-999	1,000-2,499	2,500-4,999	5,000+
PEPM individual + family	\$16.00	\$15.00	\$14.00	\$12.75	\$11.50	\$10.25

The HealthiestYou Complete Bundle provides more tools and virtual care solutions, including \$0 visit fees.



General Medical

Convenient, high-quality healthcare available 24/7 from U.S. board-certified doctors by phone or video.



Behavioral Health Care

Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.



Expert Medical Services

In-depth reviews of existing diagnoses and treatment plans from the world's leading experts.



Dermatology

U.S. board-certified dermatologists review images and provide a diagnosis and treatment plan.



Back and Neck Care

Customized back care programs with videos and access to certified health coaches.



Dedicated Client Success Team

From implementation timelines to communication strategy and follow up, our dedicated Client Success Team will lay out the roadmap to ensure that every group is equipped with the tools to succeed.



Price Transparency Tools

Price-comparison engines help members make informed choices and save money on procedures and prescriptions.



Intelligent Alerts

Location-sensitive alerts delivering benefits reminders increase utilization of services.



Find a Provider

The HealthiestYou app can identify providers and facilities near the member's current location.

LEARN MORE

TeladocHealth.com | engage@TeladocHealth.com

About Teladoc Health

Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

HealthiestYou Core Bundle



Members love the benefits, employers love the value.

Now there is even more to love about HealthiestYou. By combining incredibly intuitive member-experience healthcare tools with high-quality virtual care services, employers can provide the convenient, hassle-free virtual care employees want. With the HealthiestYou Core Bundle, employees don't need to worry about time wasted getting to and from doctors' offices, or if they are getting the best deal on a prescription. They have the tools to focus on what's important—getting back to living their healthiest life.

High-quality virtual care bundle including General Medical, Behavioral Health Care and Dermatology.

number of employees	2-99	100-249	250-499	500-999	1,000+
PEPM individual + family	\$9.00	\$8.00	\$7.00	\$6.00	Contact for quote

The HealthiestYou Core Bundle provides convenient access to these virtual care services and tools.



General Medical - \$0 visit fee

Convenient, high-quality healthcare available 24/7 from U.S. board-certified doctors by phone or video.



Behavioral Health Care - \$90-\$220 visit fee

Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.



Dermatology - \$85 visit fee

U.S. board-certified dermatologists review images and provide a diagnosis and treatment plan.



Dedicated Client Success Team

From implementation timelines to communication strategy and follow up, our dedicated Client Success Team will lay out the roadmap to ensure that every group is equipped with the tools to succeed.



Price Transparency Tools

Price-comparison engines help members make informed choices and save money on procedures and prescriptions.



Intelligent Alerts

Location-sensitive alerts delivering benefits reminders increase utilization of services.



Find a Provider

The HealthiestYou app can identify providers and facilities near the member's current location.

Learn more

TeladocHealth.com | engage@teladochealth.com

About Teladoc Health

Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.



Are Your Clients Covered?

Word & Brown is excited to provide you the opportunity to offer your clients international health insurance through **International Medical Group® (IMG®)**.



Many travelers believe their domestic insurance plan will be enough when they travel abroad, but without the right plan, your clients may not be covered for an illness or injury.

Through International Medical Group (IMG) you can become contracted to offer your clients insurance coverage for individual, family and group plans to ensure they are protected when they travel.

One call. One company. Your single resource. IMG offers a full line of international medical insurance, trip cancellation and stop loss programs, as well as 24/7 emergency medical and travel assistance to meet the needs of anyone traveling or residing away from home

With IMG, you'll also be able to:

- Better serve your existing clients
- Attract new clients
- Write business worldwide
- Submit policies online, view production and much more

Here are a few other reasons why producers like working with IMG:

- Easy to offer the international products with customized on-line links
- IMG provides marketing support that will help you grow your business
- Multilingual consumer material and support for growing niche markets
- Market the international programs all year long with no open enrollment restrictions
- Continuous revenue stream and IMG producer incentive programs make working with IMG truly rewarding

For additional information please contact your **Word & Brown** sales representative.

Word&Brown®



The Holman Group

Turn to Holman for Full-Service Employee Assistance Programs

- Our commissionable EAP provides employees, and their household members, with free telehealth or face-to-face counseling sessions with licensed therapists.
- 3, 5, 6, 8, 10+ session plan models are available.
- Rates vary by employer based on the number of employees.

The EAP Can be Used for Confidential Assistance with Problems Involving:

- | | | |
|---------------------|-----------------------|--------------------------|
| • Marriage & Family | • Adolescent Behavior | • Substance Abuse |
| • Stress & Anxiety | • Depression | • Job-related issues |
| • Grief | • Legal & Financial | • Emotional Difficulties |

Our EAP Also Offers:

- **Toll-Free Crisis Line:** nationwide 800 number, staffed by licensed therapists, available in a crisis, 24/7/365.
- **Free Legal Consultations:** 30-minute phone consult with a licensed attorney for each separate legal matter. 25% discount if attorney services are retained after initial consultation.
- **Free Financial Consultations:** 60-minute phone consult with an expert financial manager for each money matter.
- **Legal/Financial Resource Center:** portal with self-help information on thousands of financial and legal issues, 45+ financial calculators, state specific legal forms and contracts, financial and legal educational materials.
- **Community Referrals:** child care, elder care, support groups, chemical dependency groups and more.
- **Free Kits:** will kit, end-of-life kit, retirement kit and estate planning checklist.
- **Medication Discounts:** free ScriptSave prescription discount card good at pharmacies nationwide.
- **Gym Discounts:** access to best-in-class gym membership pricing, apparel and wellness resources nationwide.
- **TicketsAtWork:** discounts on home goods, streaming services, food delivery, theatre, sports, movies, theme parks.
- **HolmanGroup.com:** access to topical weekly webinars, wellness articles, mental health resources and extra benefits.
- **Utilization Reports:** on line quarterly and annual reporting.
- **Unlimited Management Referrals:** training and guidance on referring employees to EAP for job-performance issues.
- EAP benefits extend to household members, including employee’s lawful spouse and unmarried dependent children up to age 26, at no additional cost. All household members are covered, regardless of age or dependent status.

Additional Specialty Benefits:

- **Identity Theft Program**-provides a free, 60-minute consultation with a highly trained Fraud Resolution Specialist upon a data breach or identity theft incident.
- **Holman LifeSolutions & Holman ElderSolutions Programs**- referrals for a wider range of daily living, elder care, child care, adoption, college preparedness, prenatal service needs and more.
- **WellnessConnect Program**-helps members lead healthier lives by providing personalized health management tools and wellness resources.



The Holman Group
Managed Behavioral Health Care Services

For a Quote Call: 800-321-2843 www.HolmanGroup.com

Word&Brown®

**WORKSITE
VOLUNTARY**



CONTACT INFORMATION

<p>Mailing Address</p>	<p><i>Aflac Worldwide Headquarters 1932 Wynnton Road Columbus, GA 31999</i></p>
<p>Claims</p>	<p><i>800-992-3522 Fax: 877-442-3522 Email Claim: https://www.aflac.com/contact-aflac/contact-claims.aspx File a Claim: https://www.aflac.com/file-a-claim/default.aspx</i></p>
<p>Customer Service</p>	<p><i>800-992-3522 Email Customer Service: https://www.aflac.com/contact-aflac/contact-customer-service.aspx</i></p>
<p>Broker Relations</p>	<p><i>877-772-3522</i></p>
<p>Where do I mail my payment, including overnight payments?</p>	<p><i>Mail payments to: Aflac 1932 Wynnton Road Columbus, GA 31999</i></p> <p><i>Please include your Aflac account/policy number on your check or money order.</i></p>
<p>To submit a claim, documentation should include the following information:</p>	<ul style="list-style-type: none"> • <i>Provider's name</i> • <i>Provider's address and phone number</i> • <i>Policyholder's Information</i> • <i>Patient Information</i> • <i>Dates of Service</i> • <i>Diagnosis</i> • <i>Specific treatment received from the provider</i>
<p>ONE DAY PAYSM</p>	<p><i>Many claims are processed in just one day. For more information, visit: https://www.aflac.com/onedaypay.</i></p> <p><i>To check the status of your claim online, login to Policyholder Services or call 800-992-3522 to speak directly to a customer service representative.</i></p>
<p>Service Request</p>	<p><i>Use the Aflac Group Service Request Form to request any of the following:</i></p> <ol style="list-style-type: none"> <i>a. Beneficiary Change</i> <i>b. Name Change</i> <i>c. Address Change</i> <i>d. Ownership transfer</i> <i>e. A copy of your certificate</i> <p><i>For your convenience, you can scan the signed and completed Service Request form and email it to cscmail@aflac.com or fax it to: 866-849-2974.</i></p> <p><i>You are also welcome to mail the Service Request Form to:</i> <i>Continental American Insurance Company</i> <i>Post Office Box 84075</i> <i>Columbus, GA 31993</i></p> <p><i>You can also access these Aflac Group Additional Forms:</i></p> <ol style="list-style-type: none"> <i>a. Authorization to Obtain Information Form</i> <i>b. Direct Deposit of Claims Payment Form</i> <i>c. Waiver of Premium Form</i>



Products, Services, and Enrollment Overview

YOU CHOOSE

We offer a wide selection of competitively priced insurance plans designed to meet the needs of your clients. From individual products to group products, Aflac has you and your clients covered.

Aflac insurance plans focus on employees' greatest financial exposure and probability of occurrence. Our market-leading coverage provides competitive rates and low expense ratios across the board.

INDIVIDUAL

Features

- Guaranteed-renewable
- Fully portable
- Historic rate stability
- Optional riders for greater employee choice

Products

- Accident
- Short-Term Disability
- Cancer/Specified-Disease
- Dental
- Hospital Confinement Indemnity
- Specified Health Event (Critical Care & Recovery)
- Hospital Intensive Care
- Life
- Hospital Confinement Sickness Indemnity
- Vision
- Lump Sum Critical Illness

GROUP

Features

- Guaranteed issue
- Consistency in plans, rates, and benefits
- Customizable plans for large accounts
- Ability to do group replacements
- Portable (while master policy in force)
- Available for clients with as few as 100 employees

Products

- Accident
- Critical Illness
- Short-Term Disability
- Whole Life
- Term Life
- Dental
- Supplemental Hospital Indemnity

For more information contact your local Aflac Broker Development Coordinator or visit aflac.com/brokers.

Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Group coverage is underwritten by Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, coverage underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.





CONTACT INFORMATION

Experienced specialists are available to help you between 8 a.m. and 7 p.m. ET, Monday through Friday.

Plan Administrators	1-800-256-7004
Policyholders	1-800-325-4368
Group Billing	P.O. Box 903 Columbia, SC 29202
Claims	P.O. Box 100195 Columbia, SC 29202
Policy Holder Services	<p>Online: ColonialLife.com Log in and click on Contact Us</p> <p>Telephone: 1-800-325-4368</p> <p>Hearing-impaired customers: 803-798-4040 If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105</p>

Word&Brown.®

Meeting your enrollment and voluntary benefits needs

No matter how hard we try to control it, life happens. That's why voluntary benefits are so critical. Your employees need protections for their families, finances and futures beyond core benefits – and you need a partner you can trust to help you do that.

Word & Brown believes in delivering exceptional value to our clients, which is why we've selected Colonial Life as a preferred partner for voluntary benefits. Our relationship is rooted in our shared ideals:

- Benefit flexibility and personalization are essential to employees
- Businesses and employees have different needs that deserve equal attention
- Communicating the value of benefits to employees
- Results are what matter most

What are voluntary benefits?

Also called “supplemental insurance,” these benefits offer protections beyond major medical and other insurance coverages. They are often paid for by the employees themselves, allowing them to choose plans that meet their needs and goals.

They help employees personalize benefits packages to fit individual needs, including using them for co-pays or co-insurance, travel expenses, household bills and replacing wages or savings.

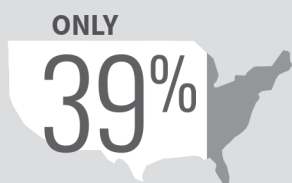
Colonial Life's offerings feature flexibility for your employees, so they can continue to have peace-of-mind.

Portability

- Keep coverage if employees retire or change jobs²
- Benefits paid regardless of other insurance coverage

Value Added Services³

- Access to programs like identity theft protection and AD&D coverage
- Help Increase enrollment
- Enhance coverage



of Americans would have enough savings to pay an unexpected expense of \$1,000.¹

Colonial Life's comprehensive portfolio includes:



ACCIDENT INSURANCE



CANCER INSURANCE



CRITICAL ILLNESS INSURANCE



DENTAL INSURANCE



DISABILITY INSURANCE

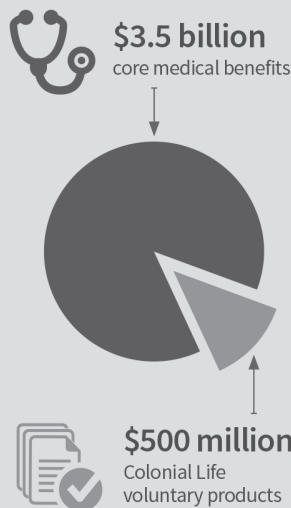


HOSPITAL CONFINEMENT INDEMNITY INSURANCE



LIFE INSURANCE

Colonial Life enrolls billions each year in core medical benefits.*



*Internal Colonial Life data 2016.

Colonial Life makes the complex simple

Cost Management

- Increase employee cost sharing
- Boost tax savings
- Promote employee wellness

HR and Administrative Time Saving

- Streamline day-to-day benefits administration
- Help maintain compliance with employment laws
- Keep up with health care reform

Benefits Communication and Engagement

- Raise employee engagement
- Help employees understand their benefits
- Enable personalization of benefits plans

Employee Recruitment and Retention

- Provide robust benefits coverage
- Attract quality applicants
- Retain high-performing employees

They also empower participation through technology, while always providing personal assistance from their dedicated staff across the country.

Youville, a customizable education website for employees, is personally designed to help your employees determine the right benefits for their life, view personalized benefit recommendations, and ultimately take the mystery out of insurance.

www.visityouville.com/WordandBrown

Enrollment expertise and services

Colonial Life has a simple enrollment promise: educate and enroll employees in their benefits, all year round, at their convenience. Whether it be voluntary and core benefits or just voluntary, enrollment is a breeze. This yields even more benefits in the short and long-term.

With 6,300 nationwide enrollment coordinators, convenient employee administration tools and industry-leading benefit offerings, Colonial Life is ready to make your enrollment simple.

ColonialLife.com

Talk with your benefits representative for complete details.

1 Bankrate.com, Most Americans Don't Have Enough Savings to Cover a \$1K Emergency, Jan.18, 2018.

2 Most coverage offered is portable.

3 Some programs require minimal participation.

WBCompliance

Get the Compliance Help You and Your Clients Need

Our Team Makes Complicated Compliance Issues Simple

Introducing the **WBCompliance** team, your one-stop-shop for any compliance, employer reporting, or general regulation questions you or your clients may have. We're here to help you navigate the uncertainty of state and federal laws affecting you, your clients, and their employees. Here's what we cover:



Compliance, Employer Reporting, and the ACA

Our team of compliance and Affordable Care Act (ACA) experts will answer your questions on annual employer reporting for Internal Revenue Service (IRS) Code Sections 6056 and 6055, waiting and lookback measurement periods, ACA exemptions, the employer and individual mandates (and penalties), rating structure changes, coverage gaps, premium tax credits, ERISA, and much more.



Human Resources Support and TPA Services

We deliver a wide range of human resources-related assistance and guidance, including access to a Human Resource Information System (HRIS) with online enrollment solutions. We also offer third-party administrator (TPA) services for COBRA, Premium Only Plans, Flexible Spending Accounts, ERISA Wrap documents, mandated employer letters, and Form 5500 preparation and filing.

(Note: Some TPA services are complimentary, while others are available at a discounted cost.)



Business Development and Retention

We'll help you grow – and retain – more business by helping you and your clients stay ahead of trends and changes. We offer an array of valuable tools and resources to ensure your clients stay compliant, including ACA calculators, IRS code and penalty references, customizable PowerPoint presentations, checklists, quick reference guides, a Flexible Spending Account/Health Reimbursement Arrangement/Health Savings Account comparison chart, and much more.

Word&Brown.

Put us to the test!

Call us at **866.375.2039**, or email the team at compliancesupport@wordandbrown.com.

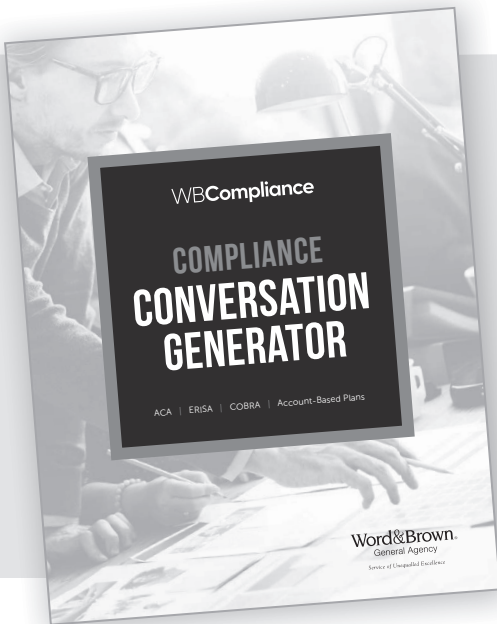
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Committed to Compliance

Our team is committed to helping you and your clients cope with the evolving complexities of compliance as it relates to employee benefits and health insurance.

We offer a comprehensive array of Continuing Education (CE), HR Certification Institute (HRCI), and Society for Human Resource Management (SHRM) courses on compliance pitfalls, the ACA, HIPAA, ERISA, COBRA, HITECH, employee handbooks, and related matters. And we offer all of this information at no cost.

Our team collectively has more than 60 years of experience in the insurance industry – put our expertise to work for you and your clients.



Get the Conversation Started

Our exclusive *Compliance Conversation Generator* can help you start a dialogue with your clients about the changing health insurance industry, compliance, and its impact on their businesses.

This useful guide breaks compliance into simple-to-understand topics and includes important talking points you can address with your clients:

- Health reform and the ACA
- ERISA
- COBRA
- Account-based plans
- Premium Only Plans (POPs)
- Related other matters

With compliance audits on the rise, Department of Labor fines increasing, and ongoing discussions in Congress on the future of the ACA, more of your clients will be turning to you for help when it comes to compliance-related matters. With support from the WBCompliance team, you'll be able to offer the answers and resources your clients need – all at no cost to you or them.

Call or Email Us Today!

Whether your client is in California or Nevada, we're here to help you get answers to their specific questions.

We deliver answers to most inquiries in one business day.

Put us to the test!

Call us at **866.375.2039**, or email the team at compliancesupport@wordandbrown.com.

Word&Brown.

Let's Conquer the Large Group Market.

Assisting you with finding, presenting, and closing more Large Group sales.

Our Large Group Quote Advantage



Quoting

We submit complete and thorough information to carriers to **improve rating accuracy**. Our one-team approach ensures you of a proposal that offers the best options for your client's business and employees.



Quote Analysis

A single-page snapshot that shows you and your client the **carriers quoted and savings offered** by staying or moving from your client's current plan.



Custom Presentations

Each Large Group quote is **completely custom** and includes your logo, contact information, and benchmarking on programs that could be important to your Large Group clients.



Top Carriers

Our outstanding carrier relationships give us the unique ability to **negotiate on your behalf**, which gives you a huge leg up on the competition.



Enrollment Help

We'll set you up by supplying printed materials and **helping you present** (including bilingual enrollers in California). Count on us for anything you need to get your Large Group quoted and enrolled.



Simple RFP Process

Our streamlined RFP process includes one **easy-to-use employee census** that works for all of the carriers you're considering for your clients.

Value-Added Services at No Cost

COBRA, POP, ERISA

Offer your eligible clients no-cost COBRA billing, free set-up of a Premium Only Plan (POP), and complimentary ERISA services for qualifying groups.

Dedicated Large Group Team

Our Large Group experts will strategically partner with you and your regional Word & Brown sales pros to maximize your opportunities.

WBCompliance Team

Rely on our compliance team for answers to questions on changing compliance rules and regulations affecting you and your clients.

Account Management Team

When you have questions, our one-stop Account Management team is ready to research and deliver answers for you quickly.

Get Started with Large Group

Call your Word & Brown sales rep or visit wordandbrown.com/large-group to get started today.

Word&Brown.

**We do take our
client services to the
next level.**

**We don't take your
business for granted.**

**Get more do's and less don't's
with Word & Brown.**



wordandbrown.com

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