HEALTH PLAN REFERENCE GUIDE

HEALTH | DENTAL | VISION

NEVADA LARGE GROUP

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.

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HELPFUL TRANSITION TIPS FOR YOUR CLIENTS

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).

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NEVADA LARGE GROUPS CHANGING CARRIERS

PRIOR CARRIER DEDUCTIBLE CREDIT GUIDE

	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.

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

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

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

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.

BILLING CYCLES

Carrier	Date of Billing	Due Date	Termination Date
Aetna	*15th of the prior month*	*1st 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*
Cigna	*10th of month*	*20th of month*	*30 days after due date. No grace period on ASO*
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*
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	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Need original Broker of Record change letter on company letterhead or copy ok?	*Copy*	*Copy*	*Copy of letterhead is fine*	*Copy*	*Copy is o.k.*	*Copy*	*The letter should be provided on your company letterhead and include the following:* *• Policy Number* *• Name of the new broker or agency including their Tax ID number* *• Effective date of the new broker or agency* *• Signature and Date*
Send Broker of Record change letter to (dept name + fax # or mailing address)	*Account Client Manager Team: 1-844-775-0317 or 1-844-250-9110 (fax) or westclientmanagement@aetna.com*	*Broker Support 888-445-9236* *Broker Support Email: nvsgbroker@anthem.com*	*Assigned Cigna sales representative*	*Broker Services 888-886-7973*	*Email (strongly preferred): sflicensing@ngic.com* *Mail to: National General Benefits Solutions Group Retention-3rd Floor 501 W. Michigan St. Milwaukee, WI 53203*	*Sales Support 888-840-9080 or PHPSalesTeam@uhsinc.com*	*Please email your request to globalrenewals@tbsmga.com*
Turn around time for processing this change	*7-10 business days*	*2 Weeks*	*7-10 business days*	*7-10 days (10 day rescission period)*	*On average 60 days, unless the group is in their first plan year*	*1 Week*	*48 hours*
Does carrier notify existing broker of this requested change?	*As a courtesy, Aetna notifies the broker after the change is processed via letter - advising them that they have been removed as the broker of record at the customer's request*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	*1st of the month following receipt*	*1st of the month following receipt of the letter*	*1st of month following receipt of letter*	*1st of following month*	*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*	*1st of month following date received*	*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.*
Is prior agent vested? **If yes, how long?**	*No*	*No*	*Contact your Word & Brown representative*	*No*	*No*	*No*	*No*

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:

- ☐ Explain Large Employer Mandate which applies to employers with 50 or more FT + FTE employees.
- ☐ 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.
- ☐ Use our Affordability Calculator to determine whether your clients' coverage meets one of the ACA Affordability Safe Harbors in order to prevent a penalty (Note: Affordability percentage is 9.83% for 2021).
- ☐ 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)
- ☐ Ask clients about commonly-owned companies for accurate employer size determination
- ☐ Certify whether your clients' group coverage meets the ACA minimum value requirement in order to prevent a penalty
- ☐ Discuss impact of any upcoming minimum wage increases on affordability of coverage calculations and overall company budget
- ☐ For employers on Small Group plan, collect accurate DOBs for dependents under age 21 due to child rating structure.

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
- ☐ 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 employers are applying 30-hour FT definition to determine eligibility for coverage
- ☐ Explain to clients the IRS employer reporting requirements (Form 1094-C & 1095-C)

Documents for Employees:

- ☐ Deliver DOL-Mandated Notice (New Health Marketplace Coverage Options and Your Health Coverage) 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 client issued 250+ W-2s previous tax year: report cost of health coverage on W-2s for current tax year
- ☐ By 1/31/2022 give copy to employees of their Form 1095-C so they can review information before it will be submitted to the IRS

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	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	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?	*Members enrolling after the effective date or renewal date, the rates are based on the age of the person as of the effective date of coverage.*	*51+ not applicable, composite rating*	*N/A, composite rating*	*Contact your Word & Brown representative*	*New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.*	*For large groups this isn't applicable.*	*Access US is composite rated.*
If employer is not in service area, are employees who live in service area eligible? **If so, how are the employees who live in service area rated?**	*The group must be located within the product service area in order for employees to enroll on a plan.*	*No*	*Depends on product. Discuss with your Cigna rep.*	*Contact your Word & Brown representative*	*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* *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.*	*We do allow area carve-outs of larger companies. The eligible membership is included in the rate, generally based on who is currently enrolled.*	*Employees are covered in 49 states. Hawaii is the exception.*
If employer is located in service area but employee does not live in the service area, is employee eligible? **If so, how are the employees who do not live in service area rated?**	*The employee must live or work in the plan service area. Rates would be based on the employer ZIP Code.*	*Yes, employees who reside elsewhere are eligible to enroll in certain product lines.*	*Depends on product. Discuss with your Cigna rep.*	*Contact your Word & Brown representative*	*Yes, employees who reside elsewhere in the country are eligible.* *There will be one set of rates provided to the group. The rates provided take into consideration the entire census*	*We allow a maximum of 15% of the group to reside out of state. The rates are blended with those in and out of the service area.*	*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.*
How do you handle quoting employers with multi-county zips?	*All rates are based on the employer's primary location.*	*All rates are based upon the employer's primary location.*	*We blend based on ZIP Codes of all employee locations.*	*Contact your Word & Brown representative*	*We utilize the ZIP in which the main office is located*	*The rates are blended.*	*We take all ZIP Codes into account during the quoting process and as employees are added to the plan.*

HEALTH PLAN COMPARISON - DOCTOR SELECTION & REFERRAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
How often can members change their Primary Care Physician (PCP)?	*HMO: Anytime. Change must be requested by the 15th of the month to be effective the 1st of the following month* *HNO, OAMC & Indemnity: No PCP selection is required*	*Can change PCP at any time, changes done will be effective the first of the following Month*	*No primary care physician designation required.*	*N/A*	*Unlimited*	*No primary care provider designation is required.*	*N/A*
Can family members each choose a PCP from a different IPA/ Medical Group?	*Yes*	*Yes*	*N/A*	*N/A*	*Yes*	*Yes*	*N/A*
Self-referral available?	*No prior authorization or referral for OB/GYN (can be primary provider)*	*Yes—all plans*	*Yes*	*Yes*	*Yes*	*Self referrals are available on all HMO plans. Prominence Health Plan is has open access panels on all HMO, POS and Freedom Plans.*	*N/A*
Express referral available?	*No—see self-referral information above*	*N/A*	*Yes*	*No*	*No referrals are required to see a specialist.*	*N/A*	*N/A*

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

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	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, we have embedded and non-embedded deductibles available on 51+*	*We are able to customize this based on client's wishes as long as they are within legal guidelines. Ability will be determined based on plan design.*	*Yes*	*Yes*	*Yes our plans have embedded deductibles.*	*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.]?	*Aetna pays a percentage of the recognized charge, as defined in your plan. The recognized charge for out-of-network hospitals, doctors and other out of-network health care providers is a percentage (100 percent or above) of the rate that Medicare pays them.*	*Varies*	*Maximum Reimbursable Charge (MRC)*	*Varies*	*Out of network benefits are calculated using a percentage of Medicare. If the service isn't listed, then UCR is utilized.*	*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	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Doctor House Calls available through Heal™ or another provider of this type of service?	*N/A*	*HMO plans: Yes, via Dispatch Health in certain ZIP Codes.* *PPO plans: Yes, via Dispatch Health in certain ZIP Codes.*	*HMO plans: No* *PPO plans: Yes, benefit depends on how billed by Heal*	*HMO plans: No* *PPO plans: No*	*HMO plans: N/A* *PPO plans: Teladoc*	*HMO plans: Telemedicine Dispatch Health in certain ZIP Codes* *PPO plans: Telemedicine Dispatch Health in certain ZIP Codes*	*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. www.teladoc.com/aetna*
Nurse's Hotline available? **For more Information:**	*HMO plans: Yes* *OAMC plans: Yes* *Informed Health Line 800-556-1555*	*HMO plans: Yes* *PPO plans: Yes*	*HMO plans: Yes, 24/7* *PPO plans: Yes, 24/7*	*HMO plans: No* *PPO plans: No*	*HMO plans: N/A* *PPO plans: Teladoc*	*HMO plans: Telemedicine* *PPO plans: Telemedicine*	*Yes, you may call 800-556-1555*
Facetime/Skype Access to Doctor? **For more Information:**	*HMO plans: Yes* *OAMC plans: Yes* *Teladoc 855-935-2362 Teladoc.com/Aetna*	*HMO plans: Yes* *PPO plans: Yes*	*HMO plans: Yes, 24/7* *PPO plans: Yes, 24/7*	*HMO plans: No* *PPO plans: No*	*HMO plans: N/A* *PPO plans: Teladoc*	*HMO plans: Telemedicine* *PPO plans: Telemedicine*	*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*
Email Access to Doctor?	*HMO plans: N/A* *OAMC plans: N/A (At the discretion of the provider.)*	*HMO plans: At provider discretion* *PPO plans: At provider discretion*	*HMO plans: Not through CIGNA* *PPO plans: Not through CIGNA*	*HMO plans: No* *PPO plans: No*	*HMO plans: N/A* *PPO plans: Teladoc*	*HMO plans: Telemedicine* *PPO plans: Telemedicine*	*No, we offer members phone and online-video consultations with physicians through Teladoc.*
Any other alternative health care delivery service you offer? **For more Information:**	*N/A* *Contact your Word & Brown representative*	*HMO plans: N/A* *PPO plans: N/A* *Contact your Word & Brown representative*	*HMO plans: N/A* *PPO plans: N/A* *Contact your Word & Brown representative*	*HMO plans: No* *PPO plans: Yes* *CallADoc for more information contact E.D.I.S. at 888-886-7973*	*HMO plans: N/A* *PPO plans: Teladoc* *Contact your Word & Brown representative*	*HMO plans: Telemedicine* *PPO plans: Telemedicine* *Contact your Word & Brown representative*	*N/A* *N/A*

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Acupuncture	*Not covered. But a discount is available through participating providers. Find a provider at: www.aetna.com*	*Varies by plan design, but most do*	*Depends on plan design.*	*Covered*	*Not covered*	*Varies by plan design. Please verify benefits by COC*	*Yes*
Chiropractic	*Limited benefit available, please refer to certificate of coverage for specific plan information.*	*State mandated benefit*	*Depends on plan design.*	*Covered*	*Covered under outpatient physical medicine which has a limit of 30 visits per plan year.*	*Covered*	*Yes*
Dental-Adult	*Available*	*Available*	*Available*	*Available*	*Not covered*	*Not available*	*Optional*
Hearing Treatment	*Contact your Word & Brown representative*	*Limited benefits — see COC*	*Subject to specialist copay. Number of visits are flexible.*	*Not Covered*	*No*	*Limited benefits — see COC*	*Included*
Hearing Aids Covered?	*No*	*No, but can be customized for groups 250+*	*Depends on plan*	*Not Covered*	*No*	*Covered*	*Included*

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Infertility	*No*	*Infertility testing for diagnosis - groups 250+ can customize benefits.*	*The infertility coverage listed is our standard. We can also quote Infertility treatment benefits, but it has to be requested & priced during the RFP process as it is a non-standard benefit.*	*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.*	*Infertility Testing: Diagnosis testing for infertility is covered when coordinated by a plan practitioner/provider and prior authorized by Prominence Health Plan.* *For coverage limitations please consult COC*	*Included*
Life	*Available*	*Yes*	*Available*	*Available*	*N/A*	*Not Available*	*Not included*
Speech Therapy	*Contact your Word & Brown representative*	*Yes—with limitations—see COC*	*Subject to specialist copay. Number of visits are flexible.*	*Covered*	*Covered under outpatient physical medicine which has a limit of 30 visits per plan year.*	*60 visits per year*	*Included*

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

HEALTH PLAN COMPARISON - PRESCRIPTIONS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	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?	*Choose GENERIC (MG): If the member or the physician request brand when generic is available, the member pays applicable copay plus the difference between the generic price and the brand price.*	*Based on plan sold*	*Varies*	*No*	*Yes*	*If the member or the physician request brand when generic is available, the member pays applicable copay plus the difference between the generic price and the brand price.*	*Yes*
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay amount?	*Choose GENERIC (MG): If the member or the physician request brand when generic is available, the member pays applicable copay plus the difference between the generic price and the brand price.*	*Based on plan sold*	*Yes*	*Yes*	*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.*	*Yes. Plus the difference between the generic and the brand name cost.*	*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*
Does carrier use Rx formulary?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*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*
Are non-formulary drugs available?	*Yes—higher non-formulary copay applies*	*Not for our standard Essential Formulary. National Formulary available for customization.*	*Yes - higher non-formulary copay applies*	*Yes*	*Any drug not listed on the formulary is excluded and not covered.*	*Contact your Word & Brown representative*	*Yes, however, members will be charged the full cost of their medicine*
Mail Order	*HMO: 2.5 x retail copay - 90 day supply available* *HNO & PPO plans: 2.5X retail copay - 90 day supply available* *Indemnity: Varies. Contact your Word & Brown representative*	*Yes*	*2.5x retail 90 day supply is standard but varies by plan*	*Yes*	*90 day supply*	*Yes—also available at retail pharmacy.*	*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	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Composite Rates	*Yes—for enrolled groups of 51 or more eligible.*	*Yes*	*Yes*	*Yes 4 Tier*	*Yes*	*Yes*	*Yes*
Use Employer or Employee ZIP Code?	*Employer ZIP Code for product network availability only.*	*Employer ZIP Code*	*Employee ZIP Code for product network availability only.*	*Employee*	*Employer*	*Employee ZIP Code*	*Product availability for group benefit offerings is always determined by the ZIP code of the employee*
How are New Hires rated?	*New Hire rates will be based on the member's age at the member's enrollment date.*	*Based upon enrollment tier of composite rates. No age factors.*	*New hires are eligible to join the existing plans/ rates. If enrollment shifts by +/- 10%, Cigna reserves the right to rerate.*	*New Hire rates will be based on the member's age at the member's enrollment date*	*New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.*	*New hires rated as everyone else (tiered rates)*	*Rated the same as all other employees-no age banded rating*
How are out-of-state employees rated?	*Same rates as In-State Employees*	*Employer ZIP Code. However, for larger groups it can come into play for Blue card Fees.*	*By ZIP Code*	*Employee Specific Rating (based on where the employee is located)*	*It is a blended rate*	*By ZIP Code*	*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.*
Wage & Tax statement required?	*No*	*Not required for groups 51+*	*No*	*Yes*	*Yes, we do require a quarterly contribution/wage report for each employer from their respective state(s).*	*Required upon sale if participation is in question*	*No*
Payroll records OK if no Wage & Tax Reports?	*Yes—minimum 2 weeks*	*Not required for groups 51*	*No*	*Yes*	*If none filed, yes and may require additional documents.*	*No*	*No*
Is a prior booklet required?	*No*	*No*	*No*	*No*	*No*	*No*	*No*
Is prior billing required?	*No*	*No*	*Prior bill is required if group is less than 50 eligible.*	*Yes*	*Yes*	*No*	*No*

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Must submit check with initial application?	*No for groups of 51-100*	*No*	*Yes*	*No*	*Yes*	*Yes (or ACH Form)*	*Yes*
Make check payable to	*Aetna*	*Anthem Blue Cross Blue Shield*	*Cigna*	*E.D.I.S.*	*National General Insurance*	*Prominence Health Plan*	*Checks for premium payments should be made out to "Total Benefit Solutions."* *Total Benefit Solutions P.O. Box 45329 San Francisco, CA 94145-0329*
New in Business Minimum length of time in business?	*6 weeks*	*No minimum for 51+*	*No requirement. Will quote with 100% part. Rates are contingent upon final part.*	*No*	*No Minimum*	*6 weeks*	*None*
Payroll records required? If yes, how long?	*At least 2 weeks worth, if quarterly tax and wage not available.*	*No minimum for 51+*	*No*	*6 weeks*	*Yes, and they need to be current.*	*At least 2 weeks worth if quarterly wage and tax not available. For owners a copy of the K-1 and Schedule C are acceptable.*	*No*
Copy of business license?	*No*	*Not required for 51+*	*No*	*No*	*Only if other documentation cannot be provided.*	*Newly formed groups only*	*No*
Other documents required?	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*Depending on information provided it may be possible.*	*Contact your Word & Brown representative*	*Please refer to 2020 Access NG Documents.zip.*

HEALTH PLAN COMPARISON - WRAP† REQUIREMENTS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Can be written with another carrier's PPO or indemnity plan?	*51-100: Yes*	*No*	*No*	*No*	*No*	*No*	*No*
Can be written with another carrier's HMO, HNO or POS?	*51-100: Yes*	*No*	*Yes, can slice with Kaiser if we get 50% par*	*Yes*	*No*	*No*	*Yes, by exception only.*

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

MEDICARE PART D

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 Link Pathway HMO Plans		
Anthem Link Pathway HMO 500/3000_20%	■	
Anthem Link Pathway HMO 1000/5000_20%	■	
Anthem Link Pathway HMO 2500/6350_20%	■	
Anthem Link Pathway HMO 4000/6500_30%	■	
Anthem Link Pathway HMO 6000/8000_40%	■	
Anthem Link Pathway HMO HSA Plans		
Anthem Link Pathway HMO HSA 2000/4000_20%A	■	
Anthem Link Pathway HMO HSA 3000/5000_20%AE	■	
Anthem Link Pathway HMO HSA 4000/6500_30%AE	■	
Guided Access HMO Plans		
Guided Access HMO $10 $0/$500D/$6000	■	
Guided Access HMO $10 $0/20%/$500	■	
Guided Access HMO $10 $500/20%/$6000	■	
Guided Access HMO $10 $1000/20%/$6500	■	
Guided Access HMO $15 $2000/20%/$6000L	■	
Guided Access HMO $15 $4000/30%/$7000L	■	
Guided Access HMO $20 $6000/40%/$8000L	■	
Classic and Traditional BlueAdvantage HMO Deductible Plans		
BlueAdvantage HMO KD Pathway Network	■	
BlueAdvantage HMO LD Pathway Network	■	
BlueAdvantage HMO MD Pathway Network	■	
BlueAdvantage HMO ND Pathway Network	■	
BlueAdvantage HMO OD Pathway Network	■	
BlueAdvantage HMO PD Pathway Network	■	
BlueAdvantage HMO QD Pathway Network	■	
BlueAdvantage HMO RD Pathway Network	■	
BlueAdvantage HMO SD Pathway Network	■	
Classic and Traditional BlueSecure PPO Plans		
BlueSecure PPO 1	■	
BlueSecure PPO 3	■	
BlueSecure PPO 4	■	
BlueSecure PPO 5	■	
BlueSecure PPO 6	■	
BlueSecure PPO 6 Pathway Network	■	
BlueSecure PPO 7	■	
BlueSecure PPO 7 Pathway Network	■	
BlueSecure PPO 8	■	
BlueSecure PPO 8 Pathway Network	■	
BlueSecure PPO 10	■	
BlueSecure PPO 10 Pathway Network	■	
BlueSecure PPO 11	■	
BlueSecure PPO 11 Pathway Network	■	
BlueSecure PPO 13	■	
BlueSecure PPO 13 Pathway Network	■	
BlueSecure PPO LMV1	■	
BlueSecure PPO LMV1 Pathway Network	■	
Tiered high performance PPO plans		
Anthem Choice PPO 1	■	
Anthem Choice PPO 2	■	
Anthem Choice PPO 3	■	
Anthem Choice PPO 4	■	
Site of Service BluePreferred PPO, BlueAdvantage HMO and BlueAdvantage POS plans		
PPO		
BluePreferred PPO H	■	
BluePreferred PPO I	■	
HMO	■	
BlueAdvantage HMO 5	■	
BlueAdvantage HMO 5 Pathway Network	■	
POS	■	
BlueAdvantage POS 5 Pathway HMO	■	
Consumer-Driven health PPO HSA plans		
Health Savings Account (HSA-Compatible) PPO Plan 16	■	
Health Savings Account (HSA-Compatible) PPO Plan 16 Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 20	■	
Health Savings Account (HSA-Compatible) PPO Plan 20 Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 20a	■	
Health Savings Account (HSA-Compatible) PPO Plan 20a Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 22	■	
Health Savings Account (HSA-Compatible) PPO Plan 22 Pathway Network	■	

	CREDITABLE	NON-CREDITABLE
Anthem Blue Cross Blue Shield (Cont.)		
Health Savings Account (HSA-Compatible) PPO Plan 22AE	■	
Health Savings Account (HSA-Compatible) PPO Plan 22AE Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 22E	■	
Health Savings Account (HSA-Compatible) PPO Plan 22E Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 23E	■	
Health Savings Account (HSA-Compatible) PPO Plan 23E Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 24E	■	
Health Savings Account (HSA-Compatible) PPO Plan 24E Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 25E	■	
Health Savings Account (HSA-Compatible) PPO Plan 25E Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 26E	■	
Health Savings Account (HSA-Compatible) PPO Plan 26E Pathway Network	■	
Health Savings Account (HSA-Compatible) PPO Plan 28E		■
Health Savings Account (HSA-Compatible) PPO Plan 28E Pathway Network		■
Health Savings Account (HSA-Compatible) PPO Plan 30E	■	
Health Savings Account (HSA-Compatible) PPO Plan 30E Pathway Network	■	
Consumer-driven Health BlueAdvantage HMO with HSA plans		
BlueAdvantage HMO HSA 16 Pathway Network	■	
BlueAdvantage HMO HSA 22 Pathway Network	■	
BlueAdvantage HMO HSA 26E Pathway Network	■	
Consumer-driven Health PPO HRA plans		
Health Reimbursement Account (HRA) PPO Plan 26E	■	
Health Reimbursement Account (HRA) PPO Plan 26E Pathway Network	■	
Health Reimbursement Account (HRA) PPO Plan 38E	■	
Health Reimbursement Account (HRA) PPO Plan 38E Pathway Network	■	
Health Reimbursement Account (HRA) PPO Plan 46E	■	
Health Reimbursement Account (HRA) PPO Plan 46E Pathway Network	■	
Consumer-driven health PPO Deductible First HRA plans		
Health Reimbursement Account (HRA) PPO Plan 26DFE	■	
Health Reimbursement Account (HRA) PPO Plan 26DFE Pathway Network	■	
Health Reimbursement Account (HRA) PPO Plan 38DFE	■	
Health Reimbursement Account (HRA) PPO Plan 38DFE Pathway Network	■	
Consumer-driven Health PPO HIA Plus plans		
Health Incentive Account Plus (HIA Plus) PPO Plan 42	■	
Health Incentive Account Plus (HIA Plus) PPO Plan 42 Pathway Network	■	
Health Incentive Account Plus (HIA Plus) PPO Plan 46E	■	
Health Incentive Account Plus (HIA Plus) PPO Plan 46E Pathway Network	■	
Cigna		
OAP, PPO	■	
Indemnity	■	
Graded Funding	■	
Level Funding	■	
National General		
PPO		
All creditable except those that don't offer an Rx Copay - Contact Rep	■	
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	■	

Multiple copay options available

Click on symbol to be redirected to online resource

ONLINE SERVICES

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
	aetna.com	anthem.com	cigna.com	employerdriven.com	ngah-ngic.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	●[1]	●	●	●	●	●	●
Order Permanent ID Cards	●[1]	●	●	●	●	●	●
Print Temporary ID Cards	●	●	●		●	●	●
View Benefits	●[1]	●	●	●	●	●	●
View Current PCP Or Doctor	●[1]	●	●		*Depends on network*	●	●
Change Doctor	●[1]	●				●	●
View Directory	●[1]	●	●	●	●	●	●
Download Forms	●[1]	●	●	●	●	●	●
Book Doctor Appointments	● *(E-visit)*[2]						●
BROKER SERVICES							
Manage Group Acct	●	●	●	●	●	●	●
Commission Information	●	●	●	●		●	●
Group Info (e.g. Add-Ons)	●	●[2]	●	●	●		●
Online Only Agent Appt, Paper App. or Both?	*Online Only*	*Online Only*	*Online Only*	*Both*	*Both*	*Online Only*	*Online Only*

1 All features are available to members who enroll on Aetna Navigator. There is no cost for Aetna Navigator.
2 Only for physician participating in I-Triage.

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Are 2-life husband/wife groups eligible or will they be required to move to IFP?	*Yes—must have at least one enrolled W2 employee who is not an owner and not an owner's spouse.*	*N/A*	*No*	*N/A*	*They will be eligible*	*No*	*2 life husband and wife groups are eligible as long as they are both W2 employees and enrolled separately.*
Which groups do you recertify at renewal?	*Every year, a group receives an Employer Verification Form to complete. It is typically sent 6 months prior to renewal.*	*Based on underwriting review*	*Groups must certify their size at renewal*	*N/A*	*All groups are underwritten at time of renewal*	*Groups must certify their size at renewal*	*Based upon underwriting review*
Where does a broker go with questions about the group's renewal? Account Manager or 800 Number?	*Please call the Aetna Answer Team at 800-343-6101, Option 4.*	*Contact your Word & Brown representative*	*Each group has an assigned Client Manager located in Glendale, California*	*Renewal Department email: renewal@employerdriven.com Phone: 888-886-7973*	*The broker would work with the account manager.*	*Each group has an assigned Account Manager.*	*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	*Only changes can be processed through eBusiness via online through Producer World: https://www.aetna.com/producer_public/login*	*Yes, through Employer Access.*	*Yes, Cigna offers an online portal to all clients to complete these tasks. Website info is given at the time of sale.*	*Yes yourbenportal.com*	*No*	*Yes, brokers have online portal to all clients to complete these tasks. www.ProminenceHealthPlan.com*	*Groups will have access to the TBS Online billing system. They may grant the broker access if they wish.*

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Do new enrollees have the ability to register online and print temporary ID cards?	*Yes*	*Yes at www.Anthem.com*	*Yes, all active subscribers have access to myCigna.com to 'complete these tasks.*	*No*	*Yes, once the group's new plan year is established in the system.*	*Employees cannot enroll online. Once enrolled and are active covered members, they can create a personal login through prominencehealthplan.com and print a temporary ID.*	*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:* *• 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)* *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.* *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.*
How far in advance do groups receive their renewal material?	*60 days*	*At least 60 days in advance.*	*60-90 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.*	*Broker is provided the renewal at least 60 days in advance of renewal.*	*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 days*	*60-90 days in advance.*	*Approximately 60 days*	*60 days*	*Brokers receive renewal at least 60 days in advance of renewal.*	*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.*
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.)**	*Copy of missing renewal can be obtained online through Producer World or by calling the Aetna Answer Team at 800-343-6101, Option 4.* *After logging into Producer World, click on **Small Group**>**Quoting and Renewal Center**>select **Group's state**>click on **New Business Rate Sheets**.*	*Contact your Word & Brown representative*	*Cigna has several Client Managers that are assigned to groups. A call is set up to go over implementation and the group would be introduced at that time to their Client Manager.*	*Contact E.D.I.S. renewal department Email: renewal@employerdriven.com Phone: 888-886-7973*	*They can view/ retrieve renewal offers online. In addition, they can contact their account manager.*	*PHPSalesTeam@uhsinc.com*	*Please reach out to the TBS Global Renewal team at Globalrenewals@tbsmga.com*

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Where does a broker get SBCs for renewal groups?	*SBCs can be obtained online through Producer World, or please call the Aetna Answer Team at 800-343-6101, Option 6.*	*www.find-sbc.com*	*SBC will be emailed once completed/ audited.*	*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*	*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?	*10 business days prior to the effective date*	*By the last business day of the renewal month (e.g. April renewal = last submission date for changes is Wednesday, April 30).*	*Any time prior to the effective date. 30 days notice is preferred.*	*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*	*Any time prior to the effective date.*	*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.* *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.* *Changes to your plans can be made at New Business or at Renewal. Please contact your broker to facilitate these changes.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Due by the last day of the month of their effective date. Form must be signed, dated and received.*	*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.*	*Within 15 days of effective date is preferred.*	*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*	*Any time prior to the effective date.*	*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?	*No fax. Must be emailed to: enrollmentsgw@aetna.com or ppwestsg@aetna.com for Premier Producers.*	*Contact your Word & Brown representative*	*Contact group Client Manager through email.*	*Underwriting@employerdriven.com Fax: 559-635-6527*	*NGBSSelfFunded@ngic.com*	*PHPSalesTeam@uhsinc.com*	*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*

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Which submission method offers the fastest processing time for renewal changes?	*Send directly to: SWASGUnderwriting@Aetna.com or to the Aetna Answer Team at WestAAT@aetna.com.*	*Via employer access*	*Email or direct contact with Client Manager.*	*Email*	*Emailing*	*Email*	*Email all renewal information to globalrenewals@tbsmga.com*
What changes are allowed at renewal?	*Please contact the Aetna Answer Team at 800-343-6101, Option 4.*	*Contact your Word & Brown representative*	*Group is allowed to change plan design options and/or funding type.*	*Group & member level changes*	*Plan benefits, network, specific deductible and enrollment changes.*	*Group is allowed to change plan design options*	*Plan changes employees • Employees are not eligible to change plans until the group's open enrollment period, which is upon their annual renewal.* *Plan change group level • Plan changes available upon renewal. • 30 day notification required prior to implementation*
Forms required?	*Please contact the Aetna Answer Team or the Account Manager*	*Yes, depending on what changes will determine the form needed.*	*At renewal, we have two forms. One is signing the renewal quote. The other is verifying the client's eligible employee count.*	*There may be forms required if making certain changes.*	*At renewal, we require the following:* 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.*	*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?	*Yes*	*Can be added at renewal or at any time.*	*Can be added anytime.*	*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*	*We currently don't offer these options*	*N/A*	*Dental may be added at any time. Vision may be added at renewal. Life is not available.*

UNDERWRITING REQUIREMENTS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Are Union/Non-union exclusions allowed?	*51-100: Not allowed*	*Yes*	*Varies*	*Yes*	*Yes*	*Varies - Contact your Word & Brown representative*	*No*
Will new business carve out groups be eligible?†	*51-100: Allowed at underwriters discretion*	*Yes, with a minimum requirement of 5 enrolled lives.*	*No*	*Yes*	*Yes*	*Yes—as allowed by ACA Requirements*	*Management carve-outs and other carve-outs are not allowed.*
Will existing carve out groups be eligible to continue coverage?†	*Yes*	*Yes—as Allowed by ACA Requirements.*	*No*	*Yes*	*Yes Existing groups do not require revalidation. They sign a carve out agreement when they first enroll.*	*Yes*	*Management carve-outs and other carve-outs are not allowed.*
Timely Add-ons	*Contact your Word & Brown representative*	*Contact your Word & Brown representative*	*25-100: Waived if they have claims experience (ASO)* *FI 50-250: No Medical underwriting*	*Contact your Word & Brown representative*	*Yes*	*Yes*	*Contact your Word & Brown representative*

UNDERWRITING APPOINTMENT REQUIREMENTS - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan	Total Benefit Solutions
Licensing Required?	*No - for Quoting Yes - at the time of signature date of group submission*	*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*	*Yes*	*Yes*	*Yes*	*No—but commissions will not be paid until appointed*	*Yes*
Will the Carrier hold the approval?	*No—but commissions will not be paid until appointed. Must be within 15 days of group's effective date*	*No*	*No—but commission will not be paid until appointed*	*No*	*Yes*	*No—but commissions will not be paid until appointed*	*Not applicable*
Requirements	*W-9 is required* *Copy of License not required if applying online because the online application gives you the option to attach the NIPR report* *DOI printout accepted* *No need to attach Proof of E&O certificate if applying online, just fill the required information on the application*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O is required*	*Copy of license 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* *DOI printout accepted*	*Online portal available. Contact PHPSalesTeam@uhsinc.com for access*	*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	*LAAU@aetna.com*	*Contact your Word & Brown representative*	*Sent once case is sold*	*Call Broker Services at 888-886-7973*	*sflicensing@ngic.com*	*Check online portal or contact PHPSalesTeam@uhsinc.com*	*Required*
Ok To Send Licensing Without Case Submission?	*Yes - Broker should apply online via the following link at any time of the process: https://pangea.geninfo.com/Aetna/Apply/*	*Yes*	*Can be requested*	*Yes*	*Yes*	*Yes*	*Yes*

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	Ameritas	BEST Life and Health Insurance Company	Camden	Companion Life	Guardian
Licensing Required?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Will the Carrier hold the approval?	*No—but commissions will not be paid until appointed*	*No*	*No*	*No—but commissions will not be paid*	*Our processing time is 2 to 3 business days.*
Requirements	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*W-9 is required* *Copy of license is required* *DOI printout accepted*	*Copy of license is required* *DOI printout accepted*	*Copy of license is required* *DOI printout accepted—but copy of license must be sent in*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*
Check appointment status	*group_licensing@ameritas.com*	*cs@bestlife.com*	*phil@thecamden.com*	*agent.compliance@companiongroup.com*	*Licensing and appointment is performed online. Please contact local Guardian representative for verification.*
Ok To Send Licensing Without Case Submission?	*Appointment paperwork can be submitted, but will not be processed until group is sold*	*Yes*	*Yes*	*No*	*Yes*

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

	Humana	Lincoln Financial Group	Nippon Life Benefits	United Concordia	Unum	VSP
Licensing Required?	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
Will the Carrier hold the approval?	*Yes*	*No—but commissions will not be paid until appointed*	*No—but commissions will not be paid until appointed*	*Yes*	*No*	*No—but commission will not be paid until appointed*
Requirements	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*N/A*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required* *Producer Information and a Producer Agreement*	*W-9 is required* *Copy of license is required* *DOI printout accepted* *Proof of E&O required*	*W-9 is required* *Copy of license is required* *DOI printout accepted*
Check appointment status	*AgencyMgt@humana.com*	*bplicensing@lfg.com*	*continuingrelations@nipponlifebenefits.com*	*ucproducer@ucci.com*	*AskUnum@unum.com*	*asca@vsp.com*
Ok To Send Licensing Without Case Submission?	*Yes*	*Yes*	*No*	*Yes*	*Yes*	*Yes*

ONLINE RESOURCES

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

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical	51-100	Broker fee determined by broker
Dental	51-100	10%
Vision	51-100	7.5%
Aflac		
Creative Solutions	100+ Policy holders	Begins at 12%
Ameritas		
Dental	100-199	10% Level Simple Add-Ons - 10%
Vision	100+	10% Level Simple Add-Ons - 10%
Anthem Blue Cross Blue Shield		
Medical	51+	Contact your Word & Brown representative
Dental	51+	Contact your Word & Brown representative
Vision	51+	Contact your Word & Brown representative
Life and AD&D	51+	Contact your Word & Brown representative
BEST Life and Health Insurance Company		
Dental	100+ Voluntary 100+	Negotiable Negotiable
Vision	100+	10%
Life and AD&D	100+	15%
Camden-Avesis		
Vision	51+	10%
Cigna		
Medical	Group size varies by plan	5% Standard (negotiable)
Dental	51-250	10% (negotiable)
Vision, Life and Disability	51-250	Contact your Word & Brown representative as we will need to co-broker
Colonial Life		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	51+	Varies by product
Companion Life		
Dental	51+	First $10K - 10% Next $10K - 7.5% Next $10K - 5% Above - 3.5% Voluntary - 10%
Vision	51+	10%
Life and AD&D	51+	First $5K - 15% Next $10K - 10% Next $10K - 8% Next $20K - 5% Above - 2.5% Voluntary - 15%
Delta Dental		
Dental	51-299	10%
E.D.I.S.		
Freedom Dental	51-99 100+	7.5% 3.75%
Group Term Life	51+	10%
EDHP Hybrid, RBP and Buy Up Plans	51+	$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
E.D.I.S. (Cont.)		
EDHP MVP Plan	51+	$10 PEPM
MEC Plans	51+	$5 PEPM
Evolved Benefits		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - $10 Virtual - $10 Ultra - $15 Ultimate - $15
Transamerica/ TransConnect	101+	HP45 - 18%
Guardian		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	51-999	Contact your Word & Brown representative
HealthiestYou[1]		
TeleHealth	1+	15%
Humana		
Dental and Vision	51+	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	51+	First $5,000: 15% Next $20,000: 10% Next $25,000: 7% Next $50,000: 3% Next $100,000: 2% Over $200,000: 1%
Voluntary Group Life and AD&D	51+	15%
International Medical Group (IMG)		
Alternative Solutions	51+	Varies
Lincoln Financial Group		
Dental	100+	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% Flat commission % is negotiable; contact your Word & Brown representative
Vision	100+	10%
LTD	100+	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% Flat commission % is negotiable; contact your Word & Brown representative
Life AD&D and STD	100+	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% Flat commission % is negotiable; contact your Word & Brown representative

(Continued)

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
MetLife		
Dental	51+	Graded beginning at 10%
Vision	51+	10%
LTD	51+	First $15K - 15% Next $10K - 10% Above - Varies Flat 15% available
STD	51+	First $5K - 15% Next $5K - 10% Above - Varies Flat 15% available
Life and AD&D	51+	Graded beginning at 15%
National General		
Medical	51+	51+ = 4.5%* *Tier adjustable 0%-22%
Nippon Life		
Dental	101-300	$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	101-300	$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	101-300	$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	101-300	$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	101-300	$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%
Premium Saver		
Creative Solutions	51+	Zero to 15%. Contact your Word & Brown representative
Principal		
Dental	101-999	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Vision	101+	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Principal (Cont.)		
Life	101+	First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Disability	101+	STD: First $5,000: 10% Next $5,000: 8% Next $15,000: 6% Next $25,000: 4% Next $100,000: 3% Next $350,000: 2.5% Over $500,000: 1.6% LTD: First $15,000: 15% Next $10,000: 10% Next $25,000: 5% Next $50,000: 2% Next $100,000: 1% Next $300,000: 0.6% Next $500,000: 0.3% Over $1,000,000: 0.1% Commissions payable at a flat percentage are available for all group coverages.
Prominence Health Plan		
Medical	51+	Negotiable
Reliance Standard		
Dental, Vision	20+	Contact your Word & Brown representative
Life	20+	Contact your Word & Brown representative
Disability	20+	Contact your Word & Brown representative
Creative Solutions	20+	Contact your Word & Brown representative
Seniors Choice		
Medical	51+	8%
Part D (RX)	51+	5%
The Holman Group		
Alternative Solutions (EAP)	100+	% is broker directed
Total Benefits Solutions[1]		
Medical (International)	2+	5% first year and renewal
United Concordia		
Dental	2+	10% but is negotiable
Unum		
Dental	2+	10% standard
Life and AD&D	51+	First $15K - 10% Next $10K - 7% Next $25K - 5% Next $50K - 1% $100K+ - 0.5% Voluntary - 15%
VSP		
Vision	51+	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.

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MEDICAL

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CONTACT INFORMATION

Member Support	*888-702-3862 (HMO/HNO)* *888-802-3862 (OAMC/Indemnity)* *877-238-6200 (DENTAL)*
Bilingual Support	*888-702-3862 (HMO/HNO)* *888-802-3862 (OAMC/Indemnity)*
Internet Support	*www.aetna.com* *www.aetnanavigator.com*
Provider Eligibility Verification	*888-632-3862*
Provider Services	*888-632-3862*
Broker Support	*800-343-6101* *Email: SelectAnswerTeamWest@Aetna.com*
Commissions	*800-622-3435*
Employer Support	*800-343-6101*
Adds/Terms	*Email: EnrollmentSGW@aetna.com* *For urgent adds, call Aetna Answer Team 800-343-6101 option #6*
Billing	*800-343-6101*
Pharmacy	*800-238-6279* *(Prompt 1 for Member)*
Mail Order Drug	*866-612-3862* *(Prompt 1 for Member)*
Claims Reimbursement	*HMO/HNO* *Aetna* *P.O. Box 24019* *Fresno, CA 93779* *OAMC/Indemnity* *Aetna* *P.O. Box 981204* *El Paso, TX 79998-1204* *This may or may not match what is on the employee's ID card.*
Tax ID Number	*61-345436*

PayFlex (HSA Banking Partner)	*Member Services*	*855-384-8249*
	Employer Services	*855-462-3056*
	Broker Services	*855-462-3056*
	Website	*www.payflexwallet.com*

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PROVIDER NETWORKS

HMO Networks	*Aetna Whole Health HMO, Aetna Health Network Only*
PPO Networks	*Open Access Managed Choice (OAMC), Open Choice PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*One month*
Applications must be dated within	*Within 90 days prior to the effective date*
Spouse/Domestic Partner Employees - 1 application or 2?	*Either 1 or 2 applications*

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

Groups will go through the Aetna re-verification annually. Aetna sends out the documentation 6 months prior to the effective date.

Dependents who reside separately from the employee and are not in an approved Aetna service area will be enrolled on the subscriber's HMO plan and will need to access care via the selected Primary Care Physician in the subscriber's/family's HMO service area (except for urgent and emergency care). Any dependent that is currently enrolled in the out-of-area dependent Aetna PPO plan will not be impacted by this change so long as they remain eligible for coverage.

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PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	After Issue
Min. # of employees	*51**
Max. # of employees	*N/A*

**A group of 2 with one valid waiver due to other group coverage, individual or Medicare.*

Minimum Employer Contribution

	Group Size
	Pick-A-Plan 3 *51-100*
Employees	*Two Options:* *1. 50% of the employee rate for plan employee selects;* *2. Defined contribution of at least $120 or the actual cost of the plans picked, whichever is less*
For Dependents	
% of Total Cost	

PARTICIPATION

Contributory	
	Group Size
	51-100
Employees	*75% excluding valid waivers*
Dependents	*N/A*
Non-Contributory	
Employees	*100%*
Dependents	*N/A*

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COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit wage and tax reports for proof*
Are 1099 employees allowed?	*No*
Are employees covered if traveling out of USA?	*Emergency services only*
Is coverage available for out-of-state employees?	*HNO and HMO: No* *OAMC: May be exception that will be determined at time of underwriting* *Indemnity: Yes—except in HI & VT*
Max. percentage of employees residing out-of-state allowed	*OAMC only - Group must be headquartered in NV with 1 NV employee enrolling on the plan*

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	■	■	■			
Medical/Durable Medical Equipment 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?
State-mandated HMO plans	*Medical Benefit*	*Depends on drug**	*Typically through Specialty Pharmacy Network*
NV AWH Las Vegas HMO plans	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Specialty Pharmacy Network*
HNO plans	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Specialty Pharmacy Network*
OAMC & Indemnity Plans	*Generally under the 4th tier Prescription Drug Benefit*	*Depends on drug**	*Typically through Specialty Pharmacy Network*

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

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

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.

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Anthem BlueCross BlueShield

CONTACT INFORMATION

Member Support	*877-833-5734*
Internet Support	*anthem.com*
Provider Eligibility Verification	*877-833-5734*
Broker Support	*Contact assigned Account Manager/Account Service Coordinator*
Adds/Terms	*eligibility.team-west@anthem.com*
Commissions	*Via email at salescompwestregion-anthem-sm@wellpoint.com*
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*
Enrollment Department	*800-922-4770*
Eligibility Submissions	*eligibility.team-west@anthem.com*
Tax ID Number	*NAIC # 11011* *PPO Tax ID # 84-0747736* *HMO Tax ID # 841017384*

Anthem BlueCross BlueShield

PROVIDER NETWORKS

HMO Networks	*Pathway, Blue Advantage, Guided Access (Clark and Nye Counties only)*
PPO Networks	*Pathway & Full*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Premium Amount Required for 15th?	*No*
Applications must be dated within	*30 days*
Spouse/Domestic Partner Employees - 1 application or 2?	*1*

FEES

Enrollment Fee Amount	*Yes*
Type of Enrollment Fee	*Yes*
Monthly Administration Fee	*No*

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

SPECIAL CONSIDERATIONS

N/A

Anthem BlueCross BlueShield

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*51 total employees*	*51*
Max. # of employees	*N/A*	*N/A (large group for Anthem is considered 51+)*

Minimum Employer Contribution	
	Group Size
	Suggest 50%, however based upon ACA hourly and percentage requirements
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	51+
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*

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes, follow 1099 rules.*
Are 1099 employees allowed?	*No more than 49% of the group can be 1099.*
Are employees covered if traveling out of USA?	*Yes*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*Need 1 enrolled NV life, no max out of state*

CONTACT INFORMATION

Broker Support	*P.O. Box 34886* *Las Vegas, NV 89133-4886* *480-426-6724*
Employer Support	*P.O. Box 34886* *Las Vegas, NV 89133-4886* *480-426-6724*
Adds/Terms	*480-426-6724* *Fax: 602-861-8333*
Enrollment Department	*Assigned when case sells*
Billing	*480-426-6724*
Provider Services/Eligibility Verification	*800-88Cigna (800-882-4462)*
Member Support/Bilingual Support	*800-997-1654*
Internet Support	*my.cigna.com*
Claims	*Designated specialist when account sells*
Tax ID Number	*59-1031071*

PROVIDER NETWORKS

HMO Networks	*N/A*
PPO Networks	*Open Access Plus, Open Access Plus (in-network only), Local Plus*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date	*1st of the month*
Applications must be dated within	*Varies*
Spouse/Domestic Partner Employees - 1 application or 2?	*Either 1 or 2 applications*

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

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*25*	*25*
Max. # of employees	*499*	*N/A*

Minimum Employer Contribution

	Group Size
	25-499
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	25-499
Employees	◆◆*50%*
Dependents	*N/A*
Non-Contributory	
Employees	*N/A*
Dependents	*N/A*

◆◆*In order to NOT be considered eligible, the other coverage must be a group plan, Medicare or Medicaid.*
New calculation will round down and not up, so we will require 3 applications for participation to be met.

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit wage and tax reports for proof.*
Are 1099 employees allowed?	*Employees reported on the IRS 1099 forms who meet Cigna's standard criteria for determining 1099 status, and only if all 1099 employees are offered coverage. They must meet the following requirements:* • *No more than 25% of the groups' employees can be 1099 employees.* • *1099 employees must be employed by the company full time and year round.* • *All present and future 1099 employees are subject to the same eligibility requirements as taxed employees.* • *The employee must contribute the same amount for 1099 employees as for all other employees qualifying under NRC 689C.* • *The employer must have at least **two taxed employees**, with tax documents that verify the company is a valid business.* • *The new group must include a list of all 1099 employees and a completed and signed 1099 contractor form.*
Are employees covered if traveling out of USA?	*Emergency only*
Is coverage available for out-of-state employees?	*Yes*
Max. percentage of employees residing out-of-state allowed	*No Max*

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	■	■	■			
Medical/Durable Medical Equipment Benefit*				■	■	■

†Vendors for Diabetes Equipment: Visit www.cigna.com

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 & Indemnity plans	*Generally under last drug tier*	*Depends on Drug*	*Typically through specialty Pharmacy network*

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.

E.D.I.S.
EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

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

E.D.I.S.
EMPLOYER DRIVEN INSURANCE SERVICES

PROVIDER NETWORKS

HMO Networks	*N/A*
PPO Networks	*Cigna Payor Solutions Network, Multiplan/PHCS PPO Network, Full RBP "Reference Based Pricing", HYBRID RBP*

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
	51+
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
	51+ FTE
Employees	*75% but not less than 50%*
Dependents	*N/A*
Non-Contributory	
Employees	*100%*
Dependents	*N/A*

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	*The majority 51% of all eligible employees must be employees in the state of Nevada*

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 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.

National General
Benefits Solutions

CONTACT INFORMATION

Member Support, Customer Service, Bilingual Support	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
Internet Support	*NGBSSelfFunded@ngic.com*
Eligibility/Benefits	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
Account Services, Client Management, Precertification Department, Enrollment Department, Bilingual Support	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
Release Authorization (for HIPAA Release Forms)	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
Pharmacy Services, Wellness Discounts	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
Broker Licensing, Commissions, BOR Changes	*800-458-3246*
Billing, Payments, Administration & Claims	*Allied: 888-292-0272* *Cigna: 800-244-6224* *Meritain: 800-925-2272*
To contact by mail, or for payment submission	*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*

National General Benefits Solutions

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

National General Benefits Solutions

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*101*	*101*
Max. # of employees	*200*	*200*

Minimum Employer Contribution

	Group Size
	101-200
Employees	*50%*
For Dependents	*0%*
% of Total Cost	*N/A*

PARTICIPATION

Contributory	
	Group Size
	101-200
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*

National General
Benefits Solutions

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*No*
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	*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	■	■	■			
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 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.

Prominence® Health Plan

CONTACT INFORMATION

Member Support	*Member Services*	*800-863-7515 or www.ProminenceHealthPlan.com*
	MedImpact (Pharmacy Customer Service)	*844-282-5339 www.medimpact.com*
Bilingual Support	*Member Services*	*800-863-7515*
Internet Support	*www.prominencehealthplan.com 800-863-7515*	
Provider Eligibility Verification	*866-500-2741*	
Broker Service & Commissions	*888-840-9080 PHPSalesTeam@uhsinc.com PHPCommissions@uhsinc.com PHP-GroupQuotes@uhsinc.com*	
Adds/Terms	*PHP-Enrollment@uhsinc.com*	
Billing	*PHP-PremiumBilling@uhsinc.com*	
Claims	*Prominence Health Plan Claims / Member Services 1510 Meadow Wood Lane Reno, Nevada 89502*	
Tax ID Number	*Prominence HealthFirst Prominence Health Insurance Company, Inc.*	*88-0293082 88-0193357*

Prominence®
Health Plan

PROVIDER NETWORKS

HMO Networks	*HealthFirst - Prominence Health Plan's HMO is statewide and open access.*
PPO Networks	*Universal Health Network – Prominence Health Plan's PPO statewide network*
National PPO Network	*Please use the link found in the Prominence Health Plan website to ensure you are in the correct network. www.prominencehealthplan.com*

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?	*1 application—must have documentation*

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—not offered*

SPECIAL CONSIDERATIONS

N/A

Prominence® Health Plan

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*51*	*75%*
Max. # of employees	*N/A*	*N/A*

Minimum Employer Contribution

	Group Size
	51+
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*50% of lowest cost plan*

PARTICIPATION

Contributory	
	Group Size
	51+
Employees	*75% of eligible employees excluding valid waiver*
Dependents	*N/A*
Non-Contributory	
Employees	*100%*
Dependents	*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. Please contact your Word & Brown representative*
Is coverage available for out-of-state employees?	*Yes—groups may offer a PPO, POS or Freedom HMO 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	*No more than 15% of the group resides outside of the service area*

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 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.

Total Benefit™ SOLUTIONS

CONTACT INFORMATION

Broker Support: BOR changes, renewals and group terminations	*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*
Broker licensing and appointment information	*LAAU@aetna.com*
Commissions	*brokercomp@tbsmga.com*
Employer Support	*globalrenewals@tbsmga.com or the assigned Aetna Account Executive*
Adds/Terms	*Via OBS (email with instructions to register is sent to plan sponsor) or globalbilling@tbsmga.com*
Enrollment Department	*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*
Payments	*Payment options include ACH submission and EFT. No credit card payments are accepted at this time*
Provider Services/Eligibility Verification **Prior Carrier Deductible Credit**	*Not applicable*
Member Support/Bilingual Support	*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.*
Pre-Authorization & **Pre-Certification Department**	*Members may obtain precertification by calling the toll free number on the back of their ID cards.*
Internet Support	*www.aetna.com*
Cal COBRA Department	*Not applicable*
Claims	*Not applicable*
Billing	*Not applicable*
Account Services, Eligibility, Release Authorization (for HIPAA Release Forms), Pharmacy Services, Account Service & Membership Accounting Dept., and Producer Services	*Assigned Aetna Account Executive (see implementation communication*
To contact by mail, **or for payment submission**	*globalbilling@tbsmga.com*
Benefits	*www.aetna.com*
Client Management Dept. (for rates and service issues) and Small Group Cancellations/Reinstatements	*globalrenewals@tbsmga.com*
Broker Licensing Department	*LAAU@aetna.com*

Total Benefit™ SOLUTIONS

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*

FEES

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)*

Total Benefit™ SOLUTIONS

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	*Total worldwide employee count is used to determine eligibility. A minimum of 51+ employees is required. A minimum of 2 enrolling United States employees is required. COBRA enrollment may not exceed more than 10% of the total enrollment.*	
Max. # of employees	*N/A*	

**AB 1672 group of 2 with one valid waiver due to other group coverage, Medicare or Medicaid*

Minimum Employer Contribution

	Group Size
	N/A
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost	*Minimum of 75% of the employee cost, or 50% of the total cost.*

PARTICIPATION

Contributory	
	Group Size
	At least 75% of eligible employees must participate in the employer's plan, or at least 50% when excluding those providing proof of enrollment in a spouse's plan.
Employees	*N/A*
Dependents	*N/A*
Non-Contributory	
Employees	*N/A*
Dependents	*N/A*

Total Benefit™ SOLUTIONS

COVERAGE RESTRICTIONS

Are commission-only employees allowed?	*We will allow employers to cover employees who work 25 hours or more.*
Are 1099 employees allowed?	*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.*
Are employees covered if traveling out of USA?	*Yes*
Is coverage available for out-of-state employees?	*Yes. Coverage is available for employees in all states except for Hawaii*
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	*See below*	*See below*	*See below*	*See below*	*See below*	*See below*
Medical/Durable Medical Equipment Benefit*	*See below*	*See below*	*See below*	*See below*	*See below*	*See below*

†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	*Not applicable*	*Not applicable*	*Not applicable*
MC plans	*See below*	*See below*	*See below*
PPO & Indemnity plans	*See below*	*See below*	*See below*

** 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

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.

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DENTAL

RENEWAL INFORMATION - DENTAL

	Aetna	Ameritas	BEST Life and Health Insurance Company	Companion Life	E.D.I.S.
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Account Manager*	*Contact support@gotodais.com* *Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.*	*Broker Services Department 800-433-0088* *If adding a new line of coverage to group, contact assigned sales representative.*	*Email clife.renewals@companiongroup.com*	*Renewal@employerdriven.com or 888-886-7973*
Deadline for submission of group level renewal changes & their effective date?	*10 business days prior to the effective date*	*By the end of the renewal month.*	*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.*	*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.*	*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.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Due by the last day of the month of their effective date. Form must be signed, dated and received.*	*Within 30 days of qualifying event.*	*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.*	*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.*	*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.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Broker would access Producer World broker portal. www.aetna.com*	*Broker may Call Ameritas Agent Services to be set up on Ameritas Broker Portal for Access 855-517-5307 Option 4*	*Yes - through the Broker Portal at: https://www.bestlife.com/brokers If new to broker portal, broker will need to call 800-433-0088 to set up access.*	*Brokers can reach our service team at c.life@companiongroup.com for adds and terms. Brokers can request access to our portal.*	*No*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Online or emailing take about the same time, processing times can vary depending on volume.*	*Online when group is registered*	*Online Broker Portal: https://www.bestlife.com/brokers*	*Email*	*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.)**	*Request from Account Manager*	*Contact support@gotodais.com* *Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.*	*Call Broker Services Department 800-433-0088*	*Email clife.renewals@companiongroup.com*	*www.yourbenportal.com or 888-886-7973*
How far in advance do these receive their renewal material - Groups? Broker?	*60 days*	*At least 90 days*	*60 days*	*3 months in advance*	*Up to 45 days in advance*

RENEWAL INFORMATION - DENTAL

	Guardian	Humana	Lincoln Financial Group	Nippon Life Benefits	United Concordia	Unum
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*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*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*For groups 100+ contact the assigned client manager.*	*Terri Lacoste: 602-651-2931*
Deadline for submission of group level renewal changes & their effective date?	*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.*	*Plan changes can be made through out the year through our amendment process. We usually deliver renewals 90 days in advance of effective date*	*Contact your Word & Brown representative*	*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*	*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.*	*Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.*	*Contact your Word & Brown representative*	*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	*Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.*	*Yes www.humana.com*	*www.lincoln4benefit.com*	*Yes via Employer Portal, but must be approved by group*	*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)?	*Brokers can access Guardian Anytime (guardiananytime.com) for any renewal changes*	*Email*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*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.)**	*Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal*	*Molly Zwettler mzwettler@humana.com*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*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?	*Groups will receive their renewals in accordance with the timeframes set forth by the state requirements*	*60 days*	*Typically 60 days*	*60 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	Ameritas	BEST Life and Health Insurance Company	Companion Life	E.D.I.S.
Are there any industries that are ineligible?	*Yes—when dental is sold standalone or packaged only with life. No ineligible industries when sold with medical.*	*Yes—Dental Offices, all marijuana related businesses*	*Yes—Dental Offices*	*Yes—Dental Offices and Clinics*	*Yes—SIC's: 8021 & 8111*
Are there any industries that receive an automatic rate load?	*Yes*	*No*	*No*	*No*	*No*
Is over age dependent verification required? **Maximum age/units**	*No* *Maximum age: 26*	*No* *Maximum age: 26 (Follows state laws, can request special dependent age through Agent Services.)*	*No* *Maximum age: 26*	*No* *Maximum Age: 26*	*No* *Maximum age: 26*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*No*	*Yes* *DMO: N/A*	*Yes*	*No*	*Yes*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*N/A*	*Yes Waiting periods vary by plan: Type 3 0-12 month; Ortho 0-12 month*	*No restrictions—it is a true open enrollment*	*New employees are subject to a 12 month waiting period on Major and Ortho coverage*	*No*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*10-100: No—except voluntary plans*	*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*	*For groups of 100+ employees enrolling, there are no waiting periods for Major Services.*	*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.*	*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*
Are employees who reside outside of Nevada eligible? **Any state restrictions?**	*Yes* *Contact your Word & Brown representative*	*Yes* *Groups situs in CA and NV*	*Yes* *No state restrictions*	*Yes* *No state restrictions*	*Yes* *Contact your Word & Brown representative to determine any state restrictions*

DENTAL BENEFITS COMPARISON

	Guardian	Humana	Lincoln Financial Group	Nippon Life Benefits	United Concordia	Unum
Are there any industries that are ineligible?	*No, however some industries may require underwriter review.*	*Dental offices*	*Yes, Dental Offices, & Private Households*	*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 HO approval.*	*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?	*Rates are developed based on SIC codes, as well as other factors.*	*Rates are based on SIC codes, demographics and other factors*	*Rates are based on SIC codes, demographics and other factors.*	*SIC used in rating all groups*	*Yes, for groups over 50 enrolled.*	*SIC Codes are used to determine appropriate loads or discounts, based upon related industries*
Is over age dependent verification required? **Maximum age/units**	*Yes* *Up to age 26*	*Yes if over age 26* *Up to age 26*	*Yes* *Age 26 is maximum*	*26*	*Not typically* *26, unless different regulatory guidelines apply*	*Yes* *Full-time student required* *Maximum age: 26*
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	*Yes*	*Yes*	*Open enrollments are allowed on DPO (PPO). A DMO product is not offered at this time.*	*Option available for Open enrollment*	*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.*	*Open enrollments are allowed on DPO (PPO). A DMO product is not offered at this time.*
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	*Restrictions vary based on quoted benefits*	*No*	*No*	*No*	*No, unless there are specified waiting periods on certain services.*	*If the current plan does not have waiting periods on Basic and Major services, no restrictions would be applicable to those applying at an open enrollment period. If the plan does have waiting periods for those services, those waiting periods would apply at the open enrollment period.*
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	*No*	*Groups 2 to 9 – Major is 12 months and Orthodontia is 24 months* *Groups 10+ - Orthodontia is 12 months if voluntary. No waiting periods for employer sponsored.* *Waiting periods can be decreased or waived based on dental coverage immediately before joining a Humana dental plan.*	*Our PPO has several options for benefit waiting periods including no benefit waiting period.*	*Late entrant 24 months* *Timely entrant 12 months. There is a buy up to reduce or remove these with 5 or more lives.*	*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.*	*This depends on whether the group selects a plan with waiting periods on major or ortho services.*
Are employees who reside outside of Nevada eligible? **Any state restrictions?**	*Our PPO Network includes nationwide coverage. Group plans are based on the situs state of the planholder and would apply to all members.* *Contact your Word & Brown representative*	*Yes* *No*	*Yes* *Contact your Word & Brown representative*	*Yes* *Contact your Word & Brown representative*	*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.* *California mandates at least 10% coinsurance for preventive services.*	*Yes* *Contact your Word & Brown representative*

DENTAL BENEFITS COMPARISON

	Aetna	Ameritas	BEST Life and Health Insurance Company	Companion Life	E.D.I.S.
Do you offer Orthodontic Coverage?	*Orthodontic coverage is included for groups 10 or more eligible employees and is available for dependent children only*	*Employer-sponsored PPO/Indemnity: Child only up to age 19.* *Voluntary PPO and Indemnity: Child only up to age 19.* *Ortho available when 3 or more employees with children enroll for benefit on Ameritas First Plans.*	*Employer-Sponsored or Voluntary for PPO/Indemnity: 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*	*Available on plans $1000, $1500 & $2000*
Do any of your plan cover/ include a discount for implants?	*No*	*Discounts for non-covered procedures may apply in network.*	*PPO & Indemnity - Mid & High Plans*	*2-9: No* *Voluntary/10+: Yes, implants are included in major services*	*No*
Do any of your plans cover/ include a discount for teeth whitening?	*No*	*Discounts may apply in network*	*Discounts may apply in network.*	*No*	*No*
Are 1099 employees eligible?	*No*	*No*	*No*	*No*	*Yes—if they work full-time for one employer*
Out of Network Claim Adjudication	*80% or 90% of UCR*	*Ameritas First Plans:* *1100 Plan, PPO Fee Schedule* *1600 Plan, PPO Fee Schedule* *1600 Incentive Plan, AVG UCR* *2100 Plan, AVG UCR*	*90th or 80th UCR or MAC*	*90% is standard; 80% can be an option*	*80th percentile of UCR*

DENTAL BENEFITS COMPARISON

	Guardian	Humana	Lincoln Financial Group	Nippon Life Benefits	United Concordia	Unum
Do you offer Orthodontic Coverage?	*Yes, we can offer orthodontic coverage subject to some plan restrictions and is not available for groups with fewer than 2 lives.*	*Yes. Available 2+*	*Lincoln has flexibility to build out an ortho plan for the needs of the group.*	*1000 or 1500 Benefit, Child only or Children and Adult*	*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*	*Available upon request. For groups of 2-9 enrolled lives, Ortho is available only on a takeover basis.*
Do any of your plan cover/ include a discount for implants?	*Discounts for implants vary based on quoted benefits*	*Yes. Implant rider is available groups with 10+ enrolled*	*Yes, implant coverage can be added as an optional rider*	*Implants included down to 2 lives.*	*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.*	*Unum members whose dental plan includes coverage of crowns and bridges will have the options 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*	*No*	*No*	*No*	*No*	*No. Unum does offer a Cosmetic Rider, for an additional cost, that does include teeth whitening. This is available on groups of 50 or more enrolled.*
Are 1099 employees eligible?	*Yes*	*Yes*	*Underwriting will determine during quoting*	*No*	*No*	*As a standard, 1099 employees are not eligible. Underwriting will review on a case by case basis.*
Out of Network Claim Adjudication	*90th UCR or MAC*	*90th Percentile U&C or INFS (In Network Fee Schedule)*	*90% UCR is standard but also options for 80%, 85% or 95% UCR as well as MAC*	*95th, 90th, 80th, 60th and MAC plans available*	*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.*	*80th , 90th, or MAC*

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CONTACT INFORMATION

Member Support	*877-238-6200* *Prompt 1 for Dental Plan Member* *Prompt 2 for Dental Care Provider*
Commissions	*800-343-6101*
Broker Services	*800-343-6101 Option #6*
Claims Reimbursement	*Aetna* *P.O. Box 14094* *Lexington, KY 40512*

NEVADA COVERAGE

Nevada DMO Counties	*Statewide*
Nevada PPO Counties	*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*
What is the minimum percentage of employees required in NV?	*Majority needs to be in NV*
What states are allowed (or not allowed) for out-of-state coverage?	*PPO - Available nationally with Dental PPO Network* *DMO - Not available out of state*
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?	*Employer ZIP Code*
Any other rules, restrictions, or guidelines not mentioned	*Please refer to underwriting guidelines in the Aetna Plan Guide, or contact your Word & Brown representative*

DUAL OPTION (MIX & MATCH)

DMO can be sold standalone or packaged with a PPO as a Dual Option offering.

PPO can be sold standalone or packaged with a DMO as a Dual Option offering.

Voluntary Dental plans cannot be sold or packaged with any other plan as Dual Option offering.

PROVIDER NETWORKS

HMO Network	*Aetna DMO Network*
PPO Network	*Dental PPO/PDN with PPO II Network*

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RATING INFORMATION

Group Size	*2-100*
Rate Guarantee	*12 Months*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-100
Employees	*50%*
For Dependents	*N/A*
% of Total Cost	*25%*

PARTICIPATION

CONTRIBUTORY		
	Group Size	
	2-3	*4-100*
Employees	*100%*	*75%*
Dependents	*N/A*	*N/A*
NON-CONTRIBUTORY		
Employees	*100%*	*100%*
Dependents	*N/A*	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

80% or 90% of UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Are 1099 employees allowed?	*No*
Any ineligible industries?	*Yes—if written standalone*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*51-100: No*

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

Voluntary 3-100 Eligible Employees:
For Major and Ortho services, employees must be enrolled members of the plan for one year (N/A to DMO). Waiting period is waived separately for Major and Otho for employees who were covered by the group's immediately preceding dental plan. Otherwise coverage waiting period for Major and Ortho is 12 months as an enrolled member.

Non-Voluntary 10-100 Eligible Employees:
No waiting period.

SPECIAL CONSIDERATIONS

N/A

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CONTACT INFORMATION

Service Center	*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	*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	*100-199*
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
	100-199
Employees	*Voluntary: No minimum contribution.* *Employer Sponsored: Minimum contribution of 50% for straight PPO.*
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100-199
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

100+ RFP's for Tailored Plan Quotes Pick any OON, different eligibility and participation requirements based on W&B Large Group RFP details.

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?	*No—offer to all eligible employees, no carve-outs*
Management/Non-management?	*No—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

BEST Life™

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*
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 HMO Counties	*N/A*
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™

BEST Life and Health Insurance Company

BEST Life™

BEST Life and Health Insurance Company

RATING INFORMATION

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

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	Employer-Sponsored 2+	*Voluntary Plans 5+*
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% On groups where Employer contributes 100%, 100% participation required*
Dependents	*N/A*	*N/A*
EMPLOYER-SPONSORED		
Employees	*100%*	*60% On groups where employer contributes 100%, 100% participation required*
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?	*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 employees enrolled. No prior coverage necessary, but 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.
No waiting period for groups of 10 or more employees enrolling, regardless of prior coverage.

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.*

BEST Life™
BEST Life and Health Insurance Company

Companion 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*

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*

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.

Companion Life®

Companion Life

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* *75% participation - Contributory*
Dependents	
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.

E.D.I.S.
EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

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

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?	*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	*51+*
Rate Guarantee	*12 Months*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	51+
Employees	*0-50% of the lowest priced plan*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	51+
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*
Wage & Tax statements required?	*Yes*

* *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.

Guardian®

CONTACT INFORMATION

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

NEVADA COVERAGE

Nevada HMO Counties	*Not applicable; our DHMO network is not available in Nevada.*
Nevada PPO Counties	*We offer our PPO network in all Nevada counties and can provide network access analysis reports for a specific group during the quoting process.*
Nevada Indemnity Counties	*Yes, we can quote Indemnity Dental anywhere in the state of Nevada*

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, our PPO network offers nationwide coverage. Plans may be quoted to include out-of-state employees.*
What is the minimum percentage of employees required in NV?	*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.*
What states are allowed (or not allowed) for out-of-state coverage?	*Not applicable; however, plan design is based on employer location, so some state variations may apply.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*There are some limitations and variations on what we can offer depending on the specific state regulation.*
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)?	*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.*
Any other rules, restrictions, or guidelines not mentioned	*Benefits are quoted based on state requirements.*

DUAL OPTION (MIX & MATCH)

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

PROVIDER NETWORKS

Indemnity Network	*Guardian can offer indemnity plans.*
PPO Network	*Guardian has a PPO Dental network.*

Guardian®

Guardian®

RATING INFORMATION

Group Size	*51-999*
Rate Guarantee	*1 year*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	51-999
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	51-999
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	*Mike Parkin* *mparkin@humana.com or* *Jillian Phillips* *jphillips44@humana.com*

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 states are allowed if situs state is NV*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*Same plans can be offered to out of state employees except TX & GA must be offered a Traditional Preferred dental plan*
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)?	*All ZIP Codes of those enrolled are used to determine one set of rates for all employees.*
Any other rules, restrictions, or guidelines not mentioned	*None*

DUAL OPTION (MIX & MATCH)

Dual option available with 5+ enrolled

PROVIDER NETWORKS

PPO Network	*Humana DPPO*

Humana

Humana

RATING INFORMATION

Group Size	*51+*
Rate Guarantee	*1 yr*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	51+
Employees	*0%*
For Dependents	*0%*
% of Total Cost	*0%*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	51+
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*
Any ineligible industries?	*Dental Offices*
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+*

* *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

Lincoln Financial Group®

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*MyLincolnNevada@LFG.com* *(833) 261-3816*
All Renewal info and questions	*Patrick.Hopkins@lfg.com* *Stacey.Obee@lfg.com*
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 HMO Counties	*N/A*
Nevada PPO Counties	*All*
Nevada Indemnity Counties	*All*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, for our PPO product.*
What is the minimum percentage of employees required in NV?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*For PPO, all states are allowed.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*PPO and Indemnity is 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)?	*Combination of both/Blended - rates are not separate*
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*

Lincoln Financial Group®

Lincoln Financial Group®

RATING INFORMATION

Group Size	*100+ lives*
Rate Guarantee	*1 year guarantee, renewal rates caps*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	100+
Employees	*0*
For Dependents	*0*
% of Total Cost	*0*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100+
Employees	*25%*
Dependents	*0%*
NON-CONTRIBUTORY	
Employees	*100% of Eligible Employees*
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	*100+ 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

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

Nippon Life Benefits®

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*

Nippon Life Benefits®

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*50%*
For Dependents	*No Minimum*
% of Total Cost:	*No Minimum*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
Employees	*25%*
Dependents	*No Minimum*
NON-CONTRIBUTORY	
Employees	*25%*
Dependents	*No Minimum*

OUT-OF-NETWORK CLAIM ADJUDICATION

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

COVERAGE REQUIREMENTS

Are commission-only 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 for union groups*
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

SPECIAL CONSIDERATIONS

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	*Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics*
For Dependents	
% of Total Cost	

PARTICIPATION

CONTRIBUTORY

	Group Size
Employees	*Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics*
Dependents	

** Must meet participation requirement*

NON-CONTRIBUTORY

Employees	*Group size, participation, and minimal enrollment guidelines will apply as necessary by case specifics*
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

HMO	*N/A*
PPO	*UCR & MAC*

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*Cannabis companies, PEOs, Employee Leasing Firms, and temp agencies*
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	*Regardless of carve out, the entire policy must follow our standard participation guidelines.*

* *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)*
Licensing	*askunum@unum.com*

NEVADA COVERAGE

Nevada PPO Counties	*All Counties*

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes*
What is the minimum percentage of employees required in NV?	*The greater of 2 enrolled lives, 20% minimum participation, or the quoted participation.*
What states are allowed (or not allowed) for out-of-state coverage?	*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? (and separate rates)?	*Rates for all employees, whether in or out of state, are based upon the home zip code of the eligible employees.*
Any other rules, restrictions, or guidelines not mentioned	*N/A*

DUAL OPTION (MIX & MATCH)

Available upon request

PROVIDER NETWORKS

PPO Network	*Unum/Starmount Network*

RATING INFORMATION

Group Size	*2+*
Rate Guarantee	*1 year standard. 2 years available upon request for 10+ enrolled groups with a rate load*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2+ enrolled lives
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	2+ enrolled lives
Employees	*2+ enrolled lives*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*2+ enrolled lives*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

80th, 90th, and MAC

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes,*
Are 1099 employees allowed?	*Yes—with underwriting approval*
Any ineligible industries?	*Dental Clinics and Dental Labs*
Virgin groups eligible?	*Yes*
Wage & tax reports required?	*No*

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	*Minimum 30 hours per week eligibility, standard*
Management/Non-management?	*Minimum 30 hours per week eligibility, standard*
Union/Non-union?	*N/A*
Minimum group size	*2+ 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

Unum provides takeover credit to those enrolled on the current plan

SPECIAL CONSIDERATIONS

Unum's Second or Third Trimester Prophylaxis Benefit covers one additional cleaning 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	Ameritas	BEST Life and Health Insurance Company	Camden Insurance Affiliate of Vision Plan of America	Companion Life
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*Account Manager*	*Contact support@gotodais.com* *Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.*	*BEST Life and Health Insurance.* *Phone: 800-433-0088* *Fax: 208-893-5040* *Email: cs@bestlife.com*	*213-616-0640*	*Email clife.renewals@companiongroup.com*
Deadline for submission of group level renewal changes & their effective date?	*10 business days prior to the effective date*	*By the end of the renewal month.*	*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.*	*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.*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*Due by the last day of the month of their effective date. Form must be signed, dated and received.*	*Within 30 days of qualifying event.*	*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.*	*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.*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Broker would access Producer World broker portal. www.aetna.com*	*Broker may Call Ameritas Agent Services to be set up on Ameritas Broker Portal for Access 855-517-5307 Option 4*	*Yes - Broker Portal at: https://www.bestlife.com/brokers To register, call 800-433-0088.*	*No*	*Brokers can reach our service team at c.life@companiongroup.com for adds and terms. Brokers can request access to our portal.*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Online or emailing take about the same time, processing times can vary depending on volume.*	*Online when group is registered*	*Online Broker Portal: https://www.bestlife.com/brokers*	*All: info@visionplanofamerica.com, 213-384-0084 (fax), 213-616-0640 (phone)*	*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.)**	*Request from Account Manager*	*Contact support@gotodais.com* *Send Renewing Group Name and Broker Name and Zip Code. Assigned Ameritas Rep will call broker to assist.*	*Email: cs@bestlife.com*	*Call us at 213-616-0640 or email Erick@theCamden.com*	*Email clife.renewals@companiongroup.com*
How far in advance do these receive their renewal material - Groups? Broker?	*60 days*	*At least 90 days*	*30 to 60 days in advance – Depending on the State of the Employer.*	*30-60 days or earlier upon request*	*3 months in advance*

RENEWAL INFORMATION - VISION

	Guardian	Humana	Lincoln Financial Group	Nippon Life Benefits	VSP
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	*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*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*800-216-6248 option 4*
Deadline for submission of group level renewal changes & their effective date?	*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.*	*Plan changes can be made through out the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.*	*Contact your Word & Brown representative*	*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*
Deadline for submission of employee/ dependent renewal changes & their effective date?	*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.*	*Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.*	*Contact your Word & Brown representative*	*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*
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	*Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.*	*www.humana.com*	*Yes Note: In order for broker to have access to adds/ terms, the group must be registered on Lincoln4Benefits.com and give their broker access.*	*Yes via Employer Portal, but must be approved by group*	*Yes, if authorized by the client, brokers can access membership to make updates. Vsp.com or 800.216.6248 option 2*
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	*Brokers can access Guardian Anytime (guardiananytime.com) for any renewal changes*	*Email*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*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.)**	*Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.*	*Molly Zwettler mzwettler@humana.com*	*Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com*	*Contact assigned Account manager 844-486-8471*	*vspwestern@vsp.com*
How far in advance do these receive their renewal material - Groups? Broker?	*Groups will receive their renewals in accordance with the timeframes set forth by the state requirements*	*60 days*	*Typically 60 days*	*60 days*	*90 days*

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CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*877-238-6200 (Spanish - Option 4)*
Commissions	*877-238-6200*
Claims	*P.O. Box 14094* *Lexington, KY 40512* *1-877-973-3238*

NEVADA COVERAGE

Nevada HMO Counties	*N/A*
Nevada PPO Counties	*www.aetnavision.com*
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?	*No minimum*
What states are allowed (or not allowed) for out-of-state coverage?	*Call your Word & Brown representative*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*All Plans are offered*
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	*Vision has book rates for the entire 2-100 book of business.*
Any other rules, restrictions, or guidelines not mentioned	*None*

PROVIDER NETWORKS

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

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RATING INFORMATION

Group Size	*2+*
Rate Guarantee	*4 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2+
Employees	*N/A*
For Dependents	*N/A*
% of Total Cost	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	2+
Employees	*N/A*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*N/A*
Dependents	*N/A*

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

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*No*
Any ineligible industries?	*Yes—if written standalone. Ineligible industries waived with prior employer-sponsored coverage*
Virgin groups eligible?	*Yes*
Wage & tax statements required?	*No*

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

Ameritas
fulfilling life.

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*	
Licensing, Compensation & Commissions	*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 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*

Ameritas
fulfilling life.

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	3+
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

BEST Life™

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™

BEST Life and Health Insurance Company

BEST Life™

BEST Life and Health Insurance Company

RATING INFORMATION

Group Size	*5+*
Rate Guarantee	*1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available*
Rates Vary by Industry?	*No*

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

CONTRIBUTORY	
	Group Size
	5+
Employees	*20% participation of eligible employees.* *On groups where employer contributes 100% requires 100% participation of eligible employees.*
Dependents	*N/A*
NON-CONTRIBUTORY	
Employees	*60% participation of eligible employees.* *On groups where employer contributes 100% requires 100% participation of eligible employees.*
Dependents	*N/A*

OUT-OF-NETWORK CLAIM ADJUDICATION

Claims payments are based on a per service maximum

COVERAGE REQUIREMENTS

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

CARVE OUTS*

Exclusions allowed by carrier:

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

* *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 waiting periods.

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 premium with purchase of vision and/or life.

Voluntary groups that can demonstrate a 61% participation or greater employee enrollment rate will be eligible to receive the lower Employer Contributory rates as a reward

CIA

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*

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*

CIA

The Camden Insurance Agency
An affiliate of Vision Plan of America

RATING INFORMATION

Group Size	*Employer Sponsored - 5* *Voluntary - 1*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*No*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

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

PARTICIPATION

CONTRIBUTORY	
	Group Size
	Employer Sponsored - 5 *Voluntary - 10*
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	*Employer Sponsored - 5* *Voluntary - 10*

* *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.

Companion Life

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*

Companion Life

Companion Life®

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 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

Guardian®

CONTACT INFORMATION

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

NEVADA COVERAGE

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

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	*Yes, our Vision plans offer nationwide coverage. Plans may be quoted to include out-of-state employees.*
What is the minimum percentage of employees required in NV?	*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.*
What states are allowed (or not allowed) for out-of-state coverage?	*Not applicable; however, plan design is based on employer location, so some state variations may apply.*
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	*There are some limitations and variations on what we can offer depending on the specific state regulation.*
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	*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.*
Any other rules, restrictions, or guidelines not mentioned	*Benefits are quoted based on state requirements.*

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	*Guardian offers our Guardian Vision network as well as VSP and Davis Vision*

Guardian®

Guardian®

RATING INFORMATION

Group Size	*51-999*
Rate Guarantee	*1 year*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	51-999
Employees	*No limitations*
For Dependents	*No limitations*
% of Total Cost	*No limitations*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	51-999
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	*51+*
Rate Guarantee	*2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	51+
Employees	*0%*
For Dependents	*0%*
% of Total Cost	*0%*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	51+
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

None

SPECIAL CONSIDERATIONS

None

Humana

Lincoln Financial Group®

CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	*MyLincolnNevada@LFG.com* *(833) 261-3816*
All Renewal Info and Questions	*Patrick.Hopkins@lfg.com* *Stacey.Obee@lfg.com*
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	*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?	*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?	*Combination of both/Blended*
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*

Lincoln Financial Group®

Lincoln Financial Group®

RATING INFORMATION

Group Size	*100+ Lives*
Rate Guarantee	*1 year or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	100+
Employees	*0%*
For Dependents	*0%*
% of Total Cost	*N/A*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	100+
Employees	*0*
For Dependents	*0*
NON-CONTRIBUTORY	
Employees	*0*
For Dependents	*0*

OUT-OF-NETWORK CLAIM ADJUDICATION

Must pay out of pocket and file claim for reimbursement

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	*Yes*
Any ineligible industries?	*No*
Virgin groups eligible?	*Yes*

CARVE OUTS*

Exclusions allowed by carrier

Hourly/Salary?	*Yes*
Management/Non-management?	*Yes*
Union/Non-union?	*Yes*
Minimum group size	*100+*

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

Nippon Life Benefits®

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*

Nippon Life Benefits®

RATING INFORMATION

Group Size	*101+*
Rate Guarantee	*1 or 2 years*
Rates Vary by Industry?	*Yes*

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	101+
Employees	*50*
For Dependents	*0*
% of Total Cost	*0*

PARTICIPATION

CONTRIBUTORY	
	Group Size
	101+
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

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?	*VSP is not based on % enrollment:* • *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*

RATING INFORMATION

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

PLAN ELIGIBILITY REQUIREMENTS

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 thru 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.*

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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	*Berkshire Hathaway Guard* *P.O. Box 1368* *Wilkes-Barre, PA 18703*
Workers' Compensation Claims	*Berkshire Hathaway Guard* *1-888-639-2567* *https://www.guard.com*
Customer Service	*COMPNET Insurance Solutions, Inc.* *1-833-266-7638* *info@compnet-insurance.com*
Broker Relations	*COMPNET, David Bedard* *dbedard@compnet-insurance.com* *1-833-266-7638*
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**	*For online payments, call: 800-673-2465 or go to: https://www.guard.com*
To submit a workers' compensation claim, documentation should include the following information	• *When calling, both the employer AND employee should jointly make the call whenever possible* • *The whole process should take about 15 minutes, and we do all the paperwork!* • *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*
For instant workers' compensation quoting	*https://www.wordandbrown.compnet-insurance.com*


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(266.7638)
1.833.COMPNET
info@compnet-insurance.com

EVOLVED BENEFITS

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 TEBcsproducers@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

EVOLVED BENEFITS

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

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

Minimum Employer Contribution

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

PARTICIPATION

Contributory

	Group Size		
	TransConnect	**TransChoice**	**SBMA MEC**
Employees	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*25 lives*
Dependents	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*N/A*
Non-Contributory			
Employees	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*25 lives*
Dependents	*Less than 100 eligible employees: 50% enrolled. 100+ eligible EEs: 25% enrolled.*	*10 Enrolled*	*N/A*

EVOLVED BENEFITS

COVERAGE RESTRICTIONS

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

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**	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
	Medical/Durable Medical Equipment Benefit*						
TransChoice	**Rx Drug Benefit**	*Insulin only*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
	Medical/Durable Medical Equipment Benefit*	*N/A*					
SBMA MEC	**Rx Drug Benefit**	*Generic only*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
	Medical/Durable Medical Equipment Benefit*	*N/A*	*Not covered*	*Not covered*	*Not covered*	*Not covered*	*Not covered*

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	*N/A*	*Yes*	*N/A*
TransChoice	*N/A*	*No*	*N/A*
SBMA MEC	*N/A*	*N/A*	*N/A*

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.

EVOLVED BENEFITS

CONTACT INFORMATION

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

Teladoc HEALTH

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.

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Teladoc HEALTH

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®)**.

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
- Stress & Anxiety
- Grief
- Adolescent Behavior
- Depression
- Legal & Financial
- Substance Abuse
- Job-related issues
- 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

Mailing Address	*Aflac Worldwide Headquarters* *1932 Wynnton Road* *Columbus, GA 31999*
Claims	*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*
Customer Service	*800-992-3522* *Email Customer Service:* *https://www.aflac.com/contact-aflac/contact-customer-service.aspx*
Broker Relations	*877-772-3522*
Where do I mail my payment, including overnight payments?	*Mail payments to:* *Aflac* *1932 Wynnton Road* *Columbus, GA 31999* ***Please include your Aflac account/policy number on your check or money order.***
To submit a claim, documentation should include the following information:	• *Provider's name* • *Provider's address and phone number* • *Policyholder's Information* • *Patient Information* • *Dates of Service* • *Diagnosis* • *Specific treatment received from the provider*
ONE DAY PAY℠	*Many claims are processed in just one day. For more information, visit: https://www.aflac.com/onedaypay.* *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.*
Service Request	*Use the Aflac Group Service Request Form to request any of the following:* *a. Beneficiary Change* *b. Name Change* *c. Address Change* *d. Ownership transfer* *e. A copy of your certificate* *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.* *You are also welcome to mail the Service Request Form to:* ***Continental American Insurance Company*** ***Post Office Box 84075*** ***Columbus, GA 31993*** *You can also access these Aflac Group Additional Forms:* *a. Authorization to Obtain Information Form* *b. Direct Deposit of Claims Payment Form* *c. Waiver of Premium Form*

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.

Colonial Life

The benefits of good hard work.

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	*Online: ColonialLife.com* *Log in and click on Contact Us* *Telephone: 1-800-325-4368* *Hearing-impaired customers: 803-798-4040* *If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105*

Voluntary benefits portfolio

Colonial Life
The benefits of good hard work.®

Choices to protect what you've worked so hard to build

Each individual's lifestyle and needs are different from the next. Voluntary benefits from Colonial Life – on both an individual and group platform – offer a broad range of financial protection options for employees and their families. Many can also help businesses combat the rising costs of health care.

Disability Insurance

- **Disability 1000** – An individual short-term disability insurance product that replaces a portion of income. Disability 1000 provides on/off-job or off-job only accident and sickness coverage. This product includes a partial disability benefit, portability, worldwide coverage and waiver of premium. Guaranteed-issue and simplified-issue options are available.
- **Group Disability** – A voluntary group short-term disability product that allows employers to tailor plan options to fit their business needs. The policy provides on/off-job or off-job only accident and sickness coverage, and includes features such as partial disability, portability and waiver of premium. It also offers optional benefits such as Psychiatric and Psychological Conditions and Waiver of Elimination Period for First Day of Hospital Confinement. Guaranteed-issue and simplified-issue options are available.

Life Insurance

- **Term Life 1000** – An individual term life insurance product that offers three level term options (10-, 20- and 30-year), level death benefits, family coverage and guaranteed rates. It is guaranteed renewable to age 95 and convertible to age 75.
- **Group Term Life** – A group term life insurance product with flexible benefit designs. The product offers guaranteed-issue underwriting at initial enrollment with group rates. It is portable and convertible under certain conditions. Employer- and employee-paid options provide flexibility and allow employees to purchase additional coverage at group rates.
- **Universal Life 1000** – An individual universal life product with flexibility that allows an employee to adapt to changing needs by varying face amounts and premiums. It also provides optional Long-Term Care Rider and Restoration of Benefits Rider at an additional cost.
- **Whole Life 1000** – A permanent whole life insurance product that provides guaranteed level premiums, guaranteed cash values and a guaranteed death benefit as long as premiums are paid when due and no loans are taken. Guaranteed-issue and simplified-issue options are available, as well as an optional Long-Term Care Rider at an additional cost.

Spouse and eligible dependent children coverage is available with all life products.

*Cancer 1000 will no longer be available for sale in states where Cancer Assist is approved.

** Medical Bridge 3000 will no longer be available for sale in states where Individual Medical Bridge is approved.

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states. See your benefits representative for complete details.

Disability Insurance

Short-Term Disability

- Disability 1000
- Group Disability

Life Insurance

Term Life

- Term Life 1000
- Group Term Life

Universal Life

- Universal Life 1000
  – Long-Term Care Rider
  – Restoration of Benefits Rider

Whole Life

- Whole Life 1000
  – Long-Term Care Rider

Dental Insurance

- Individual Dental

Accident Insurance

Accident

- Accident 1.0
- Accident Care
- Public Sector Accident Care
- Group Accident

Special Risk Insurance

Cancer and Critical Illness

- Cancer Assist or Cancer 1000*
- Critical Illness 1.0
- Group Cancer 1000
- Group Critical Illness 1000
- Group Critical Care

Supplemental Health Insurance

Hospital Confinement Indemnity

- Individual Medical Bridge℠
- Medical Bridge℠ 3000**
- Group Medical Bridge℠

WBCompliance

Get the Compliance Help You and Your Clients Need

Our Team Makes Complicated Compliance Issues Simple

Introducing the WB*Compliance* 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.**

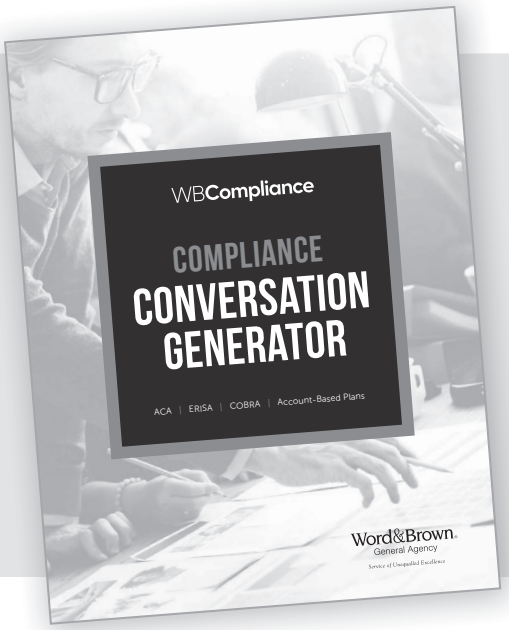
Continued on next page →

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.

Northern California 800.255.9673 | **Inland Empire** 877.225.0988 | **Los Angeles** 800.560.5614 | **Orange** 800.869.6989 | **San Diego** 800.397.3381 | **Nevada** 800.606.4996

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.

Northern California 800.255.9673 | **Inland Empire** 877.225.0988 | **Los Angeles** 800.560.5614 | **Orange** 800.869.6989 | **San Diego** 800.397.3381 | **Nevada** 800.606.4996

WB.092018.1.21

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

Word&Brown®

Nevada | 7201 West Lake Mead Blvd., Suite 220 | Las Vegas, NV 89128 | 800.606.4996