

HEALTH | DENTAL | VISION

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LARGE
GROUP**

SUMMER 2020

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HEALTH PLAN REFERENCE GUIDE

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

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TO OUR BROKERS:

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

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

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

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

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

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

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

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

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

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

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

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-Avesis¹		
Vision	51+	10%
Cigna		
Medical	Group size varies by plan	5% Standard (negotiable)
Dental	51-250	10% (negotiable)
Vision	51-250	10%
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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
E.D.I.S. (Cont.)		
EDHP Hybrid, RBP and Buy Up Plans	51+	\$6 PEPM, and the below % of both the specific and aggregate premium. <ul style="list-style-type: none"> • 8% if spec deductible is \$10,000 • 9% if spec deductible is \$20,000 • 10% if spec deductible is \$30,000 or higher
EDHP MVP Plan	51+	\$10 PEPM
MEC Plans	51+	\$5 PEPM
Evolved Benefits¹		
Staff Benefits Management and Administrators (SBMA)	101+	Basic MEC = \$10 Virtual MEC = \$10 MEC Excel = \$15 MEC 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
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%
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%
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%

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.

(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.

CARRIER / PLAN	GROUP SIZE	COMMISSION
Principal (Cont.)		
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.
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%
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 \$500,000 - .35%

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
HMO to HMO Deductible Credit?	Yes	No	*Yes	N/A	N/A	Yes
PPO to PPO Deductible Credit?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	Yes
HSA to HSA Deductible Credit?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	Yes
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
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
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
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
Prior Carrier Deductible Credit Given?	Yes	Yes	*Yes	Yes	Yes, on plans with a calendar year deductible.	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
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.
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

*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 \$500 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.	\$6,900 maximum HDHP deductible (single) \$13,800 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.	\$3,550 max. contribution (single)*** \$7,100 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	WageWorks	WageWorks	WageWorks, health insurance carrier, bank, TPA
Non-Medical Withdrawals	No	No	Taxable and subject to 20% penalty (no penalty if age 65 or older or disabled as defined by Code Section 72)

QUALIFYING EXPENSES UNDER AN FSA, HRA, OR HSA

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

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

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

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

QUALIFYING MEDICAL EXPENSES

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

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

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

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

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

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

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

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

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

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

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

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

****OTC medicines and drugs require a doctor's prescription to be eligible for reimbursement under a health FSA, HRA, or HSA. A list of eligible expenses is online at www.wageworks.com.

BILLING CYCLES

Carrier	Date of Billing	Due Date	Termination Date
Aetna	<i>15th of the prior month</i>	<i>1st of the month</i>	<i>End of the month</i>
Anthem Blue Cross Blue Shield	<i>1st of the prior month</i>	<i>1st of the month</i>	<i>End of the month</i>
Cigna	<i>10th of month</i>	<i>20th of month</i>	<i>30 days after due date. No grace period on ASO</i>
E.D.I.S.	<i>25th of the prior month</i>	<i>10th of the month</i>	<i>End of the month</i>
National General	<i>10th of the month</i>	<i>Month end</i>	<i>30 day grace period after the due date</i>
Prominence Health Plan	<i>15th of the prior month</i>	<i>1st of month</i>	<i>30 days after due date</i>

BROKER OF RECORD CHANGE REQUIREMENTS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
Need original Broker of Record change letter on company letterhead or copy ok?	<i>Copy</i>	<i>Copy</i>	<i>Copy of letterhead is fine</i>	<i>Copy</i>	<i>Copy is o.k.</i>	<i>Copy</i>
Send Broker of Record change letter to (dept name + fax # or mailing address)	<i>Account Client Manager Team: 1-844-775-0317 or 1-844-250-9110 (fax) or westclientmanagement@aetna.com</i>	<i>Broker Support 888-445-9236 Broker Support Email: nvsbroker@anthem.com</i>	<i>Assigned Cigna sales representative</i>	<i>Broker Services 888-886-7973</i>	<i>Email (strongly preferred): sflicensing@ngic.com Mail to: National General Benefits Solutions Group Retention-3rd Floor 501 W. Michigan St. Milwaukee, WI 53203</i>	<i>Sales Support 888-840-9080 or PHPSalesTeam@uhsinc.com</i>
Turn around time for processing this change	<i>7-10 business days</i>	<i>2 Weeks</i>	<i>7-10 business days</i>	<i>7-10 days (10 day rescission period)</i>	<i>On average 60 days, unless the group is in their first plan year</i>	<i>1 Week</i>
Does carrier notify existing broker of this requested change?	<i>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</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	<i>1st of the month following receipt</i>	<i>1st of the month following receipt of the letter</i>	<i>1st of month following receipt of letter</i>	<i>1st of following month</i>	<i>For new groups, the new BOR change will not be in effect for commissions until the group has reached their first anniversary. Otherwise, we need 60 days notice</i>	<i>1st of month following date received</i>
Is prior agent vested? If yes, how long?	<i>No</i>	<i>No</i>	<i>Contact your Word & Brown representative</i>	<i>No</i>	<i>No</i>	<i>No</i>

2020 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 9.78% for 2020.)
- 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 Marketplace plan, collect accurate DOBs for dependents under age 21 due to child rating structure effective 2018

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 \$2,750 limit for 2020 and specify either FSA grace period or \$500 carryover provision
- 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 1/31/2021 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
Are new hires rated by their age at the time their group became effective or by their age at the time the new hire is added to the plan?	<i>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.</i>	<i>51+ not applicable, composite rating</i>	<i>N/A, composite rating</i>	<i>Contact your Word & Brown representative</i>	<i>New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.</i>	<i>For large groups this isn't applicable.</i>
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?	<i>The group must be located within the product service area in order for employees to enroll on a plan.</i>	<i>No</i>	<i>Depends on product. Discuss with your Cigna rep.</i>	<i>Contact your Word & Brown representative</i>	<i>A blended rate is provided to the group which incorporates all employees. If however the employer elects a different network for that service area, then another plan can be set up in which unique rates for that plan choice is provided Employees in the selected service area will be rated based on the rates of the selected network chosen which will be based on gender & age.</i>	<i>We do allow area carve-outs of larger companies. The eligible membership is included in the rate, generally based on who is currently enrolled.</i>
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?	<i>The employee must live or work in the plan service area. Rates would be based on the employer ZIP Code.</i>	<i>Yes, employees who reside elsewhere are eligible to enroll in certain product lines.</i>	<i>Depends on product. Discuss with your Cigna rep.</i>	<i>Contact your Word & Brown representative</i>	<i>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</i>	<i>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.</i>
How do you handle quoting employers with multi-county zips?	<i>All rates are based on the employer's primary location.</i>	<i>All rates are based upon the employer's primary location.</i>	<i>We blend based on ZIP Codes of all employee locations.</i>	<i>Contact your Word & Brown representative</i>	<i>We utilize the ZIP in which the main office is located</i>	<i>The rates are blended.</i>

HEALTH PLAN COMPARISON - DOCTOR SELECTION & REFERRAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
How often can members change their Primary Care Physician (PCP)?	<p><u>HMO:</u> Anytime. Change must be requested by the 15th of the month to be effective the 1st of the following month</p> <p><u>HNO, OAMC & Indemnity:</u> No PCP selection is required</p>	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.
Can family members each choose a PCP from a different IPA/ Medical Group?	Yes	Yes	N/A	N/A	Yes	Yes
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.
Express referral available?	No—see self-referral information above	N/A	Yes	No	No referrals are required to see a specialist.	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
<p>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?</p>	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.
<p>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.]?</p>	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

† 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
Doctor House Calls available through Heal™ or another provider of this type of service?	N/A	<i>HMO plans:</i> Yes, via Dispatch Health in certain ZIP Codes. <i>PPO plans:</i> Yes, via Dispatch Health in certain ZIP Codes.	<i>HMO plans:</i> No <i>PPO plans:</i> Yes, benefit depends on how billed by Heal	<i>HMO plans:</i> No <i>PPO plans:</i> No	<i>HMO plans:</i> N/A <i>PPO plans:</i> Teladoc	<i>HMO plans:</i> Telemedicine Dispatch Health in certain ZIP Codes <i>PPO plans:</i> Telemedicine Dispatch Health in certain ZIP Codes
Nurse's Hotline available?	<i>HMO plans:</i> Yes <i>OAMC plans:</i> Yes	<i>HMO plans:</i> Yes <i>PPO plans:</i> Yes	<i>HMO plans:</i> Yes, 24/7 <i>PPO plans:</i> Yes, 24/7	<i>HMO plans:</i> No <i>PPO plans:</i> No	<i>HMO plans:</i> N/A <i>PPO plans:</i> Teladoc	<i>HMO plans:</i> Telemedicine <i>PPO plans:</i> Telemedicine
For more Information:	Informed Health Line 800-556-1555					
Facetime/Skype Access to Doctor?	<i>HMO plans:</i> Yes <i>OAMC plans:</i> Yes	<i>HMO plans:</i> Yes <i>PPO plans:</i> Yes	<i>HMO plans:</i> Yes, 24/7 <i>PPO plans:</i> Yes, 24/7	<i>HMO plans:</i> No <i>PPO plans:</i> No	<i>HMO plans:</i> N/A <i>PPO plans:</i> Teladoc	<i>HMO plans:</i> Telemedicine <i>PPO plans:</i> Telemedicine
For more Information:	Teladoc 855-935-2362 Teladoc.com/Aetna					
Email Access to Doctor?	<i>HMO plans:</i> N/A <i>OAMC plans:</i> N/A (At the discretion of the provider.)	<i>HMO plans:</i> At provider discretion <i>PPO plans:</i> At provider discretion	<i>HMO plans:</i> Not through CIGNA <i>PPO plans:</i> Not through CIGNA	<i>HMO plans:</i> No <i>PPO plans:</i> No	<i>HMO plans:</i> N/A <i>PPO plans:</i> Teladoc	<i>HMO plans:</i> Telemedicine <i>PPO plans:</i> Telemedicine
Any other alternative health care delivery service you offer?	N/A	<i>HMO plans:</i> N/A <i>PPO plans:</i> N/A	<i>HMO plans:</i> N/A <i>PPO plans:</i> N/A	<i>HMO plans:</i> No <i>PPO plans:</i> Yes	<i>HMO plans:</i> N/A <i>PPO plans:</i> Teladoc	<i>HMO plans:</i> Telemedicine <i>PPO plans:</i> Telemedicine
For more Information:	Contact your Word & Brown representative	Contact your Word & Brown representative	Contact your Word & Brown representative	CallADoc for more information contact E.D.I.S. at 888-886-7973	Contact your Word & Brown representative	Contact your Word & Brown representative

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

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

HEALTH PLAN COMPARISON - OPTIONAL BENEFITS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
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
Life	Available	Yes	Available	Available	N/A	Not Available
Speech Therapy	Contact your Word & Brown representative	Yes—with limitations—see COC	Subject to specialist copy. 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

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
If generic available, and doctor has not indicated "dispense as written," will member receive a generic equivalent rather than a brand name drug?	<i>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.</i>	<i>Based on plan sold</i>	<i>Varies</i>	<i>No</i>	<i>Yes</i>	<i>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.</i>
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay amount?	<i>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.</i>	<i>Based on plan sold</i>	<i>Yes</i>	<i>Yes</i>	<i>Regardless of whether the doctor or the patient requests the brand when there is a generic equivalent, the patient will receive the generic. If the doctor or patient wants the brand when a generic equivalent is available, they can do so but the customer will pay the brand name copay (if the plan chosen has an Rx copay) PLUS the difference between the brand and generic cost.</i>	<i>Yes. Plus the difference between the generic and the brand name cost.</i>
Does carrier use Rx formulary?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Are non-formulary drugs available?	<i>Yes—higher non-formulary copay applies</i>	<i>Not for our standard Essential Formulary. National Formulary available for customization.</i>	<i>Yes - higher non-formulary copay applies</i>	<i>Yes</i>	<i>Any drug not listed on the formulary is excluded and not covered.</i>	<i>Contact your Word & Brown representative</i>
Mail Order	<i><u>HMO:</u> 2.5 x retail copay - 90 day supply available</i> <i><u>HNO & PPO plans:</u> 2.5X retail copay - 90 day supply available</i> <i><u>Indemnity:</u> Varies. Contact your Word & Brown representative</i>	<i>Yes</i>	<i>2.5x retail 90 day supply is standard but varies by plan</i>	<i>Yes</i>	<i>90 day supply</i>	<i>Yes—also available at retail pharmacy.</i>

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
Composite Rates	<i>Yes—for enrolled groups of 51 or more eligible.</i>	Yes	Yes	<i>Yes 4 Tier</i>	Yes	Yes
Use Employer or Employee ZIP Code?	<i>Employer ZIP Code for product network availability only.</i>	<i>Employer ZIP Code</i>	<i>Employee ZIP Code for product network availability only.</i>	<i>Employee</i>	<i>Employer</i>	<i>Employee ZIP Code</i>
How are New Hires rated?	<i>New Hire rates will be based on the member's age at the member's enrollment date.</i>	<i>Based upon enrollment tier of composite rates. No age factors.</i>	<i>New hires are eligible to join the existing plans/ rates. If enrollment shifts by +/- 10%, Cigna reserves the right to rerate.</i>	<i>New Hire rates will be based on the member's age at the member's enrollment date</i>	<i>New hires would pay the same tiered rate as other employees. They are not charged a different rate based on their age.</i>	<i>New hires rated as everyone else (tiered rates)</i>
How are out-of-state employees rated?	<i>Same rates as In-State Employees</i>	<i>Employer ZIP Code. However, for larger groups it can come into play for Blue card Fees.</i>	<i>By ZIP Code</i>	<i>Employee Specific Rating (based on where the employee is located)</i>	<i>It is a blended rate</i>	<i>By ZIP Code</i>
Wage & Tax statement required?	No	<i>Not required for groups 51+</i>	No	Yes	<i>Yes, we do require a quarterly contribution/ wage report for each employer from their respective state(s).</i>	<i>Required upon sale if participation is in question</i>
Payroll records OK if no Wage & Tax Reports?	<i>Yes—minimum 2 weeks</i>	<i>Not required for groups 51</i>	No	Yes	<i>If none filed, yes and may require additional documents.</i>	No
Is a prior booklet required?	No	No	No	No	No	No
Is prior billing required?	No	No	<i>Prior bill is required if group is less than 50 eligible.</i>	Yes	Yes	No

HEALTH PLAN COMPARISON - RATES & DOCUMENTS

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
Must submit check with initial application?	<i>No for groups of 51-100</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes (or ACH Form)</i>
Make check payable to	<i>Aetna</i>	<i>Anthem Blue Cross Blue Shield</i>	<i>Cigna</i>	<i>E.D.I.S.</i>	<i>National General Insurance</i>	<i>Prominence Health Plan</i>
New in Business Minimum length of time in business?	<i>6 weeks</i>	<i>No minimum for 51+</i>	<i>No requirement. Will quote with 100% part. Rates are contingent upon final part.</i>	<i>No</i>	<i>No Minimum</i>	<i>6 weeks</i>
Payroll records required? If yes, how long?	<i>At least 2 weeks worth, if quarterly tax and wage not available.</i>	<i>No minimum for 51+</i>	<i>No</i>	<i>6 weeks</i>	<i>Yes, and they need to be current.</i>	<i>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.</i>
Copy of business license?	<i>No</i>	<i>Not required for 51+</i>	<i>No</i>	<i>No</i>	<i>Only if other documentation cannot be provided.</i>	<i>Newly formed groups only</i>
Other documents required?	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Depending on information provided it may be possible.</i>	<i>Contact your Word & Brown representative</i>

HEALTH PLAN COMPARISON - WRAP[†] REQUIREMENTS

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

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

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

	CREDITABLE	NON-CREDITABLE
Anthem Blue Cross Blue Shield		
Classic and Traditional BlueAdvantage HMO Deductible Plans		
BlueAdvantage HMO KD	■	
BlueAdvantage HMO KD Pathway Network	■	
BlueAdvantage HMO LD	■	
BlueAdvantage HMO LD Pathway Network	■	
BlueAdvantage HMO MD	■	
BlueAdvantage HMO MD Pathway Network	■	
BlueAdvantage HMO ND	■	
BlueAdvantage HMO ND Pathway Network	■	
BlueAdvantage HMO OD	■	
BlueAdvantage HMO OD Pathway Network	■	
BlueAdvantage HMO PD	■	
BlueAdvantage HMO PD Pathway Network	■	
BlueAdvantage HMO QD	■	
BlueAdvantage HMO QD Pathway Network	■	
BlueAdvantage HMO RD	■	
BlueAdvantage HMO RD Pathway Network	■	
BlueAdvantage HMO SD	■	
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	■	
Site of Service BluePreferred PPO, BlueAdvantage HMO and BlueAdvantage POS plans		
PPO		
BluePreferred PPO H	■	
BluePreferred PPO I	■	
BluePreferred PPO J	■	
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 18a	■	
Health Savings Account (HSA-Compatible) PPO Plan 18a 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		■
Consumer-driven Health BlueAdvantage HMO with HSA plans		
BlueAdvantage HMO HSA 16	■	
BlueAdvantage HMO HSA 16 Pathway Network	■	
BlueAdvantage HMO HSA 22	■	
BlueAdvantage HMO HSA 22 Pathway Network	■	
BlueAdvantage HMO HSA 26E	■	
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	■	
Multiple copay options available		

ONLINE SERVICES

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
	aetna.com	anthem.com	cigna.com	employerdriven.com	ngah-ngic.com	prominencehealthplan.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	●	●		<i>Depends on network</i>	●
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 

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
Are 2-life husband/wife groups eligible or will they be required to move to IFP?	<i>Yes—must have at least one enrolled W2 employee who is not an owner and not an owner's spouse.</i>	<i>N/A</i>	<i>No</i>	<i>N/A</i>	<i>They will be eligible</i>	<i>No</i>
Which groups do you recertify at renewal?	<i>Every year, a group receives an Employer Verification Form to complete. It is typically sent 6 months prior to renewal.</i>	<i>Based on underwriting review</i>	<i>Groups must certify their size at renewal</i>	<i>N/A</i>	<i>All groups are underwritten at time of renewal</i>	<i>Groups must certify their size at renewal</i>
Where does a broker go with questions about the group's renewal? Account Manager or 800 Number?	<i>Please call the Aetna Answer Team at 800-343-6101, Option 4.</i>	<i>Contact your Word & Brown representative</i>	<i>Each group has an assigned Client Manager located in Glendale, California</i>	<i>Renewal Department email: renewal@employerdriven.com Phone: 888-886-7973</i>	<i>The broker would work with the account manager.</i>	<i>Each group has an assigned Account Manager.</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	<i>Only changes can be processed through eBusiness via online through Producer World: https://www.aetna.com/producer_public/login</i>	<i>Yes, through Employer Access.</i>	<i>Yes, Cigna offers an online portal to all clients to complete these tasks. Website info is given at the time of sale.</i>	<i>Yes yourbenportal.com</i>	<i>No</i>	<i>Yes, brokers have online portal to all clients to complete these tasks. www.ProminenceHealthPlan.com</i>

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
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.
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.
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.
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@employerdriiven.com Phone: 888-886-7973	They can view/retrieve renewal offers online. In addition, they can contact their account manager.	PHPSalesTeam@uhsinc.com

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
Where does a broker get SBCs for renewal groups?	<i>SBCs can be obtained online through Producer World, or please call the Aetna Answer Team at 800-343-6101, Option 6.</i>	www.find-sbc.com	<i>SBC will be emailed once completed/audited.</i>	<i>SBCs can be accessed at yourbenportal.com or by calling Member Services at 888-886-7973.</i>	<i>They are provided with the reissue offer to the group</i>	<i>Contact your Account Manager or PHPSalesTeam@uhsinc.com</i>
Deadline for submission of group level renewal changes & their effective date?	<i>10 business days prior to the effective date</i>	<i>By the last business day of the renewal month (e.g. April renewal = last submission date for changes is Wednesday, April 30).</i>	<i>Any time prior to the effective date. 30 days notice is preferred.</i>	<i>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.</i>	<i>The day before the group's plan year begins</i>	<i>Any time prior to the effective date.</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>Due by the last day of the month of their effective date. Form must be signed, dated and received.</i>	<i>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.</i>	<i>Within 15 days of effective date is preferred.</i>	<i>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.</i>	<i>The day before the group's plan year begins</i>	<i>Any time prior to the effective date.</i>
Email address and/or fax number for submission of renewal change forms?	<i>No fax. Must be emailed to: enrollmentsgw@aetna.com or ppwestsg@aetna.com for Premier Producers.</i>	<i>Contact your Word & Brown representative</i>	<i>Contact group Client Manager through email.</i>	<i>Underwriting@employerdriven.com Fax: 559-635-6527</i>	<i>NGBSSelfFunded@ngic.com</i>	<i>PHPSalesTeam@uhsinc.com</i>

RENEWAL INFORMATION - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
Which submission method offers the fastest processing time for renewal changes?	<i>Send directly to: SWASGUnderwriting@Aetna.com or to the Aetna Answer Team at WestAAT@aetna.com.</i>	<i>Via employer access</i>	<i>Email or direct contact with Client Manager.</i>	<i>Email</i>	<i>Emailing</i>	<i>Email</i>
What changes are allowed at renewal?	<i>Please contact the Aetna Answer Team at 800-343-6101, Option 4.</i>	<i>Contact your Word & Brown representative</i>	<i>Group is allowed to change plan design options and/or funding type.</i>	<i>Group & member level changes</i>	<i>Plan benefits, network, specific deductible and enrollment changes.</i>	<i>Group is allowed to change plan design options</i>
Forms required?	<i>Please contact the Aetna Answer Team or the Account Manager</i>	<i>Yes, depending on what changes will determine the form needed.</i>	<i>At renewal, we have two forms. One is signing the renewal quote. The other is verifying the client's eligible employee count.</i>	<i>There may be forms required if making certain changes.</i>	<i>At renewal, we require the following:</i> <ol style="list-style-type: none"> <i>1. A signed renewal proposal</i> <i>2. Signed Business Associate Agreement</i> <i>3. Signed Administrative Services agreement.</i> 	<i>Yes, a renewal election form will be sent to the group 60 days prior to renewal.</i>
Can group add dental, vision or life at renewal, or can it be added anytime?	<i>Yes</i>	<i>Can be added at renewal or at any time.</i>	<i>Can be added anytime.</i>	<i>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</i>	<i>We currently don't offer these options</i>	<i>N/A</i>

UNDERWRITING REQUIREMENTS

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

UNDERWRITING APPOINTMENT REQUIREMENTS - MEDICAL

	Aetna	Anthem Blue Cross Blue Shield	Cigna	E.D.I.S.	National General	Prominence Health Plan
Licensing Required?	<i>No - for Quoting Yes - at the time of signature date of group submission</i>	<i>No—we like to have the licensing paperwork at the same time as a new submission, but we will begin processing new business if the broker is still working on the paperwork</i>	Yes	Yes	Yes	<i>No—but commissions will not be paid until appointed</i>
Will the Carrier hold the approval?	<i>No—but commissions will not be paid until appointed. Must be within 15 days of group's effective date</i>	No	<i>No—but commission will not be paid until appointed</i>	No	Yes	<i>No—but commissions will not be paid until appointed</i>
Requirements	<i>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</i>	<i>W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required</i>	<i>Copy of license is required DOI printout accepted</i>	<i>W-9 is required Copy of license is required DOI printout accepted Proof of E&O is required</i>	<i>W-9 is required DOI printout accepted</i>	<i>Online portal available. Contact PHPSalesTeam@uhsinc.com for access</i>
Check appointment status	<i>LAAU@aetna.com</i>	<i>Contact your Word & Brown representative</i>	<i>Sent once case is sold</i>	<i>Call Broker Services at 888-886-7973</i>	<i>sflicensing@ngic.com</i>	<i>Check online portal or contact PHPSalesTeam@uhsinc.com</i>
Ok To Send Licensing Without Case Submission?	<i>Yes - Broker should apply online via the following link at any time of the process: https://pangea.geninfo.com/Aetna/Apply/</i>	Yes	<i>Can be requested</i>	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?	<i>No—but commissions will not be paid until appointed</i>	No	No	<i>No—but commissions will not be paid</i>	<i>Our processing time is 2 to 3 business days.</i>
Requirements	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>Copy of license is required</i> <i>DOI printout accepted</i>	<i>Copy of license is required</i> <i>DOI printout accepted—but copy of license must be sent in</i>	<i>W-9 is required</i> <i>Copy of license is required</i> <i>DOI printout accepted</i> <i>Proof of E&O required</i>
Check appointment status	group_licensing@ameritas.com	cs@bestlife.com	phil@thecamden.com	agent.compliance@companiongroup.com	<i>Licensing and appointment is performed online. Please contact local Guardian representative for verification.</i>
Ok To Send Licensing Without Case Submission?	<i>Appointment paperwork can be submitted, but will not be processed until group is sold</i>	Yes	Yes	No	Yes

UNDERWRITING APPOINTMENT REQUIREMENTS - ANCILLARY

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

Tools to Help You Do Your Job Better

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

Underwriting Quick Reference Charts

<https://nv.wordandbrown.com/resources/Pages/Underwriting-Quick-Reference-Charts.aspx>

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>

Word&Brown®

MEDICAL



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.aetn navigator.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



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.



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



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.



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



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



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

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

Minimum Employer Contribution

	Group Size
	<i>Suggest 50%, however based upon ACA hourly and percentage requirements</i>
Employees	<i>50%</i>
For Dependents	<i>N/A</i>
% of Total Cost	<i>N/A</i>

PARTICIPATION

Contributory

	Group Size
	<i>51+</i>
Employees	<i>Contact your Word & Brown representative</i>
Dependents	<i>Contact your Word & Brown representative</i>

Non-Contributory

Employees	<i>Contact your Word & Brown representative</i>
Dependents	<i>Contact your Word & Brown representative</i>

COVERAGE RESTRICTIONS

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



CONTACT INFORMATION

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





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?	<i>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.</i>
Are 1099 employees allowed?	<p><i>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:</i></p> <ul style="list-style-type: none"> <i>No more than 25% of the groups' employees can be 1099 employees.</i> <i>1099 employees must be employed by the company full time and year round.</i> <i>All present and future 1099 employees are subject to the same eligibility requirements as taxed employees.</i> <i>The employee must contribute the same amount for 1099 employees as for all other employees qualifying under NRC 689C.</i> <i>The employer must have at least two taxed employees, with tax documents that verify the company is a valid business.</i> <i>The new group must include a list of all 1099 employees and a completed and signed 1099 contractor form.</i>
Are employees covered if traveling out of USA?	<i>Emergency only</i>
Is coverage available for out-of-state employees?	<i>Yes</i>
Max. percentage of employees residing out-of-state allowed	<i>No Max</i>

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?						
	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump[†]	Glucose Monitor[†]
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	<i>Generally under last drug tier</i>	<i>Depends on Drug</i>	<i>Typically through specialty Pharmacy network</i>

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

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

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



E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

CONTACT INFORMATION

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

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

PROVIDER NETWORKS

HMO Networks *N/A*

PPO Networks *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.*

CONTACT INFORMATION

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

PROVIDER NETWORKS

HMO Networks *None*

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

UNDERWRITING & ENROLLMENT REQUIREMENTS

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

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

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

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

FEES

Enrollment Fee Amount *\$0*

Type of Enrollment Fee *None*

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

24 HOUR COVERAGE

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

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

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

SPECIAL CONSIDERATIONS

N/A

PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	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

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

Prominence[®] Health Plan

PROVIDER NETWORKS

HMO Networks *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

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.*

Word&Brown®

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	Unum
Where does a broker go with questions about a group's renewal? (Account Manager or 800 number)?	<i>Brokers can contact their local Guardian Account Manager or they can access Guardian Anytime (guardiananytime.com) for a group's renewal.</i>	<i>Molly Zwettler mzwettler@humana.com</i>	<i>Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>Terri Lacoste: 602-651-2931</i>
Deadline for submission of group level renewal changes & their effective date?	<i>Contact your Word & Brown representative</i>	<i>The submission deadline is the 5th of the renewal month. The effective date is the 1st of the renewal month. Ex: 5/5/2020 submission deadline for a 5/1/2020 effective date.</i>	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date</i>	<i>Contact your Word & Brown representative</i>	<i>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.</i>
Deadline for submission of employee/dependent renewal changes & their effective date?	<i>Contact your Word & Brown representative</i>	<i>Member changes for open enrollment can be submitted 60 days prior to the renewal date and up to 30 days after the renewal date. All open enrollment changes are effective upon the renewal date. Members with a qualifying event must be enrolled within 30 days of the qualifying event date.</i>	<i>Plan changes can be made throughout the year through our amendment process. We usually deliver renewals 90 days in advance of effective date.</i>	<i>Contact your Word & Brown representative</i>	<i>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.</i>
Do brokers have online access for tracking renewal changes such as adds/terms? If so, please provide website info	<i>Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal.</i>	<i>Yes, www.humana.com</i>	<i>www.lincoln4benefit.com</i>	<i>Yes via Employer Portal, but must be approved by group</i>	<i>Yes, they have to request access per group</i>
Which submission method offers the fastest processing time for renewal changes? (phone, fax, email or online)?	<i>Brokers can access Guardian Anytime (guardiananytime.com) for any renewal changes</i>	<i>Email</i>	<i>Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>Email: askunum@unum.com</i>
How does a broker secure a copy of a missing renewal? <i>(If broker needs to contact Account Manager and these are assigned by broker location or group's region please provide contact information list by broker location or group region.)</i>	<i>Brokers can access Guardian Anytime (guardiananytime.com) for a group's renewal</i>	<i>Molly Zwettler mzwettler@humana.com</i>	<i>Patrick.Hopkins@lfg.com or Stacey.Obee@lfg.com</i>	<i>Contact assigned Account manager 844-486-8471</i>	<i>Terri Lacoste: 602-651-2931</i>
How far in advance do these receive their renewal material - Groups? Broker?	<i>Groups will receive their renewals in accordance with the timeframes set forth by the state requirements</i>	<i>60 days</i>	<i>Typically 60 days</i>	<i>60 days</i>	<i>60 days in Nevada.</i>

DENTAL BENEFITS COMPARISON

	Aetna	Ameritas	BEST Life and Health Insurance Company	Companion Life	E.D.I.S.
Are there any industries that are ineligible?	<i>Yes—when dental is sold standalone or packaged only with life. No ineligible industries when sold with medical.</i>	<i>Yes—Dental Offices, all marijuana related businesses</i>	<i>Yes—Dental Offices</i>	<i>Yes—Dental Offices and Clinics</i>	<i>Yes—SIC's: 8021 & 8111</i>
Are there any industries that receive an automatic rate load?	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
Is over age dependent verification required?	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
Maximum age/units	<i>Maximum age: 26</i>	<i>Maximum age: 26 (Follows state laws, can request special dependent age through Agent Services.)</i>	<i>Maximum age: 26</i>	<i>Maximum Age: 26</i>	<i>Maximum age: 26</i>
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	<i>No</i>	<i>Yes DMO: N/A</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	<i>N/A</i>	<i>Yes Waiting periods vary by plan: Type 3 0-12 month; Ortho 0-12 month</i>	<i>No restrictions—it is a true open enrollment</i>	<i>New employees are subject to a 12 month waiting period on Major and Ortho coverage</i>	<i>No</i>
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	<i>10-100: No—except voluntary plans</i>	<i>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</i>	<i>For groups of 100+ employees enrolling, there are no waiting periods for Major Services.</i>	<i>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.</i>	<i>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</i>
Are employees who reside outside of Nevada eligible?	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
Any state restrictions?	<i>Contact your Word & Brown representative</i>	<i>Groups situs in CA and NV</i>	<i>No state restrictions</i>	<i>No state restrictions</i>	<i>Contact your Word & Brown representative to determine any state restrictions</i>

DENTAL BENEFITS COMPARISON

	Guardian	Humana	Lincoln Financial Group	Nippon Life Benefits	Unum
Are there any industries that are ineligible?	<i>No, however some industries may require underwriter review.</i>	<i>Dental offices</i>	<i>Yes, Dental Offices, & Private Households</i>	<i>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 H0 approval.</i>	<i>Yes Dental Clinics and Dental Labs are not eligible industries</i>
Are there any industries that receive an automatic rate load?	<i>Rates are developed based on SIC codes, as well as other factors.</i>	<i>Rates are based on SIC codes, demographics and other factors</i>	<i>Law Firms, Medical Groups</i>	<i>SIC used in rating all groups</i>	<i>SIC Codes are used to determine appropriate loads or discounts, based upon related industries</i>
Is over age dependent verification required?	<i>Yes</i>	<i>Yes if over age 26</i>	<i>Yes</i>	<i>26</i>	<i>Yes</i>
Maximum age/units	<i>Up to age 26</i>	<i>Up to age 26</i>	<i>Age 26 is maximum</i>		<i>Full-time student required Maximum age: 26</i>
Do you offer Open Enrollment to DMO & DPO groups at their anniversary each year?	<i>Yes</i>	<i>Yes</i>	<i>Open Enrollment is available for PPO</i>	<i>Option available for Open enrollment</i>	<i>Open enrollments are allowed on DPO (PPO). A DMO product is not offered at this time.</i>
At Open Enrollment, do members have any restrictions (such as reduced benefits or a waiting period)?	<i>Restrictions vary based on quoted benefits</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>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.</i>
Is there a waiting period for major services for new hires (including Enrollees who initially waived the waiting period)?	<i>No</i>	<i>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.</i>	<i>Our PPO has several options for benefit waiting periods including no benefit waiting period.</i>	<i>Late entrant 24 months Timely entrant 12 months. There is a buy up to reduce or remove these with 5 or more lives.</i>	<i>This depends on whether the group selects a plan with waiting periods on major or ortho services.</i>
Are employees who reside outside of Nevada eligible?	<i>Our PPO Network includes nationwide coverage. Group plans are based on the situs state of the planholder and would apply to all members.</i>	<i>Yes</i>	<i>Yes, for our PPO</i>	<i>Yes</i>	<i>Yes</i>
Any state restrictions?	<i>Contact your Word & Brown representative</i>	<i>No</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>	<i>Contact your Word & Brown representative</i>

DENTAL BENEFITS COMPARISON

	Aetna	Ameritas	BEST Life and Health Insurance Company	Companion Life	E.D.I.S.
Do you offer Orthodontic Coverage?	<i>Orthodontic coverage is included for groups 10 or more eligible employees and is available for dependent children only</i>	<i><u>Employer-sponsored PPO/Indemnity:</u> Child only up to age 19. <u>Voluntary PPO and Indemnity:</u> Child only up to age 19. Ortho available when 3 or more employees with children enroll for benefit on Ameritas First Plans.</i>	<i><u>Employer-Sponsored or Voluntary for PPO/Indemnity:</u> Adult: Available for Employer Paid groups of 25+ enrolling \$1,000 lifetime maximum per patient Child: Available for groups of 5+ enrolling \$1,000 and \$1,500 lifetime maximum per patient</i>	<i>Yes, available on all dental options. 750, 1000, 1500, and 2000. Options for Child and adult ortho</i>	<i>Available on plans \$1000, \$1500 & \$2000</i>
Do any of your plan cover/ include a discount for implants?	<i>No</i>	<i>Discounts for non-covered procedures may apply in network.</i>	<i>PPO & Indemnity - Mid & High Plans</i>	<i>2-9: No <u>Voluntary/10+:</u> Yes, implants are included in major services</i>	<i>No</i>
Do any of your plans cover/ include a discount for teeth whitening?	<i>No</i>	<i>Discounts may apply in network</i>	<i>Discounts may apply in network.</i>	<i>No</i>	<i>No</i>
Are 1099 employees eligible?	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>Yes—if they work full-time for one employer</i>
Out of Network Claim Adjudication	<i>80% or 90% of UCR</i>	<i>Ameritas First Plans: 1100 Plan, PPO Fee Schedule 1600 Plan, PPO Fee Schedule 1600 Incentive Plan, AVG UCR 2100 Plan, AVG UCR</i>	<i>90th or 80th UCR or MAC</i>	<i>90% is standard; 80% can be an option</i>	<i>80th percentile of UCR</i>

DENTAL BENEFITS COMPARISON

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



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



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 Ortho 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





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	<i>Voluntary:</i> No minimum contribution. <i>Employer Sponsored:</i> 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. 800-433-0088 P.O. Box 890 Fax 208-893-5040 Meridian, ID 83680 Email: cs@bestlife.com
Add-ons/Terminations	Fax: 949-724-1603 Email: changes@bestlife.com or Online Broker Portal: https://www.bestlife.com/brokers
Sales and Product Information	Phone: 800-237-8543 Quote Request: quotes@bestlife.com Website: www.bestlife.com
Broker Relations	Phone: 800-237-8543

NEVADA COVERAGE

Nevada 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.ddspgo.com DenteMax (National) www.dentemax.com Please note: BEST Life offers access to both networks for PPO and Indemnity plans
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BEST Life and Health Insurance Company

RATING INFORMATION

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

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

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

PARTICIPATION

VOLUNTARY

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

EMPLOYER-SPONSORED

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

OUT-OF-NETWORK CLAIM ADJUDICATION

Three options available:

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

COVERAGE REQUIREMENTS

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

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes—if group has a carve out in place with prior dental carrier. (Minimum of 5 enrolling required)
Management/Non-management?	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.



CONTACT INFORMATION

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

NEVADA COVERAGE

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

OUT-OF-STATE COVERAGE

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

DUAL OPTION (MIX & MATCH)

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

PROVIDER NETWORKS

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



RATING INFORMATION

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

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

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

PARTICIPATION

CONTRIBUTORY	
	Group Size
	2+
Employees	3/20% (Whichever is greater) participation - Voluntary
Dependents	75% participation - Contributory
NON-CONTRIBUTORY	
Employees	100% participation - Non-Contributory
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

90th percentile UCR

COVERAGE REQUIREMENTS

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

CARVE OUTS*

Exclusions allowed by carrier:

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

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

WAITING PERIOD WAIVER/TAKEOVER

12 months for Major and Ortho Services

SPECIAL CONSIDERATIONS

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

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

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.



CONTACT INFORMATION

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

NEVADA COVERAGE

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

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

OUT-OF-STATE COVERAGE

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

DUAL OPTION (MIX & MATCH)

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

PROVIDER NETWORKS

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



RATING INFORMATION

Group Size	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	<p>Mike Parkin mparkin@humana.com or</p> <p>Jillian Phillips jphillips44@humana.com</p>

NEVADA COVERAGE

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

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

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	None
What states are allowed (or not allowed) for out-of-state coverage?	All 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
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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



CONTACT INFORMATION

Customer Service, Bilingual Support & Broker Services	<i>MyLincolnNevada@LFG.com (833) 261-3816</i>
All Renewal info and questions	<i>Patrick.Hopkins@lfg.com Stacey.Obee@lfg.com</i>
Commissions	<i>800-423-2765 Brokers enter prompt 4</i>
Claims	<i>PPO Claims Dental Claims Processing Center PO Box 614008 Orlando, FL 32861 Fax: 877-843-3945</i>
Provider Services	<i>800-423-2765 Providers: prompt 3 Payer ID Number: CX061 To check claim status, email: claims@lfg.com</i>

NEVADA COVERAGE

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

OUT-OF-STATE COVERAGE

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

DUAL OPTION (MIX & MATCH)

Lincoln has flexibility to offer High/Low plans.

PROVIDER NETWORKS

PPO Network	<i>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</i>
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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%
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

Our proposal will outline if waiting periods are waived.

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



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
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OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	The 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
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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 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
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	No	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



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



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



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





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 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



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



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.



CONTACT INFORMATION

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

NEVADA COVERAGE

Nevada PPO Counties	Statewide
Nevada Indemnity Counties	N/A

OUT-OF-STATE COVERAGE

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

PROVIDER NETWORKS

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

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



RATING INFORMATION

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

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

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

PARTICIPATION

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

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

OUT-OF-NETWORK CLAIM ADJUDICATION

There are OON allowances for services. Differs by plan.

COVERAGE REQUIREMENTS

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

CARVE OUTS*

Exclusions allowed by carrier:

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

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

WAITING PERIOD WAIVER/TAKEOVER

N/A

SPECIAL CONSIDERATIONS

N/A

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



CONTACT INFORMATION

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

NEVADA COVERAGE

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

OUT-OF-STATE COVERAGE

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

DUAL OPTION (MIX & MATCH)

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

PROVIDER NETWORKS

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

Group Size	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



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?	Out of State ZIP Code
Any other rules, restrictions, or guidelines not mentioned	N/A

PROVIDER NETWORKS

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

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

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	<i>100+</i>
Employees	<i>0%</i>
For Dependents	<i>0%</i>
% of Total Cost	<i>N/A</i>

PARTICIPATION

CONTRIBUTORY	
	Group Size
	<i>100+</i>
Employees	<i>0</i>
For Dependents	<i>0</i>
NON-CONTRIBUTORY	
Employees	<i>0</i>
For Dependents	<i>0</i>

OUT-OF-NETWORK CLAIM ADJUDICATION

Must pay out of pocket and file claim for reimbursement

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	<i>Yes</i>
Any ineligible industries?	<i>No</i>
Virgin groups eligible?	<i>Yes</i>

CARVE OUTS*

Exclusions allowed by carrier

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

WAITING PERIOD WAIVER/TAKEOVER

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

SPECIAL CONSIDERATIONS

N/A



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

PROVIDER NETWORKS

PPO Network	www.vsp.com/choice
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RATING INFORMATION

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

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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

<p>Mailing Address</p>	<p><i>Berkshire Hathaway Guard P.O. Box 1368 Wilkes-Barre, PA 18703</i></p>
<p>Workers' Compensation Claims</p>	<p><i>Berkshire Hathaway Guard 1-888-639-2567 https://www.guard.com</i></p>
<p>Customer Service</p>	<p><i>COMPNET Insurance Solutions, Inc. 1-833-266-7638 info@compnet-insurance.com</i></p>
<p>Broker Relations</p>	<p><i>COMPNET, David Bedard dbedard@compnet-insurance.com 1-833-266-7638</i></p>
<p>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</p>	<p><i>For online payments, call: 800-673-2465 or go to: https://www.guard.com</i></p>
<p>To submit a workers' compensation claim, documentation should include the following information</p>	<ul style="list-style-type: none"> • <i>When calling, both the employer AND employee should jointly make the call whenever possible</i> • <i>The whole process should take about 15 minutes, and we do all the paperwork!</i> • <i>The employer's tax identification and policy numbers will be needed as well as the employee's social security number and personnel file plus any accident reports</i>
<p>For instant workers' compensation quoting</p>	<p><i>https://www.wordandbrown.compnet-insurance.com</i></p>

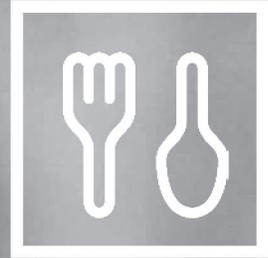
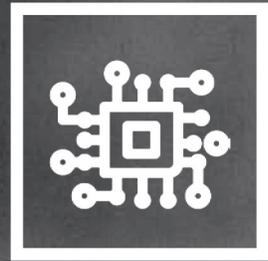
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COMPNET



1.508.397.7906



(266.7638)
1.833.COMPNET



info@compnet-insurance.com


CONTACT INFORMATION

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


**EVOLVED
BENEFITS**
PROVIDER NETWORKS

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

UNDERWRITING & ENROLLMENT REQUIREMENTS

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

FEES

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

24 HOUR COVERAGE

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

SPECIAL CONSIDERATIONS



PLAN ELIGIBILITY REQUIREMENTS

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

Minimum Employer Contribution

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

PARTICIPATION

Contributory

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

Non-Contributory

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

B EVOLVED BENEFITS

COVERAGE RESTRICTIONS

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

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

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

Self-Injectable Drug Benefits

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

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

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

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



CONTACT INFORMATION

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

HealthiestYou Complete Bundle



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

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

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

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

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



General Medical

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



Behavioral Health Care

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



Expert Medical Services

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



Dermatology

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



Back and Neck Care

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



Dedicated Client Success Team

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



Price Transparency Tools

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



Intelligent Alerts

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



Find a Provider

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

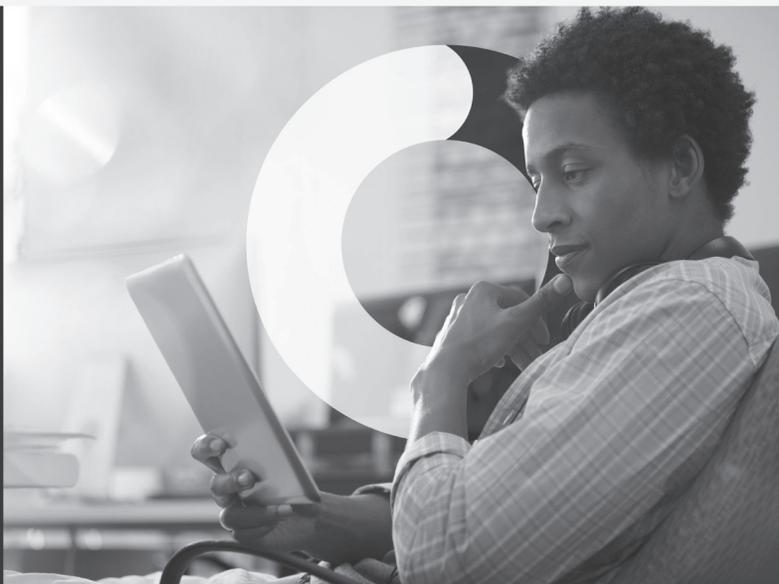
LEARN MORE

TeladocHealth.com | engage@TeladocHealth.com

About Teladoc Health

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

HealthiestYou Core Bundle



Members love the benefits, employers love the value.

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

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

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

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



General Medical - \$0 visit fee
Convenient, high-quality healthcare available 24/7 from U.S. board-certified doctors by phone or video.



Behavioral Health Care - \$90-\$220 visit fee
Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.



Dermatology - \$85 visit fee
U.S. board-certified dermatologists review images and provide a diagnosis and treatment plan.



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



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



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



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

Learn more

TeladocHealth.com | engage@teladochealth.com

About Teladoc Health

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



Are Your Clients Covered?

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



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

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

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

With IMG, you'll also be able to:

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

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

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

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

Word&Brown®



The Holman Group

Turn to Holman for Full-Service Employee Assistance Programs

- Our commissionable EAP is 100% employer sponsored.
- Our EAP provides employees free, face-to-face counseling sessions with local, licensed therapists. 3, 5, 6, 8, 10+ session plan models are available.
- Rates vary by employer based on the number of employees.

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

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

Our EAP Also Offers:

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

Additional Specialty Benefits:

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



The Holman Group
Managed Behavioral Health Care Services

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

Word&Brown.®

**WORKSITE
VOLUNTARY**



CONTACT INFORMATION

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

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





CONTACT INFORMATION

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

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

Voluntary benefits portfolio



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 BridgeSM
- Medical BridgeSM 3000**
- Group Medical BridgeSM

WBCompliance

Get the Compliance Help You and Your Clients Need

Our Team Makes Complicated Compliance Issues Simple

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



Compliance, Employer Reporting, and the ACA

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



Human Resources Support and TPA Services

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

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



Business Development and Retention

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

Word&Brown.

Put us to the test!

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

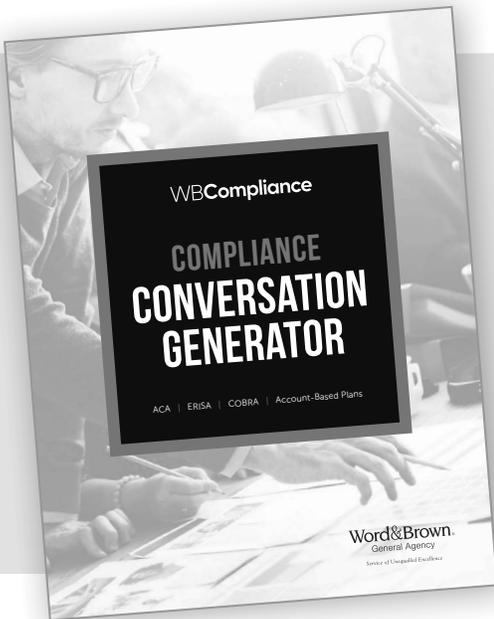
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Committed to Compliance

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

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

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



Get the Conversation Started

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

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

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

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

Call or Email Us Today!

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

We deliver answers to most inquiries in one business day.

Put us to the test!

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

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SPECIAL UNDERWRITING SOLUTIONS

Word & Brown can help you write some of your toughest groups.

You may not know it, but Word & Brown has its own **Group Health Underwriters** who can help you with some of your unusual or tougher-to-write groups.

SPECIFIC GROUP TYPES

- ▶ **Start-up companies**
- ▶ **Owner Only groups**
- ▶ **Self-funded groups**
- ▶ **1099 employee groups**
- ▶ **Out-of-state employees**

GROUP SITUATIONS

- ▶ **Groups changing market segments**
- ▶ **Groups coming off a Professional Employer Organization (PEO)**
- ▶ **Groups that want composite rates**
- ▶ **Carve-outs**
(management, location, etc.)
- ▶ **Controlled Groups**
(groups that have common ownership)
- ▶ **Small Groups**
- ▶ **Large Groups (51+)**

Not sure where your group fits? Just ask us!
We're here to help.

Contact your representative or regional office to learn more.

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your phone for fun
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