Life, Disability, Dental & Vision Options

Creating a flexible offering to meet each employer's needs.
Agenda

• Review current product offering
  Life & Additional Life
  Short Term Disability (STD)
  Long Term Disability (LTD)
  Your Choice Disability
  Dental
  Vision
  Process for quoting
  Life Services Toolkit
Standard Offering – Disability & Life Insurance

Life, Additional Life & STD/LTD

- Can currently quote on any group Life, Additional Life, STD/LTD plan
- Broker/Consultant commissions can be included
- Flexible funding options for STD/LTD, ER paid option, EE voluntary option, as well as base/Buy-up
- Offer composite, age banded or custom tiered rates
- Plan structure can be customized to match current or create other options
Standard Offering – Life Insurance

• Plan design options:
  • Multiple of salary
  • Flat Benefit
  • Minimum Benefit in combination with above

• Options
  • Line of Duty Benefit
  • Enhanced AD&D

• Provisions
  • Accelerated Benefit
  • Consolidated Waiver with LTD
Standard Offering – Voluntary Additional Life Insurance

• Plan design options:
  • $10,000 increments
  • Salary Multiples
  • Maximums

• Spouse
  • $5,000, $10,000 increments
  • Flat amount

• Dependents
  • $2,000, $5,000, $10,000 increments

• Guarantee Issue
  • Electronic Submission
Standard Offering – Disability Insurance

• Plan design options:
  • % Benefit (40%, 50%, 60%)
  • Salary or Flat Max
  • STD Elimination Periods (0/7, 7/7, 14/14, 30/30)
  • LTD Elimination Periods (90, 180)

• Options
  • Annuity Contribution Benefit
  • Assisted Living Benefit

• Provisions
  • Reasonable Accommodation Benefit ($25,000)
  • Return to Work Benefit
Your Choice Disability

• Combines STD & LTD into one very flexible product
• Employees can select different waiting periods and benefit amounts
• Increases participation
• Opens up new markets
• Offers lower cost options so people that would previously not purchase now have the option to elect coverage
• Includes provisions to provide for Family & Post retirement coverage
• Plan provisions
  • Lifetime Security Benefit
  • Family Care Expense Adjustment
  • Reasonable Accommodation Expense Benefit
  • Rehabilitation Plan Provision
  • Return to Work Incentive
Your Choice Disability

- **Multiple Benefit Waiting Periods**
  - 0/7*
  - 14/14*
  - 30/30*
  - 60/60
  - 90/90
  - 180/180

Each employee chooses the benefit waiting period that best meets their specific needs.

*30 day or less can have First Day Hospital option to begin immediate payment.

- **Employee Selects Benefit Level**
  - Benefit amounts in $100 increments
  - Minimum of $200
  - Up to $8,000 or 60%

- **Employer Select Plan Duration**
  - SSNRA for both Accident/Illness
  - SSNRA for Accident/5 year Illness
  - SSNRA for Accident/2 year Illness
Standard Offering – Fully Insured Dental

• Current Offering -
  • Will quote custom plan designs ranging from fully ER paid to fully EE paid
  • Very flexible in plan design structure to include variation in:
    ❖ Coinsurance percentages
    ❖ Deductible amounts
    ❖ Annual Maximum
    ❖ Max Builder rollover feature
    ❖ Out of network allowance
    ❖ Orthodontia coverage
    ❖ Procedure placement
    ❖ Procedure frequencies and age limitations
    ❖ Participation requirements
  • Each policy will be assigned their own policy number
  • Rates are guaranteed for 12 months
### Dental Plan Sample

<table>
<thead>
<tr>
<th></th>
<th>Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance (Plan Pays)</strong></td>
<td></td>
</tr>
<tr>
<td>Type 1</td>
<td>100%</td>
</tr>
<tr>
<td>Type 2</td>
<td>80%</td>
</tr>
<tr>
<td>Type 3</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50/Calendar Year</td>
</tr>
<tr>
<td></td>
<td>Waived Type 1</td>
</tr>
<tr>
<td></td>
<td>$150/family</td>
</tr>
<tr>
<td><strong>Maximum (per person)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,000/Calendar Year</td>
</tr>
<tr>
<td><strong>PPO</strong></td>
<td>Passive PPO</td>
</tr>
<tr>
<td><strong>Allowance</strong></td>
<td></td>
</tr>
<tr>
<td>Type 1</td>
<td>90th U&amp;C</td>
</tr>
<tr>
<td>Type 2</td>
<td>90th U&amp;C</td>
</tr>
<tr>
<td>Type 3</td>
<td>90th U&amp;C</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

**Allowance All Plan Designs:** In Network, discounted fee. Out of Network, U&C.

<table>
<thead>
<tr>
<th><strong>Coinsurance</strong></th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage for Adults</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Lifetime Maximum (per person)</strong></td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>None</td>
</tr>
</tbody>
</table>
## Dental procedure placement/frequency sample

### Dental Plan

<table>
<thead>
<tr>
<th>Summary</th>
<th>100/80/50</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50/Calendar Year</td>
<td>Waived Type 1</td>
</tr>
<tr>
<td>$150/family</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Plan Design

#### Type 1

- **Procedure**
  - (Frequency)
  - **Routine Exam**<br>  (2 in 12 months)
  - **Bitewing X-rays**<br>  (1 in 12 months)
  - **Full Mouth/Panoramic X-rays**<br>  (1 in 3 years)
  - **Periapical X-rays**
  - **Cleaning**<br>  (2 in 12 months)
  - **Fluoride for Children 16 and under**<br>  (1 in 12 months)
  - **Sealants (age 16 and under)**

#### Type 2

- **Procedure**
  - (Frequency)
  - **Space Maintainers**
  - **Restorative Amalgams**
  - **Restorative Composites**
  - **Endodontics (nonsurgical)**
  - **Endodontics (surgical)**
  - **Periodontics (nonsurgical)**
  - **Periodontics (surgical)**
  - **Simple Extractions**
  - **Complex Extractions**
  - **Anesthesia**

#### Type 3

- **Procedure**
  - (Frequency)
  - **Onlays**
  - **Crowns**<br>  (1 in 5 years per tooth)
  - **Crown Repair**
  - **Denture Repair**
  - **Prosthodontics (fixed bridge; removable complete/partial dentures)**<br>  (1 in 5 years)
Dental quoting process

• Information needed in order to quote:
  ❖ Name and address of group
  ❖ Census with zip codes and current enrollment
  ❖ Experience (>200 enrolled lives) with 3 years of data to include: Premium, paid claims, and enrollment by month
  ❖ Plan summary or certificate
  ❖ Current/Renewal rates (if available)
  ❖ Current commissions (if any)
Standard Offering – Fully Insured Vision

• Current Offering –
  • Offer shelf rates with 3 plan designs (VSP, EyeMed, and a true indemnity plan) as outlined in our Balance Care Vision Choice brochure
  • Minimum of 10 enrolled employees
  • Brochure products have set fully ER paid rates and fully EE paid rates
  • Rates are guaranteed for 24 months
  • Each policy will be assigned their own policy number
Vision Choice Balanced Care Vision I (VSP)

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>VSP Choice Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 Exam</td>
<td>$10 Exam</td>
<td>$10 Exam</td>
</tr>
<tr>
<td>$25 Eye Glass Lenses or Frames*</td>
<td>Covered in full</td>
<td>Up to $45</td>
</tr>
</tbody>
</table>

Annual Eye Exam
- Lenses (per pair)
  - Single Vision: Covered in full
  - Bifocal: Covered in full
  - Trifocal: Covered in full
  - Lenticular: Covered in full
  - Progressive: See lens options

Contacts
- Fit & Follow Up Exams: 15% discount
- See Additional Balanced Care Vision I Features.

Elective
- Medically Necessary Frames: Covered in full
- Up to $130
- $130
- Up to $70

Medically Necessary Frames
- Covered in full
- Up to $210
- Up to $105

Frequencies (months)
- Exam/Lens/Frame: 12/12/24
  - Based on date of service

Employee Only (EE) |
| EE + Spouse      |
| EE + Children    |
| EE + Spouse & Children |

Monthly Rates (Non-contributory)

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>VSP Choice Network</th>
<th>Out of Network</th>
</tr>
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<tr>
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Annual Eye Exam
- Lenses (per pair)
  - Single Vision: Covered in full
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  - Trifocal: Covered in full
  - Lenticular: Covered in full
  - Progressive: See lens options

Contacts
- Fit & Follow Up Exams: 15% discount
- See Additional Balanced Care Vision I Features.

Elective
- Medically Necessary Frames: Covered in full
- Up to $130
- $130
- Up to $70

Medically Necessary Frames
- Covered in full
- Up to $210
- Up to $105

Frequencies (months)
- Exam/Lens/Frame: 12/12/24
  - Based on date of service

Employee Only (EE) |
| EE + Spouse      |
| EE + Children    |
| EE + Spouse & Children |

Monthly Rates (Contributory)

<table>
<thead>
<tr>
<th>Deductibles</th>
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<td>$10 Exam</td>
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<tr>
<td>$25 Eye Glass Lenses or Frames*</td>
<td>Covered in full</td>
<td>Up to $45</td>
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</tbody>
</table>

Annual Eye Exam
- Lenses (per pair)
  - Single Vision: Covered in full
  - Bifocal: Covered in full
  - Trifocal: Covered in full
  - Lenticular: Covered in full
  - Progressive: See lens options

Contacts
- Fit & Follow Up Exams: 15% discount
- See Additional Balanced Care Vision I Features.

Elective
- Medically Necessary Frames: Covered in full
- Up to $130
- $130
- Up to $70

Medically Necessary Frames
- Covered in full
- Up to $210
- Up to $105

Frequencies (months)
- Exam/Lens/Frame: 12/12/24
  - Based on date of service

Employee Only (EE) |
| EE + Spouse      |
| EE + Children    |
| EE + Spouse & Children |

Monthly Rates (Contributory)
# Vision Choice Balanced Care Vision II (EyeMed)

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>EyeMed Access Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Eye Exam</td>
<td>$10 Exam</td>
<td>No deductible</td>
</tr>
<tr>
<td>Lenses (per pair)</td>
<td>$25 Eye Glass Lenses</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>20% discount</td>
<td>No benefit</td>
</tr>
<tr>
<td>Progressive</td>
<td>See lens options</td>
<td>NA</td>
</tr>
<tr>
<td>Contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit &amp; Follow Up Exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>Standard: Participant cost up to $55</td>
<td></td>
</tr>
<tr>
<td>Premium (Allowance)</td>
<td>Premium: 10% off of retail</td>
<td>No benefit</td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $115</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Frames</td>
<td>$110</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Frequencies (months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam/Lens/Frame</td>
<td>12/12/24</td>
<td>12/12/24</td>
</tr>
</tbody>
</table>

Based on date of service

## Monthly Rates (Non-contributory)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (EE)</td>
<td>$5.96</td>
</tr>
<tr>
<td>EE + Spouse</td>
<td>$12.84</td>
</tr>
<tr>
<td>EE + Children</td>
<td>$10.36</td>
</tr>
<tr>
<td>EE + Spouse &amp; Children</td>
<td>$17.24</td>
</tr>
</tbody>
</table>

## Monthly Rates (Contributory)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (EE)</td>
<td>$7.48</td>
</tr>
<tr>
<td>EE + Spouse</td>
<td>$16.12</td>
</tr>
<tr>
<td>EE + Children</td>
<td>$13.00</td>
</tr>
<tr>
<td>EE + Spouse &amp; Children</td>
<td>$21.64</td>
</tr>
<tr>
<td>Deductibles</td>
<td>Monthly Rates (Non-contributory)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>$20 Calendar Year Exam, Eye Glass Lenses or Frames*</td>
</tr>
<tr>
<td>Maximum</td>
<td>None</td>
</tr>
<tr>
<td>Calendar Year</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Annual Eye Exam</td>
<td></td>
</tr>
<tr>
<td>Lenses (per pair)</td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Progressive</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Contacts</td>
<td></td>
</tr>
<tr>
<td>Elective/Medically Necessary</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Frames</td>
<td>$80</td>
</tr>
<tr>
<td>Frequencies (months)</td>
<td>12/12/24</td>
</tr>
<tr>
<td>Exam/Lens/Frame</td>
<td>Based on date of service**</td>
</tr>
</tbody>
</table>
Quoting Process

• What is needed to quote
  • Census (enrolled census for voluntary coverage's)
  • Current and alternative plan designs if desired
  • Experience for the following group sizes (3-5yrs)
    >200 Dental
    >100 STD
    >250 LTD
    >1,000 Life
  • Commissions if desired
  • Unique needs
  • Open or Sealed Bid & Process
  • Due Date
Life Services Toolkit

• Offered as a resource and tool to help you and your beneficiary meet life’s challenges. The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

• Assistance with the following:
  • Estate Planning: Online tools walk you through the steps to prepare a will and create documents.
  • Financial Planning: Consult online services to help manage debt and take care of financial matters with confidence.
  • Health and Wellness: Articles about nutrition, stress management and wellness.
  • Identity Theft Prevention: Resolve issues if identity theft occurs.
  • Funeral Arrangements: Calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.
  • Greif Support: Clinicians with master’s degrees are on call to provide confidential grief sessions by phone or in person for beneficiaries.
Questions???

Thank you for your time