



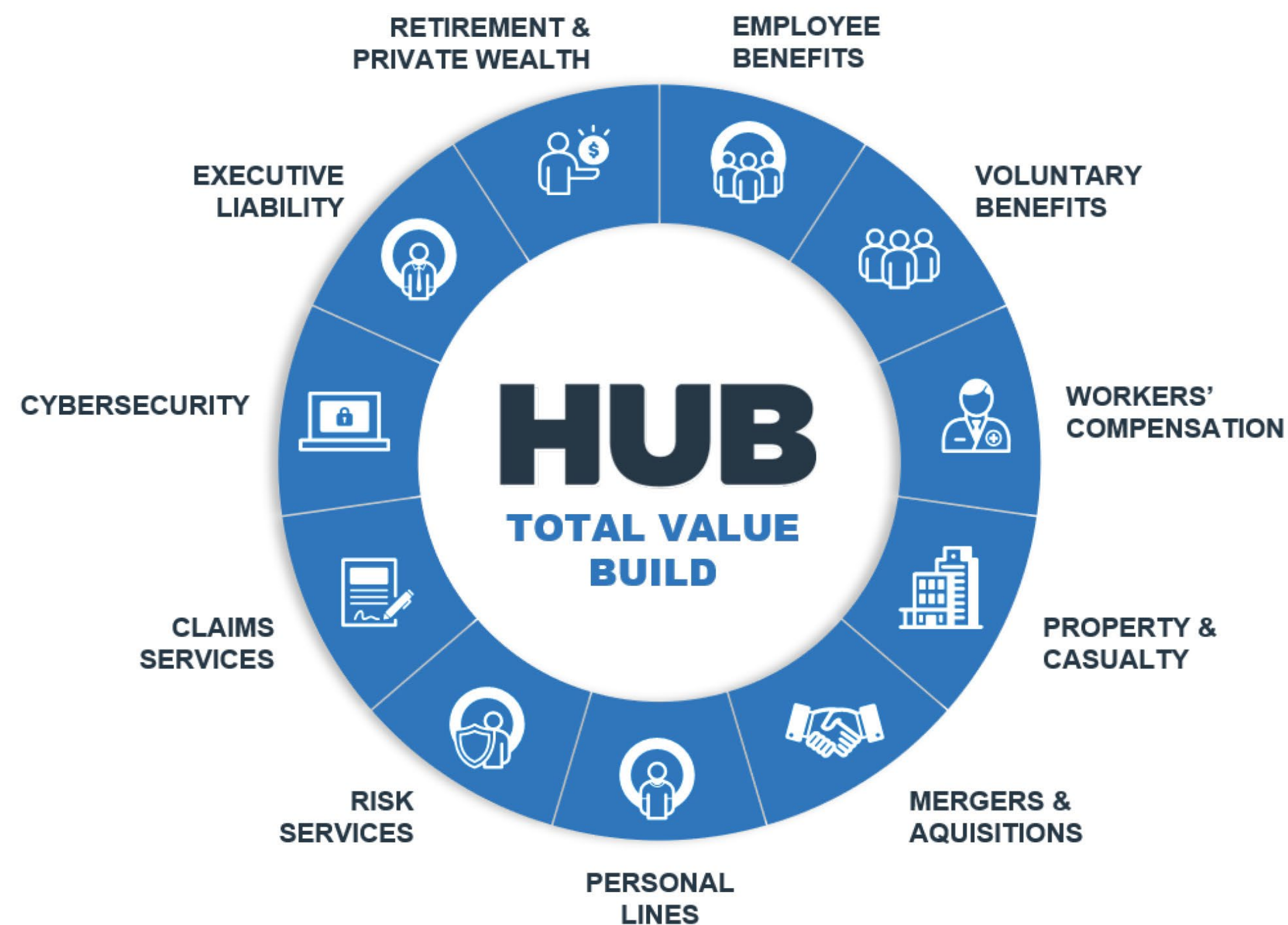
Risk & Insurance | Employee Benefits | Retirement & Private Wealth

Lakeview Academy of Science, Arts, and Technology

September 1, 2022



We Are HUB



5th
LARGEST



INSURANCE BROKER IN THE WORLD

9th
LARGEST



EMPLOYEE BENEFITS
BROKER IN NORTH AMERICA

1+ MILLION

CLIENTS AROUND THE GLOBE



490 OFFICES

ACROSS NORTH AMERICA



14,000+
EMPLOYEES

ACROSS NORTH AMERICA



Your Assigned Service Team



Ryan Bingham

Executive Vice President, Employee Benefits

801-727-6004

ryan.bingham@hubinternational.com

As your employee benefits consultant, Ryan is the strategic lead on your account and works closely with leadership to create sustainable cost containment and plan design strategies that make sense for the long-term. With his extensive benefits consulting experience, Ryan harnesses detailed analytics to optimize your plan for multi-year viability.



Sierran Padilla

Account Executive

801-727-6005

sierran.padilla@hubinternational.com

As your HUB account executive, Sierran is your go-to resource for finding answers to benefits questions, resolving claims issues, and facilitating enrollment changes. Sierran is a seasoned insurance expert with a wealth of experience working closely with companies of all sizes and complexity to administer and run their benefits plan.



Michelle Cisneros

Director of Operations

801-727-6012

michelle.cisneros@hubinternational.com

Michelle manages a team of highly skilled Technology Administrators and Benefit Specialists. In this capacity, Michelle is responsible for making sure enrollments are processed accurately and timely and ensures clients receive the customer service they need. Michelle is a seasoned Human Resource, Benefit & Operations Manager and is highly skilled in supporting clients and employees.

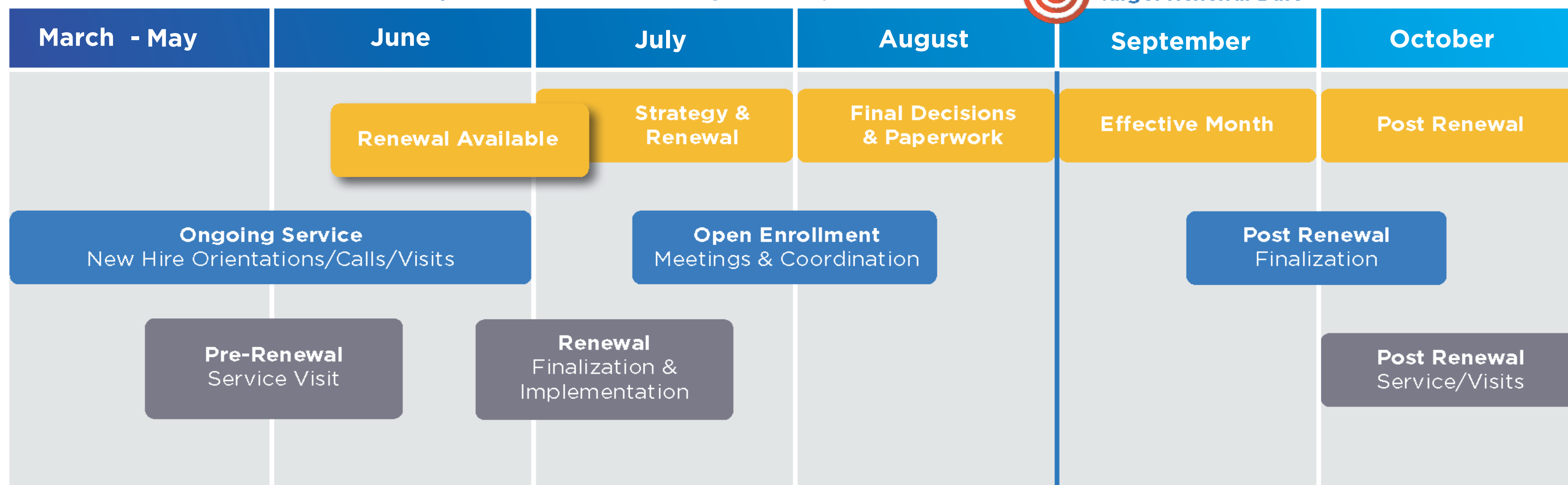
Renewal Timeline

HUB

Timeline recommendations based on a plan effective date of September 1, 2022



Target Renewal Date



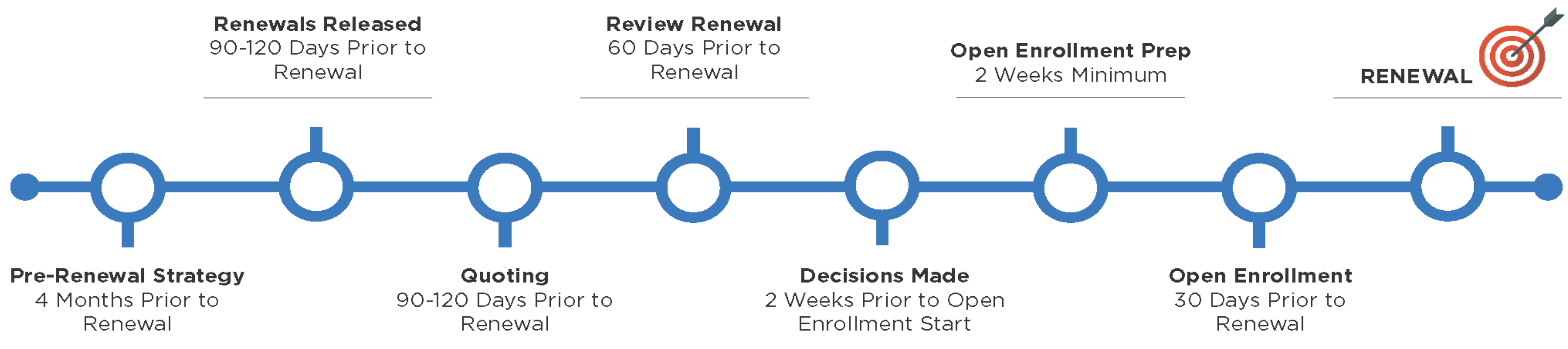
 Onboarding/Renewal Process

 Account Executive

 Benefits Advisor

Renewal Timeline

HUB



Final Decisions by: July 12, 2022

Open Enrollment Start Date: July 26, 2022

Benefits Communication

New for Open Enrollment



eGuide

Comprehensive electronic benefits guide for you and your employees, delivered to you in PDF format and hosted conveniently online.

Key Features:

- Quick navigation links let you instantly find the benefits you need
- Fully customizable cover and logo
- Hosted online for 24/7 access

Benefit Spot App

With the Benefit Spot App, give your employees access to their benefits anytime, anywhere.

Key Features:

- Customizable home screen
- “Tap to call” function
- Links to benefits resources, including online eGuide, cost comparison tools, carrier information, and more.



Benefits Resources and Education



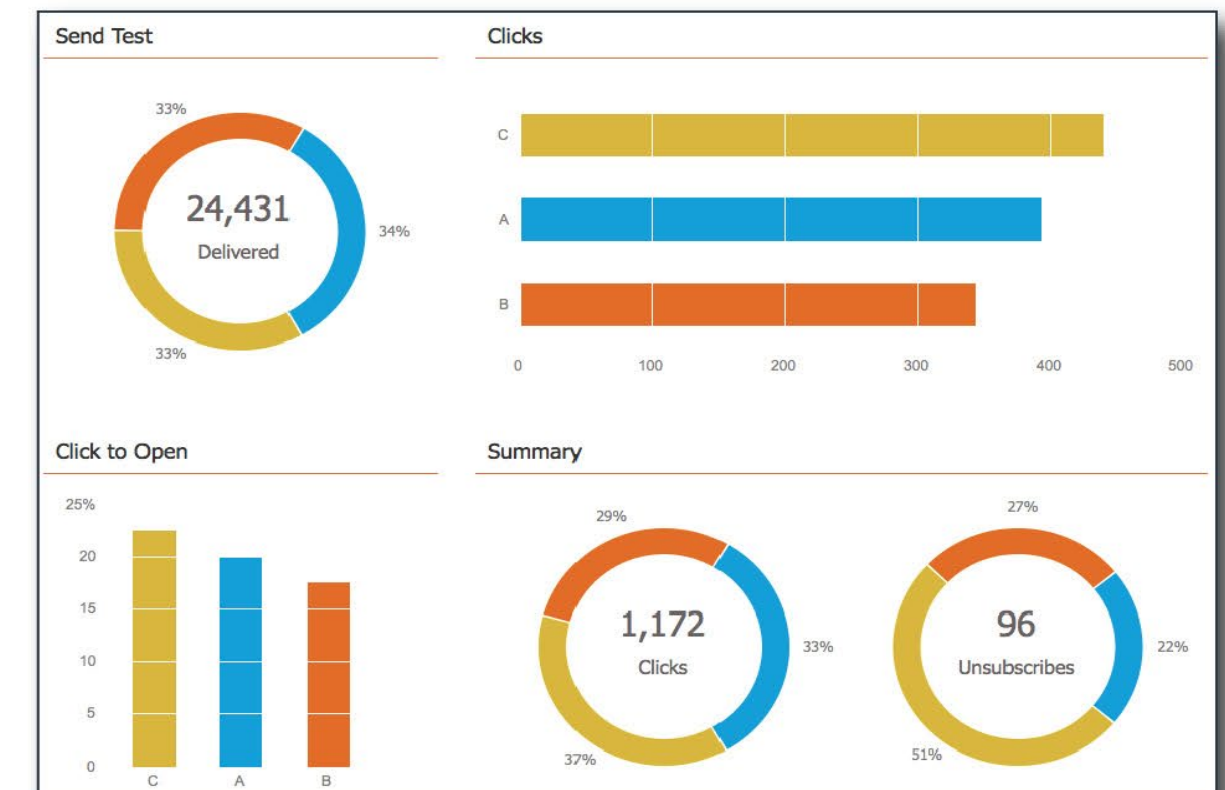
Choosing the Right Health Care Provider



Recruitment Brochure



How the HSA Works



Employee Benefits Surveys

Lakeview Academy of Science, Arts, and Technology

For a proposed effective date of
September 1, 2022












System	Hospital	EMI	PEHP	PEHP	SelectHealth	SelectHealth
		Care Plus	Summit	Advantage	Med+	Value
Intermountain	Alta View Hospital	x		x	x	x
	American Fork Hospital	x		x	x	x
	Bear River Valley Hospital	x	x	x	x	x
	Cedar City Hospital	x	x	x	x	x
	Delta Community Medical Center	x	x	x	x	x
	Fillmore Community Medical Center	x	x	x	x	x
	Garfield Memorial Hospital	x	x	x	x	x
	Heber Valley Medical Center	x	x	x	x	x
	Intermountain Medical Center	x		x	x	x
	Layton Hospital	x		x	x	x
	LDS Hospital	x		x	x	x
	Logan Regional Hospital	x		x	x	x
	McKay-Dee Hospital Center	x		x	x	x
	Orem Community Hospital	x		x	x	x
	Park City Hospital	x	x	x	x	x
	Primary Children's Hospital	x	x	x	x	x
	Riverton Hospital	x		x	x	x
	Primary Children's Services at Riverton	x	x	x	x	x
	Sanpete Valley Hospital	x	x	x	x	x
	Sevier Valley Hospital	x	x	x	x	x
	Spanish Fork Hospital	x		x	x	x
	St. George Regional Hospital	x	x	x	x	x
	The Orthopedic Specialty Hospital (TOSH)	x		x	x	x
	Utah Valley Regional Medical Center	x		x	x	x
Steward	Davis Hospital and Medical Center	x	x	x	x	
	Jordan Valley Medical Center- West Jordan		x			
	Jordan Valley Medical Center- West Valley		x			
	Mountain Point Medical Center		x			
	Salt Lake Regional Medical Center		x			
Mountain Star	Brigham City Community Hospital		x			
	Cache Valley Hospital		x			
	Lakeview Hospital		x			
	Lone Peak Hospital		x			
	Mountain View Hospital		x			
	Ogden Regional Medical Center		x			
	St. Mark's Hospital		x			
	Timpanogos Regional Hospital		x			
U of U	Huntsman Cancer Hospital		x		Cancer Treatment Only	Cancer Treatment Only
	Huntsman Mental Health Institute		x			
	University of Utah Hospital		x			
	University of Utah Orthopedic Center		x			
Independent	Ashley Regional Medical Center	x	x	x	x	
	Beaver Valley Hospital	x	x	x	x	
	Blue Mountain Hospital	x	x	x	x	
	Castleview Hospital	x	x	x	x	
	Central Valley Medical Center	x	x	x	x	
	Gunnison Valley Hospital	x	x	x	x	
	Kane County Hospital	x	x	x	x	
	Milford Valley Memorial Hospital	x	x	x	x	
	Moab Regional Hospital	x	x	x	x	
	Mountain West Medical Center	x	x	x	x	x
	San Juan Hospital	x	x	x	x	
	Uintah Basin Medical Center	x	x	x	x	
	Utah Valley Specialty Hospital					
Summary	UT Hospitals	37	41	37	37	25
	UT Physicians/Providers	19,476	8,000+	8,000+	12,200	11,000
	National Network	Cigna PPO			UHC Options PPO	UHC Options PPO
	Provider Search Link	www.emihealth.com	pehp.org	pehp.org	www.selecthealth.org	www.selecthealth.org
	Notes				National network	National network




















Updated 3/18/2021, provider counts and network contracts subject to change.
Verify coverage directly with carrier.


 Renewal Summary



Renewal Summary - Page 1

	Current				Renewal		
Benefit	Carrier	Effective	Monthly Cost	Annual Cost	Monthly Cost	Annual Cost	△ % \$
Major Medical	 selecthealth.	09/01/2021	\$64,748	\$776,974	\$71,159	\$853,899	↑ 9.9% \$76,926
Telehealth*	 WELLVIA®	09/01/2021	\$260	\$3,120	\$277	\$3,315	↑ 6.3% \$195
Dental	 Principal	09/01/2021	\$3,852	\$46,216	\$3,852	\$46,216	0.0% \$0
Vision	 Principal	09/01/2021	\$444	\$5,319	\$444	\$5,319	0.0% \$0
Basic Life*	 EQUITABLE	09/01/2021	\$163	\$1,950	\$163	\$1,950	0.0% \$0
Voluntary Life*	 EQUITABLE	09/01/2021	\$810	\$9,715	\$810	\$9,715	0.0% \$0
Short Term Disability*	 EQUITABLE	09/01/2021	\$920	\$11,029	\$920	\$11,029	0.0% \$0
Long Term Disability*	 EQUITABLE	09/01/2021	\$758	\$9,096	\$758	\$9,096	0.0% \$0
Identity Protection*	 Allstate. IDENTITY PROTECTION	09/01/2021	\$130	\$1,555	\$130	\$1,555	0.0% \$0
Total			\$72,081	\$864,971	\$78,508	\$942,091	↑ 8.9% \$77,121

Carrier	Plan Group	Annual Total	Δ % \$ From Current	Notes
Major Medical				
 selecthealth.	Current Plan	\$776,974	0% \$0	
 selecthealth.	Renewal Plan	\$853,899	↑ 9.9% \$76,926	Original renewal was 14.7%
 PEHP Health & Benefits	Advantage & Summit	\$862,906	↑ 11.1% \$85,933	
 PEHP Health & Benefits	Advantage Exclusive	\$852,746	↑ 9.8% \$75,773	
 EMI Smart Benefits	EMI	\$805,191	↑ 3.6% \$28,218	Medical rates are based on bundling dental and vision. Please note renewal will change to July 1st.
Dental				
 Principal	Current Plan	\$46,216	0% \$0	
 Principal	Renewal Plan	\$46,216	0% \$0	
 DentalSelect	DentalSelect Dental	\$34,524	↓ -25.3% -\$11,691	
 EMI Smart Benefits	EMI	\$39,682	↓ -14.1% -\$6,533	
 EQUITABLE	Equitable Group PPO Dental	\$43,053	↓ -6.8% -\$3,162	
 Ameritas	Ameritas	\$43,614	↓ -5.6% -\$2,602	
Vision				
 Principal	Current Plan	\$5,319	0% \$0	
 Principal	Renewal Plan	\$5,319	0% \$0	
 EMI Smart Benefits	VSP Plus 10-130	\$6,658	↑ 25.2% \$1,339	
 EMI Smart Benefits	VSP 130	\$4,552	↓ -14.4% -\$767	Medical plans generally include a preventive eye exam.
 DentalSelect	DentalSelect Voluntary VSP 1	\$5,336	↑ 0.3% \$17	
 Ameritas	Vision Perfect	\$5,319	0% \$0	Ameritas will match current rates if bundled with dental.
 EQUITABLE	Equitable Group Vision	\$4,688	↓ -11.9% -\$631	
EAP				
 Blomquist Hale ASSISTANCE	Blomquist Hale EAP	\$3,948	0% \$0	

Carrier	Plan Group	Annual Total	Δ % \$ From Current	Notes
EAP				
	BluNovus EAP	\$5,226	0% \$0	





































































Comparison of Benefits

 Medical



Major Medical - Page 1

Current Plan

									
Plan Name	1 - Value \$500 Traditional		2 - Med \$500 Traditional		3 - Value \$2,000 HSA		4 - Med \$2,000 HSA		
Funding Type	Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Network	Value		Med+		Value		Med+		
Medical Benefits					 QHDHP		 QHDHP		
Deductible	\$500 / \$1,500 EMB		\$500 / \$1,500 EMB		\$2,000 / \$4,000 AGG		\$2,000 / \$4,000 AGG		
Annual Out-of-Pocket Max.	\$4,000 / \$8,000		\$4,000 / \$8,000		\$3,000 / \$6,000		\$3,000 / \$6,000		
Tests	In / Out		In / Out		In / Out		In / Out		
Preventive Services	Covd. 100% / Not Covered		Covd. 100% / Not Covered		Covd. 100% / Not Covered		Covd. 100% / Not Covered		
Diagnostic (X-Ray, Blood Work)	Covd. 100% / Not Covered		Covd. 100% / 40% 		Covd. 100% / Not Covered		Covd. 100% / 40% 		
Imaging (CT/PET Scans, MRIs)	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		
Office Visits	In / Out		In / Out		In / Out		In / Out		
Primary Physician	\$35 / Not Covered		\$35 / 40% 		\$15  / Not Covered		\$15  / 40% 		
Specialist	\$45 / Not Covered		\$45 / 40% 		\$25  / Not Covered		\$25  / 40% 		
Telehealth	100% / Not Covered		100% / Not Covered		100%  / N/A		N/A / N/A		
Facility	In / Out		In / Out		In / Out		In / Out		
Inpatient Facility	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		
Outpatient Facility	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		
Immediate Attention	In / Out		In / Out		In / Out		In / Out		
Emergency Room Copay	\$150  / \$150 		\$150  / \$150 		\$75  / \$75		\$75  / \$75 		
Emergency Room Co-insurance	20%  / 20% 		20%  / 20% 		20%  / 20% 		20%  / 20% 		
Emergency Transportation	20%  / 20% 		20%  / 20% 		20%  / 20% 		20%  / 20% 		
Urgent Care	\$50 / Not Covered		\$50 / 40% 		\$35  / Not Covered		\$35  / 40% 		
Prescription Drugs	In Network		In Network		In Network		In Network		
Pharmacy Deductible	Medical Ded. Applies		Medical Ded. Applies		Medical Ded. Applies		Medical Ded. Applies		
Tier 1	\$10		\$10		\$7 		\$7 		
Tier 2	25%		25%		\$21 		\$21 		
Tier 3	50%		50%		\$42 		\$42 		
Tier 4	20%		20%		N/A		N/A		
Costs	7 Enrolled		16 Enrolled		7 Enrolled		13 Enrolled		
Employee Only	16	\$692.15	1	\$752.32	4	\$561.58	2	\$610.29	9
Employee + Spouse	4	\$1,528.40	2	\$1,661.38	2	\$1,240.20	0	\$1,348.44	0
Employee + Child	1	\$1,528.40	0	\$1,661.38	0	\$1,240.20	1	\$1,348.44	0
Employee + Children	1	\$2,162.78	1	\$2,350.92	0	\$1,754.90	0	\$1,907.72	0
Employee + Family	21	\$2,162.78	3	\$2,350.92	10	\$1,754.90	4	\$1,907.72	4
Monthly Costs PEPM	43	\$12,401 \$1,772		\$29,842 \$1,866		\$9,383 \$1,341		\$13,124 \$1,010	
Annual Costs PEPY	43	\$148,801 \$21,258		\$358,095 \$22,381		\$112,596 \$16,086		\$157,482 \$12,114	
Δ % \$ From Current									
Combined Costs	43 Enrolled								
Comb. Monthly Costs PEPM	\$64,748 \$1,506								
Comb. Annual Costs PEPY	\$776,974 \$18,070								
Δ % \$ From Current									
Rate Guarantee (Months)	12		12		12		12		




























































































































































This is a summary only. It does not include all terms, coverages, exclusions, limitations, and conditions of the actual contract language.



Major Medical - Page 2














































Renewal Plan

Advantage & Summit

													
Plan Name	1 - Value \$500 Traditional		2 - Med \$500 Traditional		3 - Value \$2,000 HSA		4 - Med \$2,000 HSA		2 - Advantage & Summit T...		4 - Advantage & Summit S...		
Funding Type	Fully Insured		Fully Insured		Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Network	Value		Med+		Value		Med+		Advantage & Summit		Advantage & Summit		
Medical Benefits	 QHDHP												
Deductible	\$500 / \$1,500 EMB		\$500 / \$1,500 EMB		\$2,000 / \$4,000 AGG		\$2,000 / \$4,000 AGG		\$500 /  \$1,000 EMB 		\$2,000 / \$4,000 EMB 		
Annual Out-of-Pocket Max.	\$4,000 / \$8,000		\$4,000 / \$8,000		\$3,000 / \$6,000		\$3,000 / \$6,000		 \$5,500 /  \$11,000 		 \$6,500 / \$13,000		
Tests	In / Out		In / Out		In / Out		In / Out		In / Out		In / Out		
Preventive Services	Covd. 100% / Not Covered		Covd. 100% / Not Covered		Covd. 100% / Not Covered		Covd. 100% / Not Covered		Covd. 100% / 40%  		Covd. 100% / 40%  		
Diagnostic (X-Ray, Blood Work)	Covd. 100% / Not Covered 		Covd. 100% / 40% 		Covd. 100% / Not Covered 		Covd. 100% / 40%  		Covd. 100% / 40%  		20%  / 40% 		
Imaging (CT/PET Scans, MRIs)	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		20%  / 40% 		20%  / 40% 		
Office Visits	In / Out		In / Out		In / Out		In / Out		In / Out		In / Out		
Primary Physician	\$35 / Not Covered		\$35 / 40% 		\$15  / Not Covered		\$15  / 40% 		\$25 / 40%  		20%  / 40%  		
Specialist	\$45 / Not Covered		\$45 / 40% 		\$25  / Not Covered		\$25  / 40% 		\$40 / 40%  		20%  / 40%  		
Telehealth	100% / Not Covered		100% / Not Covered		100%  / N/A		N/A / N/A		\$10 / N/A 		\$10  / N/A 		
Facility	In / Out		In / Out		In / Out		In / Out		In / Out		In / Out		
Inpatient Facility	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		20%  / 40% 		20%  / 40% 		
Outpatient Facility	20%  / Not Covered		20%  / 40% 		20%  / Not Covered		20%  / 40% 		20%  / 40% 		20%  / 40% 		
Immediate Attention	In / Out		In / Out		In / Out		In / Out		In / Out		In / Out		
Emergency Room Copay	\$150  / \$150 		\$150  / \$150 		\$75  / \$75		\$75  / \$75 		\$350  / \$350  		N/A / N/A 		
Emergency Room Co-insurance	20%  / 20% 		20%  / 20% 		20%  / 20% 		20%  / 20% 		N/A / N/A 		20%  / 20%  		
Emergency Transportation	20%  / 20% 		20%  / 20% 		20%  / 20% 		20%  / 20% 		20%  / 40%  		20%  / 20%  		
Urgent Care	\$50 / Not Covered		\$50 / 40% 		\$35  / Not Covered		\$35  / 40% 		\$50 / 40%  		20%  / 40% 		
Prescription Drugs	In Network		In Network		In Network		In Network		In Network		In Network		
Pharmacy Deductible	Medical Ded. Applies		Medical Ded. Applies		Medical Ded. Applies		Medical Ded. Applies		None 		Medical Ded. Applies		
Tier 1	\$10		\$10		\$7 		\$7 		\$15 		\$15  		
Tier 2	25%		25%		\$21 		\$21 		\$30 		\$30  		
Tier 3	50%		50%		\$42 		\$42 		\$65 		\$65  		
Tier 4	20%		20%		N/A		N/A		See Summary		See Summary AD		
Costs	7 Enrolled		16 Enrolled		7 Enrolled		13 Enrolled		23 Enrolled 		20 Enrolled 		
Employee Only	16	\$760.67	1	\$826.80	4	\$617.18	2	\$670.71	9	\$873.52	5 	\$734.88	11 
Employee + Spouse	4	\$1,679.71	2	\$1,825.86	2	\$1,362.98	0	\$1,481.94	0	\$1,808.20	4 	\$1,521.22	0
Employee + Child	1	\$1,679.71	0	\$1,825.86	0	\$1,362.98	1	\$1,481.94	0	\$1,808.20	0	\$1,521.22	1 
Employee + Children	1	\$2,377.00	1	\$2,583.66	0	\$1,928.64	0	\$2,096.58	0	\$2,445.86	1 	\$2,057.68	0
Employee + Family	21	\$2,377.00	3	\$2,583.66	10	\$1,928.64	4	\$2,096.58	4	\$2,445.86	13 	\$2,057.68	8 
Monthly Costs PEPM	43	\$13,629 \$1,947	\$32,796 \$2,050	\$10,312 \$1,474	\$14,423 \$1,110	\$45,843 \$1,994	\$26,067 \$1,304						
Annual Costs PEPY	43	\$163,538 \$23,363	\$393,547 \$24,597	\$123,743 \$17,678	\$173,073 \$13,314	\$550,110 \$23,918	\$312,797 \$15,640						
Δ % \$ From Current		 9.9% \$14,737	 9.9% \$35,452	 9.9% \$11,148	 9.9% \$15,591								
Combined Costs	43 Enrolled								43 Enrolled				
Comb. Monthly Costs PEPM	\$71,159 \$1,655								\$71,909 \$1,673				
Comb. Annual Costs PEPY	\$853,899 \$19,859								\$862,906 \$20,068				
Δ % \$ From Current	 9.9% \$76,926								 11.1% \$85,933				
Rate Guarantee (Months)	12		12		12		12		12		12		

This is a summary only. It does not include all terms, coverages, exclusions, limitations, and conditions of the actual contract language.

Major Medical - Page 3

	Advantage Exclusive				EMI			
								
Plan Name	2 - Advantage Traditional ...		4 - Advantage STAR HSA ...		2 - EMI \$500		4 - EMI \$2000	
Funding Type	Fully Insured		Fully Insured		Level Funded ●		Level Funded ●	
Network	Advantage Exclusive		Advantage Exclusive		Care Plus		Care Plus	
Medical Benefits			 QHDHP				 QHDHP	
Deductible	\$500 / ↓ \$1,000 EMB ●		\$2,000 / \$4,000 EMB ●		\$500 / ↓ \$1,000 EMB ●		\$2,000 / \$4,000 AGG	
Annual Out-of-Pocket Max.	↑ \$5,500 / ↑ \$11,000 ●		↑ \$6,500 / ↑ \$13,000 ●		\$4,000 / \$8,000		↑ \$4,000 / ↑ \$7,150 ●	
Tests	In / Out		In / Out		In / Out		In / Out	
Preventive Services	Covd. 100% / 40%  ●		Covd. 100% / 40%  ●		Covd. 100% / Not Covered		Covd. 100% / Not Covered	
Diagnostic (X-Ray, Blood Work)	Covd. 100% / 40%  ●		20%  / 40%  ●		20%  / 50%  ●		20%  / 40%  ●	
Imaging (CT/PET Scans, MRIs)	20%  / 40%  ●		20%  / 40%  ●		20%  / 50%  ●		20%  / 40%  ●	
Office Visits	In / Out		In / Out		In / Out		In / Out	
Primary Physician	\$25 / 40%  ●		20%  / 40%  ●		\$30 / 50%  ●		20%  / 40%  ●	
Specialist	\$40 / 40%  ●		20%  / 40%  ●		\$50 / 50%  ●		20%  / 40%  ●	
Telehealth	\$10 / N/A ●		\$10  / N/A ●		\$0 / Not Covered ●		\$0 / Not Covered ●	
Facility	In / Out		In / Out		In / Out		In / Out	
Inpatient Facility	20%  / 40%  ●		20%  / 40%  ●		20%  / 50%  ●		20%  / 40%  ●	
Outpatient Facility	20%  / 40%  ●		20%  / 40%  ●		20%  / 50%  ●		20%  / 40%  ●	
Immediate Attention	In / Out		In / Out		In / Out		In / Out	
Emergency Room Copay	\$350  / \$350  ●		N/A / N/A ●		\$350 / \$350 ●		20%  / 20%  ●	
Emergency Room Co-insurance	N/A / N/A ●		20%  / 20%  ●		N/A / N/A ●		20%  / 20%  ●	
Emergency Transportation	20%  / 40%  ●		20%  / 20%  ●		20%  / 20%  ●		20%  / 20%  ●	
Urgent Care	\$50 / 40%  ●		20%  / 40%  ●		\$50 / 50%  ●		20%  / 40%  ●	
Prescription Drugs	In Network		In Network		In Network		In Network	
Pharmacy Deductible	None ●		Medical Ded. Applies		None ●		Medical Ded. Applies	
Tier 1	\$15 ●		\$15  ●		\$10		\$10  ●	
Tier 2	\$30 ●		\$30  ●		25%		25%  ●	
Tier 3	\$65 ●		\$65  ●		50%		50%  ●	
Tier 4	See Summary		See Summary AD		N/A		N/A	
Costs	23 Enrolled ●		20 Enrolled ●		23 Enrolled ●		20 Enrolled ●	
Employee Only 16	\$863.24 5 ●		\$726.24 11 ●		\$701.35 5 ●		\$563.69 11 ●	
Employee + Spouse 4	\$1,786.90 4 ●		\$1,503.30 0		\$1,823.50 4 ●		\$1,465.56 0	
Employee + Child 1	\$1,786.90 0		\$1,503.30 1 ●		\$1,332.56 0		\$1,070.99 1 ●	
Employee + Children 1	\$2,417.06 1 ●		\$2,033.44 0		\$1,332.56 1 ●		\$1,070.99 0	
Employee + Family 21	\$2,417.06 13 ●		\$2,033.44 8 ●		\$2,454.71 13 ●		\$1,972.89 8 ●	
Monthly Costs PEPM 43	\$45,303 \$1,970		\$25,760 \$1,288		\$44,045 \$1,915		\$23,055 \$1,153	
Annual Costs PEPY 43	\$543,632 \$23,637		\$309,114 \$15,456		\$528,535 \$22,980		\$276,657 \$13,833	
Δ % \$ From Current								
Combined Costs	43 Enrolled		43 Enrolled		43 Enrolled		43 Enrolled	
Comb. Monthly Costs PEPM	\$71,063 \$1,653		\$71,063 \$1,653		\$67,100 \$1,561		\$67,100 \$1,561	
Comb. Annual Costs PEPY	\$852,746 \$19,832		\$852,746 \$19,832		\$805,191 \$18,726		\$805,191 \$18,726	
Δ % \$ From Current	↑ 9.8% \$75,773		↑ 9.8% \$75,773		↑ 3.6% \$28,218		↑ 3.6% \$28,218	
Rate Guarantee (Months)	12		12		12		12	

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Comparison of Benefits



Telehealth



Telehealth - Page 1

Current Plan

Renewal Plan





Plan Name	1 - WellVia		1 - WellVia	
Benefits				
Consultation Type	 Available	 Available	 Available	 Available
Medical Consultation	\$0		\$0	
Licensed Counselor	\$85		\$85	
Psychiatrist (initial)	\$225		\$225	
Psychiatrist (follow up)	\$99		\$99	
Consultation Limits	None		None	
Additional Services	None		None	
App Available	 Android	 iOS	 Android	 iOS
Call Center Support	Included		Included	
Wellness	Not Included		Not Included	
Online History	Included		Included	
PCP Integration	Included		Included	
Cost / Fee	65 Enrolled		65 Enrolled	
Plan Type	Stand-Alone		Stand-Alone	
Employee Only	65	\$4.00	65	\$4.25
Employee + Spouse	0	\$4.00	0	\$4.25
Employee + Child	0	\$4.00	0	\$4.25
Employee + Children	0	\$4.00	0	\$4.25
Employee + Family	0	\$4.00	0	\$4.25
Monthly Costs PEPM	65	\$260 \$4.00	\$277 \$4.25	
Annual Costs PEPY		\$3,120 \$48	\$3,315 \$51	
Δ % \$ From Current			↑ 6.3% \$195	
Combined Costs	65 Enrolled		65 Enrolled	
Comb. Monthly Costs PEPM		\$260 \$4.00	\$277 \$4.25	
Comb. Annual Costs PEPY		\$3,120 \$48.00	\$3,315 \$51.00	
Δ % \$ From Current			↑ 6.3% \$195	
Rate Guarantee (Months)	12		12	

Comparison of Benefits

 Dental





Dental - Page 1

		Current Plan	
			
			
Plan Name		1 - Dental PPO High Plan	
Funding Type		Fully Insured	
Voluntary / Contributory		Contributory	
Deductibles		DentalOut-of-Network	
Annual Deductible - Ind Fam		\$50 \$150	
Deductible Accumulation		\$50 \$50	
		Calendar Year	
Annual Maximum Benefit		DentalOut-of-Network	
Per Individual		\$1,000	
Rollover		\$1,000 Max	
Dental Services		DentalOut-of-Network	
Exams		0%	
Cleanings		20%	
X-Rays		20%	
Basic Filling		20% AD	
Oral Surgery		40% AD	
Endodontics		60% AD	
Periodontics		60% AD	
Crowns		60% AD	
Bridges		60% AD	
Dentures		60% AD	
Implants		60% AD	
Orthodontics		DentalOut-of-Network	
Orthodontic Coverage		60%	
Lifetime Ortho Max		\$1,000.00	
Orthodontics Age		Up to 19	
Cost / Fee		43 Enrolled	
Employee		\$39.53	
Employee + Spouse		\$74.00	
Employee + Child		\$74.00	
Employee + Children		\$135.66	
Employee + Family		\$135.66	
Monthly Costs PEPM		\$3,349 \$77.88	
Annual Costs PEPY		\$40,183 \$935	
Δ % \$ From Current			
Combined Costs		49 Enrolled	
Comb. Monthly Costs PEPM		\$3,852 \$78.60	
Comb. Annual Costs PEPY		\$46,216 \$943.18	
Δ % \$ From Current			
Rate Guarantee (Months)		12	

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Dental - Page 2

		Renewal Plan	
			
			
Plan Name		1 - Dental PPO High Plan	
Funding Type		Fully Insured	
Voluntary / Contributory		Contributory	
Deductibles		DentalOut-of-Network	
Annual Deductible - Ind Fam		\$50 \$150	
Deductible Accumulation		\$50 \$50	
		Calendar Year	
Annual Maximum Benefit		DentalOut-of-Network	
Per Individual		\$1,000	
Rollover		\$1,000 Max	
Dental Services		DentalOut-of-Network	
Exams		0%	
Cleanings		20%	
X-Rays		20%	
Basic Filling		20% AD	
Oral Surgery		40% AD	
Endodontics		60% AD	
Periodontics		60% AD	
Crowns		60% AD	
Bridges		60% AD	
Dentures		60% AD	
Implants		60% AD	
Orthodontics		DentalOut-of-Network	
Orthodontic Coverage		60%	
Lifetime Ortho Max		\$1,000.00	
Orthodontics Age		Up to 19	
Cost / Fee		43 Enrolled	
Employee		\$39.53	
Employee + Spouse		\$74.00	
Employee + Child		\$74.00	
Employee + Children		\$135.66	
Employee + Family		\$135.66	
Monthly Costs PEPM		\$3,349 \$77.88	
Annual Costs PEPY		\$40,183 \$935	
Δ % \$ From Current		0.0% \$0	
Combined Costs		49 Enrolled	
Comb. Monthly Costs PEPM		\$3,852 \$78.60	
Comb. Annual Costs PEPY		\$46,216 \$943.18	
Δ % \$ From Current		0.0% \$0	
Rate Guarantee (Months)		12	
		2 - Dental PPO Low Plan	
		Fully Insured	
		Contributory	
		DentalOut-of-Network	
		\$50 \$150	
		Calendar Year	
		\$1,000	
		\$1,000 Max	
		DentalOut-of-Network	
		0%	
		100%	
		100%	
		20%	
		100%	
		100%	
		100%	
		100%	
		0%	
		0%	
		Not Covered	
		DentalOut-of-Network	
		50%	
		\$200.00	
		Up to 19	
		6 Enrolled	
		\$26.64	
		\$49.53	
		\$49.53	
		\$90.64	
		\$90.64	
		\$503 \$83.79	
		\$6,033 \$1,006	
		0.0% \$0	
		12	

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Dental - Page 3

DentalSelect Dental



DentalSelect					DentalSelect				
Plan Name		1 - DentalSelect Vol Co-Insurance MAC			2 - DentalSelect Co-Pay Plan UT and TX Only				
Funding Type		Fully Insured			Fully Insured				
Voluntary / Contributory		Voluntary 			Contributory				
Deductibles		Platinum Network		Out-of-Network		Platinum Network		Out-of-Network	
Annual Deductible - Ind Fam		\$50 \$150		\$50 \$50		\$25 \$75 		\$25 \$25 	
Deductible Accumulation		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Annual Maximum Benefit									
Per Individual		\$1,000		\$1,000		Unlimited 		Unlimited 	
Rollover		\$2,000 Max 		\$2,000 Max 		No 		No 	
Dental Services		Platinum Network		Out-of-Network		Platinum Network		Out-of-Network	
Exams		100% 		80% 		100% 		See Benefit Schedule 	
Cleanings		100% 		80% 		100% 		See Benefit Schedule 	
X-Rays		100% 		80% 		100% 		See Benefit Schedule 	
Basic Filling		80% AD 		60% AD 		See Benefit Schedule 		See Benefit Schedule 	
Oral Surgery		80% AD 		60% AD 		See Benefit Schedule 		See Benefit Schedule 	
Endodontics		80% AD 		60% AD 		See Benefit Schedule 		See Benefit Schedule 	
Periodontics		80% AD 		60% AD 		See Benefit Schedule 		See Benefit Schedule 	
Crowns		50% AD 		40% AD 		See Benefit Schedule 		See Benefit Schedule 	
Bridges		50% AD 		40% AD 		See Benefit Schedule 		See Benefit Schedule 	
Dentures		50% AD 		40% AD 		See Benefit Schedule 		See Benefit Schedule 	
Implants		50% AD 		40% AD 		See Benefit Schedule 		See Benefit Schedule 	
Orthodontics		Platinum Network		Out-of-Network		Platinum Network		Out-of-Network	
Orthodontic Coverage		50% 		50% 		- 		- 	
Lifetime Ortho Max		\$1,000.00		\$1,000.00		\$1,000.00 		\$0.00	
Orthodontics Age		Children under 19 		Children under 19 		Children under 19 		N/A 	
Cost / Fee		43 Enrolled			6 Enrolled				
Employee 22		\$30.06 22			\$17.53 0				
Employee + Spouse 6		\$56.27 5			\$32.59 1				
Employee + Child 1		\$56.27 1			\$32.59 0				
Employee + Children 1		\$103.15 0			\$59.64 1				
Employee + Family 19		\$103.15 15			\$59.64 4				
Monthly Costs PEPM 49		\$2,547 \$59.22			\$331 \$55.14				
Annual Costs PEPY		\$30,555 \$711			\$3,970 \$662				
Δ % \$ From Current		↓ -24.0% -\$9,628			↓ -34.2% -\$2,063				
Combined Costs		49 Enrolled							
Comb. Monthly Costs PEPM		\$2,877 \$58.72							
Comb. Annual Costs PEPY		\$34,524 \$704.57							
Δ % \$ From Current		↓ -25.3% -\$11,691							
Rate Guarantee (Months)		12			12				

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EMI												
<div>EMIHEALTH™ Smart Benefits</div>												
Plan Name	1 - Choice PPO High						2 - Choice PPO Low					
Funding Type	Fully Insured						Fully Insured					
Voluntary / Contributory	Contributory						Contributory					
Deductibles	Advantage Plus		Premier		Out-of-Network		Advantage Plus		Premier		Out-of-Network	
Annual Deductible - Ind Fam	- -		\$50 \$150		\$50 \$50		- -		\$50 \$150		\$50 \$50	
Deductible Accumulation	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Annual Maximum Benefit												
Per Individual	↑ \$2,000		↑ \$1,000		\$1,000		↑ \$2,000		↑ \$1,000		\$1,000	
Rollover	No		No		No		No		No		No	
Dental Services	Advantage Plus		Premier		Out-of-Network		Advantage Plus		Premier		Out-of-Network	
Exams	0%		0%		20%		0%		0%		50%	
Cleanings	0%		0%		20%		0%		0%		50%	
X-Rays	0%		0%		20%		0%		0%		50%	
Basic Filling	20%		20%		40%		20%		20%		50%	
Oral Surgery	20%		20%		40%		20%		20%		50%	
Endodontics	50%		50%		60%		60%		60%		60%	
Periodontics	50%		50%		60%		60%		60%		60%	
Crowns	50%		50%		60%		60%		60%		60%	
Bridges	50%		50%		60%		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule	
Dentures	See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule	
Implants	See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule	
Orthodontics	Advantage Plus		Premier		Out-of-Network		Advantage Plus		Premier		Out-of-Network	
Orthodontic Coverage	60%		60%		60% Reimb.		50%		50%		50% Reimb.	
Lifetime Ortho Max	\$1,000.00		\$1,000.00		\$1,000.00		\$500.00		\$500.00		\$500.00	
Orthodontics Age	See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule	
Cost / Fee	43 Enrolled						6 Enrolled					
Employee	22		\$32.20		22		\$23.80				0	
Employee + Spouse	6		\$66.60		5		\$47.80				1	
Employee + Child	1		\$66.60		1		\$47.80				0	
Employee + Children	1		\$115.70		0		\$83.10				1	
Employee + Family	19		\$115.70		15		\$83.10				4	
Monthly Costs PEPM	49		\$2,844 \$66.13				\$464 \$77.22					
Annual Costs PEPY			\$34,122 \$794				\$5,560 \$927					
Δ % \$ From Current			↓ -15.1% -\$6,060				↓ -7.8% -\$473					
Combined Costs	49 Enrolled											
Comb. Monthly Costs PEPM	\$3,307 \$67.49											
Comb. Annual Costs PEPY	\$39,682 \$809.83											
Δ % \$ From Current	↓ -14.1% -\$6,533											
Rate Guarantee (Months)	12						12					

Dental - Page 5

Equitable Group PPO Dental

<div></div> EQUITABLE			<div></div> EQUITABLE						
Plan Name		1 - Equitable Dental High Plan			2 - Equitable Dental Low Plan				
Funding Type		Fully Insured			Fully Insured				
Voluntary / Contributory		Voluntary <div><div></div></div>			Voluntary <div><div></div></div>				
Deductibles		Careington International and NovaNet Inc.		Out-of-Network		Careington International and NovaNet Inc.		Out-of-Network	
Annual Deductible - Ind Fam		\$50 \$150		\$50 \$50		\$50 \$150		\$50 \$50	
Deductible Accumulation		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Annual Maximum Benefit									
Per Individual		↑ \$1,250 <div><div></div></div>		↑ \$1,250 <div><div></div></div>		\$1,000 <div><div></div></div>		\$1,000 <div><div></div></div>	
Rollover		No <div><div></div></div>		No <div><div></div></div>		No <div><div></div></div>		No <div><div></div></div>	
Dental Services		Careington International and NovaNet Inc.		Out-of-Network		Careington International and NovaNet Inc.		Out-of-Network	
Exams		100% <div><div></div></div>		80% <div><div></div></div>		100% <div><div></div></div>		60% <div><div></div></div>	
Cleanings		100% <div><div></div></div>		80% <div><div></div></div>		100% <div><div></div></div>		60% <div><div></div></div>	
X-Rays		100% <div><div></div></div>		80% <div><div></div></div>		100% <div><div></div></div>		60% <div><div></div></div>	
Basic Filling		80% <div>AD</div> <div><div></div></div>		60% <div>AD</div> <div><div></div></div>		80% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Oral Surgery		80% <div>AD</div> <div><div></div></div>		60% <div>AD</div> <div><div></div></div>		80% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Endodontics		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		10% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Periodontics		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		10% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Crowns		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		10% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Bridges		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		10% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Dentures		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		10% <div>AD</div> <div><div></div></div>		0% <div>AD</div> <div><div></div></div>	
Implants		50% <div>AD</div> <div><div></div></div>		40% <div>AD</div> <div><div></div></div>		Not Covered		Not Covered	
Orthodontics		Careington International and NovaNet Inc.		Out-of-Network		Careington International and NovaNet Inc.		Out-of-Network	
Orthodontic Coverage		50% <div><div></div></div>		50% <div><div></div></div>		50% <div><div></div></div>		50% <div><div></div></div>	
Lifetime Ortho Max		\$1,000.00		\$1,000.00		\$750.00 <div><div></div></div>		\$750.00 <div><div></div></div>	
Orthodontics Age		up to age 26 <div><div></div></div>		up to age 26 <div><div></div></div>		up to age 26 <div><div></div></div>		up to age 26 <div><div></div></div>	
Cost / Fee		43 Enrolled				6 Enrolled			
Employee	22	\$34.80		22	\$20.10		0		
Employee + Spouse	6	\$73.15		5	\$42.38		1		
Employee + Child	1	\$73.15		1	\$42.38		0		
Employee + Children	1	\$130.80		0	\$75.77		1		
Employee + Family	19	\$130.80		15	\$75.77		4		
Monthly Costs PEPM		\$3,167 \$73.64				\$422 \$70.21			
Annual Costs PEPY		\$37,998 \$884				\$5,055 \$843			
Δ % \$ From Current		↓ -5.4% -\$2,184				↓ -16.2% -\$978			
Combined Costs		49 Enrolled							
Comb. Monthly Costs PEPM		\$3,588 \$73.22							
Comb. Annual Costs PEPY		\$43,053 \$878.63							
Δ % \$ From Current		↓ -6.8% -\$3,162							
Rate Guarantee (Months)		24 <div><div></div></div>				24 <div><div></div></div>			

		Ameritas		Ameritas	
		Ameritas		Ameritas	
Plan Name		1 - Ameritas High		2 - Ameritas Low	
Funding Type		Fully Insured		Fully Insured	
Voluntary / Contributory		Voluntary ●		Voluntary ●	
Deductibles		Freedom of ChoiceOut-of-Network		Freedom of ChoiceOut-of-Network	
Annual Deductible - Ind Fam		\$50 \$150		\$50 \$150	
Deductible Accumulation		Calendar Year		Calendar Year	
Annual Maximum Benefit					
Per Individual		\$1,000		\$1,000	
Rollover		\$1,000 Max		\$1,000 Max	
Dental Services		Freedom of ChoiceOut-of-Network		Freedom of ChoiceOut-of-Network	
Exams		0%		0%	
Cleanings		0%		0%	
X-Rays		0%		0%	
Basic Filling		0% AD ●		20% AD	
Oral Surgery		0% AD ●		20% AD	
Endodontics		50% AD		90% AD	
Periodontics		50% AD		90% AD	
Crowns		50% AD		90% AD	
Bridges		50% AD		90% AD	
Dentures		50% AD		90% AD	
Implants		50% AD		Not Covered	
Orthodontics		Freedom of ChoiceOut-of-Network		Freedom of ChoiceOut-of-Network	
Orthodontic Coverage		50% ●		50%	
Lifetime Ortho Max		\$1,000.00		\$1,000.00 ●	
Orthodontics Age		Up to 19		Up to 19	
Cost / Fee		43 Enrolled		6 Enrolled	
Employee		\$37.32		\$25.16	
Employee + Spouse		\$69.84		\$46.76	
Employee + Child		\$69.84		\$46.76	
Employee + Children		\$128.00		\$85.52	
Employee + Family		\$128.00		\$85.52	
Monthly Costs PEPM		\$3,161 \$73.50		\$475 \$79.06	
Annual Costs PEPY		\$37,921 \$882		\$5,693 \$949	
Δ % \$ From Current		↓ -5.6% -\$2,261		↓ -5.6% -\$340	
Combined Costs		49 Enrolled			
Comb. Monthly Costs PEPM		\$3,635 \$74.18			
Comb. Annual Costs PEPY		\$43,614 \$890.07			
Δ % \$ From Current		↓ -5.6% -\$2,602			
Rate Guarantee (Months)		24 ●		24 ●	

Comparison of Benefits

 Vision



Current Plan			Renewal Plan		
					
Plan Name	1 - VSP Vision Plan		Plan Name	1 - VSP Vision Plan	
Funding Type	Fully Insured		Funding Type	Fully Insured	
Voluntary / Contributory	Voluntary		Voluntary / Contributory	Voluntary	
Benefit Frequency	VSP Choice	Out-of-Network	Benefit Frequency	VSP Choice	Out-of-Network
Benefit Basis	Plan Year	Plan Year	Benefit Basis	Plan Year	Plan Year
Eye Exam	12 Months	12 Months	Eye Exam	12 Months	12 Months
Frames	24 Months	24 Months	Frames	24 Months	24 Months
Lenses	12 Months	12 Months	Lenses	12 Months	12 Months
Contacts (in Lieu of glasses)	12 Months	12 Months	Contacts (in Lieu of glasses)	12 Months	12 Months
Plan Provisions	VSP Choice	Out-of-Network	Plan Provisions	VSP Choice	Out-of-Network
Eye Exam	100% Co-Ins.	Up to \$45 Reimb.	Eye Exam	100% Co-Ins.	Up to \$45 Reimb.
Retinal Imaging Exam	Not Covered	Not Covered	Retinal Imaging Exam	Not Covered	Not Covered
Single Vision Lenses	\$25 Copay	Up to \$30 Reimb.	Single Vision Lenses	\$25 Copay	Up to \$30 Reimb.
Bifocal Lenses	\$25 Copay	Up to \$50 Reimb.	Bifocal Lenses	\$25 Copay	Up to \$50 Reimb.
Trifocal Lenses	\$25 Copay	Up to \$65 Reimb.	Trifocal Lenses	\$25 Copay	Up to \$65 Reimb.
Basic Progressive Lenses	Not Covered	Not Covered	Basic Progressive Lenses	Not Covered	Not Covered
Premium Progressive Lenses	See Benefit Schedule	See Benefit Schedule	Premium Progressive Lenses	See Benefit Schedule	See Benefit Schedule
Contacts In Lieu Of Glasses	Yes	Yes	Contacts In Lieu Of Glasses	Yes	Yes
Contacts Allowance - Elective	Up to \$130 Allowance	Up to \$105 Allowance	Contacts Allowance - Elective	Up to \$130 Allowance	Up to \$105 Allowance
Contacts - Visually Necessary	Covered in full after \$25 copay	Up to \$210 Allowance	Contacts - Visually Necessary	Covered in full after \$25 copay	Up to \$210 Allowance
Contacts Above Allowance	See Benefit Schedule	See Benefit Schedule	Contacts Above Allowance	See Benefit Schedule	See Benefit Schedule
Photochromic	See Benefit Schedule	See Benefit Schedule	Photochromic	See Benefit Schedule	See Benefit Schedule
Frames	VSP Choice	Out-of-Network	Frames	VSP Choice	Out-of-Network
Coverage Allowance	Up to \$130 Allowance	Up to \$70 Reimb.	Coverage Allowance	Up to \$130 Allowance	Up to \$70 Reimb.
Coverage Above Allowance	\$0	\$0	Coverage Above Allowance	\$0	\$0
Corrective Vision Services	VSP Choice	Out-of-Network	Corrective Vision Services	VSP Choice	Out-of-Network
Lasik Vision Correction	See Benefit Schedule	See Benefit Schedule	Lasik Vision Correction	See Benefit Schedule	See Benefit Schedule
Cost / Fee	29 Enrolled		Cost / Fee	29 Enrolled	
Employee Only	10	\$6.82	Employee Only	10	\$6.82
Employee + Spouse	7	\$15.41	Employee + Spouse	7	\$15.41
Employee + Child	0	\$14.39	Employee + Child	0	\$14.39
Employee + Children	1	\$14.39	Employee + Children	1	\$14.39
Employee + Family	11	\$22.98	Employee + Family	11	\$22.98
Monthly Costs PEPM	29	\$444 \$15.29	Monthly Costs PEPM	29	\$444 \$15.29
Annual Costs PEPY	\$5,319 \$184		Annual Costs PEPY	\$5,319 \$184	
Δ % \$ From Current			Δ % \$ From Current	0.0% \$0	
Combined Costs	29 Enrolled		Combined Costs	29 Enrolled	
Comb. Monthly Costs PEPM	\$444 \$15.29		Comb. Monthly Costs PEPM	\$444 \$15.29	
Comb. Annual Plan Cost PEPY	\$5,319 \$183.41		Comb. Annual Plan Cost PEPY	\$5,319 \$183.41	
Δ % \$ From Current			Δ % \$ From Current	0.0% \$0	
Rate Guarantee (Months)	12		Rate Guarantee (Months)	12	

VSP Plus 10-130

VSP 130



Plan Name	1 - VSP Plus 10-130		1 - VSP 130	
Funding Type	Fully Insured		Fully Insured	
Voluntary / Contributory	Contributory ●		Contributory ●	
Benefit Frequency	VSP Choice Plus	Out-of-Network	VSP Choice	Out-of-Network
Benefit Basis	Plan Year	Plan Year	Plan Year	Plan Year
Eye Exam	Every 12 months ●	Every 12 months ●	Not Covered ●	Not Covered ●
Frames	Every 12 months ●	Every 12 months ●	Every 12 months ●	Every 12 months ●
Lenses	Every 12 months ●	Every 12 months ●	Every 12 months ●	Every 12 months ●
Contacts (in Lieu of glasses)	Every 12 months ●	Every 12 months ●	Every 12 months ●	Every 12 months ●
Plan Provisions	VSP Choice Plus	Out-of-Network	VSP Choice	Out-of-Network
Eye Exam	\$10 Copay ●	Up to \$65 Reimb. ●	Not Covered ●	Not Covered ●
Retinal Imaging Exam	See Benefit Schedule40 Copay ●	See Benefit Schedule40 Copay ●	See Benefit Schedule40 Copay ●	See Benefit Schedule40 Copay ●
Single Vision Lenses	\$10 Copay ●	Up to \$30 Reimb.	\$10 Copay ●	Up to \$30 Reimb.
Bifocal Lenses	\$10 Copay ●	Up to \$50 Reimb.	\$10 Copay ●	Up to \$50 Reimb.
Trifocal Lenses	\$10 Copay ●	Up to \$65 Reimb.	\$10 Copay ●	Up to \$65 Reimb.
Basic Progressive Lenses	\$0 Copay ●	Up to \$50 Reimb. ●	\$0 Copay ●	Up to \$50 Reimb. ●
Premium Progressive Lenses	\$95-\$105 Co-pay ●	Up to \$50 Reimbursement ●	\$95-\$105 Co-pay ●	Up to \$50 Reimbursement ●
Contacts In Lieu Of Glasses	Yes	Yes	Yes	Yes
Contacts Allowance - Elective	\$130 Allowance ●	Up to \$115 ●	\$130 Allowance ●	Up to \$115 ●
Contacts - Visually Necessary	See Benefit Schedule ●	See Benefit Schedule ●	See Benefit Schedule ●	See Benefit Schedule ●
Contacts Above Allowance	See Benefit Schedule	See Benefit Schedule	See Benefit Schedule	See Benefit Schedule
Photochromic	\$70 Co-pay SV, \$82 Co-Pay Multifocal ●	N/A ●	\$70 Co-pay SV, \$82 Co-Pay Multifocal ●	N/A ●
Frames	VSP Choice Plus	Out-of-Network	VSP Choice	Out-of-Network
Coverage Allowance	\$130 Allowance ●	Up to \$80 Allowance ●	\$130 Allowance ●	Up to \$80 Allowance ●
Coverage Above Allowance	\$0	\$0	\$0	\$0
Corrective Vision Services	VSP Choice Plus	Out-of-Network	VSP Choice	Out-of-Network
Lasik Vision Correction	Up to \$500 in Savings ●	Not Covered ●	Up to \$500 in Savings ●	Not Covered ●
Cost / Fee	29 Enrolled		29 Enrolled	
Employee Only 10	\$8.70 10		\$6.00 10	
Employee + Spouse 7	\$18.70 7		\$12.70 7	
Employee + Child 0	\$20.10 0		\$13.70 0	
Employee + Children 1	\$20.10 1		\$13.70 1	
Employee + Family 11	\$28.80 11		\$19.70 11	
Monthly Costs PEPM 29	\$555 \$19.14		\$380 \$13.08	
Annual Costs PEPY	\$6,658 \$230		\$4,552 \$157	
Δ % \$ From Current	↑ 25.2% \$1,339		↓ -14.4% -\$767	
Combined Costs	29 Enrolled		29 Enrolled	
Comb. Monthly Costs PEPM	\$555 \$19.14		\$380 \$13.08	
Comb. Annual Plan Cost PEPY	\$6,658 \$229.58		\$4,552 \$156.96	
Δ % \$ From Current	↑ 25.2% \$1,339		↓ -14.4% -\$767	
Rate Guarantee (Months)	12		12	

Vision - Page 3

Vision Perfect

DentalSelect Voluntary VSP 1



DentalSelect

Plan Name	1 - Vision Perfect				1 - DentalSelect Voluntary VSP 1			
Funding Type	Fully Insured				Fully Insured			
Voluntary / Contributory	Voluntary				Voluntary			
Benefit Frequency	Vision Perfect		Out-of-Network		VSP Choice		Out-of-Network	
Benefit Basis	Plan Year		Plan Year		Plan Year		Plan Year	
Eye Exam	12 Months		12 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months		24 Months	
Lenses	12 Months		12 Months		12 Months		12 Months	
Contacts (in Lieu of glasses)	12 Months		12 Months		12 Months		12 Months	
Plan Provisions	Vision Perfect		Out-of-Network		VSP Choice		Out-of-Network	
Eye Exam	Up to \$50 Copay	●	Not Covered	●	\$10 Copay	●	\$45 Allowance	●
Retinal Imaging Exam	Not Covered		Not Covered		Up to \$39 Copay	●	Not Covered	
Single Vision Lenses	Up to \$60 Copay	●	Not Covered	●	\$25 Copay		\$30 Allowance	●
Bifocal Lenses	Up to \$80 Copay	●	Not Covered	●	\$25 Copay		\$50 Allowance	●
Trifocal Lenses	Up to \$95 Copay	●	Not Covered	●	\$25 Copay		\$65 Allowance	●
Basic Progressive Lenses	Up to \$100 Discount	●	Not Covered		\$0 Copay	●	Not Covered	
Premium Progressive Lenses	See Benefit Schedule		See Benefit Schedule		\$95-\$105	●	N/A	●
Contacts In Lieu Of Glasses	Yes		Yes		Yes		Yes	
Contacts Allowance - Elective	Up to \$120	●	Up to \$120	●	\$130 allowance	●	\$105 Allowance	●
Contacts - Visually Necessary	Up to \$120	●	Up to \$120	●	Paid in Full	●	\$210 Allowance	●
Contacts Above Allowance	See Benefit Schedule		See Benefit Schedule		See Benefit Schedule		See Benefit Schedule	
Photochromic	See Benefit Schedule		See Benefit Schedule		\$10	●	N/A	●
Frames	Vision Perfect		Out-of-Network		VSP Choice		Out-of-Network	
Coverage Allowance	\$60 Allowance	●	Not Covered	●	\$130 Allowance	●	\$70 Allowance	●
Coverage Above Allowance	\$0		\$0		\$0		\$0	
Corrective Vision Services	Vision Perfect		Out-of-Network		VSP Choice		Out-of-Network	
Lasik Vision Correction	See Benefit Schedule		See Benefit Schedule		Average 15% off retail price -or- 5% off pro... ●		Not Covered ●	
Cost / Fee	29 Enrolled				29 Enrolled			
Employee Only 10	\$6.82		10		\$6.84		10	
Employee + Spouse 7	\$15.41		7		\$15.46		7	
Employee + Child 0	\$14.39		0		\$14.43		0	
Employee + Children 1	\$14.39		1		\$14.43		1	
Employee + Family 11	\$22.98		11		\$23.05		11	
Monthly Costs PEPM 29	\$444 \$15.29				\$445 \$15.34			
Annual Costs PEPY	\$5,319 \$184				\$5,336 \$184			
Δ % \$ From Current	0.0% \$0				↑ 0.3% \$17			
Combined Costs	29 Enrolled				29 Enrolled			
Comb. Monthly Costs PEPM	\$444 \$15.29				\$445 \$15.34			
Comb. Annual Plan Cost PEPY	\$5,319 \$183.41				\$5,336 \$183.98			
Δ % \$ From Current	0.0% \$0				↑ 0.3% \$17			
Rate Guarantee (Months)	12				12			



Vision - Page 4

Equitable Group Vision



Plan Name		1 - Equitable Group Vision	
Funding Type		Fully Insured	
Voluntary / Contributory		Voluntary	
Benefit Frequency		VSP	Out-of-Network
Benefit Basis		Plan Year	Plan Year
Eye Exam		12 Months	12 Months
Frames		24 Months	24 Months
Lenses		12 Months	12 Months
Contacts (in Lieu of glasses)		12 Months	12 Months
Plan Provisions		VSP	Out-of-Network
Eye Exam		\$10 Copay ●	Up to \$45 Reimb.
Retinal Imaging Exam		See Benefit Schedule40 Copay ●	See Benefit Schedule40 Copay ●
Single Vision Lenses		\$25 Copay	Up to \$30 Reimb.
Bifocal Lenses		\$25 Copay	Up to \$50 Reimb.
Trifocal Lenses		\$25 Copay	Up to \$65 Reimb.
Basic Progressive Lenses		\$55 Copay ●	See Benefit Schedule25 Copay ●
Premium Progressive Lenses		\$95-\$105 ●	See Plan Summary ●
Contacts In Lieu Of Glasses		Yes	Yes
Contacts Allowance - Elective		\$130 allowance ●	Up to \$105 ●
Contacts - Visually Necessary		Covered in Full ●	Up to \$210 ●
Contacts Above Allowance		See Plan Summary ●	See Plan Summary ●
Photochromic		See Plan Summary ●	See Plan Summary ●
Frames		VSP	Out-of-Network
Coverage Allowance		Up to \$130 Allowance	Up to \$70 Reimb.
Coverage Above Allowance		\$20 ●	\$0
Corrective Vision Services		VSP	Out-of-Network
Lasik Vision Correction		See Plan Summary ●	See Plan Summary ●
Cost / Fee		29 Enrolled	
Employee Only	10	\$6.01	10
Employee + Spouse	7	\$12.01	7
Employee + Child	0	\$12.85	0
Employee + Children	1	\$20.54	1
Employee + Family	11	\$20.54	11
Monthly Costs PEPM	29	\$391 \$13.48	
Annual Costs PEPY		\$4,688 \$162	
Δ % \$ From Current		↓ -11.9% -\$631	
Combined Costs		29 Enrolled	
Comb. Monthly Costs PEPM		\$391 \$13.48	
Comb. Annual Plan Cost PEPY		\$4,688 \$161.65	
Δ % \$ From Current		↓ -11.9% -\$631	
Rate Guarantee (Months)		24 ●	

Comparison of Benefits



 Life Insurance and AD&D



Basic Life & AD&D - Page 1

		Current Plan		Renewal Plan	
		 EQUITABLE		 EQUITABLE	
Plan Name		1 - Basic Life/AD&D		1 - Basic Life/AD&D	
Employee Coverage		Basic Life & AD&D		Basic Life & AD&D	
1 - All Employees		\$25,000		\$25,000	
Portability		⊗		⊗	
Conversion		✔		✔	
AD&D Benefit					
1 - All Employees		\$25,000		\$25,000	
Dependent Benefits					
Spouse Benefit		⊗		⊗	
Child(ren) Benefit		⊗		⊗	
Tier 1		-		-	
Tier 2		-		-	
Tier 3		-		-	
Full Time Student Required		-		-	
Rates		67 Enrolled		67 Enrolled	
Life Volume	67	\$1,657,500		\$1,657,500	
AD&D Volume	67	\$1,657,500		\$1,657,500	
Life Rate /per \$1,000	67	\$0.076	67	\$0.076	67
AD&D Rate /per \$1,000	67	\$0.022	67	\$0.022	67
Spouse Rate /per Unit	0	-	0	-	0
Child(ren) Rate /per Unit	0	-	0	-	0
Monthly Costs PEPM		\$163 \$2.43		\$163 \$2.43	
Annual Costs PEPY		\$1,950 \$30		\$1,950 \$30	
Δ % \$ From Current				0.0% \$0	
Rate Guarantee (Months)		36		36	

Basic Life & AD&D (Details) - Page 1

	Current Plan	Renewal Plan
		
Plan Name	1 - Basic Life/AD&D	1 - Basic Life/AD&D
Contribution		
Employee Cost	-	-
Employer Cost	\$163	\$163
Features		
Accelerated Death Benefit	75% - 12 Mo.	75% - 12 Mo.
Waiver of Premium	9 Mo. - SSNRA	9 Mo. - SSNRA
Benefit Reduction Schedule		
Tier 1	Age 65 - 35%	Age 65 - 35%
Tier 2	Age 70 - 50%	Age 70 - 50%
Tier 3	-	-
Tier 4	-	-
Air Bag	✔	✔

Comparison of Benefits



Voluntary Life




Voluntary Life & AD&D - Page 1

	Current Plan	Renewal Plan
		
Plan Name	1 - Voluntary Life/AD&D	1 - Voluntary Life/AD&D
Employee Life AD&D Benefits		
Benefit	Up to \$300,000	Up to \$300,000
Calculation Type	Fixed Amount	Fixed Amount
Purchase Increments	\$10,000	\$10,000
Maximum Benefit	\$300,000	\$300,000
Guarantee Issue	\$200,000	\$200,000
Accelerated Death Benefit	75% - 12 Mo.	75% - 12 Mo.
Waiver of Premium	9 Mo. - SSNRA	9 Mo. - SSNRA
Portability	Yes - Same Rates	Yes - Same Rates
- Terms with Master Contract	No	No
- EOI Required	No	No
Conversion	✔	✔
Late Enrollments	Yes - EOI Required	Yes - EOI Required
Annual Increases	Employee may increase amount ...	Employee may increase amount ...
Benefit Reduction		
Tier 1	Age 65 - 35%	Age 65 - 35%
Tier 2	Age 70 - 50%	Age 70 - 50%
Tier 3	-	-
Tier 4	-	-
Dependent Life		
Waiver Of Premium	✔	✔
Portability	✔	✔
Spouse Benefits		
Benefit	Up to \$100,000	Up to \$100,000
Increments / Max.	\$5,000 Up to \$100,000	\$5,000 Up to \$100,000
Guarantee Issue	\$30,000	\$30,000
Child Benefits		
Benefit	\$10,000 or \$20,000	\$10,000 or \$20,000
Increments / Max.	\$10,000 Up to \$20,000	\$10,000 Up to \$20,000
Tier 1	65 - \$20000	65 - \$20000
Tier 2	-	-
Tier 3	-	-
Full Time Student Required	⊗	⊗
Volume (Estimated)		
Employee	\$3,050,000	\$3,050,000
Spouse	\$630,000	\$630,000
Child	\$320,000	\$320,000
Cost	100% Employee Paid	100% Employee Paid
Monthly Costs	\$810	\$810
Annual Plan Costs	\$9,715	\$9,715
Δ % \$ From Current		0.0% \$0
Combined Monthly Costs	\$810	\$810
Combined Annual Costs	\$9,715	\$9,715
Δ % \$ From Current		0.0% \$0
Rate Guarantee (Months)	36	36



Voluntary Life & AD&D (Details) - Page 1

	Current Plan		Renewal Plan	
				
Plan Name	1 - Voluntary Life/AD&D		1 - Voluntary Life/AD&D	
Enrollment				
EOI Type	Not Required		Not Required	
Additional Life Features				
Will Prep	✔		✔	
Identity Theft	✔		✔	
EAP Services	✔		✔	
Travel Assistance	✔		✔	
Hearing Discount	✖		✖	
Additional AD&D Features				
Air Bag	✔		✔	
Seat Belt	✔		✔	
Child Care	✖		✖	
Repatriation	✔		✔	
Common Carrier	✔		✔	
Education Benefit	✔		✔	
Adaptive Home & Vehicle	✖		✖	
Therapeutic Counseling Benefit	✖		✖	
Critical Burn Benefit	✖		✖	
Rates (Per \$1,000/mo)	Employee	Spouse	Employee	Spouse
<20	\$0.045	\$0.045	\$0.045	\$0.045
20-24	\$0.045	\$0.045	\$0.045	\$0.045
25-29	\$0.045	\$0.045	\$0.045	\$0.045
30-34	\$0.050	\$0.050	\$0.050	\$0.050
35-39	\$0.076	\$0.076	\$0.076	\$0.076
40-44	\$0.122	\$0.122	\$0.122	\$0.122
45-49	\$0.188	\$0.188	\$0.188	\$0.188
50-54	\$0.307	\$0.307	\$0.307	\$0.307
55-59	\$0.482	\$0.482	\$0.482	\$0.482
60-64	\$0.669	\$0.669	\$0.669	\$0.669
65-69	\$1.234	\$1.234	\$1.234	\$1.234
70-74	\$2.154	\$2.154	\$2.154	\$2.154
75+	\$2.154	\$2.154	\$2.154	\$2.154
Average Rate	\$0.583	\$0.583	\$0.583	\$0.583
Voluntary AD&D	\$0.022	\$0.022	\$0.022	\$0.022
Child Rate AD&D (Per \$1,000/mo)	\$0.200		\$0.200	
Cost	100% Employee Paid		100% Employee Paid	
Monthly Costs	\$810		\$810	
Annual Plan Costs	\$9,715		\$9,715	
Δ % \$ From Current			0.0% \$0	
Combined Monthly Costs	\$810		\$810	
Combined Annual Costs	\$9,715		\$9,715	
Δ % \$ From Current			0.0% \$0	
Rate Guarantee (Months)	36		36	

Comparison of Benefits

 **Short Term Disability**



Short Term Disability - Page 1

	Current Plan		Renewal Plan	
				
Plan Name	1 - Short Term Disability		1 - Short Term Disability	
Benefits				
Injury Elimination Period	15 Days		15 Days	
Sickness Elimination Period	15 Days		15 Days	
First Day Hospital	⊗		⊗	
Benefit Percentage				
1 - All Employees	60%		60%	
Maximum Weekly Benefit				
1 - All Employees	\$1,500 - Taxable		\$1,500 - Taxable	
Maximum Benefit Duration	11 Weeks		11 Weeks	
Elimination Period Included	⊗		⊗	
Pre Existing Limitations	None		None	
Definition Of Disability	Residual		Residual	
Contribution	Employer	Employee	Employer	Employee
Monthly Cost	\$919.03	\$0.00	\$919.03	\$0.00
Participation Required	100% or 116 Enrolled		100% or 116 Enrolled	
Cost				
Rate Per \$10	See Rate Table		See Rate Table	
Employee Volume (Estimated)	\$36,761		\$36,761	
Combined Costs	67 Enrolled		0 Enrolled	
Monthly Costs PEPM	67		\$919.03 \$13.72	
Annual Costs PEPM	\$11,029 \$165		\$11,029 \$0	
Δ % \$ From Current			0.0% \$0	
Rate Guarantee (Months)	24		24	

Short Term Disability Rates - Page 1

Current Plan					Renewal Plan		
							
Plan Name		1 - Short Term Disability			1 - Short Term Disability		
Definitions							
Partial Disability		✔			✔		
Routine Pregnancy Cesarean		6 weeks (includes Elim. Per.) 8 Wk. Max. (Minus Elim. Per.) Base Wage			6 weeks (includes Elim. Per.) 8 Wk. Max. (Minus Elim. Per.) Base Wage		
Earnings Definition							
Earnings Test During Elim. Per.		No			No		
Features							
Annual Open Enrollment		-			-		
Portability		⊗			⊗		
Zero Day Residual		✔			✔		
FICA Match		✔			✔		
W2 Prep		✔			✔		
Monthly Rates (Per \$10)		Rate	Cost	Enrolled	Rate	Cost	Enrolled
Under 20	0	\$0.250	\$0	0	\$0.250	\$0	0
20 - 24 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
25 - 29 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
30 - 34 Years	67	\$0.250	\$920	67	\$0.250	\$920	0 ●
35 - 39 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
40 - 44 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
45 - 49 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
50 - 54 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
55 - 59 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
60 - 64 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
65 - 69 Years	0	\$0.250	\$0	0	\$0.250	\$0	0
70+	0	\$0.250	\$0	0	\$0.250	\$0	0
ASO Claims							
Monthly Costs PEPM		\$0 \$0.00 67			\$0 \$0.00 0		
Annual Costs PEPY		\$0 \$0.00 67			\$0 \$0.00 0		
Run Out Claims		-			-		
Take Over Claims		-			-		
Monthly Costs PEPM 67		\$920 \$13.72			\$920 \$0.00		
Annual Costs PEPY		\$11,029 \$165			\$11,029 \$0		
Δ % \$ From Current					0.0% \$0		
Rate Guarantee (Months)		24			24		




Comparison of Benefits

 Long Term Disability



Long Term Disability - Page 1

	Current Plan	Renewal Plan
		
Plan Name	1 - Long Term Disability	1 - Long Term Disability
Benefits		
Elimination Period	90 Days	90 Days
1 - All Employees	60% up to \$4,000 - Taxable	60% up to \$4,000 - Taxable
1 - Own Occupation	24 Month	24 Month
Guarantee Issue	Full Amount	Full Amount
Own Occupation Period	-	-
Benefit Duration	SSNRA	SSNRA
Definitions		
Income Loss Req. Dur. Elim. Per.	None	None
Pre Existing Limitations	3/12	3/12
Earnings Definition	Base Wage	Base Wage
Contribution	EmployerEmployee	EmployerEmployee
Monthly Cost	\$757.98\$0.00	\$757.98\$0.00
Participation Required	0% or 0 Enrolled	0% or 0 Enrolled
Cost		
Rate Per \$100	See Rate Table	See Rate Table
Employee Volume (Estimated)	\$261,372	\$261,372
Combined Costs	67 Enrolled	0 Enrolled
Monthly Costs PEPM	\$757.98 \$11.32	\$757.98 \$0.00
Annual Costs PEPY	\$9,096 \$136	\$9,096 \$0
Δ % \$ From Current		0.0% \$0
Rate Guarantee (Months)	36	36

Long Term Disability Rates - Page 1

Current Plan			Renewal Plan		
					
1 - Long Term Disability			1 - Long Term Disability		
Additional Definitions					
Income Loss Req. Dur. Elim. Per.			None		
Pre Existing Limitations			3/12		
Alcohol / Drug			24 Mo. Limitation - Lifetime		
Mental Nervous			24 Mo. Limitation - Lifetime		
Self Reported			0 Mo. Limitation - No Limitations		
Earnings Test			80% Own - 80% Any		
Earnings Definition			Base Wage		
Recurrent Protection			6 Mo.		
Features					
Waiver Of Premium			✔		
Survivor Benefit			3 Mo. - Gross		
			-		
100% Return To Work Incentive			12 Mo.		
Eap - Face To Face Visits			Included - 5 Visit(s)		
Income Protection			✖		
Continuity Of Coverage			✔		
Line Of Duty			✖		
COLA			✖		
FICA MATCH			✔		
W2 PREP			✔		
Monthly Rates (Per \$100)			Rate	Premium	Enrolled
Under 20	0	\$0.290	\$0	0	
20 - 24 Years	0	\$0.290	\$0	0	
25 - 29 Years	0	\$0.290	\$0	0	
30 - 34 Years	67	\$0.290	\$758	67	
35 - 39 Years	0	\$0.290	\$0	0	
40 - 44 Years	0	\$0.290	\$0	0	
45 - 49 Years	0	\$0.290	\$0	0	
50 - 54 Years	0	\$0.290	\$0	0	
55 - 59 Years	0	\$0.290	\$0	0	
60 - 64 Years	0	\$0.290	\$0	0	
65 - 69 Years	0	\$0.290	\$0	0	
70+	0	\$0.290	\$0	0	
Monthly Costs PEPM			\$758 \$11.32		
Annual Costs PEPY			\$9,096 \$136		
Δ % \$ From Current			0.0% \$0		
Rate Guarantee (Months)			36		

Comparison of Benefits

 **Employee Assistance Program**



Employee Assistance Program - Page 1

	Blomquist Hale EAP	BluNovus EAP
		
Plan Name	1 - Blomquist Hale EAP	1 - BluNovus EAP
Benefits		
Number of Issues	Unlimited	Unlimited
In-Person Sessions / Issue	Unlimited	Unlimited
Telephonic Sessions / Issue	Unlimited	Unlimited
On-site Crisis Response	Included	Included
Critical Incident Follow-Up	Included	Included
Supervisor Consultation	Included	Included
Quarterly Report Meetings	Included	Included
Employee & Supervisor Training	Included	Included
Drug & Alcohol Counselors	Included	Included
Financial and Legal Support	Included	Not Included
Emotional & Behavioral Health	Included	Included
Will Preparation Support	Included	Included
Assistance for Caregivers	Included	Included
Assistance Finding Daycare	Included	Included
Utilization Reports	Included	Included
Wellness	Included	Not Included
Text Consultation	Not Available	 Available
Video Conference	 Available	Not Available
App Available	 Android  iOS	 Android  iOS
Enrollment	67 Enrolled	67 Enrolled
Who Is Covered	EE + Family	Household
Enrollment0	67	67
Cost / Fee		
Projected Sessions	0	0
Rate	\$4.91 PEPM	\$6.50 PEPM
Monthly Costs PEPM	\$329 \$4.91	\$436 \$6.50
Annual Costs PEPY	\$3,948 \$58.92	\$5,226 \$78.00
Δ % \$ From Current	0.0% \$0	0.0% \$0
Combined Costs	67 Enrolled	67 Enrolled
Comb. Monthly Costs PEPM	\$329 \$4.91	\$436 \$6.50
Comb. Annual Plan Cost PEPY	\$3,948 \$58.92	\$5,226 \$78.00
Δ % \$ From Current	0.0% \$0	0.0% \$0
Rate Guarantee (Months)	12	24



Comparison of Benefits

 Identity Protection



Identity Protection - Page 1

	Current Plan		Renewal Plan	
				
Plan Name	1 - InfoArmor		1 - InfoArmor	
ID Monitoring	Minimum: 0% or - Enrolled		Minimum: 0% or - Enrolled	
Proactive ID Monitoring	Included		Included	
Public Records	Included		Included	
Pay Day Loans	Included		Included	
Credit Applications	Included		Included	
High Risk Transaction Alerts	Not Included		Not Included	
Mortgages	Included		Included	
Auto Loans	Included		Included	
Bank Accounts	Included		Included	
Credit Disputes	Not Included		Not Included	
Social Media Monitoring	N/A		N/A	
Credit Monitoring				
Tri-Bureau Credit Monitoring	Included		Included	
Multibureau Credit Lock	Not Included		Not Included	
Online Annual Credit Reports	Not Included		Not Included	
Fraud Alerts or Freeze on Credit	Included		Included	
Restoration Services				
ID Theft Redemption	Included		Included	
Lost Wallet Protection	Included		Included	
Online Identity Restoration	Not Included		Not Included	
Accepts Pre-Existing	Yes - 0 Years Back		Yes - 0 Years Back	
Tax Fraud Refund Advance	Not Included		Not Included	
401K Restoration	Included		Included	
H.S.A Restoration	Included		Included	
Dependents				
Maximum Dependents	Unlimited		Unlimited	
Age Limit	No Limit		No Limit	
Online Identity Restoration	Not Included		Not Included	
Accepts Pre-Existing	Yes - 0 Years Back		Yes - 0 Years Back	
Full Time Student	Not Required		Not Required	
Same Household	Required		Required	
Financially Supported	Required		Required	
Cost / Fee	9 Enrolled		9 Enrolled	
Individual4	\$9.95	4	\$9.95	4
Family5	\$17.95	5	\$17.95	5
Monthly Costs PEPM	\$130 \$14.40		\$130 \$14.40	
Annual Costs PEPY	\$1,555 \$173		\$1,555 \$173	
Δ % \$ From Current			0.0% \$0	
Combined Costs	9 Enrolled		9 Enrolled	
Comb. Monthly Costs PEPM	\$130 \$14.40		\$130 \$14.40	
Comb. Annual Plan Cost PEPY	\$1,555 \$172.74		\$1,555 \$172.74	
Δ % \$ From Current			0.0% \$0	
Rate Guarantee (Months)	12		12	



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HUB

(Effective as of January 1, 2020)

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