

⇒ **Dental** – Indemnity Plan with Optional use PPO Network

Employer chooses from the following plan designs				
	Option 1	Option 2	Option 3	Option 4
Deductible	\$50 Contract Year	\$50 Contract Year	\$100 Lifetime	\$100 Lifetime
Family Limit	3	3	No Limit	No Limit
Waived for Preventative	Yes	Yes	No	No
Type I Procedures Preventative	100%	100%	100%	100%
Type II Basic Service	80% Endo/Perio	80% Endo/Perio	80%	80%
Type III Major Services	50%	50%	50% Endo/Perio	25% Endo/Perio
Annual Maximum	\$2,000	\$1,500	\$1,000	\$500
Type IV Orthodontia	50%	50%	50%	0%
Lifetime Ortho Maximum	\$2,000	\$1,000	\$1,000	0%
<p>Enrollees can choose any dentist or utilize cost savings by choosing a Dentemax PPO Provider. Dentists in Mexico are allowed.</p> <p>Rates are based upon the groups SIC and ZIP code.</p> <p>Rates are GUARANTEED for 24-months.</p> <p>Abbreviated overview – see proposal for more details.</p>				

⇒ **Vision** – EyeMed Network

Employer chooses 1 of the following Plans - In Network Member Cost		
	Exam Only Plan	Exam & Eyewear Plan
Vision Exam	\$10 Co-Pay	\$10 Co-pay
Standard Lenses	\$50/\$70/\$105	\$10 Co-Pay
Lens Options		
UV Coating / Tint	\$15	\$15
Scratch Resistance	\$15	\$15
Polycarbonate	\$40	\$40
Anti-Reflective Coating	\$45	\$45
Progressive	\$65	\$65
Other Add-ons	20% off retail	20% off retail
Frames	35% of retail with eyeglass purchases	
Contact Lenses		
Conventional / Disposable	15% of retail	15% off balance over \$120 allowance
Standard Fit & Follow-up	N/A	\$0 for Fit and 2 follow up visits
Premium Fit and Follow-up	N/A	10% off Retail Charges less \$55
Medically Necessary		\$0
Abbreviated overview – see proposal for more details.		

For questions, please contact: National MGA Insurance Alliance – 210-340-0470 or 956-982-3998.

The Defined Contribution Private Exchange



Group size 2 - 99
 Guaranteed-Issue
 Minimal Participation
 SIC Rates
 No Census Needed
 2 Year Rate Lock

MARKETED BY:



Employees choose the benefits they want

The Defined Contribution Plan: Benefits Employees Need Most

Employers choose the benefit plans they want to offer their employees and the employees are free to choose all or any of the benefits that best fit their needs.

Employer Contribution Requirements

Employer chooses to fund either **\$15 / \$30 / \$50 PEPM** for benefits. This amount becomes the employer's "Defined Contribution."

The employer may choose any combination of the following benefits to offer their employees:

- Basic Life with AD&D*
- Voluntary Life
- Short Term Disability
- Long Term Disability**
- Dental
- Vision

*Basic life /AD&D requires 100% employee participation

** LTD is only available for groups 10-99 lives with 2 lives minimum participation

BENEFIT OPTIONS

⇒ Base Life with AD&D*

Basic Life with AD&D – Employer Chooses One		
Guaranteed Issue – Rates are based upon groups SIC and Employers PEPM amount chosen.		
	Base Life	AD&D
1 <input type="checkbox"/>	\$25,000	\$25,000
2 <input type="checkbox"/>	\$50,000	\$50,000
<u>Dependent Life Insurance</u>		
	Spouse: \$5,000	
	Children: 14 Days to 6 Months: \$100	
	6 Months & Over: \$5,000	
*100% employee participation when offered as part of the plan. Abbreviated overview – see proposal for more details.		

⇒ Voluntary Life with AD&D

Employee has the Option of:

- \$25,000 to \$250,000 of Voluntary Term Life
- Spouse Coverage up to 50% of Employee amount
- Child(ren) \$2,500 incurments up to \$10,000

\$100,000 Employee coverage is Guaranteed Issue up to age 65 if you enroll when initially eligible.

Spouse coverage is Guarantee Issue up to \$50,000 (maximum benefit of 50% of employe benefit)

Abbreviated overview – see proposal for more details.

Rates are based upon groups SIC and Employers PEPM amount chosen.

Quoting

Groups up to 99 employees:

- Group Name & Location
- Number of eligible employees
- SIC code or Nature of Business
- Employer Monthly Contribution PEPM

Groups over 100 employees:

- Same as above
- Census including salaries
- Prior Carrier Experience

⇒ Short Term Disability

3 Plan Options – 1 to be Chosen by the Employer			
	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3
Accident / Sickness	8/8	8/8	15/15
Maximum Benefit Period	13 Weeks	26 Weeks	52 Weeks
Weekly Benefit Amount	60% up to \$1,250	60% up to \$1,250	60% up to \$1,250
Guarantee Issue with 12/12 Pre-X. Maternity is Covered Abbreviated overview – see proposal for more details			

⇒ Long Term Disability

All active, full-time employees			
Groups 10-99 lives / 2 lives minimum participation			
Benefit Replacement Percentage	10-24 eligible lives: up to \$3,000 per month 25-99 eligible lives: up to \$5,000 per month		
Benefit Duration	2-years	5-years	SSNRA
Elimination Period	90 or 180 days		
Social Security Benefit Integration	Social Security		
Definition of Disability	24 months own occ		
Work Incentive Benefit Duration	12 months		
Minimum Benefit	Add \$100 minimum or 10% LTD Benefits		
Partial Disability	Residual w/12 month WIB		
Mental & Nervous Condition	24 month limit		
Pre-existing Conditions	12/6/24		
Rate Guarantee	2 Years		
Late Entrants	Medical underwriting		
Waiting Period	90 days		
Other Standard Features			
Full Maternity Benefits	Social Security Assistance	Survivor Benefit (3 months)	
Vocational Rehabilitation Benefit	Continuity of Coverage	Waiver of Premium	
Workplace Modification Benefit	Cost of Living Freeze		
Abbreviated overview – see proposal for more details.			