



2024-2025

Benefits Open Enrollment

Open Enrollment Agenda

- Welcome
- OE General Information
- HealthComp
- RxBenefits
- Asserta
- Proficient
- MetLife
- Mutual Of Omaha
- Aflac

Insurance Benefits Committee Members

Sr. Walter Maher	VP for Mission & Ministry
Dr. Darrell Haydon	CFO & VP Administrative Svcs
Cindy Escamilla	Vice President of Legal Affairs & General Counsel
Dr. Ronda Gottlieb	Director of Clinical Health
Dr. Jeff Copeland	Assistant Dean of Experiential Programs- Pharmacy
Dr. Trey Guinn	Associate Professor – Communication Arts
Dr. Shandra Esparza	Associate Professor - Nursing & Health Professions
Elisa Gonzales	Assistant Comptroller
Scott LeBlanc	Director of Sports & Wellness
Ashley Wysong	Administrative Assistant to Sr. Director Military Affairs
Annette Thompson	Associate Vice President – Human Resources
Shannon Root	Director Human Resources

Open Enrollment Period

April 16 – April 28, 2024

- Open Enrollment is the time to enroll in insurance benefits (medical, dental, vision, life, flexible spending)
- **Enroll** or **waive** benefits online through Banner Self-Service via Cardinal Apps
- Benefits will not roll over from the previous year
- Benefit elections are effective June 1, 2024

What's staying the same

- UIW will maintain the current Bronze and Silver medical, dental, and vision benefits
- Medical subsidies will continue for those earning below \$48,000
- Metlife will continue as our vendor for Vision coverage and premiums will remain the same
- Proficient Flex Spending and Aflac supplemental insurance will continue
- Grandfather status will continue under the ACA
- HealthComp formerly known as (Gilsbar) will continue to be UIW's third party administrator (TPA)

What's staying the same (cont'd)

- Bronze plan premiums will remain the same.
- Dental plan premiums will remain the same.
- Mutual of Omaha will remain our life insurance and AD&D carrier. Employee's current life insurance and AD&D coverages will automatically stay the same with Mutual of Omaha.
- Zelis will still provide patient advocacy services and balance bill resolutions on the Bronze and Silver RBP plans.
- Employees will receive a letter from HealthComp to their home address regarding the dependent eligibility.

Benefit Changes

- Unfortunately, due to the rise in the cost of healthcare, there will be a 12% increase in our Silver plan.
- A new pharmacy benefit manager (PBM) will replace Mc - Rx. The new PBM will be RxBenefits.
- Flexible Spending IRS limits increased to \$3,200 from \$3,050
- If you have Voluntary Life, you can increase it by \$10K with no EOI.

Benefit Changes (Cont'd)

Silver Medical	Old Premium	New Premium
Employee Only	\$445.76	\$499.24
Employee & Spouse	\$847.00	\$948.64
Employee & Child(ren)	\$724.36	\$811.28
Employee & Family	\$1,056.50	\$1,183.28



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Presented by: HealthComp

Do I need insurance?

- Insurance is for the unforeseen illnesses in your life.
- Insurance is to help keep these things from happening by providing you with preventive care at no cost.
- Insurance is to help offset any cost that might happen if you have an unforeseen illness.



2024 What is Changing?

- Medical – Premium increase on Silver plan, no plan changes
- Dental – No change to premium. No plan changes.
- Rx – Provider now Express Scripts through RxBenefits. No plan changes



2024 Medical Benefit Options



2024-2025 BENEFIT PLAN CHOICES	UIW BRONZE	UIW SILVER
Deductible (per calendar year)		
Individual	\$1,500	\$1,000
Family	\$3,000	\$2,000
Co-Insurance		
	70% after deductible	100% after deductible
Health Fund (per calendar year)		
Individual	N/A	\$500 per member
Out of Pocket Maximums (per calendar year)		
Individual	\$4,000	\$1,000
Family	\$12,000	\$2,000
Typical Medical Services		
Primary Care Visit	\$25 co-pay per visit	100% after deductible
Specialist Office Visit	\$45 co-pay per visit	100% after deductible
Preventative Services	100% deductible & co-pay waived	100% deductible waived
Hospital – Facility Inpatient	\$250 co-pay per day up to 5 days, then 70% after deductible	100% after deductible
Hospital – Facility Outpatient	70% after deductible	100% after deductible
Emergency Room	100% after \$150 co-pay per visit	100% after deductible
Urgent Care	100% after \$50 co-pay	100% after deductible

2024 Plans

Reference-Based Pricing BRONZE & SILVER

- Claims are paid based on Medicare pricing
- No network & wider provider access
- Lower premiums



Zelis FAQ

IS THERE A SPECIFIC NETWORK OR PROVIDER LIST I SHOULD USE?

Yes, there is a list of providers that can be accessed by contacting Human Resources. Zelis is also an open network and members can use the doctor or hospital of their choice as part of this plan.

WHAT IF MY DOCTOR OR HOSPITAL HAS QUESTIONS ABOUT MY PLAN?

Your doctor or hospital should contact HealthComp at 877-301-2988 regarding questions about your plan.

The provider performing your medical procedure may request money from you upfront, however, you as the patient are only responsible for your deductible and coinsurance. Please contact HealthComp to confirm your responsibility.

HOW DO I DETERMINE WHAT MY OUT OF POCKET RESPONSIBILITY IS?

A provider submits a balance bill when they are trying to collect more than is allowed by the plan for the services rendered as indicated on the member's Explanation of Benefits (EOB).

WHAT IS A BALANCE BILL?

WHAT SHOULD I DO IF A PROVIDER SENDS ME A BALANCE BILL?

Contact HealthComp immediately and HealthComp will review the bill with you to determine if there is additional patient responsibility. Once HealthComp confirms the balance bill, they will assist in having the bill sent to Zelis.

SHOULD I PAY MY RESPONSIBILITY IF THE PROVIDER BILLS FOR MORE THAN THE EOB SAYS IS MY RESPONSIBILITY?

You should pay your patient responsibility as defined by your benefit plan and explanation of benefits (EOB) as soon as possible. Paying your patient responsibility does not mean you are assuming responsibility for the entire bill.

Explanation of Benefits (EOB)

Page 1 of 2 J008 [1] 1 of 3

HealthComp
18961 S. 90th Avenue
Mokena IL 60448

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

JOE SAMPLE
17475 JOVANNA DRIVE
HOMEWOOD IL 60430

Customer Service

Questions? Contact us at
(888) 413-1707 or fax us at (708) 799-7533

Enrollee: JOE SAMPLE
Patient: JOE SAMPLE
Member ID: 01234567
Group: SAMPLE GROUP
Group#: 113025
Location: 0100
Location Name: CORP
Dep Code: e
Date: 08/16/2016

Claim#: **30428789-01**
Patient: **JOE SAMPLE** Provider: DOCTOR PROVIDER

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Plan Reduction	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
06/14-06/14/2016	96	\$1.00	\$0.00		\$0.00	\$1.00	\$0.00	\$0.00	\$1.00	100%	\$1.00
Column Totals		\$1.00	\$0.00		\$0.00	\$1.00	\$0.00	\$0.00	\$1.00		\$1.00

Patient's Responsibility: \$0.00

Primary Carriers Allowed Amount: \$0.00
Other Credits or Adjustments: \$0.00
Total Net Payment: \$1.00

Service Code Description
96 EXTRA CONTRACTUAL

Additional Information

You Should Know
IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.



How to contact HealthComp?

- Should you have questions or need guidance during your open enrollment, call **HealthComp's Care Advocacy: 877-301-2988**.
- Our friendly and knowledgeable Care Advocates are available to you Monday through Friday from 7 am – 7 pm CST.

Phone: 877-301-2988

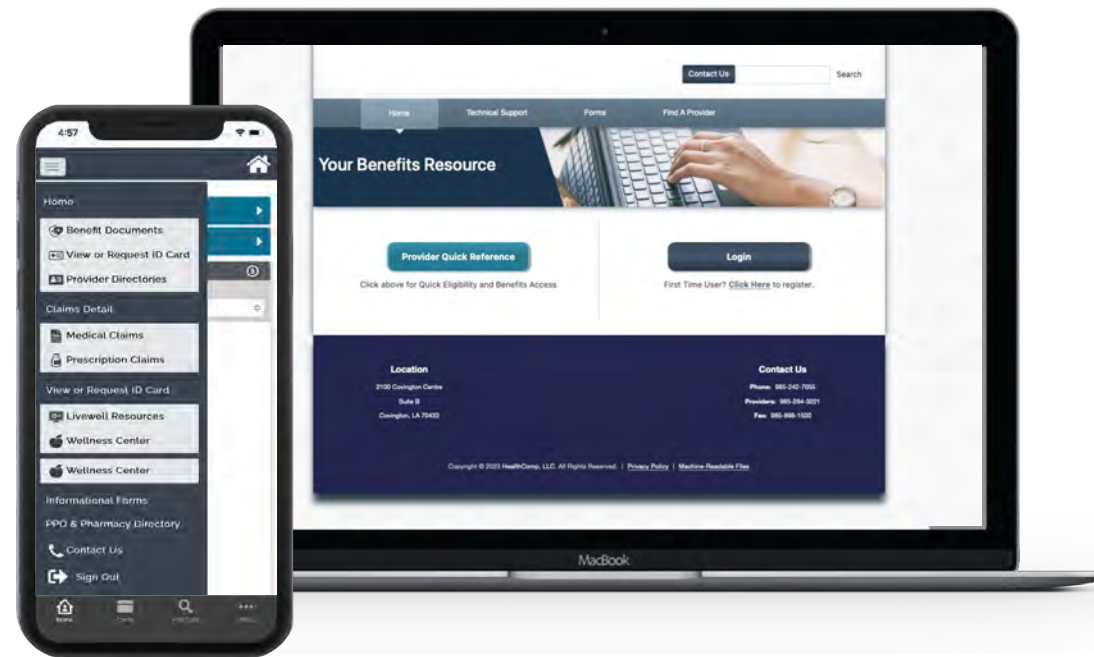
Email: customerserve@healthcomp.com



HHealthBenefits

Access Your Benefits Anywhere, Anytime

The HHealthBenefits platform is designed to make your healthcare experience seamless and empower you to take an active role in managing your benefits. Whether you sign in on the web or through our mobile app, HHealthBenefits provides a single point of access to your health plan.



HHealthBenefits Features:

- View your **plan status** (deductible and out-of-pocket)
- Access **digital versions** of your ID cards and EOBs
- Review medical and dental **claims**
- Submit **claims** and **Other Insurance forms**

You can register for an HHealthBenefits account once you've enrolled in a health plan.



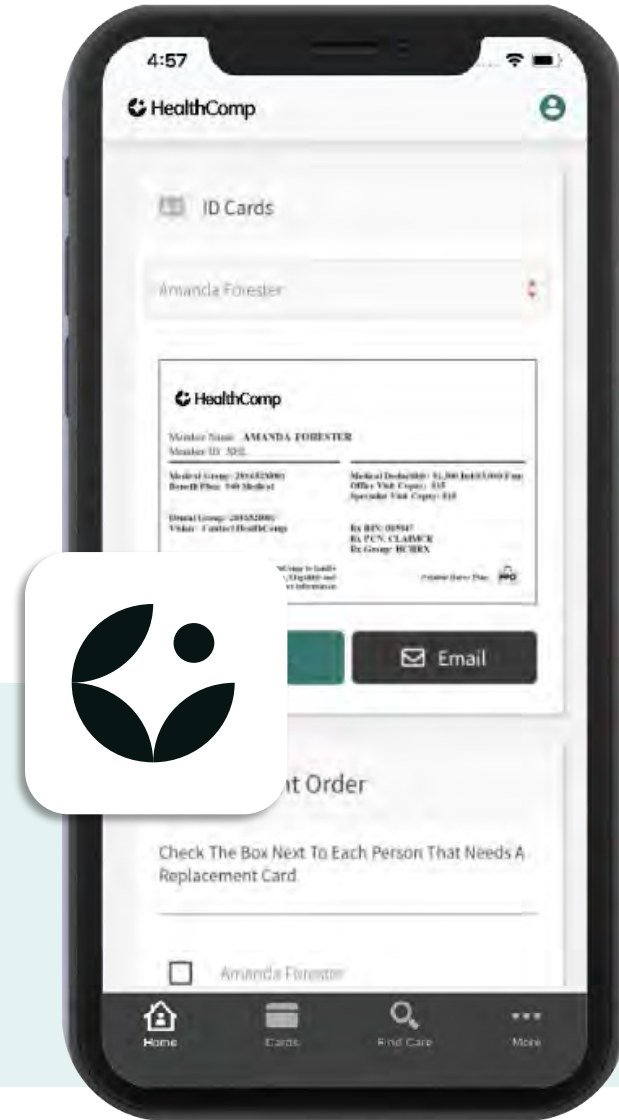
Access digital ID cards for you and your family

You can access digital ID cards using the **HCHHealthBenefits** app. Just download the app, sign into your **HCHHealthBenefits** account, and tap Cards.

You can also access your digital ID card on the web at: HCHHealthBenefits.com

HCHHealthBenefits is available on the web and also through our **mobile app**. To download the app, search for “HealthComp” in the Apple App Store or Google Play and download the HCHHealthBenefits app.

To visit **HCHHealthBenefits** on the web, go to:
<https://HCHHealthBenefits.com>



Questions?

Our Care Advocates are available to support you Monday through Friday from 7:00 a.m. to 7:00 p.m. CST at 1-877-301-2988.

Manage Your Account

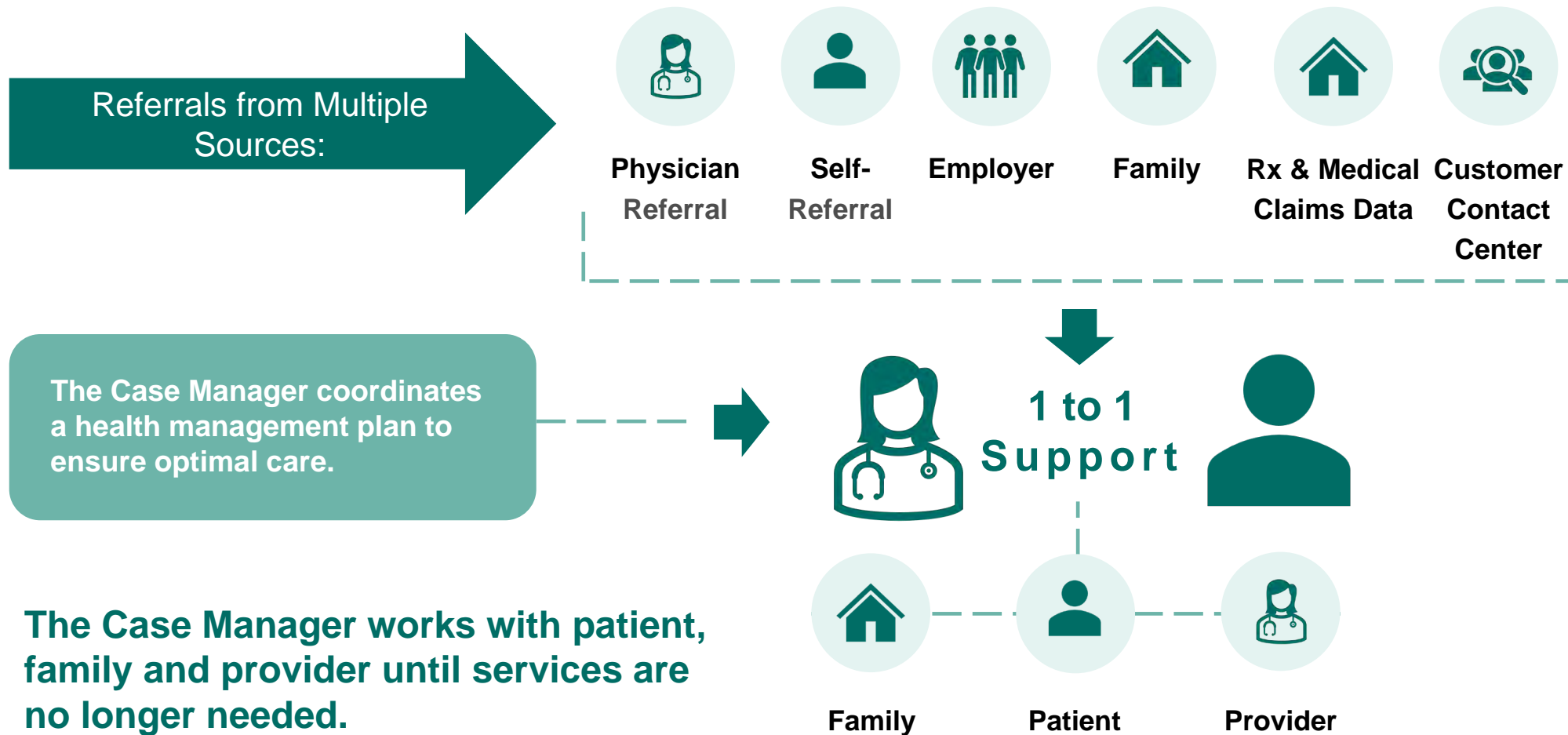
- If you are new to the plan - after June 1st, activate your account online or log in: visit www.HCHealthBenefits.com
- Register as a “First Time User” as a participant if you have never registered before.
- Complete the registration form, you will need:
 - Your group number: **S2855**
 - A valid, personal email address
 - The last four digits of your social security number
- You will receive an email confirmation, click the link within it to confirm your registration.



New ID Card

- Look for a new card in the mail around 6/1.
- All medical, pharmacy and dental are on one ID card.
- Present card to every provider/pharmacy.
- Primary Member's name on ID card. Each family will receive 2 copies. You can order as many as you like on www.HCHealthBenefits.com.
- Claims & Benefit information is listed on the back of ID card.
- Electronic copies of ID card can be pulled up online or on any mobile device.

Case Management **How it works**



Care Advocacy Services



Benefit Education



Cost & Quality Reviews



Appointment Scheduling



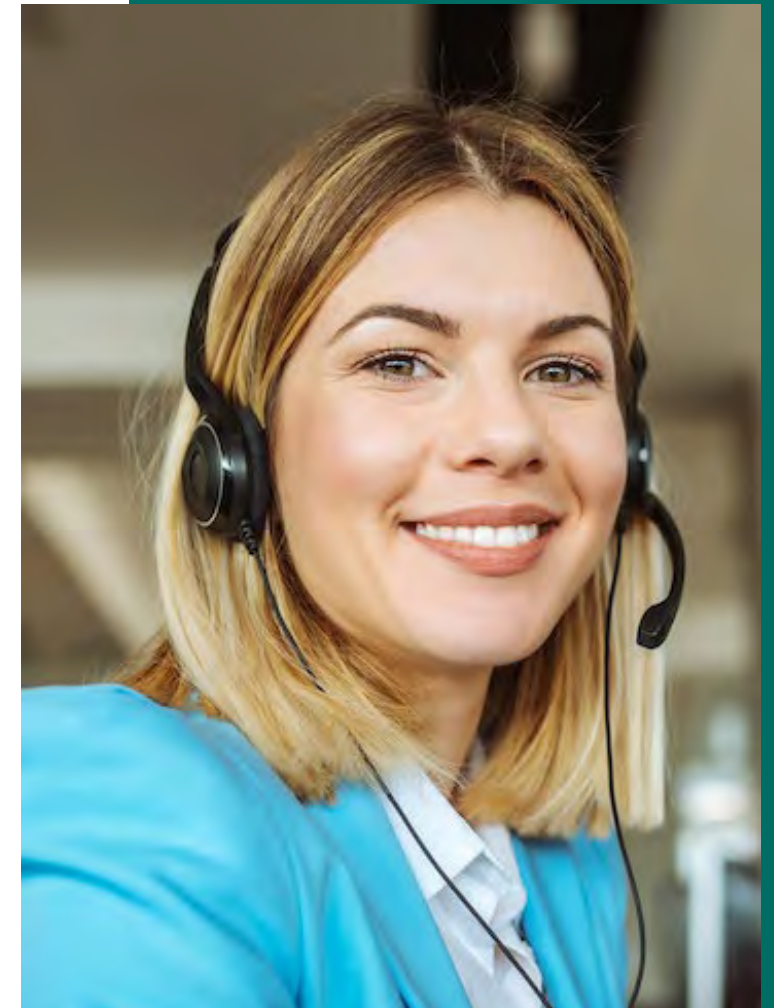
Parent Care Coordination



Prescription Coverage Assistance



Review Diagnosis & Treatment Options



**Concierge for Complex
Healthcare Situations**

Advocacy Services Cost & quality review sample

If you are interested in one of the options listed below, we would be happy to call and make an appointment for you. We would like to remind you of other services we offer such as assistance with questions regarding your benefits, claims, and billing information. Thank you for contacting us.

Sincerely,
Your Care Advocate
Phone: 866-891-3306
Fax: 985-898-1707

Service Name: Carpal Tunnel Release			
Option	1	2	3
Name	Joseph Minarczek, MD	Stutzman, Desmond J, DO	New Horizons Surgery Center
Specialty Name	Hand Surgeon	Hand Surgeon	Outpatient Surgery
Location	City Urban Hospital	Regional Health Care	Tri County Hospital
Phone	(555) 555-5555	(555) 555-5555	(555) 555-5555
Website	Go to Site	Go to Site	Go to Site
Estimated Cost	\$2,500.00	\$3,000.00	\$3,200.00
Quality	5 Star Health Grade Ranking	4.6 Star Health Grade Ranking	Quality Data Not Available

Questions?



PHARMACY BENEFIT MANAGEMENT WITH RxBenefits

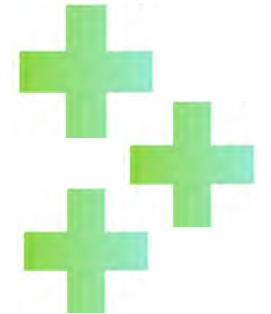




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UIW partnered with

Asserta
HEALTH

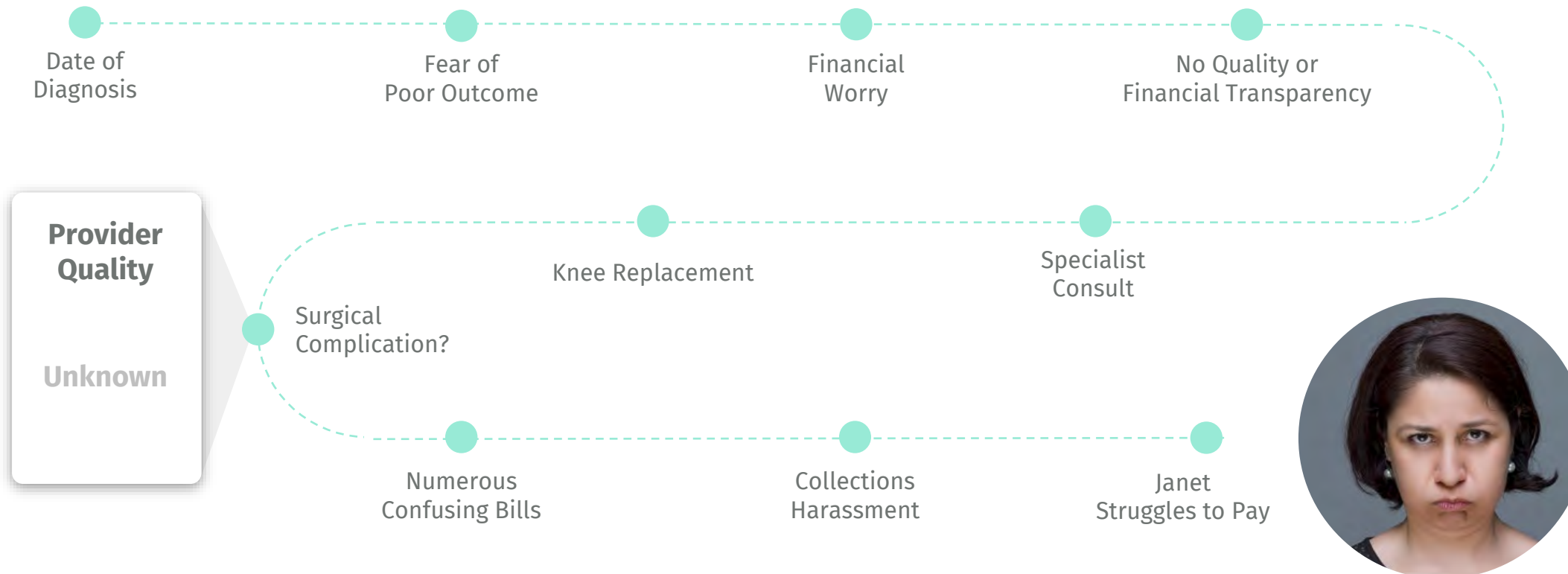


to deliver real-time cash payment —

A Better Way to Pay for Healthcare



Janet had her left knee replaced using a traditional health plan



what it really cost:

Cost to Janet: **\$4,000**

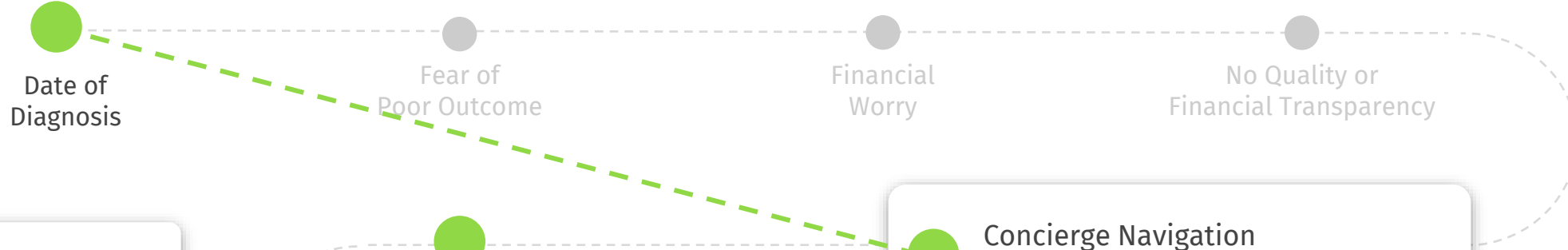
Cost to Plan: **\$31,000**

Time Required: **6 Months**



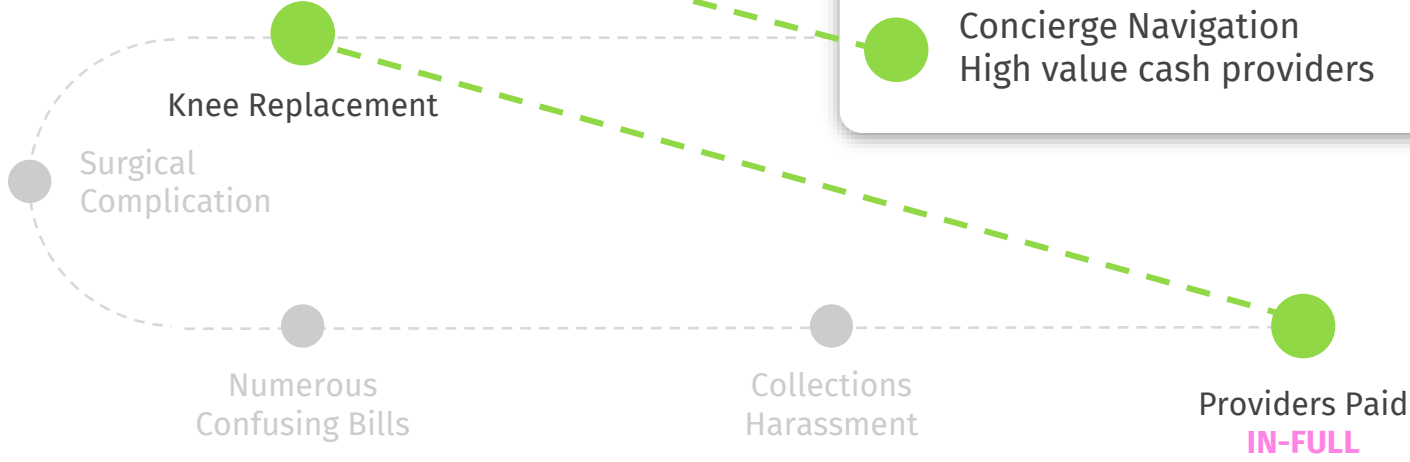
Janet had her right knee replaced using

med  **cash**



Provider Quality

Top Quartile



what it cost with Asserta Health:

Cost to Janet: \$0

Cost to Plan: \$20,000

Time Required: 2 Weeks



The Member Experience

1 You find out you need a procedure or surgery and call Asserta Health, (ideally before selecting and seeing a specialist)

2 You speak to your dedicated Concierge who will work with you throughout your medical need

3 Asserta identifies high-value providers, and your Concierge will present you with the options for your care

4 You decide how you want to proceed, and register as self-pay with the providers you selected

5 Asserta Health requests approval from UIW and when approved receives the funding to pay the providers

6 Asserta Health pays the providers at or directly prior to the service and sends you a voucher as proof of payment

7 Your Concierge follow up with you about 2 days after you have your service

Legal support for cash payment



OFFICE
FOR
CIVIL
RIGHTS

Your Health Information Privacy Rights

YOUR HEALTH INFORMATION PRIVACY RIGHTS

Most of us feel that our health information is private. That's why there is a federal law that sets rules for health care companies about who can look at and use your health information, including how to get it, how to control it, and how to make sure it is correct, and know who has seen it.

Get It.

You can ask to see or get a copy of your medical records. In some cases, you may have to put your request in writing. In other cases, your copies must be given to you within 30 days.

Check It.

You can ask to change any wrong information in your health information. For example, if something is missing or incomplete. For example, if you get the wrong result for a test, the hospital must correct it. You still have the right to have your information updated within 60 days.

Know Who Has Seen It.

By law, your health information can be used for many purposes, like making sure doctors give you the best care, or reporting when there is a health problem in your area, or research. In some cases, you can find out who has seen your information.

- **Learn how your health information is used.** Your health information cannot be used for many purposes without your permission. For example, your doctor or health care provider can use your information for marketing and advertising, without your permission. You can find out how your health information may be used on your first visit to a new health care provider or when you get new health insurance, but you can ask for another copy anytime.
- **Let your providers or health insurance companies know if there is information you do not want to share.** You can ask that your health information not be shared with certain people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. Finally, you can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take, if you pay for the care or drugs in full and the provider or pharmacy does not need to get paid by your insurance company.

Let your providers or health insurance companies know if there is information you do not want to share. You can ask that your health information not be shared with certain people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. Finally, you can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take, if you pay for the care or drugs in full and the provider or pharmacy does not need to get paid by your insurance company.

Why work with Asserta Health?

When you coordinate expensive care with Asserta Health you will:

1. **Save Money**
2. **Have Access to High-Value Care**
3. **Decrease the risk of Balance Bills**
4. **Navigation and Support throughout your care**
5. **Lower UIW's Health Care Spend**



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Real Savings –



Example:

Labor and Delivery

Standard Price: \$12,000

Asserta Health Negotiated Cost of Service: \$5950

Member Responsibility	without Asserta Health	with Asserta Health	Savings
UIW Bronze Plan	*\$4,000	\$0	\$4,000
UIW Silver Plan	*\$1,000	\$0	\$1,000

*Without Asserta Health, providers can bill members for the difference between the amount they charge and the amount the plan paid. This is called Balance Billing and, in some cases, can be significant.



Example:
Knee Replacement
Standard Price: \$27,925
Negotiated Cost of Service: \$19,275

Member Responsibility	without Asserta Health	with Asserta Health	Savings
UIW Bronze Plan	*\$4,000	\$0	\$4,000
UIW Silver Plan	*\$1,000	\$0	\$1,000

***Without Asserta Health, providers can bill members for the difference between the amount they charge and the amount the plan paid. This is called Balance Billing and, in some cases, can be significant.**



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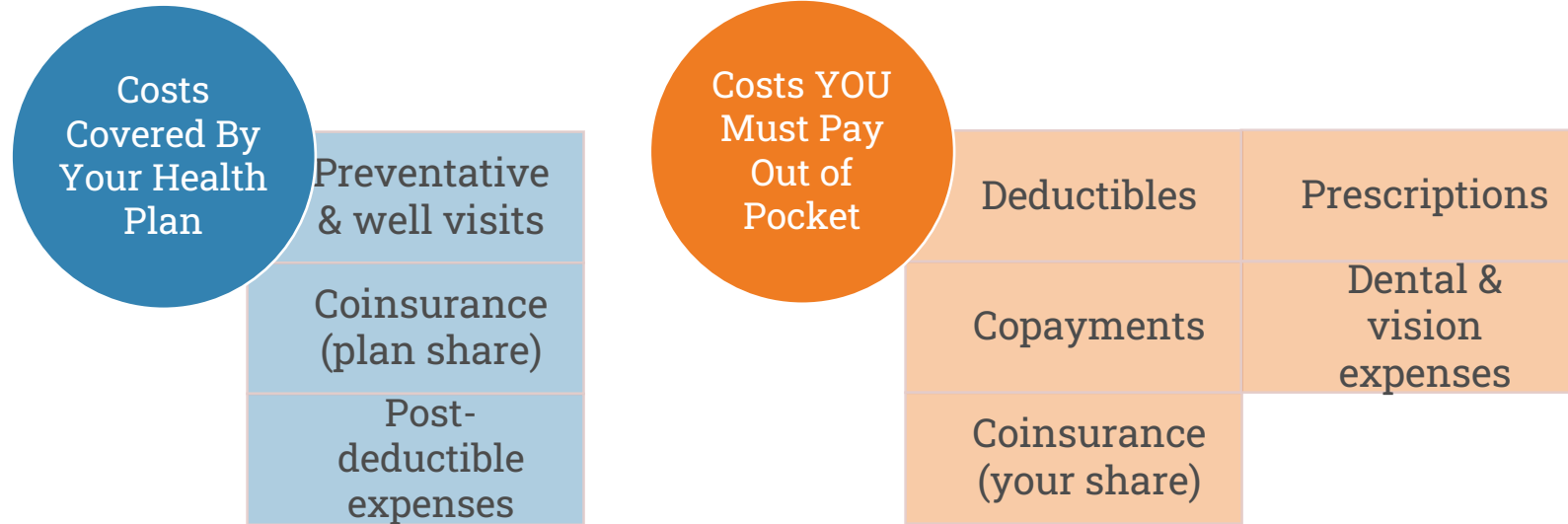
Section 125 & FSA

Administered by PROFICIENT BENEFIT SOLUTIONS



Understanding Out-of-Pocket Healthcare Costs

Every health plan has out-of-pocket responsibilities, the degree of coverage varies by plan option





Example Short-Term Savings Potential

Let's look at how you can save money today – even if you are only contributing a small amount!

	Not Enrolled in an account	Enrolled in an account	Benefits
Before-Tax Annual Income:	\$38,000	\$38,000	
Account Contribution	\$0	-\$500	Account funded by pre-tax dollars
Taxable Annual Income:	\$38,000	\$37,500	
Taxes (24.65%)	-\$9,367	-\$9,244	Pay less in federal, state and FICA taxes
Out-of-Pocket Medical Expenses	-\$500	\$0	Out-of-pocket medical expenses paid using pre-tax dollars in your account
Take-Home Annual Income	\$28,133	\$28,256	Take-home income increases by \$123



Flexible Spending Account

Health FSA

Healthcare Flexible Spending Account

- ▶ Allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses
- ▶ 2024 annual contribution limit: **\$3,200**
- ▶ Benefits of enrolling:
 - Money contributed is tax free and remains tax free when spent on eligible expenses
 - On average, participants enjoy a 30% tax savings on their annual contribution
 - Full election amount is available on the first day of the plan year
 - Grace period of 2 ½ months through August 15, 2024. Runout period (claims filing deadline) November 15, 2024
 - No requirement to be enrolled in any specific Health plan
 - Coverage includes expenses for your spouse and children (children must be 26 or under)
- ▶ Eligible expenses include copays, deductible payments, coinsurance, doctor office visits, hospital charges, prescriptions, dental exams, vision exams, over-the-counter medications, medical supplies, and much more



Dependent Care Flexible Spending Account

DCA

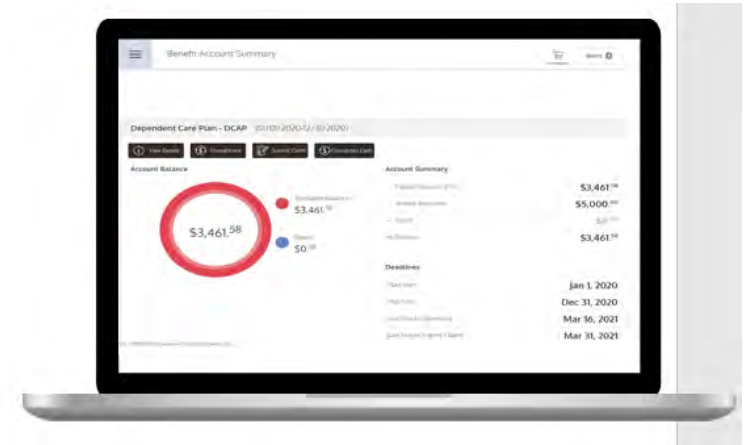
- ▶ Allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work
- ▶ 2024 annual contribution limit: **\$5,000**
- ▶ Benefits of enrolling:
 - Helps you set aside money to pay for qualified dependent care
 - Money contributed is tax free and remains tax free when spent on eligible expenses
 - On average, participants enjoy a 30% tax savings on their annual contribution
 - No Grace Period
 - Runout period (claims filing deadline) August 31, 2025
- ▶ Eligible expenses include before and after school care for children 12 and younger, custodial care for dependent adults, day care, preschool, and nanny services, among others



Online Banking Meets Healthcare

Our online portal offers easy access and powerful self-service tools

- ▶ **Full account details:** View your plan details and account history, including prior year activity
- ▶ **Multimedia education:** Access educational videos and interactive calculators to learn more about health benefit accounts and make critical spend/save decisions
- ▶ **Manage claims:** Submit new claims, upload receipts, and check claims status
- ▶ **Communications:** View a complete history of account communications and manage your personal preferences
- ▶ **Access savings:** Take advantage of retail discounts, coupons, and online shopping offers
- ▶ **Self-service:** Take advantage of expanded account servicing options to manage your debit cards, personal information, and security settings





Smart Account Mobile App

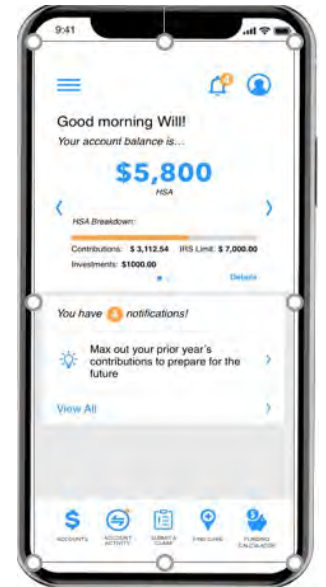
Learn how to make better healthcare spending and saving decisions

Get the most out of every healthcare dollar you spend or save

- ▶ **Virtual medicine cabinet** to help you find ways to save on your prescriptions
- ▶ **Find care** to help you search for providers or procedure and drug prices

While doing all the things you've come to expect from a mobile app

- ▶ **Access accounts:** Check balances, view transaction history, and more
- ▶ **Manage claims:** Submit new claims, upload receipts, and check claims status
- ▶ **Access cards:** Manage card details, replace lost/stolen cards
- ▶ **Receive alerts:** View real-time alerts and messages, edit your communication preferences
- ▶ **Update profile:** Update your personal information





IMPORTANT RULES & TIPS

- ▶ Receipts – Be sure to keep copies of all receipts; including those for services paid for with the Benefit MasterCard.
 - If you cannot locate or obtain an itemized statement, you can use the Explanation of Benefits (EOB) from the insurance carrier
 - Documentation must include date of service, description of service, who provided the service and how much you owe.
- ▶ Use or Lose Rule – any amount that is left in the account at the end of the runout period that is unclaimed is forfeited. Plan carefully and be conservative in your estimates.
- ▶ Ensure your email address is updated to receive important updates and reminders.



MetLife Vision Plan

Benefits	Frequency	Co-Payment	Network Doctor	Non-Network Doctor
Exam	12 months	\$10	Paid in full after a \$10 co-pay	Up to \$45
Lenses	12 months	\$25 (applies to lenses and/or frames)	Single Vision, Lined Bifocal And Lined Trifocal lenses. Polycarbonate for dependent children.	Single - \$30 Bifocal - \$50 Trifocal - \$65 Lenticular - \$100
Frame	12 months	\$25 (applies to lenses and/or frames)	\$130 retail allowance 20% off of the retail difference for frames outside of the allowance	Up to \$70
Contact Lenses Elective	In place of lenses and frames	Up to \$60 for the evaluation and fitting	\$130 allowance for contacts*	Up to \$105

Monthly Payroll

Deduction

Employee Only: 4.08

Employee/Family: 9.56

*If prefer contact lenses, the plan provides an allowance for contacts instead of lenses and frames



Mutual *of* Oman

MetLife Long Term Disability Benefits

100% Employer Paid

- Class Description All regular full-time employees who work a minimum of 40 hours per week or full-time faculty who teach a course load of at least 75%
- Eligibility Waiting Period After 180 days of employment
- Benefit Percentage 60%

Mutual of Omaha Voluntary Supplemental Life and AD&D Benefits

Employee Minimum Benefit	\$10,000
Employee Additional Benefit	\$10,000 increments Lesser of 5X salary or \$500,000
Spouse Minimum Benefit	\$5,000
Spouse Additional Benefit	\$5,000 increments; 100% of employee amount to max of \$150,000)
Dependent Child Benefit	\$2,000 increments 100% of employee amount to max of
	\$150,000
Guarantee Issue to age 65 (excluding Late Entrants)	Employee—5X salary or \$150,000 Spouse—\$50,000 Child—\$2,000

Mutual of Omaha Voluntary Supplemental Life and AD&D Benefits

Voluntary Supplemental Life			
Employee Premium Table Per \$10,000		Spouse Premium Table Per \$5,000	
<i>*Rate is based on employee age</i>			
Age	Rate		Age
0 - 29	\$ 0.60		0 - 29
30 -34	\$ 0.80		30 -34
35 - 39	\$ 0.90		35 - 39
40 - 44	\$ 1.20		40 - 44
45 - 49	\$ 2.30		45 - 49
50 - 54	\$ 3.30		50 - 54
55 - 59	\$ 6.40		55 - 59
60 - 64	\$ 6.90		60 - 64
65 - 69	\$17.40		65 - 69
70 +	\$47.60		70 +
All Children Premium Table Per \$2,000			
	Age	Rate	
	<26	\$ 0.16	
Voluntary AD&D			
Employee per \$10,000		\$0.30	
Spouse per \$5,000		\$0.15	
All children per \$2,000		\$0.06	



Aflac Benefit Options:

- Short Term Disability
- Cancer Policy
- Critical Illness Plan
- Accident Policy
- Hospital Choice

All premiums are 100% paid by the employee through payroll deduction with UIW



Aflac Short-Term Disability | 3 month benefit period

Monthly rates

Age Range	0/7 Days	0/14 Days	7/7 Days	7/14 Days	14/14 Days
18 to 49	\$2.86 per \$100	\$2.08 per \$100	\$2.73 per \$100	\$1.82 per \$100	\$1.69 per \$100
50 to 64	\$2.99 per \$100	\$2.08 per \$100	\$2.86 per \$100	\$1.95 per \$100	\$1.82 per \$100
65 to 74	\$3.64 per \$100	\$2.47 per \$100	\$3.51 per \$100	\$2.34 per \$100	\$2.21 per \$100

RATE TOOL DISCLAIMER

The estimated premium rates created by this online tool should not be construed as an agreement to extend health insurance coverage, or to otherwise guarantee prices for such coverage. The estimated premium rates are for illustrative purposes only and reflect projected costs of coverage that are based upon employee census data provided to the above referenced insurance carrier(s), or their agents, by the employees' employer. Everwell and the insurance carriers listed herein disclaim any warranty or liability related to the census data provided by an employer and upon which the estimated premium rates are based. Exact premium rates can only be determined after an underwriting review and may be different than what is reflected in this proposal.

Insurance policies have terms, and limitations and exclusions which may affect your coverage. Insurance policies may not be available in all states, and benefits may vary by state, coverage, and plan level selected.

The insurance agents assisting with this proposal cannot provide legal or tax advice. You should discuss any specific questions about benefits decisions with your independent legal counsel or tax advisors. This piece is intended to be an information presentation to the employer only. It must be accompanied by the brochure.

We're With You: Aflac Cancer Protection Assurance Stays with You for Life.

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive—today, cancer costs patients and families more than any other chronic illness.⁶

Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. Here's how it works:

We're with you, even when you're well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too. Why? Because when cancer is found and treated early you're more likely to survive it.⁷

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

AFLAC CANCER PROTECTION ASSURANCE OPTION 2

POLICYHOLDER
SUFFERS FROM FREQUENT INFECTIONS AND
HIGH FEVER



POLICYHOLDER VISITS PHYSICIAN



PHYSICIAN RECOMMENDS BONE MARROW BIOPSY



PATIENT RECEIVES DIAGNOSIS OF LEUKEMIA AND
UNDERGOES TREATMENT

\$23,575
TOTAL BENEFITS



Critical Care Protection ¹



Specified Health Event Insurance - Option 3

Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays \$7,500 upon diagnosis of having had a specified health event, which increases to \$10,000 for dependent children
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care and many more
- Pays benefits for specified heart surgeries
- Guaranteed - renewable for your lifetime with some benefits reduced at age 70
- Transportation and lodging benefits payable for travel to receive treatment
- Daily benefits payable for covered hospital intensive care unit and step-down intensive care unit confinements
- Pays \$300 per day for covered hospital stays

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Third Degree Burns
- Coma
- Paralysis
- Sudden Cardiac Arrest
- Coronary Artery Bypass Graft Surgery (CABG)
- End-Stage Renal Failure
- Major Human Organ Transplant
- Persistent Vegetative State

Specified Heart Surgery Benefits covered by the Critical Care Protection policy include:

Tier 1 Benefits:

- Heart Valve Surgery
- Surgical Treatment of Abdominal Aortic Aneurysm

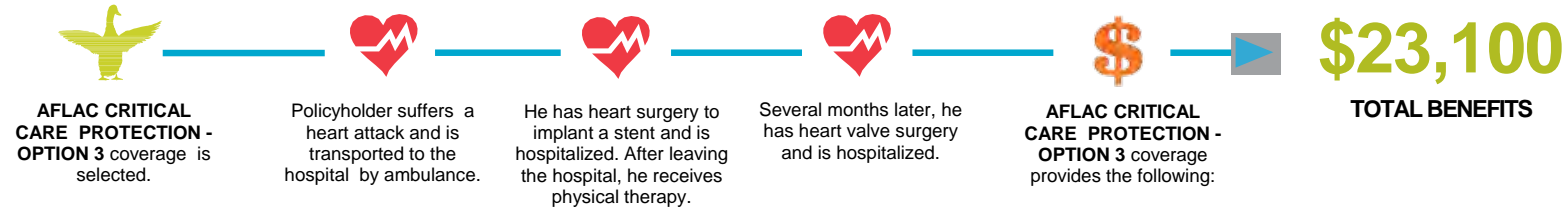
Tier 2 Benefits:

- Coronary Angioplasty
- Atherectomy
- Coronary Stent Implantation

- Cardiac Catheterization
- Transmyocardial Revascularization (TMR)

- Automatic Implantable Cardioverter Defibrillator (AICD) Placement
- Pacemaker Placement

HOW IT WORKS



¹In Arkansas, Policy A74375ARR. In Idaho, Policy A74375ID. In Oklahoma, Policy A74375OK. In Texas, Policy A74375TX.

The above example is based on a scenario for Aflac Critical Care Protection - Option 3 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of \$7,500, Ambulance Benefit (ground ambulance transportation) of \$250, Specified Heart Surgery Benefit - Tier Two (Coronary Stent Implantation) of \$2,000, Hospital Intensive Care Unit Benefit (4 Days) of \$3,200, Hospital Confinement Benefit (8 days) of \$2,400, Specified Heart Surgery Benefit - Tier 1 (heart valve surgery) of \$4,000 and Continuing Care Benefit (30 days) of \$3,750. The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only.

This is a brief overview only. Benefits may vary by state and plan level selected. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, definitions, limitations, and exclusions. Coverage is underwritten by American Family Life Assurance Company of Columbus. Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999.



Accident¹



Aflac Accident Advantage Option 3

Advantages for Employees:

- No network restrictions - you choose your own health care provider
- Benefits paid directly to employee
- No coordination of benefits - we pay regardless of any other insurance
- Portability - take the plan with you if you change jobs or retire
- 24-hour accident insurance

Policy Benefits include coverage for:

- Ambulance, ground and air transportation
- Accident treatment, X-rays, major diagnostic exams, and follow-up treatments
- Fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures
- Daily hospital stays; additional daily benefits for stays in a hospital intensive care unit
- Physical, speech and occupational therapy
- Wellness benefit for routine medical exams

HOW IT WORKS



AFLAC
ACCIDENT
ADVANTAGE -
OPTION 3
coverage is
selected.



While playing in the
state hockey playoffs
your child was
injured and was
taken to the ER by
ambulance.



His leg is broken
and surgery is
performed.



AFLAC
ACCIDENT
ADVANTAGE -
OPTION 3
provides the
following:



\$5,570

TOTAL BENEFITS

¹In Arkansas, Policy A36000AR. In Oklahoma, Policy A36000OK. In Texas, Policy A36000TX.

The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg (femur)—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$250 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$210 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

This is a brief overview only. The policy and riders have limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This slide is for illustrative purposes only. Refer to the policy and riders for complete definitions, benefit details, limitations, and exclusions. The policy prevails if interpretation of this material varies. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999.



everwellTM
powered by Aflac.

Hospital



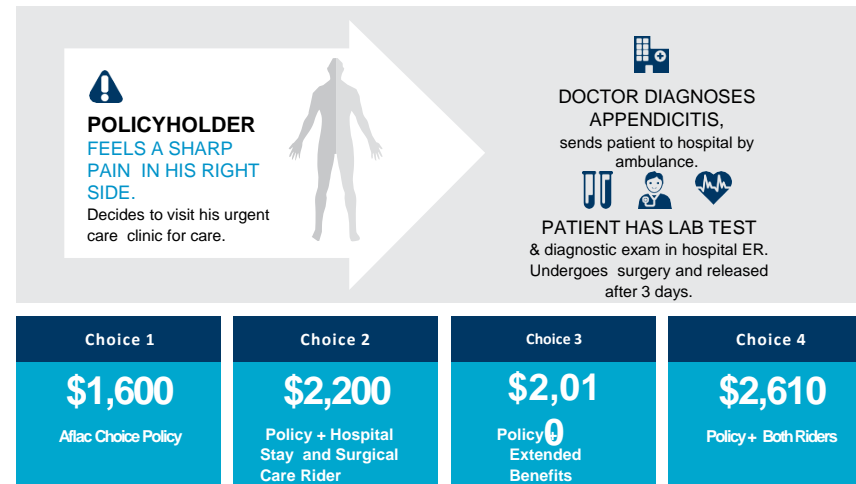
Aflac Choice - Hospital Confinement Indemnity Insurance - Option 1

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses that may not be covered by major medical.

Advantages for Employees:

- It's customizable - choose the plan that's right based on your specific needs
- No network restrictions - you choose your own health care provider
- Benefits paid directly to you
- Fast claims processing

HOW IT WORKS:



The above example is based on four scenarios. Choice 1 Scenario: Policyholder has the Aflac Choice policy only; includes a Hospital Confinement Benefit of \$1,500 and a Hospital Emergency Room Benefit of \$100. Choice 2 Scenario: Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). Choice 3 Scenario: Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). Choice 4 Scenario: Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). In Texas, Policies B40100TX & B4010HTX. Policy may not be available in all states. Benefits may vary by state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Enrollment or Changes Agent Contact:

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[UIW Open Enrollment with Aflac](#)





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