

PEBA – Standard Insurance

Life, Disability, Dental & Vision Options

Creating a flexible offering to meet each employers
needs.

Agenda

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

Standard Offering – Disability & Life Insurance

Life, Additional Life & STD/LTD

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

Standard Offering – Life Insurance

- Plan design options:
 - Multiple of salary
 - Flat Benefit
 - Minimum Benefit in combination with above
- Options
 - Line of Duty Benefit
 - Enhanced AD&D
- Provisions
 - Accelerated Benefit
 - Consolidated Waiver with LTD

Standard Offering – Voluntary Additional Life Insurance

- Plan design options:
 - \$10,000 increments
 - Salary Multiples
 - Maximums
- Spouse
 - \$5,000, \$10,000 increments
 - Flat amount
- Dependents
 - \$2,000, \$5,000, \$10,000 increments
- Guarantee Issue
 - Electronic Submission

Standard Offering – Disability Insurance

- Plan design options:
 - % Benefit (40%, 50%, 60%)
 - Salary or Flat Max
 - STD Elimination Periods (0/7, 7/7, 14/14, 30/30)
 - LTD Elimination Periods (90, 180)
- Options
 - Annuity Contribution Benefit
 - Assisted Living Benefit
- Provisions
 - Reasonable Accommodation Benefit (\$25,000)
 - Return to Work Benefit

Your Choice Disability

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

Your Choice Disability

- **Multiple Benefit Waiting Periods**

- 0/7*
- 14/14*
- 30/30*
- 60/60
- 90/90
- 180/180

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

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

- **Employee Selects Benefit Level**

- Benefit amounts in \$100 increments
- Minimum of \$200
- Up to \$8,000 or 60%

Employer Select Plan Duration

SSNRA for both Accident/Illness

SSNRA for Accident/5 year Illness

SSNRA for Accident/2 year Illness

Standard Offering – Fully Insured Dental

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

Dental plan sample

		Dental Plan
Coinsurance (Plan Pays)		100%
	Type 1	80%
	Type 2	50%
	Type 3	
Deductible		\$50/Calendar Year Waived Type 1 \$150/family
Maximum (per person)		\$1,000/Calendar Year
PPO		Passive PPO
Allowance	Type 1	90th U&C
	Type 2	90th U&C
	Type 3	90th U&C
Waiting Period		None

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.	
Coinsurance	50%
Coverage for Adults	Yes
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Dental procedure placement/frequency sample

	Dental Plan
Plan Design Summary	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 16 and under (1 in 12 months) Sealants (age 16 and under)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Dental quoting process

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

Standard Offering – Fully Insured Vision

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

Vision Choice Balanced Care Vision I (VSP)

	VSP Choice Network	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Balanced Care Vision I Features.	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

Monthly Rates (Non-contributory)

Employee Only (EE)	\$6.96
EE + Spouse	\$14.96
EE + Children	\$12.12
EE + Spouse & Children	\$20.12

Monthly Rates (Contributory)

Employee Only (EE)	\$8.48
EE + Spouse	\$18.28
EE + Children	\$14.76
EE + Spouse & Children	\$24.56

Vision Choice Balanced Care Vision II (EyeMed)

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

Monthly Rates (Non-contributory)

Employee Only (EE)	\$5.96
EE + Spouse	\$12.84
EE + Children	\$10.36
EE + Spouse & Children	\$17.24

Monthly Rates (Contributory)

Employee Only (EE)	\$7.48
EE + Spouse	\$16.12
EE + Children	\$13.00
EE + Spouse & Children	\$21.64

Vision Choice Balanced Care Vision III (Standard)

Deductibles	\$20 Calendar Year Exam, Eye Glass Lenses or Frames*	
Maximum		
Calendar Year		None
Annual Eye Exam		Up to \$50
Lenses (per pair)		
Single Vision		Up to \$40
Bifocal		Up to \$60
Trifocal		Up to \$75
Lenticular		Up to \$80
Progressive		Up to \$80
Contacts		
Elective/Medically Necessary		Up to \$100
Frames		\$80
Frequencies (months)		
Exam/Lens/Frame		12/12/24
		Based on date of service**

Monthly Rates (Non-contributory)

Employee Only (EE)	\$3.96
EE + Spouse	\$8.52
EE + Children	\$6.88
EE + Spouse & Children	\$11.44

Monthly Rates (Contributory)

Employee Only (EE)	\$5.48
EE + Spouse	\$11.80
EE + Children	\$9.52
EE + Spouse & Children	\$15.84

Quoting Process

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

Life Services Toolkit

- Offered as a resource and tool to help you and your beneficiary meet life's challenges. The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.
- Assistance with the following:
 - Estate Planning: Online tools walk you through the steps to prepare a will and create documents.
 - Financial Planning: Consult online services to help manage debt and take care of financial matters with confidence.
 - Health and Wellness: Articles about nutrition, stress management and wellness.
 - Identity Theft Prevention: Resolve issues if identity theft occurs.
 - Funeral Arrangements: Calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.
 - Greif Support: Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person for beneficiaries.

PEBA – Standard Insurance

Questions???

Thank you for your time