

# **Small Business Program**

# **ABS Reference Guide**

May 2020

Allied Benefit Suite (ABS)









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#### Overview

Allied Administrators has developed the comprehensive Allied Benefit Suite (ABS) that consists of Dental, Vision, Life, Long-Term Disability, and a Personal Protection Plan (P3). This benefit solution is a natural extension of Delta Dental's Small Business Program (SBP) delivered through Allied Administrators that is designed for groups with 2 to 100 employees.

The goal of ABS is to continue to offer convenient, high-quality products for the small business market. Many companies would like to offer these types of products to their employees, with a single, combined 5-Star service provider rather than working with several different carriers/administrators. Through ABS, employers will be able to have cost-effective ancillary products housed under one roof with consolidated billing and servicing. The Allied website has been enhanced to allow employers to manage these consolidated plans on a single platform.

### **Product Overview**

Delta Dental products are the key component of ABS. In order to access the other products in ABS, a group must first sign up for Delta Dental coverage. Once a group has unlocked access to the other products, they can purchase one or as many of the products necessary to fit their employee population's needs.

Allied has sourced partners for ABS that we believe match Delta Dental's level of quality as well as providing the right level of value and exemplary service for small businesses.

## **Detailed Product Descriptions**

Allied has worked with each of the carriers in an attempt to align the product requirements as closely as possible with the current Delta Dental underwriting requirements. This includes:

- Minimum Number of Employees 2
- Out of State Restrictions None
- Eligible Employees Full-time, permanent employees only; No part-time or temporary employees are eligible
- Eligible Dependents Spouse/domestic partner and children up to age 26

The product sections below outlines specific features and requirements that are unique to the respective product.

#### **Delta Dental**

The current Delta Dental products offered through SBP will continue to be offered as part of ABS, including PPO, DeltaCare, and voluntary plans. There are no changes to any of the plan features or underwriting guidelines.

#### **VSP**

A new VSP product has been developed that has the same nationwide coverage along with improved features compared to the current offerings. Specific plan requirements include:

- One Plan Design –
- Participation requirement None
- Waivers Allowed
- Contribution Requirement None

- Ineligible Industries Match Delta Dental rules
- Voluntary Plans Allowed
- Groups with existing VSP contracts can only move to the ABS VSP plan at the end of their contract term.

#### Equitable Life and Disability

Equitable is increasing access to its industry leading life and disability products to the small business space through ABS. Specific plan requirements include:

- Life Plan Options
  - o Groups with 2-99 EEs: Flat \$15K, \$25K, \$50K, with matching AD&D
- Long-Term Disability (LTD) Plan Options Up to 60% income replacement with the maximum benefit up to \$10,000 per month
- Dependent Coverage None
- Participation Requirement 100% employee participation
- Waivers Not allowed, all full-time employees must be covered
- Contribution Requirement
   100% employer-paid
- Eligible Employees All F/T employees working at least 30 hours per week
- Ineligible Industries Certain SIC codes are ineligible. Refer to Appendix #3 for a complete listing.
- Voluntary plans not available at this time.

#### Personal Protection Plan

Allied has partnered with The Alliance for Affordable Services to assemble a set of services that are high-value and low-cost for small businesses. The services include:

- 24/7 Doctor Access
- Identify Theft Resolution Services
- Global Emergency Assistance
- Legal Services.

#### Specific plan requirements include:

- Single plan that covers all four services
- Dependent Coverage Entire family, including employee, spouse/domestic partner, and dependents up to age 26 (legal dependent status is based on the laws of the state where the employee/dependent resides)
- Participation Requirement 100% employee participation
- Waivers Not allowed, all employees must be covered
- Contribution Requirement 100% employer-paid
- Ineligible Industries none
- Voluntary plans not available.

Detailed Plan Descriptions can be found in the Appendix sections:

Delta Dental	Appendix # 1 – Delta Dental
VSP Vision	Appendix # 2 –
Equitable Life & Disability	Appendix # 3 – Equitable
Personal Protection Plan	Appendix # 4 – Personal Protection Plan

### Quoting

There are number of ways brokers may currently provide quotes to their clients. These include working through a GA to provide a quote or using a quoting tool.

#### Dental

The current quoting process will remain unchanged. Rates are available for two years.

#### Vision

The single VSP plan has a three tier rating structure for PPO and DeltaCare plans, and a four-tier rating structure is offered for options and voluntary plans. Rates are available for two years to match Delta. The rates will be as follows:

#### Three Tier

•	Employee Only	\$ 8.12
•	Employee + 1 Dependent	\$15.42
•	Employee + 2 or more Dependents	\$22.74

#### Four Tier

•	Employee Only	\$ 8.12
•	Employee & Spouse	\$16.64
•	Employee & Child(ren)	\$17.28
•	Employee & Family	\$29.95

#### Life

The life rates will be based on group size and are uniform per \$1000 of benefits. Current life rates are:

- <10 EEs = Age Banded based on average age of the group. Contact Allied for a quote
- 10-99 EEs = \$0.15/\$1000 Life & \$0.02/\$1000 AD&D

These rates are available for two years.

Note: AD&D is linked to the Life product and the two products cannot be sold separately. Applications must be dated on or before the effective date and received by the 5<sup>th</sup> of the month.

#### Long Term Disability

Long-term disability plans will be quoted by Equitable on a case-by-case basis and only quoted alongside an Equitable life plan. Allied will submit the information to Equitable and then send the quote to the GA/broker when received from Equitable. New group quotes for the disability product are typically provided within 3 business days.

#### Personal Protection Plan

There is a single rate of \$7.50 per employee regardless of the number of dependents. Rate available for 2 years from May 2020 – December 2020.

## **New Group Submission**

Allied Administrators has worked hard to keep the number of new forms as minimal and simple as possible. All group submissions must be received at Allied by the 5<sup>th</sup> of the month for coverage. Exceptions may be granted for all lines of coverage up to the 15<sup>th</sup> except for Equitable.

#### Dental

The current group application will not change and groups can submit either paper or census enrollments. The following information is required for a new group:

- 1- Group Application
- 2- Quarterly wage report, DE-9C with status of each employee
- 3- Enrollment Forms/Census
- 4- Waivers Do not count against participation (employee must list source of other coverage when waiving)
- 5- Check made payable to Allied Administrators or a completed ACH form
- 6- Voluntary Plans Prior carrier bill and booklet

#### Vision

The new VSP program no longer requires enrollee and dependent eligibility to mirror Delta Dental. With this new enhancement there are now additional requirements for a new group submission.

- 1- Group Application- Be sure to reference appropriate tier on application
- 2- Enrollment Forms/Census Separate enrollment forms and census must be submitted since enrollment is not tied to Delta Dental forms
- 3- Confirmation the group is not mid-contract with a VSP plan.

#### Life

This program is 100% employer paid and requires 100% participation, waivers are not allowed. Refer to Appendix 3 for a list of excluded SIC codes. The group application must be signed by the employer prior to requested coverage month. The following documents are required for a new sale:

- 1- Group Employee Benefits Application
- 2- Employer Verification Form Signature Page
- 3- Standard Commission Schedule- Broker only
- 4- Census
- 5- Rate Quote

#### Disability

This program is 100% employer paid and requires 100% participation, waivers are not allowed. The group application must be signed by the employer prior to requested coverage month. The following documents are required for a new sale:

- 1- Group Application
- 2- Employer Verification Form Signature Page
- 3- Standard Commission Schedule- Broker only
- 4- Census (Salary is required for LTD plans)
- 5- Rate Quote

#### **Equitable Appointments**

If a broker has not sold Equitable they must register submit the Producer Appointment Form to become appointed within 15 days of the client signing the group application. If this is not completed, the submission will not be accepted and a new application will need to be completed with a new effective date after the broker appointment is finalized.

#### Personal Protection Plan

This program is 100% employer paid and requires 100% participation, waivers are not allowed. The following documents are required for a new sale.

- 1- Group Application
- 2- Enrollment Forms/Census

### **Marketing Materials**

Each carrier has provided marketing materials to help brokers understand and sell the product.

Delta Dental	Marketing Brochure (Appendix 1)
Eye Med Vision	Eye Med Short Brochure (Appendix 2)
Equitable Life & Disability	Employer Flyers (Appendix 3)
Personal Protection Plan	Benefit Details (Appendix 4)

## Group, GA, and Broker Support

Allied is widely known to set the standard for TPA customer service. Groups, GA's, and brokers alike rely on Allied to provide 5-star service from submission through ongoing maintenance. Currently, there are two options for ongoing group policy service:

- Phone and Email Requests Allied staff is available from 6:30 am through 4:30 pm PT, Monday – Friday to handle requests from groups, GA's and brokers via phone or email. Most requests are completed within 2 business days from receipt.
- Online Self-Service Groups have the option to handle some changes via the self-service function available on Allied's secure portal, including employee terminations.

Allied will be providing a welcome email to every new group once they have been approved by underwriting along with a username and password to login to <u>deltasba.com</u>. Once logged in employers have access to the following all in one place.

- 1- View enrollment
- 2- Add/Term employees for their chosen benefit suite
- 3- Set up online payment options and alerts
  - a. This can be single payments or the group has the ability to set up automatic payments within certain parameters.
- 4- Download contract related documents and forms

Employers that do not wish to receive documents electronically are mailed documents as well as have access to their documents through the online portal.

## **Billing & Commissions**

All billing and commissions are handled by Allied and through consolidated statements and payments. This is one of the key differentiators of ABS that groups, GA's and brokers will find extremely valuable as it makes handling multiple benefits much easier.

Broker commissions are a flat 10% for all lines of coverage.

GA Commissions vary by product and the percentages are below:

• Delta Dental: 4%

Vision: 4%Life: 5%P3: 5%

### **Enrollee Support**

Enrollees will work directly with the carriers for any claims or services they may need. In addition, enrollees can contact the carrier for the following needs.

#### Dental

Enrollees can login to <u>deltadentalins.com</u> to print an ID card, review claims details, or calculate the cost of an expected procedure comparing multiple Delta Dental providers. In addition they can call Delta's customer service line 800-765-6003 5:00 am through 5:00 pm PST, Monday-Friday.

#### Vision

Enrollees can call VSP's customer service line 800-877-7195 5:00 am through 8:00 pm PST, Monday-Friday.

### Life & Long Term Disability

ID cards are not provided for this benefit. Employees can call 800-777-6510 8:00am through 7:00pm EST, Monday-Friday for questions regarding their coverage, selecting beneficiaries, or for assistance in submitting a claim.

#### Personal Protection Plan

Each employee will go to a dedicated activation portal <u>startmybenefits.com</u> to access their benefits and download ID cards. Once this has been activated they have access to each of the four benefits options provided through dedicated 1-800 customer service lines. To begin using the 24/7 doctor services employees and their dependents will have to set up a login with Teledoc and complete their personal profile.

## Appendix # 1 – Delta Dental

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

Employer-Paid Plans (Employer contribution of 75% or more)

Group Size	Classic											
Group Size	2-4	Enrolle	l Employ	ees		5-99 Enrolled Employees						
	PF	20		Plus nier		PPO		PPO plus		s Premier		
Plan	Va	lue	Enha	nced	Va	lue	Enha	nced	Value		Enhanced	
Coinsurance for	PPO	Non- PPO	PPO	Non- PPO	PPO	Non- PPO	PPO	Non- PPO	PPO	Non- PPO	PPO	Non- PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Major Services	50%	50%	60%	50%	50%	50%	60%	50%	60%	50%	60%	50%
Endodontics & Periodontics	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Orthodontics	Not co	overed	Not co	overed	Opti (See t	ional selow)	Opti (See )	ional selow)	Opti (See )	ional selow)	Optional (See below)	
Calendar Year Deductible (per enrollee)	\$5	50	\$25	\$50	\$5	50	\$!	50	\$!	50	\$25	\$50
Deductible Waived for D&P?	Y	es	Y	es	Y	es	Y	es	Y	es	Ye	25
Calendar Year Maximum (per enrollee)		ional selow)		onal xiow)		ional below)		ional below)		ional below)	Opti (See t	onal selow)
Waiting Period	No	ne	No	ne	No	ne	No	ne	No	ne	No	ne
Fee Basis	pp	O <sup>2</sup>		plus nier³	PP	O <sup>2</sup>	PP	O <sup>2</sup>		plus nier <sup>s</sup>		plus nier³
Rate Tier	3 1	Tier	3 1	ier		Tier	3 1	lier	31	ier	3 1	ïer
					Optional							
Calendar Year Maximum (choose one)		000 500		000	\$1,5	000 000	\$1,5	000 000	\$1,5	000 000	\$1,5	000 000
D&P Maximum Waiver' option4	Opti	ional	Opti	onal	Optional Optional		Optional		Optional			
Orthodontics (Child only; requires 10 primary enrollees)	Not an	option	Not an	option	50%		50%		50%		50%	
Orthodontic Lifetime Maximum (choose one)		plicable	·	plicable	\$1,5	000 500	\$1,5	000 500	\$1,5	000 500	\$1,5	000 500

<sup>&</sup>lt;sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>&</sup>lt;sup>2</sup> Reimbursement for all dentists will be based on the PPO contracted fee.

<sup>&</sup>lt;sup>I</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

<sup>&</sup>lt;sup>4</sup> D&P services will not apply toward the enrollee's calendar year maximum.

# Delta Dental PPO Benefit Designs'

Open network plans combine savings with access to dentists where enrollees need them.

Employer-Paid Plans (Employer contribution of 75% or more)

Group Size	Options							
Group Size	50-99 Eligible Employees							
Plan	pp	01	PP(	0 2	PPO 3			
Coinsurance for	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
Diagnostic and Preventive (D&P) Services	100%	100%	100%	80%	100%	100%		
Basic Services	90%	80%	80%	80%	80%	80%		
Major Services	60%	50%	50%	50%	50%	50%		
Endodontics & Periodontics		ional xelow)	Opti (See b		Opti (See b			
Oral Surgery	90%	80%	80%	80%	80%	80%		
Orthodontics		onal xelow)	Opti (See b		Opti (See b			
Calendar Year Deductible (per enrollee)		ional xelow)	Opti (See b		Opti (See b			
Deductible Waived for D&P?	Yes		Yes		Yes			
Calendar Year Maximum (per enrollee)		onal selow)	Optional (See below)		Optional (See below)			
Waiting Period	No	ne	None		No	None		
Fee Basis	PPO plus	Premier <sup>2</sup>	PPO plus Premier <sup>2</sup>		PPO plus Premier <sup>2</sup>			
Rate Tiers	Optional	(See below)	Optional	(See below)	Optional	(See below)		
			Optional Benefits					
Endodontics &	90%	80%	80%	80%	80%	80%		
Periodontic (choose one)	60%	50%	50%	50%	50%	50%		
Calendar Year	\$25,	<b>\$7</b> 5	\$25/\$75		No deductible	\$25/\$75		
Deductible (per enrollee/per family)	\$50/	\$150	\$50/\$150		\$40/\$120	\$50/\$150		
Calendar Year Maximum (choose one)	\$1,000 \$1,500 \$2,000		\$1,000 \$1,500 \$2,000		\$1,000 \$1,500 \$2,000			
D&P Maximum Waiver' option <sup>3</sup>	Optional		Optional		Optional			
Orthodontics	50% — Children to age 26		50% — Children to age 26		50% — Children to age 26			
(choose one)	50% — Adults	and children	50% — Adults and children		50% — Adults	and children		
Orthodontic Lifetime Maximum (choose one)	\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500			
Rate Tiers (choose one)	3 or 4	4 Tier	3 or 4	1 Tier	3 or 4	3 or 4 Tier		

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>&</sup>lt;sup>2</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

<sup>\*</sup> D&P services will not apply toward the enrollee's calendar year maximum.

# Delta Dental PPO Benefit Designs'

Open network plans combine savings with access to dentists where enrollees need them.

Voluntary Plans (Employer contribution of 74% or less)

Court State	Voluntary					
Group Size	2-4 Enrolled Employees		5-99 Enrolled Employees			
Plan	PPC	O Vol	PPC	) Vol		
Coinsurance for	PPO	Non-PPO	PPO	Non-PPO		
Diagnostic and Preventive (D&P) Services	10	00%	10	00%		
Basic Services	8	0%	8	0%		
Major Services	5	0%	5	0%		
Endodontics & Periodontics	5	0%	5	0%		
Oral Surgery	5	0%	50%			
Orthodontics	Not covered		Optional (See below)			
Dental Accident (Lifetime maximum of \$1,000 per enrollee)	100%		100%			
Calendar Year Deductible (per enrollee)	\$50		\$50			
Deductible Waived for D&P?	Y	es es	Yes			
Calendar Year Maximum (per enrollee)	\$1,	000	Optional (See below)			
D&P Maximum Waiver* option <sup>2</sup>	Not a	n option	Not an option			
Waiting Period	12 m	onths <sup>3</sup>	12 months <sup>3</sup>			
Fee Basis	PI	PO4	PI	PO4		
Rate Tier	4 tier		4	tier		
	Optiona	l Benefits				
Calendar Year Maximum (choose one)	Not an option		\$1,000 \$1,500			
Orthodontics — Child Only (Requires a minimum of 25 primary enrollees)	Not covered		50%			
Orthodontic Lifetime Maximum	Not Ap	oplicable	\$1,000			

<sup>&</sup>lt;sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>&</sup>lt;sup>2</sup> D&P services will not apply toward the enrollee's calendar year maximum.

There is a 12-month waiting period for all covered services except D&P, sealants, simple restorations, simple extractions and dental accident. The waiting period may be waived for initial employees and eligible dependents with proof of coverage in their employer's prior comprehensive group dental coverage with no break in coverage. New hires and their dependents are subject to 12-month waiting period regardless of previous coverage.

<sup>4</sup> Reimbursement for all dentists will be based on the PPO contracted fee.

# DeltaCare USA Benefit Designs<sup>1</sup>

Our easy-to-use copay plans have **set copayments**, no annual deductibles and no maximums for covered benefits. Enrollees will visit their selected DeltaCare USA dentist.

#### **Employer-Paid Or Voluntary Plans**

2-99 Enrolled Employees						
Sample Procedures and Enrollee Copayments	Procedure Code <sup>2</sup>	Plan 10A	Plan 11A	Plan 12A	Plan 15B	Plan 48N
Diagnostic						
Periodic oral exam — established patient Complete series of x-rays	D0120 D0210	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Preventive						
Prophylaxis (cleaning) — adult Prophylaxis (cleaning) — child Sealant — per tooth	D1110 D1120 D1351	\$0 \$0 \$5	\$0 \$0 \$10	\$0 \$0 \$10	\$5 \$5 \$15	\$0 \$0 \$0
Restorative						
Amalgam (silver-colored) filling, 1 surface Resin (tooth-colored) filling front tooth, 1 surface back tooth, 1 surface Crown — porcelain and precious metal Crown — precious metal Post and core in addition to crown	D2140 D2330 D2391 D2750 D2790 D2952	\$0 \$45 \$195 \$170 \$0	\$0 \$55 \$240 \$210 \$35	\$5 \$22 \$65 \$295 \$260 \$60	\$8 \$22 \$65 \$395 \$395 \$110	\$0 \$28 \$65 \$485 \$485 \$85
Endodontics						
Root canal, front tooth Root canal, molar tooth	D3310 D3330	\$45 \$205	\$55 \$250	\$85 \$280	\$125 \$365	\$110 \$245
Periodontics						
Periodontal surgery, per quadrant Periodontal scaling and root planing — four or more teeth per quadrant	D4260 D4341	\$175 \$0	\$280 \$25	\$300 \$40	\$385 \$60	\$360 \$50
Periodontal maintenance	D4910	\$0	\$15	\$30	\$45	\$50
Prosthodontics						
Full upper denture Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5110 D5213	\$100 \$120	\$145 \$160	\$215 \$240	\$365 \$395	\$510 \$610
Oral and Maxillofacial Surgery						
Extraction (removal) of a fully exposed tooth Extraction (removal) of fully impacted tooth, completely bony	D7140 D7240	\$0 \$70	\$5 \$90	\$8 \$95	\$14 \$120	\$18 \$80
Orthodontics						
Pediatric services Adult services	D8070 D8090	\$1,700 \$1,900	\$1,700 \$1,900	\$1,700 \$1,900	\$1,900 \$2,100	\$2,100 \$2,250
Deductible/Annual Lifetime Maximums	None					
Rate Tier Options 3 or 4 tier						

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>&</sup>lt;sup>2</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association.

# **Your Vision Benefits Summary**

Get access to great eye care and eyewear with Allied and VSP® Vision Care.

#### Using your VSP benefit is easy.

- · Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make-with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you. Visit vsp.com or call
- . At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest-there are no claim forms to complete when you see a VSP provider.

#### **Best Eye Care**

You'll get the highest level of care, including a WellVision Exam®- the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

#### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.2 Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

#### Plan Information

VSP Provider Network: VSP Choice

Allied and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

Branda/Promotion subject to change.
 Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Benefit	Description	Copay					
	Your Coverage with a VSP Provider						
WellVision Exam	Focuses on your eyes and overall wellness     Every 12 months	\$10					
Prescription Gla	sses	\$25					
Frame	\$150 allowance for a wide selection of frames     \$170 allowance for featured frame brands     20% savings on the amount over your allowance     \$80 Costco® frame allowance     Every 12 months	Included in Prescription Glasses					
Lenses	Single vision, lined bifocal, and lined trifocal lenses     Polycarbonate lenses for dependent children     Every 12 months	Included in Prescription Glasses					
Lens Enhancements	Standard progressive lenses     Premium progressive lenses     Custom progressive lenses     Average savings of 20-25% on other lens enhancements     Every 12 months	\$0 \$95 - \$105 \$150 - \$175					
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every 12 months	Up to \$60					
	Glasses and Sunglasses  Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.  20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.						
Extra Savings	No more than a \$39 copay on routine as an enhancement to a WellVision Expression						
Laser Vision Correction     Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities							
Y	our Coverage with Out-of-Network Provid	ers					
ExamFrameSingle Vision Le	of your benefits and greater savings with a VSP n for out-of-network plan details.  up to \$45  up to \$70  nses up to \$30  nses up to \$50  contacts	esup to \$65					
	cipating retail chain may be different. Once your benefit applicable laws, benefits may vary by location. In the size tegal name of the corporation through which VSP does	is effective, visit vsp.com ate of Washington, VSP					

## Appendix #3 – Equitable



#### Basic Life/AD&D Offering

- Groups with 2-99 EEs: Flat \$15K, \$25K, \$50K with matching AD&D
- Employer selects one benefit for entire group
- Coverage is 100% ER paid no employee enrollment forms
- All coverage will be Guaranteed Issue (subject to any delayed effective date for disabled employees)
- Age reduction: to 65% at age 65, 50% at age 70

#### **Basic Life/AD&D Pricing**

- <10 Employees: Age banded based on the average age of the group</li>
- 10-99 Employees: 0.15/\$1,000 Life & .02/\$1,000 AD&D

#### **Standard LTD Offering**

- Benefit: 50% or 60% of monthly salary
- Benefit Duration: Social Security Normal Retirement Age
- Maximum Benefit: \$10,000/month
- Minimum Benefit: \$100 or 10%
- Survivor Benefit: 3x Gross Monthly Benefit
- Recurrent Disability: 6 months
- Includes
  - Benefit Integration
  - Waiver of Premium
  - Residual Disability
  - o Employee Assistance Program
  - Worksite Modification

#### **Eligible Groups**

- Must have traditional employer/employee relationship
- No retirees
- 2 99 employees (subject to any state minimums)
- LTD must be sold in conjunction with an Equitable Life plan
- LTD employers must be in business for at least two years

#### **Excluded SIC Codes:**

1011-1499 Mining, 1611 Construction, 1622-1629 Construction, 2892 Explosives, 3111 Leather - Tanning & Finishing, 3292 Asbestos Products, 4121 Taxicabs, 4412-4499 Water, 4212-4231 Motor Freight & Warehousing, 4953 Sanitary Services: Toxic Waste, 5932 Used Merchandise Stores, 7342 Exterminating, 7361-7363 Personnel Supply Services, 7381-7382 Detective, Guard and Security, 7922-7999 Misc. Amusement & Recreation, 8322-8331 Social Services & Job Training, 8734 Testing Laboratories, 8744-8748 Facilities Support and Business, Consulting, NEC, 8811 Private Households, 8999 Services Not Elsewhere Classified, 9111-9199 General Government, 9221 Police, 9222 Legal Counsel, 9223 Correctional Institutions, 9224 Fire Protection, 9229 Other Public Order and Safety, 9311 Public Finance, Taxation & Monetary Policy, 9711 National Security, 9721 International affairs, 9999 Non-Classifiable Establishments.

## Appendix # 4 – Personal Protection Plan

# 24/7 Doctor Access





#### **Teladoc Overview**

#### 24/7 Physician Care when you need it!

Teladoc is a national network of U.S. board-certified physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate. Teladoc physicians are available 24 hours a day, 365 days a year, allowing Alliance members to access quality care from their home or office as opposed to more expensive settings like the doctor's office or emergency room.

You can access this service wherever you happen to be: your home, the office, or from your hotel room. Simply make a phone call, and in most cases, speak to a doctor in less than 30 minutes.

As a Personal Protection Plan Member, Teladoc consultations are included in the cost of membership.

## 24/7 Doctor Access



#### **Teladoc Benefits:**

- Physicians available 24/7/365
- Fast access average consult within 30 minutes
- · Prompt diagnosis results in faster treatment
- Available anywhere, anytime
- Physician reviews and updates medical record when performing a medical consultation
- Secure, personal, and portable Electronic Health Record (EHR)
- Patient-centric focus
- Efficient delivery system for your health care needs

#### Call Teladoc:

- When your primary physician is not available
- For non-emergency medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions

#### Teladoc Treats Conditions Like:

- Sinus infections
- · Respiratory conditions
- Urinary tract infections
- Allergies
- Bronchitis
- Sore throat
- Pink eye
- · Cold or flu

Consults for children under the age of 18 must be accompanied by a parent, guardian, or approved consenter.

For general information please see Teladoc Frequently

**Asked Questions** 

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## **Global Emergency Services**





#### **Assist America Overview**

Most of us travel without knowing where to turn during a medical emergency away from home. But Assist America provides you with peace of mind for worry-free travel, knowing you are protected by an array of powerful assistance resources 24–7, anywhere in the world.

The following benefits are available to Association Members at no additional cost when traveling 100 or more miles from home:

- Medical Consultation Calls to Assist America are evaluated by medical staff and referred to English-speaking doctors and/or hospitals.
- Hospital Admission Assistance Assist America will assist with hospital
  admission outside the United States by validating a member's health
  coverage or advancing funds to the hospital.
- Emergency Medical Evacuation Assist America will utilize whatever mode of transport, equipment and medical personnel necessary to evacuate you to the nearest facility capable of providing a high standard of care.

## **Global Emergency Services**



#### **Assist America Details**

- Medical Repatriation If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate him/her home or to a rehabilitation facility with a medical or non-medical escort, as necessary.
- Prescription Assistance If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.
- Compassionate Visit If a member is traveling alone and will be hospitalized for more
  than seven days, Assist America will provide economy, round-trip, common carrier
  transportation to the place of hospitalization for a designated family member or a friend.
- Care of Minor Children Assist America will arrange for the care of children left unattended as a result of a medical emergency and pay for any transportation costs involved in such arrangements.

Call Assist America in the event of an emergency. All services must be arranged and provided by Assist America. No claims for reimbursement will be accepted.

Many other services are available, including emergency trauma counseling, legal referrals, return of mortal remains and much more.

All Assist America services are subject to certain restrictions and are outlined in detail in the Assist America Medical Transport Summary (which supersedes all prior Assist America/Care by Air Information). The above information is a partial explanation of these services, offered at the sole discretion of Alliance. Alliance reserves the right to withdraw or change this offer without notice. All services must be arranged and provided by Assist America. No claims for reimbursement of assistance services will be accepted.

# Free and Discounted Legal Services





#### Legal Club of America® — Family Plan Overview

When you become a member of Legal Club, you and your family will have access to a nationwide network of pre-qualified attorneys, which you will be referred to based on the area of law you require, language spoken and geographic location of your case.

#### Members enjoy numerous free services\*, including:

- Unlimited initial phone and face-to-face consultations for new legal matters
- Review of independent legal documents (6 page maximum per new matter)
- Free Simple Will preparation for you and your family
- When deemed appropriate by plan attorney, attorneys will make initial phone calls and write initial letters on your behalf

Continued >

<sup>&</sup>quot;In certain situations, attorney liability may require plan attorneys to ask for a retainer from the member prior to providing some of the free legal services. Discounted hourly rate of \$125 or 40% off the plan attorney's usual and customary hourly rate, whichever is greater, for extended legal care.

# Free and Discounted Legal Services



### Legal Club of America® — Family Plan Details

Legal Service**	PPP Member Rate	Non-Member Rate
Traffic Ticket Defense	\$89	\$199
Name Change	\$155	\$530
Simple Will with Trust	\$250	\$365
Chapter 7 Bankruptcy	\$750	\$1,500
Non-Support (spouse/child)	\$275	\$1,490
Simple Divorce	\$275	\$1,100
Regular Incorporation	\$295	\$585
Personal Real Estate Closing	\$250	\$675

<sup>\*\*</sup> Fees are for legal services rendered. They do not include filling fees, costs, or administrative expenses. Please review the definitions section of your plan member guidebook. Legal care provided to members that goes beyond the free and discounted services will be charged at the low hourly rate of \$125.00, or 40% off the plan attorney's usual and customary hourly rate, whichever is greater.

Eligibility - Membership includes the member, their spouse or domestic partner, dependent children, and dependent individuals living in the plan member's home such as a parent or grandparent. This program is not insurance coverage.

# Identity Recovery Assistance





#### **ID Theft Resolution Services Overview**

Members have access to America's premier provider of identity theft resolution services with CyberScout and the Lifestages® Identity Management Services. Use the proactive tools and recovery assistance to quickly respond to an identity or fraud crisis. Benefit from essential identity theft protection and resolution services, educational tips and resources.

# This service is included in the cost of your membership, no matter how often you need to talk to a fraud specialist. Services include:

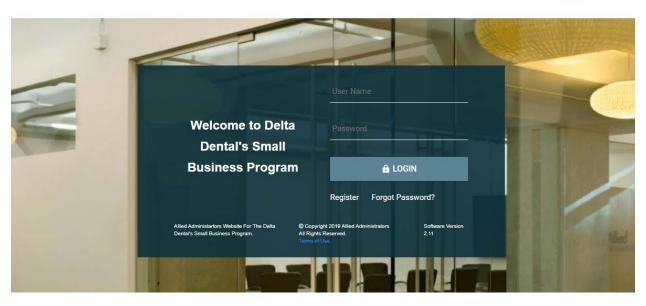
- Proactive services if your wallet or purse is lost or stolen, or anytime you suspect
  your identity might be vulnerable, an experienced fraud specialist will place a free
  fraud alert, when appropriate, and offer guidance.
- Resolution services provides step-by-step guidance through the identity
  resolution process from start to finish. Your personal fraud specialist works with you
  to help prepare notification letters, work with government agencies and creditors,
  and stop fraudulent bills and charges. Victims of identity theft are provided with one
  year of free fraud-monitoring services.
- Document replacement assistance provides help in replacing lost, stolen or destroyed identity documents, including Social Security cards, birth certificates, passports and driver's licenses.
- Access to identity protection tips and tools help keep you and your family safe.

# Appendix # 5 – Allied Administrators Employer Online Portal

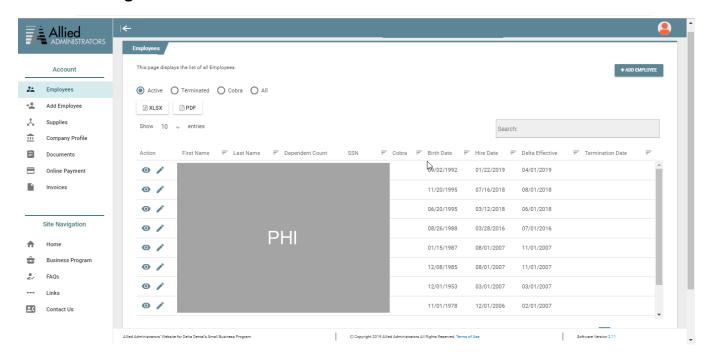
This initial login information will be sent with the welcome kit email.



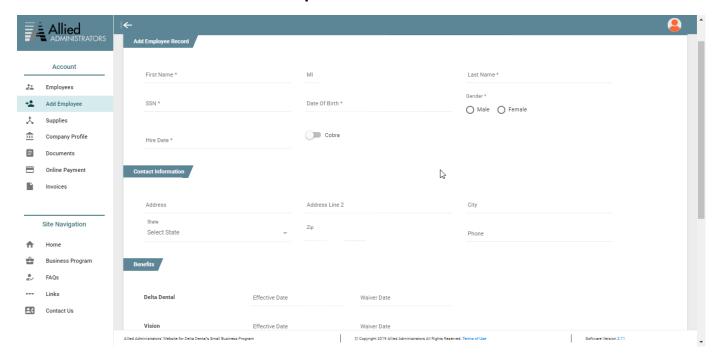




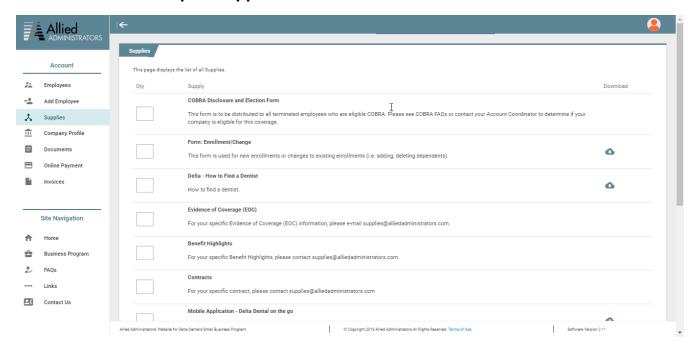
## Access a listing of enrollees and their current status:



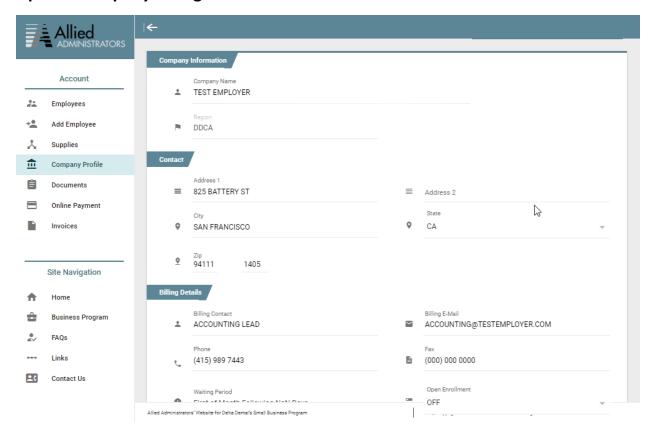
## View and add enrollee details and dependents:



### Download and order plan supplies:



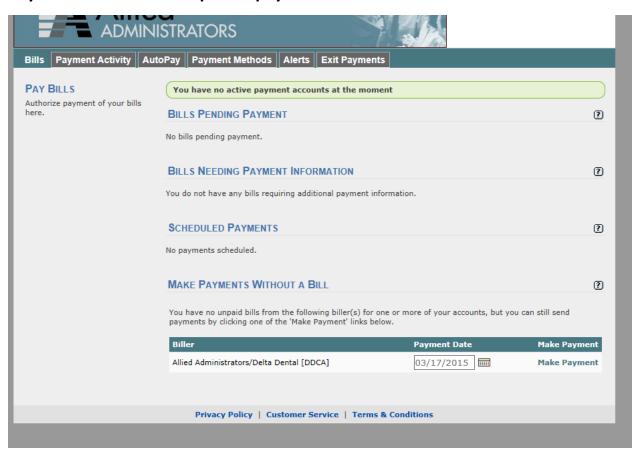
## **Update Company billing and contact information:**

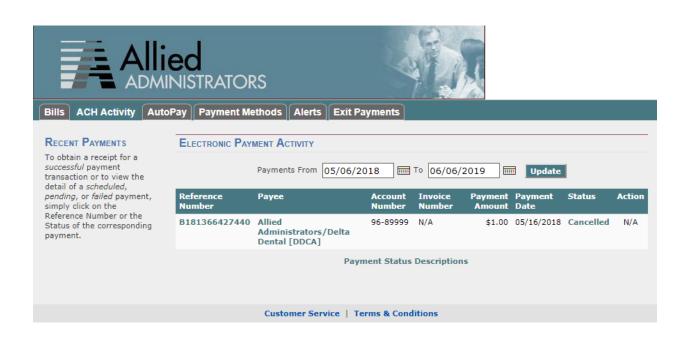


## Easily view up to a 12 month history of invoices and switch to paperless billing:



### Pay bills online and set up auto-payments:







Bills ACH Activity AutoPay Payment Methods Alerts Exit Payments

#### AUTOMATIC BILL PAYMENT

Define your schedule for automatic reminders and payment of your bills.

To update your contact information please click here to return to the web portal.

#### YOUR PREFERRED CONTACT INFORMATION

Account Number: 96-89999

E-mail: zzweber@alliedadministrators.com

#### SETUP AUTOMATIC PAYMENTS TO ALLIED ADMINISTRATORS/DELTA DENTAL [DDCA]

Automatic payment will allow you to set preferences for your monthly payments, establish payment thresholds, and automatically pay your monthly bill when it becomes available (or on the date you schedule).

If the amount due on your bill is over the payment threshold you select, an automatic payment will not be made for that bill and you will be notified via email.

Please note: If you elect to enroll in automatic payments, it is important that you review your bill each month for accuracy.

Setup Automatic Payments

#### PAYMENT ALERTS FROM ALLIED ADMINISTRATORS/DELTA DENTAL [DDCA]

Alert Condition	Alert Method
Alert me 5 ▼ days before a payment is due.	Email
Alert me when an automatic payment has occurred.	✓ Email
Alert me when an automatic payment has failed.	Email
Alert me when a manual payment has occurred.	Email
Alert me when a manual payment has failed.	Email

Update

Customer Service | Terms & Conditions



Bills ACH Activity AutoPay Payment Methods Alerts Exit Payments

#### PAYMENT METHODS

This page shows your saved payment methods. You can add new accounts by clicking the "Add New Account" buttons. If you have more than one account saved, you can delete accounts by clicking the "Delete" link next to the payment method you want to delete.

#### BANK ACCOUNTS

#### Add New Bank Account

Account Number	Bank Name	Account Type	Status	Action
checking ****6789	CITIBANK NA	Checking	Active	Delete
checking ****4321	MUFG UNION BANK, N.A.	Checking	Active	Delete

Customer Service | Terms & Conditions

