

Employee Benefits Communication Portfolio



Simply Stated Business
KEEP IT SIMPLE, CLEAR & UNIQUELY YOURS

Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty

Cathy Miller, Business Writer/Consultant

Can help with your employee
benefits communication



- 30+ years in benefits
- Licensed insurance agent
- Professional business writer

cathy@millercathy.com

858-344-9959



Sample Employee Benefits Guides



Simply Stated Business
KEEP IT SIMPLE, CLEAR & UNIQUELY YOURS

Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty





Benefits Guide

Helping you live and work better



Benefits-At-A-Glance

Benefit	Who Pays the Cost	Coverage Options
Medical <i>CIGNA</i>	ICW Group and You	<ul style="list-style-type: none"> • Network Only HMO • Open Access Plus PPO (OAP) • Choice Fund High Deductible Health Plan (HDHP)
Vision <i>Vision Service Plan (VSP)</i>	ICW Group and You	<ul style="list-style-type: none"> • Vision PPO plan with in-network discounts on vision services
Dental <i>Delta Dental</i>	ICW Group and You	<ul style="list-style-type: none"> • Dental HMO (DHMO) • Dental PPO
Life and Accidental Death & Dismemberment (AD&D) <i>Sun Life Financial</i>	ICW Group	<ul style="list-style-type: none"> • Coverage based on earnings or option for flat \$50,000
Supplemental Life <i>Sun Life Financial</i>	You	<ul style="list-style-type: none"> • Choose 1 to 5 times annual salary up to \$500,000 • Dependent coverage available
Supplemental AD&D <i>Sun Life Financial</i>	You	<ul style="list-style-type: none"> • Choose 1 to 5 times annual salary up to \$500,000 • Family plan available
Short-term Disability <i>Sun Life Financial</i>	You	<ul style="list-style-type: none"> • Benefits based on state of residence
Long-term Disability <i>Sun Life Financial</i>	ICW Group	<ul style="list-style-type: none"> • After a 90-day elimination period, plan pays 60% up to \$11,000 monthly
Flexible Spending Accounts (FSA) <i>Creative Benefits</i>	You	<ul style="list-style-type: none"> • Contribute up to \$6,000 pre-tax for healthcare expenses • Contribute up to \$5,000 pre-tax for dependent care expenses
Employee Assistance Plan (EAP) <i>MHN</i>	ICW Group	<ul style="list-style-type: none"> • Counseling assistance and work & life services
Prepaid Legal Plan <i>ARAG Group</i>	You	<ul style="list-style-type: none"> • Access discounted services for legal & financial matters
CollegeBoundfund 529 Plan <i>AllianceBernstein</i>	You	<ul style="list-style-type: none"> • Save for college with a minimum investment of \$50 per month per beneficiary
401(k) Retirement Savings Plan <i>Mass Mutual</i>	ICW Group and You	<ul style="list-style-type: none"> • Invest in your future through a combination of 401(k) deferrals and Company matching contributions

Your Medical Plan Choices

For Better Health

ICW Group recognizes that Team Members have different needs when it comes to their medical plans. That is why we offer you the choice of three health plans through CIGNA, including:

- The Network Only HMO Plan (offered in AL, AZ, CA, FL, IL, NV, UT, VA)
- The Open Access Plus PPO Plan
- The Choice Fund High Deductible Health Plan

Network Only HMO

If you choose the Network Only HMO, you must select a Primary Care Physician (PCP) who will manage your care and refer you to a specialist when needed. Each family member may choose his/her own PCP. PCPs may specialize in Family or General Practice, Pediatrics or Internal Medicine.

Helping You Save More! The Network Only HMO Reimbursement Program

ICW Group assists you with the payment for covered coinsurance expenses on the **Network Only HMO** plan. The Company will pay 60% up to \$2,100 per person of your out-of-pocket charges. You will be responsible for the remaining 40%.

Example:

Cost of Hospital Stay:	\$15,000
CIGNA Pays 80%:	\$12,000
You Pay 20%:	\$ 3,000
Network Only Reimbursement Pays 60% (of \$3,000):	\$ 1,800
You Pay 40% (of \$3,000):	\$ 1,200

You just saved \$1,800!



Open Access Plus PPO (OAP)

The OAP offers a network of physicians who have agreed to discount fees for their services. You may choose to have your treatment provided by an in-network OAP physician and may receive a higher level of benefit with potentially lower out-of-pocket costs to you.

You may also choose to go outside the network, however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs.

With the OAP plan, you have a choice every time you need care. Your in-network physicians will submit claims for you. If you receive treatment from a non-network physician, they may require you to pay the entire amount at the time of service and submit a claim for reimbursement.

Choice Fund High Deductible Health Plan (HDHP)

The Choice Fund HDHP is a PPO plan with unique features. The HDHP has a higher deductible than the OAP plan but lower premiums. Also, preventive care from an in-network provider is covered at no cost to you.

Enrolling in the HDHP makes you eligible to open a Health Savings Account (HSA). Your contributions to the HSA are exempt from federal taxes provided you use the funds to pay for qualified medical expenses. Unused funds roll over year-to-year. The HSA is also portable.

Your Prescription Drug Coverage

For Better Selection

It is important to be an informed consumer, especially with your prescription drug options. All of the CIGNA medical plans include prescription drug coverage. With CIGNA, you have access to more than 57,000 in-network pharmacies nationwide.

Retail Pharmacy

Present your medical plan ID card at a participating pharmacy. With the Network Only HMO and OAP plan, you will pay a copay based on the type of prescription you receive. With the Choice Fund HDHP, you will pay coinsurance after the deductible is met. You will receive up to a 30-day supply for your prescription.

Mail Order – Your Best Value

If you take maintenance medications for conditions such as high blood pressure, asthma or diabetes, CIGNA's Tel-Drug mail order can save you time and money.

When using the mail order service, you will receive a 3-month (90-day) supply for the cost of only two months. So you pay for two and get one free! For additional information, call CIGNA's Customer Service at 800-835-3784 or go online to mycigna.com.

Save Money with Generics!

Generic drugs may be an effective substitute for their brand name counterparts and can cost significantly less. Ask your physician if a suitable, alternative generic drug is available.



CIGNA In-Network Prescription Benefits

	Network Only HMO Plan and Open Access Plus PPO Plan*		Choice Fund High Deductible Health Plan (HDHP)		
	Retail Program (30-day supply)	Tel-Drug Mail Orders (90-day supply)	Retail Program (30-day supply)		Tel-Drug Mail Orders (90-day supply)
	In-Network Only		In-Network	Non-Network	In-Network Only
Generic	\$15 Copay	\$30 Copay	Plan pays 70%**	Plan pays 50%**	Plan pays 70%**
Brand Name Preferred	\$30 Copay	\$60 Copay	Plan pays 60%**		Plan pays 60%**
Brand Name Non-Preferred	\$50 Copay	\$100 Copay	Plan pays 50%**		Plan pays 50%**

*Benefits provided for in-network prescriptions only.
**After deductible.

myCIGNA Help

Click on myCIGNA.com For Better Health

At ICW Group, supporting your good health and helping you make informed healthcare choices are important to us. We partner with CIGNA to provide you with the education, resources and tools to help you live and work better.

Help Is Just a Click Away

Help is just a click away by logging on to mycigna.com. The following are just a few of the available resources:

- Printable temporary ID cards
- Coverage information
- Access to view HSA account balance, claims and payment tracking
- Cost and quality information

Providing a Helping Hand

Ask A Nurse

Call CIGNA's 24-hour Health Information Line at 800-CIGNA24 to speak with a health professional, or log onto mycigna.com to tap into CIGNA's library of health topics online.

Healthy Rewards®

CIGNA's Healthy Rewards® program offers discounts up to 60% on a variety of health and wellness products and services, such as fitness club memberships, anti-cavity products, eyewear, contact lenses, hearing care, laser vision correction, magazine subscriptions, massage therapy and natural supplements. Just call 800-870-3470 or visit mycigna.com.

Kick the Smoking Habit

The CIGNA Quit TodaySM program can give you the confidence and motivation you need to quit for good. The program is offered through CIGNA Behavioral Health. Dedicated wellness coaches help you develop a personal, customized plan to quit smoking. CIGNA Quit TodaySM is also available as a web-based program.

A Step Up to Weight Loss

Check out CIGNA's Healthy Steps to Weight LossSM Program. This program offers coaching to help you lose weight, lower risk factors and improve your overall health.

Feel Better – Less Stressed

Help is available through CIGNA's Strength and ResilienceSM Stress Management Program. Coaches help you develop a customized stress management plan.

For more information on these programs and other resources, log on to mycigna.com. Once logged in, select My Health, then select Overview. Scroll down to the Condition and Wellness Resources. You can also call CIGNA directly at 800-637-1257.



Your Life and AD&D Coverage

Better Security

Your ICW Group benefits package includes Life and Accidental Death and Dismemberment (AD&D) coverage through Sun Life Financial.

Life and AD&D

ICW Group pays the premium for this important protection to provide security to your loved ones in the event of your death.

Your Life/AD&D coverage amount is based on earnings as shown below:

- Less than \$15,000 – 1 times annual salary
- \$15,000-\$29,999 – 1.5 times annual salary
- \$30,000-\$49,999 – Either 2 times annual salary OR a flat \$50,000
- \$50,000 or More – Either 3 times annual salary to a maximum of \$500,000 OR a flat \$50,000

Imputed Income

The Internal Revenue Service (IRS) requires that the Company report the value of any Company-paid life insurance coverage over \$50,000 on your W-2. This value is called imputed income and is subject to federal, state and Social Security taxes. Imputed income only applies when your Company-paid life insurance is over \$50,000.

Dependent Life Insurance

ICW Group offers your family additional security by providing life insurance to your eligible dependents – all at no additional cost to you.

The following is the Company-paid benefit amounts:

- Your spouse or qualified domestic partner – \$5,000
- Your child under 6 months – \$1,000
- Your child up to age 19 (25 if full-time student) – \$2,000



Your Other Benefits

To Help You Live and Work Better

Service Awards

Our success is the result of your dedicated efforts. That is why ICW Group proudly presents Service Awards to honor your long-term service and loyalty.

Affinity and Other Discount Programs

ICW Group has partnered with a variety of vendors that provide you with a range of special discounts. Computers, flowers, cell phones and reduced-price event tickets are just a sampling of the discounts available to you.

Revolution SAT Preparation

Revolution Prep gives high school students techniques and strategies to conquer the Math, Reading and Writing sections of the SAT Reasoning Test.

ICW Group has partnered with Revolution Prep to:

- Provide discounted classes to Team Members' dependents
- Help financially disadvantaged students with entrance exams for college
- Provide students exposure to insurance careers



Continuing Education

Take advantage of ICW Group's skill development plans. Education is an investment in you, your career and the Company. At ICW Group we are pleased to reward you for your success.

Tuition reimbursement and bonuses are awarded upon completion of designation programs and certificate courses.

For more information, click on the Training link on iPortal.

Your Time Off

For a More Balanced Life

Paid Time Off Accrual

The Company's Paid Time Off (PTO) plan offers flexible scheduling and rewards your good attendance by providing time off for you to use for any reason. As a full-time Team Member, you can enjoy more than three weeks of PTO accrued per year.

PTO Buy-back

Extra cash can come in handy. The discretionary PTO buy-back plan allows you to cash out PTO for extra compensation around the holidays. When the Company has a combined ratio of under 100%, Team Members may be offered the opportunity to "sell" accrued PTO.

Holidays

ICW Group observes 8 paid holidays per year, giving you the opportunity to spend quality time with family and friends. The following holidays will be observed in 2009:

- New Year's Day
- President's Day
- Memorial Day
- July 3rd (Independence Day Observed)
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day





Benefits Guide



Enrolling for Coverage

Newly Hired Employees

You must make your benefits elections within 31 days of your date of hire. If you do not enroll for coverage during your eligibility period, you must wait until the next open enrollment period (unless you have a qualifying event).

Open Enrollment

Open Enrollment for Illumina will be held in the fall for the upcoming calendar year.

Open Enrollment is your opportunity to review your benefits options to determine what best meets your needs. The selections you make will remain in effect for the entire calendar year unless you have a qualifying event.

New medical, dental, life and disability plan choices are being offered for 2009. It is important to review the options shown in this Guide to select the plans that are right for you.

Whatever your situation, if you are eligible for benefits, you will be required to enroll or “waive” benefits for 2009.

How To Enroll

Enrollment is simple and online. To enroll in your benefits, follow the instructions provided through BeneTrac, Illumina’s online enrollment system.

If you are newly hired, a username and password will be provided to you. If you have used BeneTrac in the past, log on to the system with the same username and password. Contact HR if you do not remember your username or password.

Benefits Tip—Choose Carefully!

The benefits you select during open enrollment stay in place through December 31, unless you have a qualifying event as defined by the IRS.

Examples of a qualifying event include:

- You have a change in your marital status
- You have a baby or adopt a child
- Your dependent child loses eligibility due to age or marriage
- You become disabled
- You end your employment with the Company
- You or your dependent dies
- Your spouse/domestic partner gains or loses coverage

You must notify Human Resources within 31 days of the qualifying event. Benefits election decisions will then remain in - force for the remainder of the plan period.

Your Medical Plan Choices

Surveys have shown health coverage is often ranked by employees as their most important benefit.

Medical Plan Options

Illumina offers you the following medical plans:

- **California**—Aetna HMO, Kaiser HMO or Aetna Open Access Managed Choice (90/70)
- **Outside California**—two Aetna Open Access Managed Choice plans to choose from (90/70 and 100/50)

If you reside outside Aetna's provider network service area, please see Human Resources for your available plan options. The Aetna and Kaiser plans provide comprehensive coverage but are different in how they are designed.

Aetna HMO

If you choose the HMO, you must select a primary care physician (PCP) who will manage your care and refer you to a specialist when needed. Each family member may choose his/her own primary care physician.

Aetna Open Access[®] Managed Choice[®] (OAMC)

The OAMC offers a network of physicians who have agreed to discount their fees for their services. You may choose to have your treatment provided by an OAMC physician and receive a higher level of benefit with a lower out-of-pocket cost to you.

You may also choose to go outside the network; however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs.

With the OAMC plan, you have a choice every time you need care. Your network physicians will submit claims for you. If you receive treatment from an out-of-network physician, they may require you to pay the entire amount at the time of service and then submit a claim for reimbursement.

Kaiser HMO

As a member of Kaiser Permanente, you are encouraged to select a primary care physician, but it is not a requirement.

Most services are covered at a 100% after you pay a copayment. There are no deductibles with the HMO and no claim forms for you to submit.



Benefits Tip - Understand Your Choices!

Review the plan comparisons shown on pages 8 - 11 and know what your contributions would be for each plan (as shown on page 20). In addition to your contributions, consider deductibles, copayments and other out-of-pocket expenses and ask if your physician participates in any of the networks.

Your Dental Plan

Did you know that research has suggested a link between gum disease and cardiovascular disease, stroke and diabetes? Good dental health is more than a bright smile.

Aetna PPO

The Aetna PPO dental plan is designed to allow you to receive care from any dentist you wish. However, discounts are available if you see an Aetna PPO network dentist. If you do decide to see a non-network dentist, you will not receive the network discounts and your out-of-pocket costs may be higher.

Benefits Tip—Network Dentists Save You Money!

The Aetna network dentists have agreed to offer discounts for their services. The amount of the deductible you are responsible for is lower than if you decide to receive your dental care from an out-of-network dentist. Out-of-network dentists' fees are subject to reasonable and customary charge limits. That can mean more out-of-pocket costs for you.

To find a dentist near you, log on to www.aetna.com

Dental Highlights

Aetna PPO

Description	In-Network	Out-of-Network ¹
Annual Deductible (waived for preventative services)	\$25 individual \$75 family	\$50 individual \$150 family
Calendar Year Maximum	\$2,000	
Preventive Services (Oral exams, cleanings, fluoride, sealants, bitewing x-rays)	100%	100%
Basic Services (Fillings, uncomplicated surgery, root canals)	80%	80%
Major Services (Crowns, bridgework, dentures)	50%	50%
Orthodontia (Adult & Child)	50% \$2000 lifetime maximum	50% \$2000 lifetime maximum

¹ Out-of-network percentages apply to the reasonable and customary allowance. Amounts over the reasonable and customary allowance will be your responsibility to pay.

Your Vision Plan

Vision Service Plan (VSP)

VSP has one of the largest network of private practicing optometrists, ophthalmologists and optometrists.

You have the option to visit a VSP network provider or a non-network provider. Your out-of-pocket costs will be lower if you visit a VSP network provider.

In addition to the vision benefits provided through your Illumina benefits program, VSP offers special discounts on a number of non-covered services, such as, additional pairs of glasses, special lens options and LASIK surgery.

You will not receive a VSP I.D. card. Select a VSP provider from www.vsp.com or call Customer Service at 800-216-6248.



Vision Highlights

Description	VSP Network	Out-of-Network
Eye Exam (Once every 12 months)	Covered 100% after you pay a \$10 copayment	Plan pays up to a \$45 allowance
Eyeglass Lenses (One pair each 12 months)	Covered in full after you pay a \$25 copayment	Plan pays up to a \$45 - \$85 allowance depending on lens type
Eyeglass Frames (One pair every 24 months)	Plan pays up to \$120 retail allowance after you pay a \$25 copayment	Plan pays up to a \$47 retail allowance
Contact Lenses—Cosmetic (One pair each 12 months)	Plan pays (in lieu of other materials) up to \$120	Plan pays up to a \$105 allowance



Your Employee Benefits

PLEASE CONTACT HUMAN RESOURCES OR INTERCARE INSURANCE SOLUTIONS' MEMBER SERVICES CENTER (866-999-8442) IF YOU HAVE ANY QUESTIONS REGARDING YOUR EMPLOYEE BENEFITS.

flexible solutions for your benefits needs

DENTAL PLAN OPTIONS

You may choose either the high option plan or the low option plan for your dental benefits. Both plans utilize the same Guardian PPO network of providers. Under either option, you may see any dentist, but you will have a higher benefit level and lower out-of-pocket costs if you visit a Guardian PPO network dentist.

High PPO Plan Option

This plan offers a higher level of benefits that requires a higher contribution from you than the Low PPO plan option. It includes an orthodontic benefit.

Low PPO Plan Option

This plan provides the option for lower contributions from you but with a lower benefit level than the High PPO Plan Option and no orthodontic benefit.

Refer to the brief benefit summary of each plan.

VISION PLAN OPTIONS

A vision plan is one of the most requested benefit options. We are pleased to provide an affordable vision plan that will be administered through Guardian. The plan utilizes the Vision Service Plan (VSP) network.

VSP has one of the largest network of private practicing optometrists, ophthalmologists, and opticians. If you use a VSP provider, exams have a \$10 copay, materials have a \$25 copay and frames are covered up to \$120. Exams and lenses are covered once every 12 months. Frames are covered once every 24 months. Please review VSP's materials for more complete information.

LIFE INSURANCE

Each eligible employee is provided, at no cost to you, Basic Life and AD&D insurance through The Hartford. The amount of life insurance is equal to one times your annual earnings. You also have the option to purchase additional Voluntary Life Insurance for you, your spouse, and children. Please refer to The Hartford documents for additional information.

LONG TERM DISABILITY

We provide, at no cost to you, long term disability benefits through The Hartford. Benefits begin after an elimination period of 180 days with a benefit amount of 60% up to a monthly maximum of \$15,000. Please refer to The Hartford documents for more complete information

SHORT TERM DISABILITY

We provide employees with group Short Term coverage through The Hartford for those unexpected situations that may keep you from performing the daily responsibilities of your job.

The elimination period for the Short Term Disability will be 60 days for an accident or sickness. The benefit will be 60% of your weekly earnings up to a weekly maximum of \$3,000 for a total of 18 weeks. Please refer to The Hartford documents for more complete information

FLEXIBLE SPENDING ACCOUNT (FSA)

You have the option to enroll in the health care FSA and set aside up to \$5,000 pre-tax per year to pay for health and dental expenses. You may also enroll in the dependent care FSA and set aside up to \$5,000 pre tax per year to pay for dependent care expenses. Please refer to the information provided by Igoe and Company, the FSA administrator.

MEDICAL PLAN OPTIONS

You have two medical plans to choose from. Both Aetna plans provide comprehensive coverage but are different in how they are designed.

Aetna HMO

If you choose the HMO, you must select a primary care physician who will manage your care and refer you to a specialist when it is needed. Most services are covered at a 100% after you pay a copayment.

Aetna Open Access Managed Choice (OAMC)

The OAMC offers a network of providers who have agreed to discount their fees for their services. You may choose to have your treatment provided by an OAMC provider and receive a higher level of benefit with a lower out of pocket cost to you.

You may also choose to go outside the network; however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs.

	WHAT YOU PAY		
	HMO	OAMC—IN NETWORK	OAMC—OUT OF
DEDUCTIBLE ¹	NONE	\$500/\$1,000	\$1,000/\$2,000
LIFETIME MAXIMUM	UNLIMITED		
MAX OUT-OF-POCKET ¹	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
PHYSICIAN/DIAGNOSTIC			
ROUTINE PHYSICAL	\$10 COPAY	\$20 COPAY	40% ²
WELL BABY/IMMUNIZATIONS	\$10 COPAY	\$20 COPAY	40% ²
OFFICE VISITS	\$10 COPAY	\$20 COPAY	40% ²
LAB & X-RAY	\$10 COPAY	20% ²	40% ²
HOSPITAL SERVICES			
INPATIENT ADMISSION	COVERED 100%	\$250 COPAY + 20% ²	\$500 COPAY + 40% ²
OUTPATIENT SURGERY	COVERED 100%	20% ²	40% ²
EMERGENCY ROOM	\$100 COPAY	\$100 COPAY + 20% FOR	\$100 COPAY + 20% FOR
AMBULANCE	COVERED 100%	20% ²	40% ²
PRESCRIPTION DRUGS			
RETAIL PRESCRIPTION ³	\$10/\$20/\$35 COPAY	\$15/\$25/\$40 COPAY	NOT COVERED
MAIL ORDER ⁴	\$20/\$40/\$70 COPAY	\$30/\$50/\$80 COPAY	NOT APPLICABLE

¹ Individual/Family amounts

² Must first satisfy annual deductible

³ 30-day supply—copays are generic/brand/non-formulary

⁴ 90-day supply—copays are generic/brand/non-formulary

Sample Open Enrollment Material



Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty



866-999-8442

Dedicated Member
Services



Intercarebenefit **HELP**
MEMBER SERVICE CENTER

Your Employee Benefits Advocate



Assistance with:

Benefits Questions

Eligibility

Insurance Claims

Pre-authorization

Issue Resolution

Provider Relations

Materials | Supplies

Dependent Benefits

Plan Education

Monday through Friday
7 a.m. to 5:30 p.m. PST
Email service@intercaresolutions.com
Fax
866-214-2211





**CAN YOU REALLY
AFFORD NOT TO
TAKE THE TIME
FOR
YOUR HEALTH?**

Start the New Year right!

Sign up for the on-site
health screenings
Tuesday, January 11, 2011
From 8:00 a.m.—5:00 p.m.

NEXT: Take an online health questionnaire.

- It's simple
- It's confidential
- You will have customized results—instantly!

Take the time for you!



Annual Benefits Enrollment is Coming
November 3 through November 28



3700 Buffalo Speedway, Suite 620
Houston, TX 77098

Sam Sample
1234 Anywhere Street
Houston, TX 88079



Enroll Online!

November 3 through November 28



Don't Miss Your Opportunity to Choose Your Benefits

- **Review Your Options:** Review your upcoming enrollment materials to ensure you make the best choice for you and your family.
- **Easy Online Enrollment:** You will be able to select your benefits using the online enrollment system. You can enroll or make changes to your benefit elections, update your personal and dependent information and receive immediate confirmation of your choices. If you do not have internet access, information on how to enroll will be included with your enrollment packet.
- **Default Coverage:** If you do not enroll by November 28, default coverage will apply"

Questions?

Contact the Integrated Benefits Service Center at **877-780-3683** for questions about your benefits or the upcoming Annual Enrollment process.

If you live in California, you have another dental option

The Principal Dental Insurance Point-of-Service (POS)

The Principal Dental Insurance POS plan is designed to allow you to receive care from any dentist you wish. Your out-of-pocket costs may be lower when you select a dentist who participates in the Principal dental network.

Using the POS Plan

The Principal Dental Insurance POS plan offers you three levels of benefits:

- **Exclusive Provider Organization (EPO) (California only)** — EPO dentists offer the greatest discount on their services so you may have lower out-of-pocket costs by visiting an EPO dentist.
- **Preferred Provider Organization (PPO)** —participating PPO dentists still offer a significant discount but you may have more out-of-pocket costs than when you visit an EPO dentist.
- **Non-Network** — services received from a dentist who does not participate in either the EPO or PPO network may mean higher out-of-pocket costs to you.

The Principal Dental Insurance Point-of-Service Plan			
Description	EPO (CA residents only)	PPO	Non-Network ¹
Annual Deductible	\$0	\$50 individual/ \$150 family waived for preventive services	\$50 individual/ \$150 family waived for preventive services
Calendar Year Maximum	\$2,500	\$2,000	\$2,000
Preventive Services (Oral exams, cleanings, fluoride, sealants, bitewing x-rays)	100%	100%	100%
Basic Services (Fillings, uncomplicated surgery, root canals)	100%	90%	80%
Major Services (Crowns, bridgework, dentures)	100%	60%	50%
Orthodontia (Child)	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500

¹ Non-network percentages apply to the reasonable and customary allowance. Amounts over the reasonable and customary allowance will be your responsibility to pay.

Unlike many dental plans, the Principal POS plan allows up to **4 cleanings in a 12-month period!** Another added feature — even if you did not enroll in the dental plan in the past, you will have the option of enrolling during Open Enrollment. **There is no waiting period!**

Sample Employee Newsletters



Simply Stated Business
KEEP IT SIMPLE, CLEAR & UNIQUELY YOURS

Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty



Health Savings Account

Protecting Your Health & Welfare



Who Qualifies for an HSA?

You qualify if you:

- Are age 18 or older
- Are not a dependent on another person's tax return
- Have a qualified high-deductible health plan (HDHP)
- Are not covered by any other health plan*
- You are not enrolled in Medicare

* *Except certain limited coverage*

You save additional money with the health plan's provider network discounts

Introducing a New Health Plan Option

Cobham is pleased to provide you with a new health plan option for 2011 – a Health Savings Account (HSA). Here are some features of an HSA.

- You decide how much you contribute
- Your contributions are tax-free
- Your contributions are taken from your paycheck
- Your money earns tax-free interest
- If you don't spend the money, it rolls over

This newsletter has been prepared to assist you in understanding HSAs. We urge you to review it and all benefit information so you can make informed decisions about your health plan options.

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-favored savings account that you own. HSAs help you save for health care expenses with money you set aside.

How Does an HSA Work?

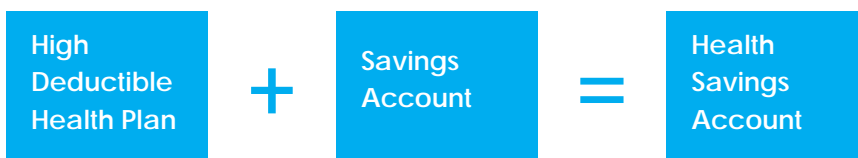
There are two parts to an HSA:

- A high-deductible health plan (HDHP)
- A savings account for health care expenses

To qualify for an HSA, HDHPs have certain rules. Insurance companies call the eligible health plans HSA-compatible. Make sure you select the HDHP for the HSA plan.

Except for certain preventive services, you must pay your deductible first before the HDHP pays for covered expenses.

You can use the tax-free money from your savings account for eligible expenses.



What Are the Rules for HSAs?

Contributions and HDHP Limits

Each year the Internal Revenue Service (IRS) issues limits on the amount you can contribute to an HSA. The IRS also regulates the requirements for what qualifies as a HDHP.

Below are the amounts for the HSA plan offered by Cobham.

IRS Maximum Annual Contribution*	
Individual - \$3,050	Family - \$6,150
2011 Deductible for Cobham HSA	
Individual - \$1,250	Family - \$2,500
2011 Maximum Out-of-Pocket for Cobham HSA**	
Individual - \$3,000 (In-network)/\$6,000 (out-of-network) Family - \$9,000 (In-network)/\$18,000 (out-of-network)	
2011 Amount Funded by Cobham	
Individual - \$500	Family - \$1,000

* If you are age 55 or older and not on Medicare, you can make a "catch-up" contribution. You can contribute an additional \$1,000.

**The maximum out-of-pocket expenses include deductibles, copays or coinsurance (your portion of the coverage). It does not include your premium for the HDHP.

Using Money From Your HSA

Since you own the HSA, you can use the amount from your savings any way you want, but there are rules regarding how you spend it.

- **Eligible health care expenses** – Money you take from your HSA is tax-free when you use it for eligible health care expenses like deductibles, copays, prescriptions, and covered medical, dental and vision care
- **Non-health care expenses** – If you use your money for non-health care expenses, and you are under age 65, the money is taxed and there is a 20% penalty
- **Over age 65** – The 20% penalty no longer applies after you reach age 65, but non-health care expenses are still taxable
- **Medicare** – You cannot contribute after you elect Medicare, but the savings is still yours to use

The money in your HSA is yours – you control it – you keep it

PREVENTIVE CARE COVERED AT 100%

Your deductible does not apply to covered preventive services like immunizations, well baby care, and certain cancer screenings.

Why Should You Consider an HSA?

You Have Lower Premiums

Just as a higher deductible lowers your car insurance, the high deductible health plan typically offers you insurance at a lower premium than other plans.

You Have Limits on Your Out-of-Pocket Expenses

The rules for HSAs limit the deductible and other covered out-of-pocket expenses. Depending on your situation, that could mean lower out-of-pocket costs for you.

You Save on Taxes Three Ways

With an HSA, you save on taxes in three ways.

1. Your contributions go in tax-free
2. Your money grows tax-free interest
3. When you take money out for qualified health care expenses, the withdrawal is tax-free

You Build Savings

You create savings for future expenses and you can grow your savings through earned interest that's tax-free. Money you do not use rolls over to the next year. There is no "use it or lose it rule" like there is in a Flexible Spending Account (FSA).

You Control It

You decide how you use your money – you control it – you keep it.

- You decide how much you put in
- You decide if you spend the money now or save it for the future
- You decide if you use the money for retirement
- You can even pass your HSA on to beneficiaries

Your Employer Helps Fund Your HSA

Even though it is not a requirement, Cobham is helping fund the HSA. Your employer contributes \$500 for your coverage or \$1,000 for coverage for you and one or more dependents. The deposit occurs on the first day of the month of your coverage.

The amount your employer contributes is included in the maximum annual contribution. This means if you have individual coverage, the most you can contribute annually is \$2,550 (\$3,050 maximum - \$500 employer contribution = \$2,550).

QUALIFIED EXPENSES

The IRS lists what health-related expenses are qualified expenses through an HSA.

Some qualified expenses may not be covered by your health plan, but you can still use your HSA money to pay for them.

Here are some examples.

- LASIK eye surgery
- Dental care, including braces
- Contact lenses
- Hearing aids
- Wheelchairs
- COBRA premiums
- Medicare premiums
- Long-term care premiums

You can find the full list of allowable expenses in IRS Publication 502.

Go to www.irs.gov and click on "Forms and Publications."

IMPORTANT

This information is a brief overview.

Be sure to review health plan and IRS Health Savings Accounts documents

Is an HSA Right for You?

Even though the health plan has a higher deductible, the lower premium may mean lower out-of-pocket costs for you.

Compare your plan options to see if an HSA is right for you. Have these figures ready:

- Your premium cost of your current plan and HSA plan
- The amount your employer puts in the HSA
- Your estimated out-of-pocket expenses

Here is an example for someone with single coverage.

Current Plan

- 5 Primary Care Doctor visits X \$15 copay = \$75
- 1 Specialist visits X \$30 copay = \$30
- 5 Generic prescriptions X \$10 copay = \$50

Total Out-of-Pocket = \$155

HSA Plan – The HSA plan has a \$1,250 deductible. The plan covers certain preventive care at 100%. If you visit network providers, you receive discounted fees.

- 2 Primary Care for preventive visits covered at 100%
- 3 Primary Care visits for illness X \$100 = \$300
- 1 Specialist visit X \$175 = \$175
- 5 Generic prescriptions X \$80 = \$400

Total Out-of-Pocket = \$875

Annual Cost for You	Current Health Plan	HSA Plan
Premium	\$1,200	\$550
Out-of-Pocket	\$155	\$875
Total Cost	\$1,355	\$1,425
Employer Contribution to HSA	N/A	\$500
Remaining Cost	\$1,355	\$925
Estimated Savings	\$430	

This example is for illustrative purposes only. Actual participant results vary.

OUT-OF-POCKET EXPENSES

Your health care costs do not remain the same every year.

Do your best to estimate expenses for a typical year.

- Visits for preventive care
- Primary care doctor visits
- Specialist visits
- Prescriptions
- Planned surgeries

Sometimes the unexpected happens, like accidents or sudden illnesses. You may want to allow extra for the unexpected.

Additional information regarding HSA plans will be provided in the coming weeks. If you have questions, please contact the Cobham Benefits Center

Sample How-To Instructions



Simply Stated Business
KEEP IT SIMPLE, CLEAR & UNIQUELY YOURS

Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty

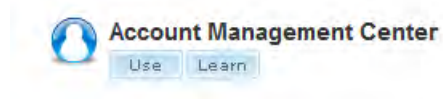




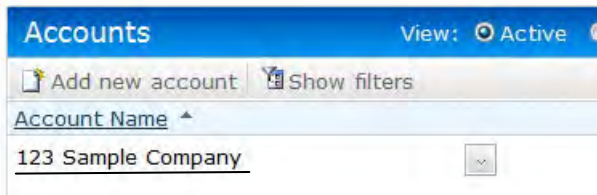
Intercare Online

Instructions to Access Site

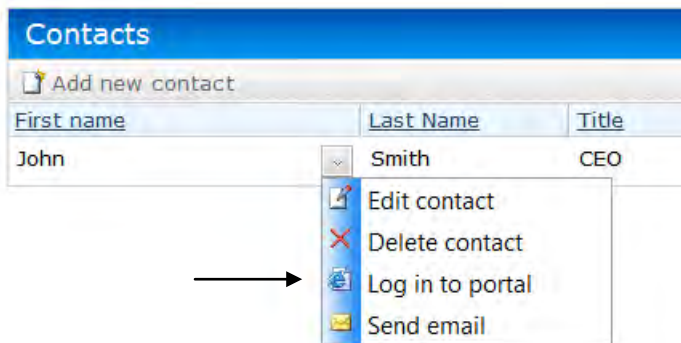
1. Go to Zywave from Intranet
2. Click on 'Use' in Account Management Center



3. Click on hyperlink for 123 Sample Company




4. Click on drop down arrow after 'John' and click on 'Log in to portal' (may need to disable pop-up blockers)



BENETRAC ONLINE ENROLLMENT GUIDE

- You can access the Benetrac site from any computer that has an internet connection.
- Enter the following address into your browser: www.providecommerce.com/benetrac or, you can find the benetrac link on the ERC on the Employee Resource tab under benefit provider links
- Your Username is your First initial, Last name (up to 10 characters)
Your Password will be the password you set up previously (either during last year's open enrollment period, or if you've had a qualifying event since then).
- If you can't remember your password, click on **"Forgot your Username or Password"** link. You will see an alternate employee log in screen prompting you to provide your name, social security number, date of birth and a word to type (example below is "redstep").

Alternate Employee Login	
Please complete all fields then click the 'Submit' button below.	
Once logged in, you will be prompted for a new password.	
First Name:	<input type="text" value="mary"/>
Last Name:	<input type="text" value="smith"/>
Social Security Number:	<input type="text" value="*****"/>
Date of Birth:	<input type="text" value="7/25/1973"/> (mm/dd/yyyy)
Type the word shown below:	<input type="text" value="redstep"/> What is this?
	
<input type="button" value="Submit"/>	

BENETRAC ONLINE ENROLLMENT GUIDE

Review your personal information on the My Family page.

It is important to review all of your personal information to ensure accuracy.

Steps

1. Click the **Make Changes** link to update your personal information. You can also change your password in this area.
2. Click here to add your spouse.*
3. Click here to add your dependents.*
4. Click on "Update" to save.
5. When finished, click the blue "Proceed to My Benefits" link.

*Add all dependents regardless if they will be electing benefits or not.

My Family: Joe Sample

Lock Menu

- Back to..
- My Benefits
- Resources
- News & Announcements
- Help
- Library / Links
- Proceed to Log Out**

Use these menus to navigate the system

Please review the information below. All of your family members should be present and the information must be accurate.

Use the links to make changes. Click the 'Proceed to My Benefits' button at the bottom of the page when complete.

Employee		Spouse	
Name:	Joe Sample	Add My Spouse 2	
SSN:	111-11-1120		
Address:	1234 any street los angeles, CA 90068		
Phone:	(323) 999-9999		
Birth date:	11/20/1959		
Gender:	Male		
E-mail:	jsample@demosite.com		
Approved:	4/21/2005		
Tasks:	Make Changes 1		

Other Family Members				
Name	Address	Birth Date/Status	Approved	Tasks
missy sample 213-33-3333	1234 any street los angeles, CA 90068	11/20/1991 Dependent Child	10/28/2003	Make Changes Delete missy
Add A Family Member 3				

[Proceed to My Benefits](#)

Sample Online HR Portal



Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty





- Home Page
- Employee Benefits
- ChooseWell
- Retirement
- Property & Casualty
- Technology
- Resources
- Contact Us



You are here: [Employee Benefits](#) » [Document Library](#)

Good Morning, John

HR and Employee Benefits Document Library

Access a library of downloadable articles, brochures, forms, and reports covering a variety of insurance-related topics. Choose from Employee Communications, HR Resources, and Benchmark Surveys & Statistics

Employee Communications

Display: Show: 6 items/page



Antibiotic Resistance Payroll Stuffer
This payroll stuffer features key points from our "Public Health: Antibiotic Resistance" Live Well, Work Well flyer.

[View](#)



Are You Safe in the Sun? Payroll Stuffer
This payroll stuffer features key points from the "Skin Cancer: Are You Safe in the Sun?" Live Well, Work Well flyer.

[View](#)



Avoiding Allergies Payroll Stuffer
This payroll stuffer features key points from the "Allergies: The Basics" Live Well, Work Well flyer.

[View](#)



Avoiding Lyme Disease Payroll Stuffer
This payroll stuffer features key points from our "Lyme Disease" Live Well, Work Well flyer.

[View](#)



Be a Wise Health Care Consumer Payroll Stuffer 1
One of five stuffers listing some ways to reduce health care costs.

[View](#)



Be a Wise Health Care Consumer Payroll Stuffer 2
One of five stuffers listing some ways to reduce health care costs.

[View](#)

Page 1 of 8 [next](#)

HR Resources

Display: Show: 6 items/page



Accommodations for Visually and Hearing Impaired Workers
This document provides information for employers regarding how to accommodate hearing and visually impaired employees both during the interview process and after hiring.

[View](#)



Affirmative Action
As required by the Office of Federal Contract Compliance Programs' (OFCCP), many companies must have an Affirmative Action Plan in place. This article lists Affirmative Action requirements and offers additional resources.

[View](#)



Age Discrimination
The Age Discrimination in Employment Act of 1967 (ADEA) protects individuals who are 40 years of age or older from



Americans with Disabilities Act: Questions and Answers
The Americans with Disabilities Act gives civil rights

Sample HR Communications



Simply Stated Business
KEEP IT SIMPLE, CLEAR & UNIQUELY YOURS

Cathy Miller
Business Writer/Consultant

858-344-9959
cathy@millercathy.com
www.simplystatedbusiness.com

30+ Years of Business and Health Care Specialty



HOW TO RISE ABOVE THE COMPETITION



Reduce your clients' healthcare costs with custom medical networks

Let's face it, **everyone** is looking for a different approach to managing health plan costs. Employers are weary of the annual cycle of having to select one of the few insurance carriers that are left—often with unsatisfactory results. And that's true whether their plans are fully insured or self-funded.

Your clients are frustrated and looking to you for solutions. They want more than "business as usual." GM&A has a solution that goes beyond the norm—we specialize in developing custom medical networks that are uniquely suited to your client's geographic region and specific needs.

"GM&A's team of medical insiders combines over 100 years of experience in hospital administration, medicine, nursing, member services, quality assurance and medical insurance"

By partnering with GM&A, you can offer your clients a **proven model** that reduces the health plan costs by 15-30%.

And **you** can earn bonus compensation through cost savings!

Let us help you provide your clients with that different approach.

Call us today for your **▶▶▶**
no cost/no obligation plan analysis.

- Industry insiders contract the best rates possible and—
- Fix the rates for a minimum of 3 years
- Create client-specific custom medical networks
- Provide network oversight including complaint resolution
- Offer report packages
- Audit pre/post claim payment



CONTACT:
Dave Lyons, Director of Client Services

760-271-9264





interVIEW

Jul 19 2010

[What Health Reform Means for Health and Productivity](#)

There have been many discussions about “the good, the bad and the ugly” of the new health reform law. On a positive note, it has provided an endless stream of health topics.

With our next three editions of *CareNotes*, we will take a closer look at specific provisions of the health reform law. We will review what we know, what needs defining, and when provisions are effective.

This issue of *CareNotes* examines what the health reform law means for corporate health and productivity initiatives.

Background Information

The [health reform law](#) is really two bills in one. The Health Care and Education Reconciliation Act of 2010 (H.R. 4872) made changes to the Patient Protection and Affordable Care Act (H.R. 3590), which is the primary health reform law. The two combined provide the provisions of reform.

Although the health reform law may not have gone as far as health and wellness advocates would have liked, many believe it is a step in the right direction. The provisions primarily address prevention, education, incentives and funding.

An Ounce of Prevention

The new law requires health plans to cover certain preventive services with no cost-sharing. That means no co-payments, coinsurance or deductibles.

Those services include recommended immunizations, preventive care and screenings.

The [U.S. Preventive Services Task Force \(USPSTF\)](#) identifies some of the preventive services covered by the law as those with an A or B rating. The task force is an independent panel of experts that issues recommendations for preventive services, based on clinical evidence. The task force's recommendations are graded from A to D with an A grade as the highest level.

In addition to the task force, immunization recommendations from the [Centers for Disease Control and Prevention \(CDC\)](#) and evidence-based preventive care guidelines from [Health Resources and Services Administration \(HRSA\)](#) are also covered.



The effective date for covering preventive care is September 2010 or January 2011 for calendar-year health plans and the Medicare program.

Continuing Health Education

Health education and support receives a boost from the health reform law for both public and private sectors. The initiatives span from the national level to state and local programs.

National Health Promotion Council – The primary goal of this new organization is the development of a national strategy for improving the nation's health. The Council will provide recommendations for health promotion and activities for achieving public health goals, such as the reduction of tobacco use, sedentary lifestyles, and poor nutrition. The first report of the national strategy from the Council is due in 2011.

CDC Technical Assistance – Employers, regardless of size, will have access to web portals and call centers for assistance and evaluation of workplace wellness programs. Available technical assistance includes support in the following areas:

- Participation strategy and measurement
- Measurement tools for evaluating the impact on behaviors, overall health and health care expenditures
- Measurement tools for assessing areas, such as absenteeism, productivity, and medical costs

So far, there is no indication of when the assistance will be available, however, the federal government has its own programs in the workplace. A provision in the health reform law requires an evaluation of the federal programs from the Department of Health and Human Services (HHS). The report to Congress will aid in the development of benchmarks and best practices. There is no established date for the delivery of the report.

Worksite Policies and Program Study – Federal agencies will conduct a national survey for evaluating employer-sponsored workplace policies and programs for chronic disease prevention and health promotion. The surveys start within two years and continue at regular intervals after the initial survey.

Building Incentives

The health reform law paves the way for employers to offer rewards to employees for meeting designated health standards. The various forms of rewards include:

- Premium discounts
- Waivers of cost-sharing requirements
- Benefits that otherwise would not be offered

Employers must offer alternatives and accommodations to employees unable to meet the health standards due to physical limitations.

The current regulations, under the [Health Insurance Portability & Accountability Act \(HIPAA\)](#), allow incentives up to 20 percent of the total premium. The health reform law increased the allowance to 30 percent, and may increase it to 50 percent in the future. The effective date for the increase to 30 percent is 2014.

Funding – Show Us the Money

The health reform law established funds for prevention and public health initiatives as well as grants for small businesses. The following are a few of the allocations.

Grants for Small Businesses With No Wellness Program In Place – Under the health reform law, small businesses are defined as those with fewer than 100 employees who work 25+ hours per week. The law creates grants for up to five years for small businesses that did not have a wellness program in place on March 23, 2010 and implement comprehensive wellness programs with the following elements:

- Health education, preventive screenings and health risk assessments
- Incentives for encouraging employee engagement and participation
- Tools for changing unhealthy behaviors, such as coaching, seminars, and self-help
- Supportive environment efforts, such as workplace policies encouraging a healthy lifestyle

The allocation for funds begins in 2011.

Public and Non-profit Grants – The law provides a number of grants for state and local governments, as well as non-profit organizations. One such grant, categorized as Community Transformation Grants, supports the delivery of evidence-based and

community-based prevention services and measures for decreasing the incidences of chronic illness. The grants are available for five years beginning in 2010.

A Work in Progress

Several health initiatives require more work, including the following:

- Establish the Workforce Advisory Committee for developing national strategy – no later than September 30, 2010
- National strategy standards from the Committee – no later than March 2011
- Require chain restaurants and items sold in vending machines to disclose nutritional information – regulations due by March 2011
- Reporting requirements for wellness and health promotion activities – no later than March 2012
- Establish a 10-state pilot program in the individual market that allows rewards for participation in wellness programs – report due by July 2014

Many employers discovered that effective health reform is much more than a corporate wellness program. It extends beyond the workplace, into the home and out to the community. The health reform law may not be everything many had hoped, but it is gratifying that it takes steps toward promoting health and productivity.

Sources: [Kaiser Family Foundation](#) and [Patient Protection and Affordable Care Act](#)

Notice of Disclaimer – Intercare Insurance Solutions is not an attorney firm and cannot provide legal advice. The information provided is for your general background only, and is not intended to constitute legal advice as to your specific circumstances. We recommend you review legislation with legal counsel.



SAN DIEGO AND IMPERIAL COUNTY SCHOOLS

Fringe Benefits Consortium

Insurance Services, LLC

*Your single source for benefits
from a trusted education colleague*



Understanding your CHALLENGES



As a school administrator, you face many challenges, some very different from the private sector.

Legislation unique to the public sector defines eligibility rules, benefits and contributions. Tax revenue plus the influence of collective bargaining and public scrutiny on funding and benefit design is a part of your everyday environment.

Add the tough economic times and the high cost of health care, and it's a real struggle to develop a fiscally responsible, yet comprehensive employee benefit program.

Now, imagine sharing those challenges with someone who understands – someone like the FBC

Because we are employees of the San Diego County Office of Education, we know first-hand the challenges you face. We share many of those same challenges.

It's our inside knowledge of the public education sector and our full broker and consulting services that helps us partner with you in finding solutions that work.

The San Diego and Imperial County Schools Fringe Benefits Consortium (FBC) develops cost-effective employee health and welfare benefit programs for school districts, community colleges and charter schools. We've been doing it for 30 years.

Created for Your Benefit

Recognizing that need for affordable, comprehensive benefits for schools, the FBC formed in October 1982 as a complement to the existing San Diego County Schools Risk Management Joint Powers Authority (JPA).

The FBC used the combined purchasing power of thirteen school districts in San Diego County, covering 2,500 employees, for leveraging reduced costs through a specially designed self-insured health plan.

We have since expanded our programs and our membership to include Imperial, Riverside, San Bernardino and Los Angeles Counties. We offer a variety of fringe benefits at a lower cost through our joint membership. Governed by a Board of Directors with representation from each school district assures we focus on your interests.

The FBC operates through the San Diego County Office of Education with a license as a 501(c) (3) not-for profit public benefit corporation.

“We know first-hand the challenges you face. We share many of those same challenges.”

Caring about HEALTH BENEFITS



Healthy Choices

Many of our school members understand the value of investing in their employees' health.

Studies confirm that unhealthy decisions contribute to rising health care costs, increased absenteeism and an increased loss of productivity.

The FBC works with you in finding the best wellness solution for your school, whether that's through your medical carrier or a vendor specializing in wellness.

We also are happy to provide onsite assistance at health fairs that your school or wellness vendor sponsor as part of your employee benefits program.

SCHOOL PAID BENEFITS

The Right Medical Plan

Selecting medical plan options for your employees is one of your toughest responsibilities. You need plans that are cost-effective with sufficient coverage to meet the needs of your employees.

Sometimes that means selecting fully insured plans, while other times you may find savings and more flexibility through self-insured plans. Either way, we are here to assist you.

Fully Insured Medical Plans

The FBC helps our members through the Request for Proposal (RFP) process by soliciting bids from prospective insurance carriers and vendors.

As licensed brokers, the FBC consults on the full range of medical plans, including Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Point-of-Service (POS) plans and traditional indemnity plans.

We provide a thorough analysis of the responses received and offer our recommendations based on the selection criteria that best meets the needs of our members.

Self-Insured Medical Plans

Self-insuring your health plans is a cost-saving strategy that offers greater flexibility, but is not without risk.

It requires careful consideration of advantages and disadvantages for your school's specific needs.

The FBC can help you analyze this cost-savings strategy to see if it's the right solution for your health plans.

We offer PPO network plans for increased savings potential. Member schools have the options of pooled and non-pooled plans.

PPO Pool Plan – This plan takes advantage of pooled purchasing power for greater savings. In-house claims and eligibility administration, as well as a dedicated customer service unit provide additional savings for our member schools.

PPO Stand-alone Plan – This type of plan offers flexibility in plan design for schools that want greater control of plan management decisions.

The FBC also offers self-insured indemnity or traditional medical plans.

Providing protection in **LIFE & DISABILITY**



SCHOOL PAID BENEFITS

Security Through Life & Disability Insurance

Offering your employees life and disability insurance provides security and peace of mind should the unexpected happen.

Life insurance helps replace the loss of income in the event of the employee's death and provides for important financial needs for loved ones.

Disability benefits protect employees' income if they have an accident or illness that prevents them from working.

Life and Accidental Death & Dismemberment

The FBC offers basic life insurance, as well as accidental death and dismemberment (AD&D) insurance through a major insurance carrier.

Due to the large volume of life insurance coverage offered through the FBC, we have secured a very competitive, low premium rate for your employees' basic life and AD&D coverage.

We provide multiple coverage options for your consideration, all tailored to meet your benefits objectives.



Short-Term and Long-Term Disability

In addition to protecting your employees' income during disability, it is important that your disability program provide appropriate return to work efforts.

Currently, the FBC offers income protection plans for your employees through short-term and long-term disability insurance with a major insurance carrier.

We work with you in determining the plan provisions that meet the needs of your employees and protect your interests for this school-paid benefit.

*Your employees can supplement their life,
AD&D and disability coverage through
voluntary benefit options*

Adding the **VALUE OF THE FBC**



A Trusted Education Colleague

The goal of the Risk Management Department of the San Diego County Office of Education is providing schools like yours with high-quality, cost-effective risk programs.

The collaboration of Risk Management's Joint Powers Authority (JPA) and the Fringe Benefits Consortium (FBC) protects your school against loss to your most valuable assets. It's a partnership from a trusted education colleague with a focus on the success of your school's health and welfare benefits and risk management programs.

Joint Powers Authority (JPA)

The JPA offers economical insurance programs for loss control services, property and liability protection, workers' compensation, and safety training.

The FBC Difference

Education Focus

The education sector is our only focus. We customize our programs and services to the special needs of our schools. We ensure we stay on course by including representatives from each member school.

The Board of Directors governs the FBC with two representatives (and two alternates) from each member school. You decide if those representatives are from management, bargaining units, or both.

Purchasing Power

The strength of our membership presents savings opportunities through our joint purchasing power. We secure competitive rates and discounts for our members that would not be available under the typical program.

Knowledge and Experience

At the FBC, we wear many hats – broker, consultant, education leader and county employee. This unique perspective helps us better serve our members with the knowledge and experience to make a difference.

Thank you for considering the FBC for your benefits and risk management programs.

Contact the FBC and let us know how we can help.

SAN DIEGO AND IMPERIAL COUNTY SCHOOLS

Fringe Benefits Consortium
Insurance Services, LLC
858-292-3773

Your trusted education leader in benefits