



Employee Benefits and Open Enrollment 2018-2019



THE STATE OF THE HEALTHCARE INDUSTRY TODAY



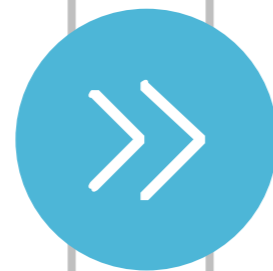
The State of the Healthcare Industry Today

A Brief Look at Trends



ACA expanded covered benefits for all

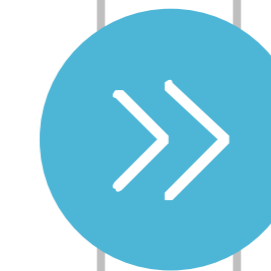
Free preventative, well-woman exams, contraceptives, etc.



Rates are increasing at a remarkable rate



Companies are searching for better options



Comprehensive and Competitive Plans

A group of committed Burgess Companies employees have worked very hard to identify both, current and innovative approaches to dealing with the changes in the healthcare costs today at the same time creating a comprehensive offering where everyone can maintain great coverage all while managing overall costs.

NOTE: Burgess Companies is increasing their contribution to your premiums for UHC Medical Insurance to \$430 or \$250 monthly contribution to the Redirect/Sedera Medical Cost Sharing Plan

Objectives



Minimize the Premium Cost Impact



Offset Increased Out of Pocket Costs (if any)



OFFER ADDITIONAL BENEFITS

Dental Vision, Basic Life and AD&D, Voluntary Life and AD&D, Accident, Critical Illness and Short and Long Term Disability



Improve Employees Overall Knowledge and Health Awareness



Offer Comprehensive Benefit Package

Allows employees to choose a robust variety of options that best suit them and the needs of their family

OPEN ENROLLMENT



Open Enrollment

Information



PLAN YEAR: December 1, 2018 – November 30, 2019



ELIGIBILITY: All full-time employees, working 30 or more hours per week



ENROLLMENT CHANGES: Once you make your elections you will not be able to make changes unless you experience a:

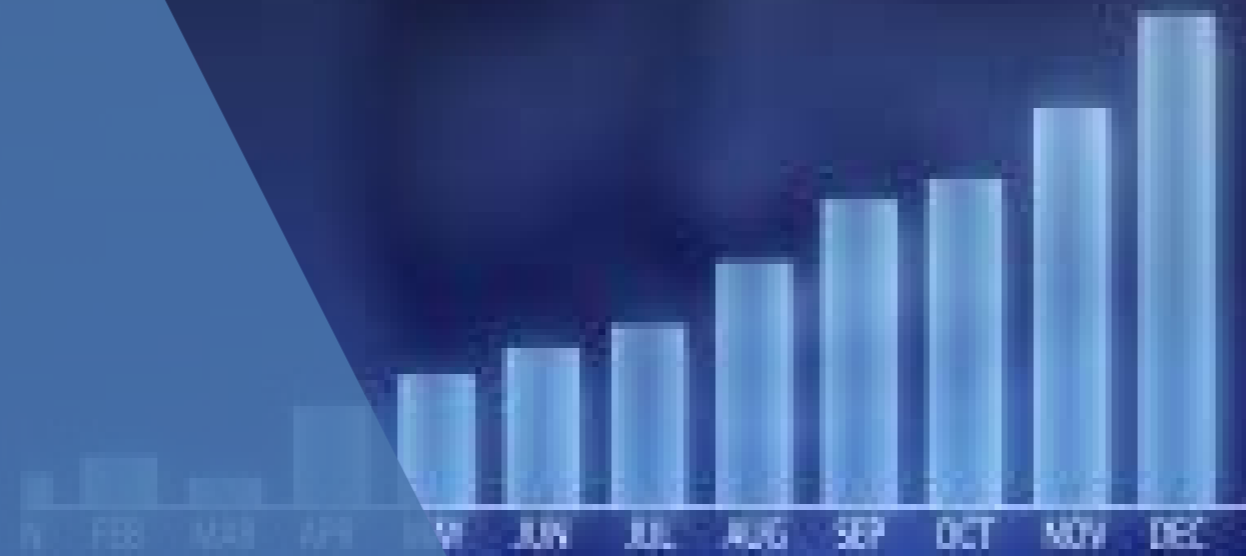
- 1. Qualified Change in Family Status** (Ex., Marriage, Divorce, Birth of a Child, etc.)
- 2. HIPAA Special Enrollment Event** (Ex., Loss of Other Coverage)

Enrollment and changes must be made within 30 days after the change in status/HIPAA event

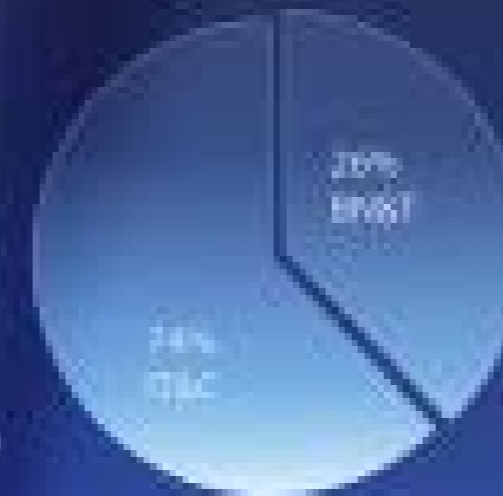
Please note:

- Under the Affordable Care Act, dependent coverage was extended to age 26.
- You may cover your dependents up to age 26, regardless if they are a student or not.
- Dependent coverage will terminate at the end of the month in which they turn 26 years old.

Projected sales of main products in 2013



Distribution of market share among the major industry players



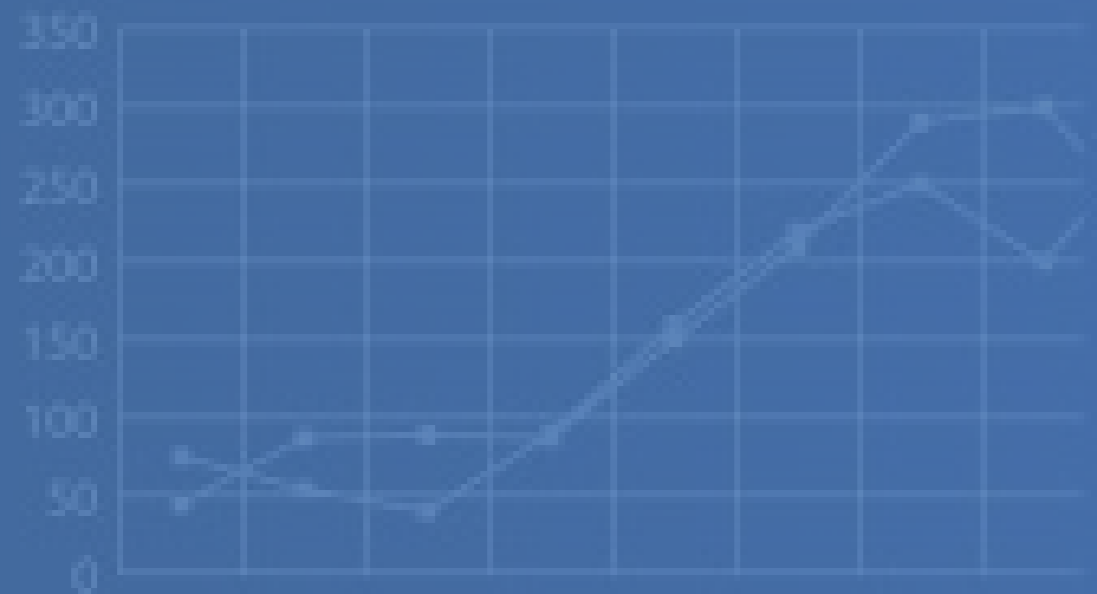
Distribution of market share among the major industry players. ITC and BN&T has 74% and 26% percent respectively. A further change in the economic situation in the market will be characterized by a more equal distribution of market share among major players.

Share of market activity



Changes in the activity of the active and passive market is uncertain. Established positive trends in various market segments.

Projected sales of main products in 2013



OVERVIEW of EMPLOYEE BENEFITS



Overview of Employee Benefits Plan Options



Medical - UHC

- **Transition to United Healthcare**
- BCYD Premier - PPO 1000
- BCYX Premier – PPO 3000
- AX-KY Premier – EPO 5000
- AE-3L MM – HSA -5000



Medical – New Offering

- **Redirect Health EverydayCARE and Sedera Health Share**
- Redirect - EverydayCARE
 - \$0 Deductible
 - \$0 Copay
 - Unlimited Primary Care Visits
 - 24/7 healthcare concierge
 - Open Network
- Sedera – Catastrophic – NOT INSURANCE (Health Sharing Plan)
 - \$500 IUA / \$1000 IUA /\$1500 IUA
 - Hospitalization
 - Inpatient/Outpatient Surgery



Dental

- **Guardian**
- Dental Value = In Network
- Dental N.A.P = Out of Network



Vision

- **Guardian**
- Vision PPO plan
- Same Plan Design



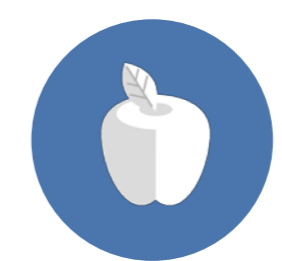
Basic Life and AD&D / Long Term Disability

Guardian
PAID by Burgess Companies



Short Term Disability / Voluntary Life & Whole Life

- **Guardian / Whole Life –Mass Mutual**



Supplemental Benefits

- **Guardian**
- Critical Illness Insurance
- Accident Insurance

** IUA (Initial Unshareable Amount): The amount each member pays for before a need is eligible for sharing by the community.



MEDICAL PLANS

Medical Plans Definitions

In-Network Benefits Plan:
Deductible
Out of Pocket Maximum
Coinsurance

Copays
Office Visits/ Specialist Visits
Hospital
UC / ER / Major Diagnostic
Other
Prescriptions: Gen / Brand /Specialty

- **Deductible** is the amount that YOU must pay before the plan begins to pay (deductible accumulates with each service you have)
- **Out of Pocket Maximum** is the most YOU will pay out of your own pocket during the plan year (does not include your monthly contribution)
- **Coinsurance** is the shared portion of the cost of a service up to your Out of Pocket Maximum
- **Copay** is a fixed amount you pay for health care service, usually when you receive the service.

Medical Plans

United Healthcare (UHC)

In-Network Benefits Plan:	BCYD (Premier) PPO	BCYX Premier PPO	AX-KY Premier EPO	AE-3L HSA
Deductible	\$1,000per Member \$2,000 per Family	\$3,000per Member \$6,000 per Family	\$5,000per Member \$10,000 per Family	\$5,000per Member \$10,000 per Family
Out of Pocket Maximum	\$4,000 / \$8,000	\$6,000 /\$12,000	\$7,150 / \$14,300	\$5,000 / \$10,000
Co-Insurance	80%	70%	80%	100%
Copays				
OfficeVisits/ Specialist Visits	PCP \$25 / SPC \$25/\$50	PCP \$30 / SPC \$30/\$60	PCP \$15 / SPC \$50/\$100	PCP N/A / SPC N/A
Hospital	OP N/A, IP N/A	OP N/A, IP N/A	OP N/A, IP N/A	OP N/A, IP N/A
Urgent Care /ER/ Major Diagnostic	UC \$75, ER \$250+20%, MD N/A	UC \$75, ER \$250+30%, MD N/A	UC \$25, ER \$300+ded+20%, MD N/A	UC N/A, ER N/A MD N/A
Other	\$0 Kid Copay, ENRP	\$0 Kid Copay, ENRP	\$0 Kid Copay, ENRP	ENRP
Prescriptions: Gen/Brand/Spec	\$10 / \$35 / \$60 2.5x for M.O.	\$20 / \$40 / \$75 2.5x for M.O.	\$20 / \$40 / \$75 2.5x for M.O.	\$00 / \$0 / \$0 N/A for M.O.



REDIRECT HEALTH®
EverydayCARE™
AND
SEDERA HEALTH SHARE



Medical Plans

Redirect Health + Sedera Health Share



In-Network Benefits Plan:	Redirect EverydayCARE Plan
Primary Care & Injury Office Visits	\$0 Deductible / \$0 Copay / Open Network
Chiropractic Office Visits	\$0 Deductible / \$0 Copay / Open Network
Preventative Adult Care*	\$0 Deductible / \$0 Copay / Open Network
Preventative Well Child Care*	\$0 Deductible / \$0 Copay / Open Network
Labs	\$0 Deductible / \$0 Copay / LabCorp
Immunizations*	\$0 Deductible / \$0 Copay
Prescriptions: MEC Covered Preventative Medications	\$0 Copay
Prescriptions: Generic/Brand/Specialty	Envision Pharmacy Benefit Plan \$10 Generic /\$50 Or 50% whichever is greater

24/7/365 Medical
Phone Support
in English &
Spanish

888-407-7928

- Yearly physicals
 - Vaccines
- Preventative Mammograms
- Preventative Colonoscopies
 - Wellness Checks
- 60+ other preventative benefits overall

* All Minimum Essential Coverage as outlined by the Affordable Care Act. For More Information, visit hrs.gov



Medical Plans

Redirect Health + Sedera Health Share



In-Network Benefits Plan:		With Sedera Program
Deductible – Redirect Health IUA – Sedera Health Share	<p>Sedera is a non-insurance, community sharing approach to managing healthcare costs. Sedera members are self-pay patients, only submitting bills to Sedera when costs exceed their IUA** (example: illness, injury, pregnancy). Members can use the provider of choice.</p> <p>Redirect Health Care Logistics team will help direct members to receive quality care and fair pricing.</p> <p>Pre-existing Conditions -see Sedera Guidelines http://sedera.com/wp-content/uploads/2018/10/Sedera-ACCESS-Guidelines-20181014.pdf</p>	\$500 IUA / \$1000 IUA / \$1500 IUA
Primary Care Office Visits		Redirect
Outpatient Surgery		\$500 IUA / \$1000 IUA / \$1500 IUA
Inpatient Hospital		\$500 IUA / \$1000 IUA / \$1500 IUA
Emergency Room		\$500 IUA / \$1000 IUA / \$1500 IUA
Prescriptions: Generic/Brand/Specialty		<p>Prescription Need Sharing Maintenance: Eligible for sharing as part of a need for the first 120 days following a new diagnosis.</p> <p>Curative / Acute: Eligible for sharing when prescribed as curative medication, as part of treatment for a qualified Need**</p>

** IUA (Initial Unshareable Amount): The amount each member pays for before a need is eligible for sharing by the community.

** Need: One of more medical expenses caused by a single accident or illness. (Example: car accident, cancer, pneumonia, child birth). Please refer to your membership Guidelines to confirm that a need meets sharing qualifications.



Medical Plans

Redirect Health + Sedera Health Share



In-Network Benefits Plan:		With Sedera Program
Deductible – Redirect Health IUA – Sedera Health Share		\$500 IUA / \$1000 IUA / \$1500 IUA
Primary Care Office Visits	Yearly IUA* Limits: Sedera shares at the first dollar after Need** limit is reached.	Redirect
Outpatient Surgery		\$500 IUA / \$1000 IUA / \$1500 IUA
Inpatient Hospital		\$500 IUA / \$1000 IUA / \$1500 IUA
Emergency Room	Individual - (3) Needs per membership year	\$500 IUA / \$1000 IUA / \$1500 IUA
Prescriptions: Generic/Brand/Specialty	Family - (5) Needs per membership year	<p>Prescription Need Sharing Maintenance: Eligible for sharing as part of a need for the first 120 days following a new diagnosis.</p> <p>Curative / Acute: Eligible for sharing when prescribed as curative medication, as part of treatment for a qualified Need**</p>

** IUA (Initial Unshareable Amount): The amount each member pays for before a need is eligible for sharing by the community.

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Please refer to your membership Guidelines to confirm that a need meets sharing qualifications.

Membership, ***M***edications, Pre-Ex



Choose a Healthy Lifestyle



Our Members Believe:

- + Smart choices (diet, exercise, lifestyle, etc.) can greatly improve one's quality of life.
- + When a community of like-minded people agree to strive for a healthy lifestyle and share one another's health care expenses, everyone wins!!



Our Members Commit

- + To Strive for a healthy and balanced lifestyle
- + To not use illegal narcotics
- + To not operate vehicles while intoxicated
- + Tobacco users - \$75 surcharge per month*

*Tobacco users age 50 and older have a \$25,000 per Need sharing limit for the top four disease states associated with tobacco usage: Heart Disease, Stroke, COPD and Cancer. See Sedera Member Guidelines for more information

Medications

Cure

Examples: Antibiotics, pain medications related to a car accident or post pregnancy, chemotherapy drugs

+ Same Sharing rules apply



Maintenance

Examples: Blood Pressure medications, Cholesterol Medications

+ Sharing eligible for first 120 days following a new diagnosis

+ After 120 days on a new diagnosis (or for an existing diagnosis): Good resources for securing discounted prices on maintenance medications (paid from pre-tax HSA)

+ **Optional discount program for maintenance medications: Additional \$27.50 per month per household**



Pre-existing Conditions



Pre-existing Conditions:

When well controlled, these conditions DO NOT have sharing restrictions.

- + High Blood Pressure
- + High Cholesterol
- + Sleep Apnea
- + Non-Insulin Dependent Diabetes



Pre-existing Conditions: Sharing Restrictions*

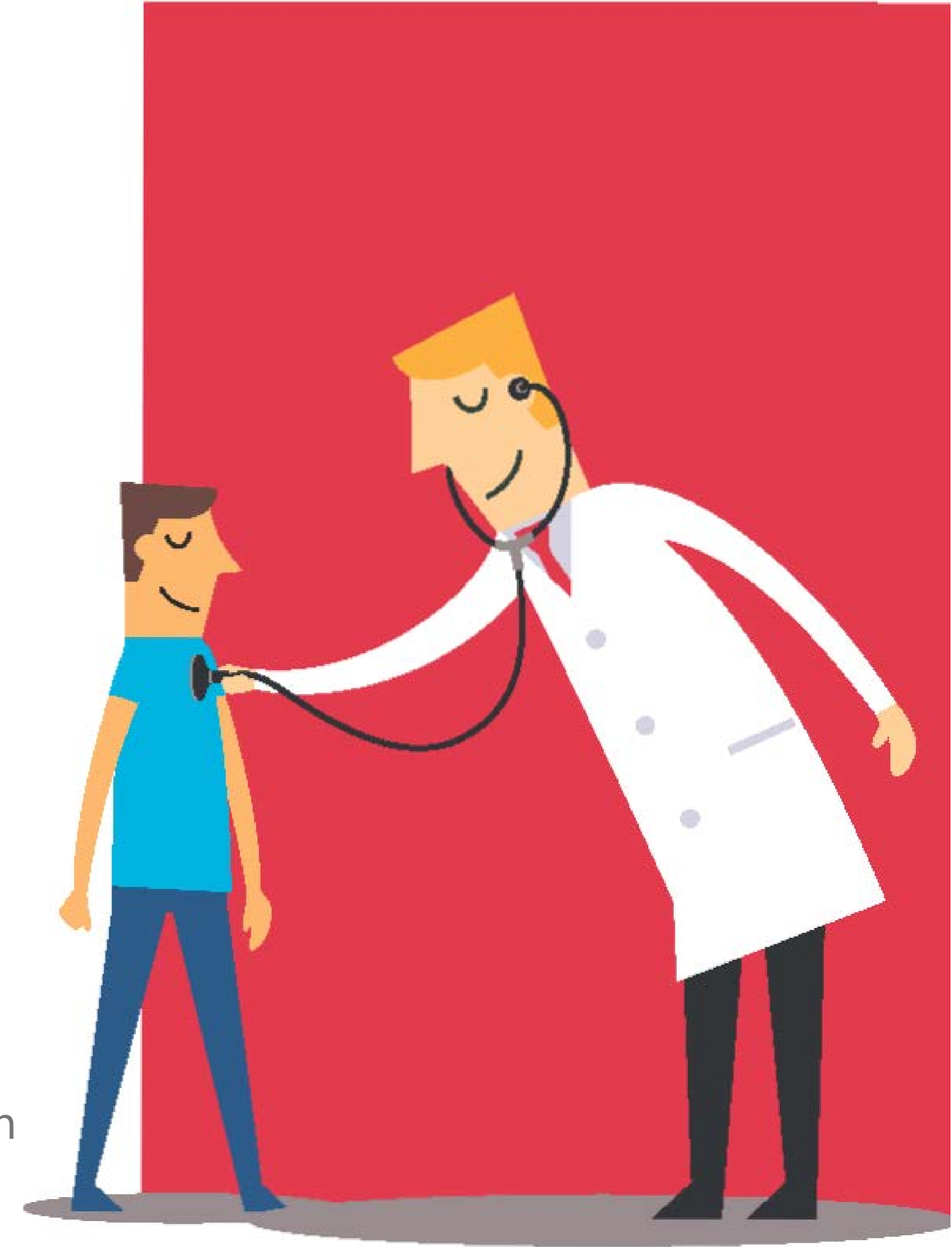
A Condition is considered pre-existing if a member had symptoms or treatment in the last 36 months at the time of joining the community

- + Year 1: No Sharing of condition
- + Year 2: \$25,000 sharing limit for the condition
- + Year 3: \$50,000 sharing limit for the condition
- + Year 4: Fully Shareable

*Standard sharing restrictions apply when joining the community for genetic defects and/or hereditary diseases. There are also restrictions on existing pregnancies when joining the community. Please see the Sedera Membership Guidelines for more information.

Sedera Member Services

- ✔ **24/7/365 Telemedicine (*Teladoc*)**
- ✔ **Nation's *Top Doctors* (*2nd.MD*)**
- ✔ **Counseling Service**
- ✔ **A Member Advisor (*Coach*) who will help with...**
 - + Medical Record Transfer
 - + Physician and Hospital Search
 - + Appointment Scheduling
 - + Prescription Cost Search
 - + Health Cost Estimates
 - + Elder Care Services
 - + Surgery Cost Saver
 - + Pre-Negotiation
 - + Medical Bill Negotiation





Medical Plans

Redirect Health + Sedera Health Share



In-Network Benefits Plan:	Redirect EverydayCARE Plan	With Sedera Program
Deductible – Redirect Health IUA – Sedera Health Share	\$0 Deductible / \$0 Copay / Open Network	\$500 IUA / \$1000 IUA / \$1500 IUA
Primary Care Office Visits	\$0 Deductible / \$0 Copay / Open Network	Redirect
Outpatient Surgery	Sedera	\$500 IUA / \$1000 IUA / \$1500 IUA
Inpatient Hospital	Sedera	\$500 IUA / \$1000 IUA / \$1500 IUA
Emergency Room	Sedera	\$500 IUA / \$1000 IUA / \$1500 IUA
Prescriptions: Generic/Brand/Specialty	Envision Pharmacy Benefit Plan \$10 Generic / \$50 Or 50% whichever is greater	Prescription Need Sharing Maintenance: Eligible for sharing as part of a need for the first 120 days following a new diagnosis. Curative / Acute: Eligible for sharing when prescribed as curative medication, as part of treatment for a qualified Need**

** IUA (Initial Unshareable Amount): The amount each member pays for before a need is eligible for sharing by the community.
 ** Need: One or more medical expenses caused by a single accident or illness. (Example: car accident, cancer, pneumonia, child birth).
 Please refer to your membership Guidelines to confirm that a need meets sharing qualifications.

Supplemental Benefits



Supplemental Benefits


Overview

Dental
GUARDIAN

Dental Value – In Network
Dental N.A.P. – Out Network

Vision
GUARDIAN

- Coverage for an eye exam and discounts for materials



Basic Life and AD&D – paid by Company
(Accidental Death and Dismemberment)

- Pays fixed benefit of \$15,000

Voluntary Life
GUARDIAN


- Up to \$200,000 death benefit
- Guarantee Issue \$100,000

Whole Life
MASS MUTUAL



Short Term Disability
GUARDIAN

- Provides benefits up to 13 weeks



Long Term Disability – paid by Company
GUARDIAN


- Pays fixed benefits for loss of duties and loss of earnings

Accident Insurance
GUARDIAN

Provides fixed cash benefits for accidental injuries

Critical Illness Insurance
GUARDIAN

- Provides up to \$25,000 upon the diagnosis of one of 33 conditions



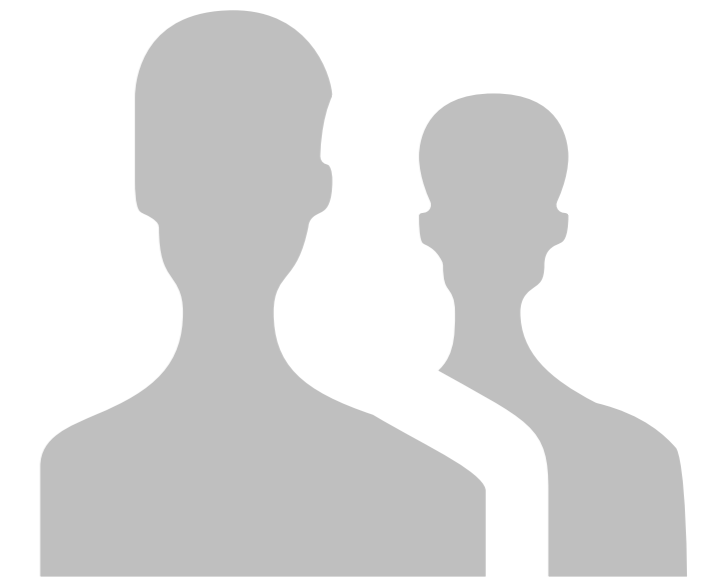
HSA FSA

- Accounts provide tax free reimbursement for qualified services



Supplemental Benefits

Example illustration of how the supplemental benefits will help offset increased costs



Employee Only
AX-KY Premier
5000

ACCIDENT BENEFIT

Employee Only

Employee Only
Sedera +30 500 IUA

**** IUA (Initial Unshareable Amount)** =The amount each member pays for before a need is eligible for sharing by the community.

This is for illustration purposes only.

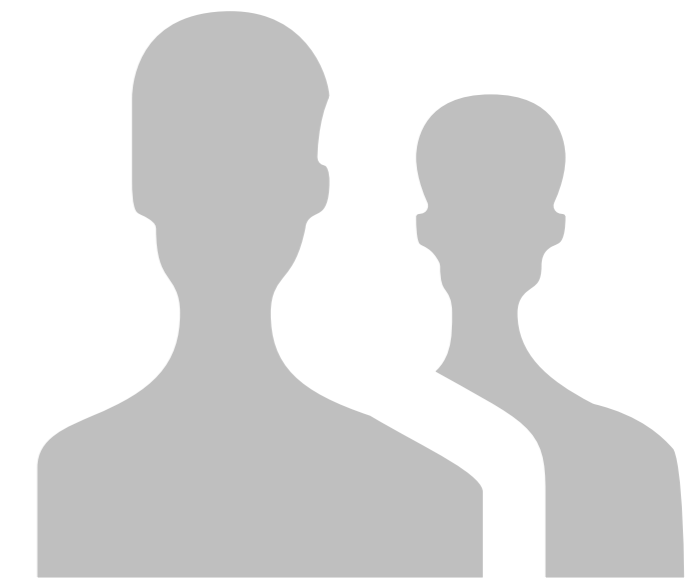
Without Supplemental Benefit					
BROKEN LEG	Estimated Cost of Broken Leg	Employee Annual Premium	Annual Deductible	Co Pay Amount	EE Out of Pocket Cost
Health Plan	\$18,000	\$598.80	\$5,000	\$2,150	\$7,748.80

With Supplemental Benefits							
BROKEN LEG	Estimated Cost of Broken Leg	Employee Annual Premium	Annual Deductible	Co Pay Amount	EE Out of Pocket Cost	Guardian Benefit Plan Pays	Total Benefit
Health Plan	\$18,000	\$1,057.92	\$5,000	\$2,150	\$8,207.92	\$5,000	\$3,207.92

With Sedera Health Share						
BROKEN LEG	Estimated Cost of Broken Leg	Employee Annual Premium	Per Incident IUA**	EE Out of Pocket Cost	Guardian Benefit Plan Pays	Total Benefit
Sedera Heath Share	\$18,000	\$1,272	\$500	\$1,772	\$5,000	\$3,228

Supplemental Benefits

Example illustration of how the supplemental benefits will help offset increased costs



Employee Only
AX-KY Premier
5000

CRITICAL ILLNESS BENEFIT

Age 30-39

\$10,000 Benefit

Employee Only
Sedera +30 500 IUA

** IUA (Initial Unshareable Amount) =The amount each member pays for before a need is eligible for sharing by the community.

This is for illustration purposes only.

Without Supplemental Benefit					
HEART ATTACK	Estimated Cost of Heart Attack	Employee Annual Premium	Annual Deductible	Co Insurance Amount	EE Out of Pocket Cost
Health Plan	\$50,000	\$598.80	\$5,000	\$2,150	\$7,748.80

With Supplemental Benefits							
HEART ATTACK	Estimated Cost of Heart Attack	Employee Annual Premium	Annual Deductible	Co Insurance Amount	EE Out of Pocket Cost	Guardian Benefit Plan Pays	Total Benefit
Health Plan	\$50,000	\$795.60	\$5,000	\$2,150	\$7,945.60	\$10,000	\$2,054.40

With Sedera Health Share						
HEART ATTACK	Estimated Cost of Heart Attack	Employee Annual Premium	Per Incident IUA**	EE Out of Pocket Cost	Guardian Benefit Plan Pays	Total Benefit
Sedera Heath Share	\$50,000	\$1,468.80	\$500	\$1,968.80	\$10,000	\$8,031.20



DENTAL

Dental Plan

Guardian DentalGuard Preferred Option 2 PPO

Benefits ¹	Dental Value Discounted Fee	Dental N.A.P. UCR
Deductible	\$50 per Member \$150 per Family	\$50 per Member \$150 per Family
Calendar Year Plan Maximum	\$2,000 Per Member	\$2,000 Per Member
Preventative Services	100% Coinsurance (after deductible)	100% Coinsurance (after deductible)
Basic Services	100% Coinsurance (after deductible)	80% Coinsurance (after deductible)
Major Services	60% Coinsurance (after deductible)	50% Coinsurance (after deductible)
Orthodontia	\$1,000 Lifetime Max	\$1,000 Lifetime Max
<p>1. Late entrant penalties will apply to any employee who does not enroll when they first are eligible: Preventive and Basic services: 12 months; Major services: 24 months.</p> <p>2. Reimbursement based on UCR (Usual, Customary, and Reasonable). Member will pay their percentage of the cost of services, plus any charges that exceed the allowed amount.</p>		

- **Deductible** is the amount that YOU must pay before the plan begins to pay (deductible accumulates with each service you have)
- **Dental Plan Maximum** is the most THE PLAN will pay in the calendar year
- **Coinsurance** is the shared portion of the cost of a service





VISION

Vision Plan

Guardian Plan #1

Benefits	VSP Network	Out of Network (REIMBURSEMENT)	Frequency
Annual Eye Exam	\$20 Copay	Up to \$39	1 per Calendar Year
Frames	\$130 retail max + 20% off remaining balance	Up to \$46 max	1 per Calendar Year
Lenses: Single/Bifocal/Trifocal	\$20/\$20/\$20 Copay	\$23/\$37/\$49 max	1 per Calendar Year
Contact Lenses	Covered after copay Elective - \$130 max (copay waived)	Up to \$210 max Elective - \$100 max	1 per Calendar Year
Contact Lenses Fitting & Evaluation	Up to \$60 charge + 15% off remaining balance	Included in Contact Lens Allowance	Not applicable

Vision Plan

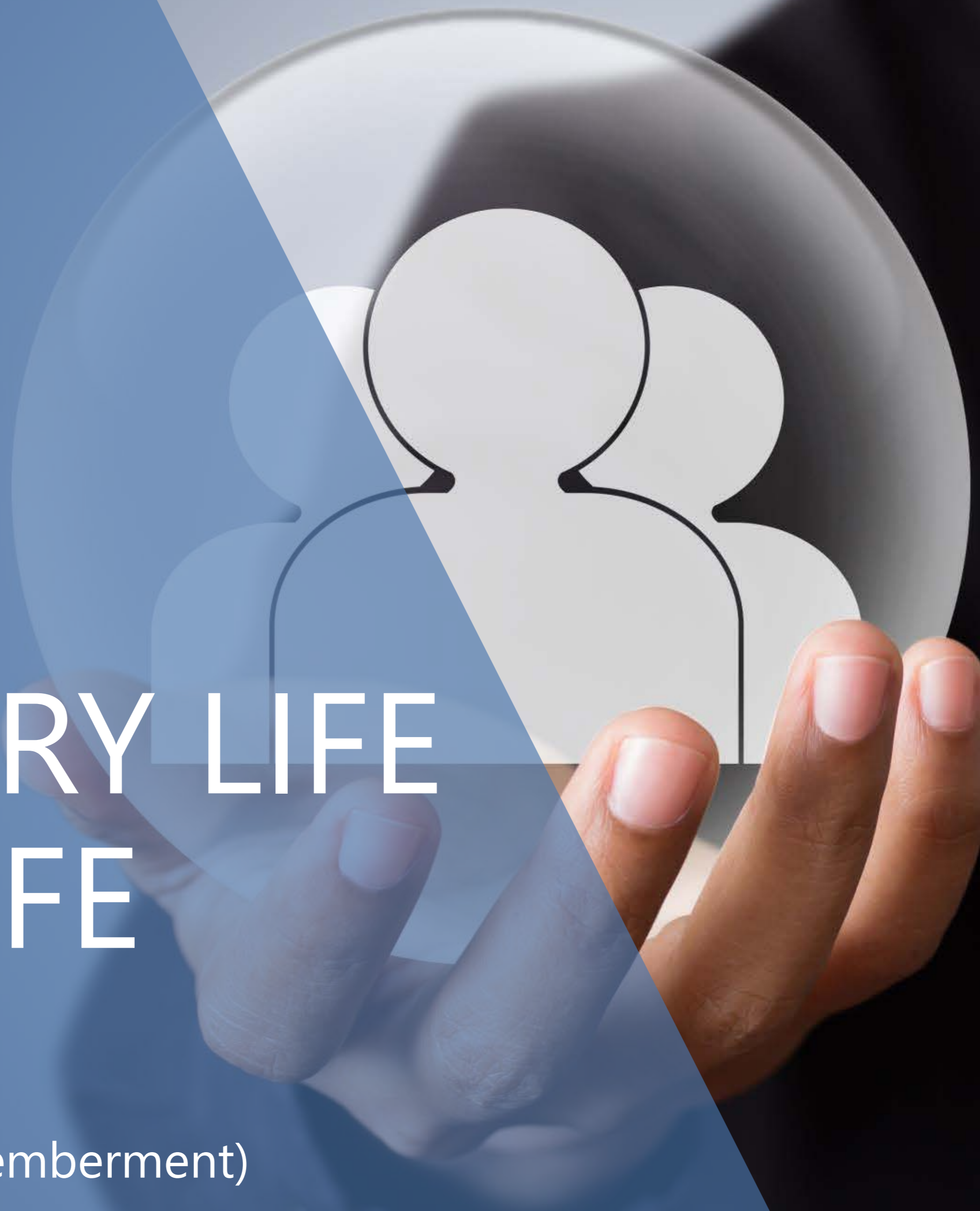
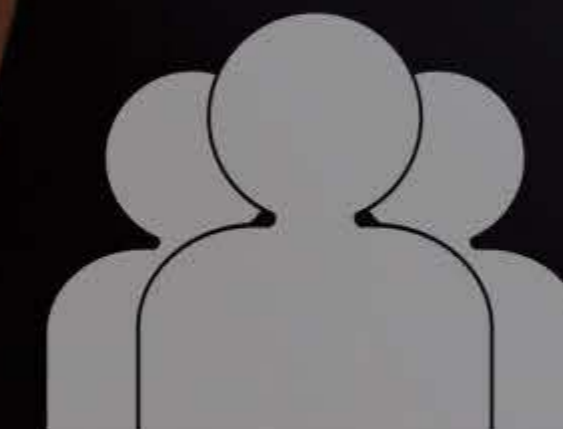
Guardian Plan #2

Benefits	Guardian Network	Out of Network (REIMBURSEMENT)	Frequency
Annual Eye Exam	\$20 Copay	Up to \$59	1 per Calendar Year
Frames	\$150 retail max + 20% off remaining balance	Up to \$70 max	1 per Calendar Year
Lenses: Single/Bifocal/Trifocal	\$20/\$20/\$20 Copay	\$30/\$50/\$65 max	1 per Calendar Year
Contact Lenses	Covered after copay Elective - \$150 max (copay waived)	Up to \$210 max Elective - \$120 max (copay waived)	1 per Calendar Year
Contact Lenses Fitting & Evaluation	\$50 charge Custom - \$75	Included in Contact Lens Allowance	Not applicable



BASIC & VOLUNTARY LIFE WHOLE LIFE & ADD

(Accidental Death and Dismemberment)



Basic Life and AD&D Plan

(AD&D = Accidental Death and Dismemberment)

Basic Life		Basic AD&D	
Eligible Employees	All Full-Time United States Employees working in the United State who are scheduled to work a minimum of 30 hours per week	Eligible Employees	All Full-Time United States Employees working in the United State who are scheduled to work a minimum of 30 hours per week
Effective Date	December 1, 2018	Effective Date	December 1, 2018
	Class 1		Class 1
Description	All Eligible employees	Description	All Eligible employees
Waiting Period	30 Days of Employment	Waiting Period	30 Days of Employment
Benefit Amount	Flat \$15,000	Benefit Amount	Flat \$15,000
Maximum Benefit	\$25,000	Maximum Benefit	\$25,000
Guaranteed Issue Amount	\$25,000	Guaranteed Issue Amount	\$25,000
Contribution		Contribution	
Participation Requirement	100%	Participation Requirement	100%

This Benefit is paid for by the company

Voluntary Life

Benefits	Employee	Spouse	*Child(ren)
Increments	\$25,000	\$12,500	\$2,500
Minimum Amount	\$10,000	\$5,000	\$2,500
Maximum Benefit	\$200,000	50% of Employee amount Up to \$100,000	\$10,000
Guarantee Issue	\$100,000	\$10,000	\$10,000
Age Reductions	<u>Age 65:</u> Benefits will reduce 35%; <u>Age 70:</u> Additional 15% of original amount; <u>Retirement:</u> Benefits will terminate	<u>Employee Age 65:</u> Benefits reduce 35%; <u>Employee Age 70 or Retirement:</u> Benefits will terminate	N/A

PLEASE NOTE: Employees who elect more than the Guarantee Issue amounts, will be required to submit an Evidence of Insurability (EOI) and will be subject to underwriting review.

See complete plan documents for plan limitations and exclusions

*Age 14 days to 23 Years (25 if full time student)

Permanent WHOLE Life

Benefits	Employee	Spouse	*Child(ren)
Guarantee Issue	\$100,000	\$25,000	\$25,000

- **Guaranteed level death benefit** - Dependable, long-term insurance protection that is guaranteed for life as long as the premiums are paid and the policy is kept in force.
- **Guaranteed level premium** – Clients lock in premium payment amounts at the time of purchase, guaranteed not to change during the life of the certificate.
- **Guaranteed increases in cash value** - Tax-deferred cash value that is built within the certificate will never decline in value due to changes in market conditions.



SHORT TERM and LONG TERM DISABILITY

Short Term Disability Plan

STD

Benefits			
Duration of Benefits	13 Weeks		
Benefits Begin	Accident 1 st day/ Sickness 8 th day		
Weekly Benefit	60% of Weekly earnings up to \$2,500		
Additional Benefits	Full Maternity Coverage	Partial Disability	Non-occupational

PLEASE NOTE: see complete plan documents for plan limitations and exclusions

Long Term Disability Plan

LTD

Benefits	
Elimination Period	Your benefits begin on the 91 st day after an injury or illness
Monthly Benefit	60% of your monthly salary, up to \$5,000 per month
Maximum Benefit Period	Later of age 65 or Social Security Normal Retirement Age
Benefit Reductions	<p>Your benefits may be reduced if you are receiving benefits from any of the following sources:</p> <ul style="list-style-type: none"> • Any compulsory benefit act or law (such as state disability plans); • Any governmental retirement system earned as a result of working for the current policyholder; • Any disability or retirement benefit received under a retirement plan; • Any Social Security, or similar plan or act, benefits; • Earnings from any form of employment; • Workers compensation; • Salary continuance or employer contributions to an employer sponsored retirement plan.
Paid by Company	

PLEASE NOTE: see complete plan documents for plan limitations and exclusions

The background of the slide is a blurred image of emergency lights, likely from a police car or ambulance, with prominent blue and red colors. A dark blue diagonal shape is overlaid on the left side of the image.

Accident and Critical Illness

Accident and Critical Illness Benefits

Sample of Benefits

ACCIDENT PLAN Sample of Covered Accident Benefits	
Initial Accident Hospitalization	\$1,250 admission
Initial Accident Hospitalization: ICU	\$2,500 admission
Accident Hospital Confinement	\$250 per day (up to 1 year)
ICU Confinement	\$500 per day (15 days per accident)
Accident Emergency Treatment	\$200
Accident Follow Up Treatment	\$75 (not to exceed 6 payments)
Ambulance	Ground: \$200 Air: \$1,500
Appliances: Wheelchair, etc.	\$125
Fractures	Schedule up to \$6,000
Physical Therapy	\$35 per day, up to 10 days
Major Diagnostic Exams	\$200 per benefit year
Surgical Procedures	Schedule up to \$1,500
Wellness Screening Benefit	Pays \$250 per benefit year
Other covered accident conditions include: Accidental Death and Dismemberment, Blood/Plasma/Platelets, Burns, Coma, Concussion, Dislocation, Emergency Dental Work, Eye Injury, Lacerations, Lodging, Paralysis, Prosthesis, Rehabilitation Unit, Transportation	

CRITICAL ILLNESS PLAN Sample of Covered Illnesses
Cancer
Invasive Cancer
Carcinoma In Situ
Benign Brain Tumor
Skin Cancer
Vascular
Heart Attack/Stroke/Heart Failure
Other: Organ Failure / Kidney Failure
Addison's Disease 30% / Alzheimer's 50%
Parkinson's Disease / Severe Burns
Childhood: Down Syndrome, Cerebral Palsy, Cystic Fibrosis, Spinal Bifida, Cleft Lip/Palate, Type 1 Diabetes, Muscular Dystrophy – childhood option
Plan pays a percentage of the elected amount, depending on the condition up to \$25,000

PLEASE NOTE: see complete plan documents for plan limitations and exclusions



Hospital Indemnity

Hospital Indemnity

Sample of Benefits

Benefits	
Hospital / ICU Admission	\$1000 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Effective Date	December 1, 2018
Out Patient Surgical: Category 1 / Category 2	\$750 / \$1500 per day of surgery to a max of 1 day per year, per insured
Diagnostic Tests	\$250 Per day to a max of 1 day per year, per insured
Dependent Tests	Child Birth to 26 years (26 if full time Student)
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Normal Pregnancy is included with no 9 month limitation

PLEASE NOTE: see complete plan documents for plan limitations and exclusions



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Account

FSA Plan Details

Our FSA plan administrator is INFINISOURCE

This plan allows you to set aside monies on a pre-tax basis to pay for qualified Medical, Dental, Vision, and/or Child/Dependent Care Expenses.

ANNUAL BENEFIT LIMITS

- **Medical Expenses Reimbursement \$2,650**
- **Dependent Care Reimbursement \$5,000**
(or \$2,500 if single or married and filing separately)

Plan features available from

Online account access

- Continual reimbursement for Dependent Care FSA
- Direct Deposit



Flexible Spending Account

Who Should Participate in the FSA?

Benefit eligible employees who have any of the following healthcare or child care expenses should participate in the Flexible Spending Account Program

1. Medical expenses which are not paid for by your health insurance, such as:

- Copays and Deductibles
- Prescriptions
- Orthodontia and other dental work
- Eyeglasses, contacts, LASIK surgery
- Other IRS qualified healthcare expenses

2. Child care and dependent care expenses while you (and/or your spouse) work or go to school:

- Children must be under 13 years of age
- Must be Qualified Dependent based on IRS rules
- Care provider does not have to be a licensed facility



Flexible Spending Account

How does the FSA Plan Work?

Step 1: Choose an amount that you and your family spend on “eligible” expenses

- Copays and Deductibles
- Prescriptions
- Orthodontia and other dental work
- Eyeglasses, contacts, LASIK surgery
- Other IRS qualified healthcare

Step 2: Incur eligible expense →

Step 3: Submit for reimbursement

Claims Submission

Phone: (866) 370-3040 Fax: (800) 379-5670

Email: fsa@infinisource.com

Online: https://www.infinisource.com/resources/fsa_resource_center

Mail: P.O. Box 488 Coldwater, MI 49036





HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account

HSA Plan Details

The IRS says **eligible HSA expenses** must be related to diagnosis, cure, mitigation, treatment or prevention of disease for any part or function of the body. Health savings account funds can be used for services and care related to both physical and mental illness, as well as transportation to get medical care.

Payment to doctors and dentists are covered as well as the costs of prescriptions, imaging like MRIs, medical services, and medical equipment and supplies. Also covered is payment for legal medical services rendered by physicians, surgeons, dentists and other medical practitioners.

You can also **use your HSA to reimburse yourself for qualified medical expenses** that your insurance didn't cover and you paid out of pocket. Keep those receipts. If you use the funds on a non qualified medical expense, those funds are taxable.

Rollover – to following year

Maximum ANNUAL Contribution

- **Employee Only \$3,450**
- **Employee + Family \$6,900**



CONTRIBUTIONS

UHC Contributions

2018 Employee Contributions
Per Pay Period – Semi Monthly

NOTE: Burgess Companies is increasing their contribution to your premiums for UHC Medical Insurance to \$430.00

Employee Contribution amount AFTER Burgess Companies \$430 contribution

2018 Plans				
	BCYD Premier 1000	BCYX Premier 3000	AX-KY Premier 5000	AE -3L MM HSA 5000
Employee	\$159.31	\$97.25	\$24.95	\$35.53
Employee + Spouse	\$638.42	\$496.93	\$332.08	\$356.21
Employee + Child(ren)	\$477.47	\$362.67	\$228.90	\$248.48
Employee + Family	\$907.92	\$721.75	\$504.84	\$536.59

Redirect and Sedera Contributions

2018 - 2019 Employee Contributions
Per Pay Period – Semi Monthly

NOTE: Burgess Companies is contributing to your premiums for Redirect /Sedera Health Share \$250.00

Employee Contribution amount AFTER Burgess Companies \$250 contribution

2018 Plans	Ages 18-29		Ages 30-64		Ages 18-29		Ages 30-64	
	500 IUA	500 IUA	1000 IUA	1000 IUA	1500 IUA	1500 IUA	1500 IUA	1500 IUA
Employee	\$32.50	\$53.00	\$17.00	\$32.00	\$8.00	\$20.00		
Employee + Spouse	\$210.50	\$237.00	\$171.00	\$190.50	\$147.50	\$162.50		
Employee + Child(ren)	\$182.00	\$212.50	\$149.00	\$171.50	\$129.50	\$147.50		
Employee + Family	\$356.50	\$390.00	\$300.00	\$324.00	\$266.00	\$285.00		

IMPORTANT NOTES:

- All Pricing Includes Pharmacy Benefit.

Supplemental Contributions

2018 Employee Contributions
Per Pay Period

Supplemental Plans				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Guardian Dental Value	\$22.29	\$48.76	\$65.03	\$91.57
Guardian Dental NAP	\$22.29	\$48.76	\$65.03	\$91.57
Guardian Vision Plan #1	\$4.09	\$6.90	\$7.03	\$11.13
Guardian Vision Plan #2	\$3.74	\$6.29	\$6.41	\$10.15
Basic Life	Paid by Company			
Voluntary Life \$25k to \$200k	Age Banded	Age Banded	Age Banded	Age Banded
Short Term Disability	Age Banded	Age Banded	Age Banded	Age Banded
Long Term Disability	Paid by Company			
Accident	\$19.13	\$27.56	\$28.21	\$36.64
Critical Illness	Age Banded	Age Banded	Age Banded	Age Banded
Hospital Indemnity	Age Banded	Age Banded	Age Banded	Age Banded

IMPORTANT NOTES:

➤ Age Banded – contact Randy Smith at services@hashtagins.com to obtain rates by age.

Enrollment

How to enroll in the plans

You will meet One on One with an Enrollment Counselor

1. MAJOR MEDICAL PLANS ENROLLMENT:

Major Medical enrollment is done through the Selerix Online Portal
- A link will be provided at open enrollment

2. REDIRECT AND SEDERA ENROLLMENT

- Redirect – Paper Enrollment – One Page Form
- Sedera – online enrollment - go to the link below.

<https://sedera.com/burgess-construction-consultants-landing-page/>

3. GUARDIAN ENROLLMENT

Guardian enrollment is done through the Selerix Online Portal
- A link will be provided at open enrollment

All Enrollments must be completed by:

Date to be Determined



This was just a brief presentation outlining the benefits package offered by the Company. Please refer to specific plan documents for more details. Should there be a discrepancy between this presentation and the plan document, the plan document will prevail.

Contact Information

QUESTIONS?

Contact : Randy Smith

EMAIL: services@hashtagins.com

PHONE: (972) 905-9779

Burgess Companies

1255 W 15th St #900 • Plano, TX • 75075
www.burgess-inc.com

QUESTIONS?

Contact the ***Burgess Employee Benefits Team***

Michael McAdams – mmcadams@burgess-inc.com

Phone: 214-888-7317

Cindy Parten – cparten@burgess-inc.com

Phone: 214-888-7321

A close-up photograph of two hands clasped together. The hand on the right is older, with wrinkled skin, and is wearing a blue leather watch. The hand on the left is younger and smoother. A blue diagonal overlay covers the left side of the image. The text "THANK YOU!" is written in white, bold, sans-serif font across the center of the hands.

THANK YOU!