

Cary Institute of Ecosystem Studies 2019 Open Enrollment Meeting

November 7, 2018



Agenda

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Presenters

➤ **Broker**

- **Marsh & McLennan Agency:**
 - **Chris Labbate**
 - **Michelle Lopes**

➤ **Medical Carriers**

- **MVP – Kim Mulligan**
- **Empire BCBS – Will not be attending**
- **CDPHP – Kate Hooker**

Benefit Offering

➤ **Medical Plans Overview**

- **MVP Plans** – Continue to offer renewal version of existing plans, replacing one of the options (some benefit changes):
 - **Platinum** EPO 5
 - **Gold** EPO 6
 - **Gold** PPO (*New Replaced Silver PPO*)
 - **Silver** High Deductible EPO 8 (*H.S.A. Qualified*)

 - **CDPHP Plans** – Continue to offer renewal version of existing plans, replacing and adding an option (some benefit changes):
 - **Platinum** EPO 121
 - **Gold** EPO 220
 - **Silver** High Deductible EPO 320 (*New Replaced EPO Hybrid 322*) (*H.S.A. Qualified*)
 - **Bronze** Copay First EPO 425 (*New*)

 - **Empire BCBS Plans** – Continue to offer renewal version of existing plans (some benefit changes):
 - **Platinum** EPO 15/0%/3500
 - **Gold** EPO 1500/10%/7000
 - **Silver** High Deductible EPO 3000/0%/5250 (*H.S.A. Qualified*)
- **Pediatric Dental Plan** - New York State Essential Health Benefit. CDPHP plans exclude this required benefit so employees in these plans should enroll in a MetLife Dental plan.

Benefit Offering

➤ Platinum & Gold Medical Plans Overview

Cary Institute of Ecosystem Studies

Platinum & Gold Plans Offering

Effective January 1, 2019

	PLATINUM PLAN OFFERINGS			GOLD PLAN OFFERINGS			
	MVP	CDPHP	Empire BCBS	MVP	MVP - New: Replaced Silver PPO	CDPHP	Empire BCBS
Plan Type	EPO Platinum 5	EPO Platinum 121	EPO Platinum 15/0%/3500	EPO Gold 6	PPO Gold ¹ - New	EPO Gold 220	EPO Gold 1500/10%/7000
BENEFITS HIGHLIGHTS²							
<u>In-Network Benefits</u>							
Primary Care Physician Visits	\$15	\$20	\$15	\$30	\$40	\$25 Copay, After Ded.	\$30
Specialist Visits	\$25	\$20	\$15	\$50	\$60	\$40 Copay, After Ded.	\$60
Deductibles (Individual / Family)	\$0	\$0	\$0	\$350 / \$700	\$700 / \$1,400	\$500 / \$1,000	\$1,500 / \$3,000
Accumulation Period	Not Applicable	Not Applicable	Not Applicable	Calendar Year, Embedded	Calendar Year, Embedded In-Net. & Aggregate OON	Calendar Year, Embedded	Calendar Year, Embedded
Coinsurance (Carrier pays after ded.)	100%	100%	100%	100%	100%	100%	90%
Out-of-Pocket Max. (Ind. / Fam., incl. ded.) ¹	\$3,550 / \$7,100	\$7,350 / \$14,700	\$3,500 / \$7,000	\$6,550 / \$13,100	\$7,150 / \$14,300	\$7,150 / \$14,300	\$7,000 / \$14,000
Inpatient Facility	\$550	\$750	\$300	\$1,000, After Ded.	\$500, After Ded.	\$800, After Ded.	Ded. & Coins.
Outpatient Surgery	\$300	\$50	\$200	\$300, After Ded.	\$300, After Ded.	\$50, After Ded.	Ded. & Coins.
Emergency Room	\$200	\$100	\$200	\$100	\$300, After Ded.	\$75, After Ded.	\$400
Lab Work	\$15 / \$25	\$20	100%	\$30 / \$50	\$40 / \$60	\$40, After Ded.	\$30 or Ded. & Coins.
Diagnostic Imaging (e.g., MRI)	\$50	\$20	\$100	\$100, After Ded.	\$190, After Ded.	\$40, After Ded.	Ded. & Coins.
<u>Out-of-Network Benefits</u>							
Deductibles (Individual / Family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$4,000 / \$8,000	Not Applicable	Not Applicable
Coinsurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable	80%	Not Applicable	Not Applicable
Out-of-Pocket Max. (Ind. / Fam., incl. ded.)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$8,000 / \$16,000	Not Applicable	Not Applicable
Usual & Customary Fee Basis (UCR)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Fair Heath	Not Applicable	Not Applicable
<u>Prescription Drug Coverage</u>							
Deductible Per Member	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mail Order	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail
Ded. Waived for Tier 1	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Tier 1	\$10	\$4	\$10	\$10	\$10	\$4	\$10
Tier 2	\$40	\$30	\$35	\$40	\$40	\$30	\$50
Tier 3	\$60	\$60	\$75	\$60	\$60	\$60	\$75

¹ Under the HSA plan options, all pharmacy expenses accumulate towards the medical plan deductible. Once deductible is met, the copays and coinsurance noted above applies.

² This exhibit is not the actual benefits summary and is not binding. Please see the carrier provided benefits summary for the actual detailed benefits.

Benefit Offering

➤ Silver & Bronze Medical Plans Overview

Cary Institute of Ecosystem Studies

Silver & Bronze Plans Offering

Effective January 1, 2019

	SILVER PLAN OFFERINGS			BRONZE PLAN OFFERING
	MVP	CDPHP	Empire BCBS	CDPHP
Plan Type	High Ded. EPO Silver ⁸ ¹	High Ded. EPO 320 Silver - <i>New</i>	High Ded. EPO Silver 3000/0%/5250 H.S.A. ¹	EPO 425 Bronze Copay First - <i>New</i> ³
BENEFITS HIGHLIGHTS²				
<u>In-Network Benefits</u>				
Primary Care Physician Visits	Subject to Ded.	\$30, After Ded.	\$25, After Ded.	\$30, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Specialist Visits	Subject to Ded.	\$40, After Ded.	\$50, After Ded.	\$50, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Deductibles (Individual / Family)	\$3,700 / \$7,400	\$1,750 / \$3,500	\$3,000 / \$6,000	\$6,000 / \$12,000
Accumulation Period	Calendar Year, Embedded	Calendar Year, Aggregate Ded. & Embedded Out-of-Pocket Max	Calendar Year, Embedded	Calendar Year, Embedded
Coinsurance (Carrier pays after ded.)	100%	80%	100%	100%
Out-of-Pocket Max. (Ind. / Fam., incl. ded.) ¹	\$5,500 / \$11,000	\$6,550 / \$13,100	\$5,250 / \$10,500	\$6,850 / \$13,700
Inpatient Facility	Subject to Ded.	\$750, After Ded.	\$500/Day, 4 Day Max After Ded.	\$500, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Outpatient Surgery	Subject to Ded.	\$150, After Ded.	\$200, After Ded.	\$75, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Emergency Room	Subject to Ded.	\$150, After Ded.	\$300, After Ded.	\$75, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Lab Work	Subject to Ded.	\$40, After Ded.	\$25, After Ded.	\$50, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Diagnostic Imaging (e.g., MRI)	Subject to Ded.	\$40, After Ded.	\$50 or \$200 After Ded.	\$50, No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
<u>Out-of-Network Benefits</u>				
Deductibles (Individual / Family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Coinsurance	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Max. (Ind. / Fam., incl. ded.)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Usual & Customary Fee Basis (UCR)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<u>Prescription Drug Coverage</u>				
Deductible Per Member	In-Network Ded. ¹	In-Network Ded.	In-Network Ded. ¹	No Ded. for 1st \$3,000 in Paid Claims (\$6,000 for Family), then Ded.
Mail Order	2.5 x Retail, After Ded.	2.5 x Retail	2.5 x Retail, After Ded.	2.5 x Retail
Ded. Waived for Tier 1	No	No	No	No
Tier 1	\$10, After Ded.	\$10	\$10, After Ded.	\$10
Tier 2	\$40, After Ded.	\$50	\$40, After Ded.	\$30
Tier 3	\$60, After Ded.	\$80	\$80, After Ded.	\$50

¹ Under the HSA plan options, all pharmacy expenses accumulate towards the medical plan deductible. Once deductible is met, the copays and coinsurance noted above applies.

² This exhibit is not the actual benefits summary and is not binding. Please see the carrier provided benefits summary for the actual detailed benefits.

³ Once \$3,000/\$6,000 (Single/Family, Aggregate) in shared cost have been met, claims are subject to the deductible, and subsequently a copay until the out-of-pocket maximum is met.

Benefit Offering

➤ Medical Plans Additional Information

○ MVP Plans

- Plan contain some small changes to stay in compliance with Metallic category requirements (Platinum, Gold, Silver)
- Out of Area network Access – Cigna network
- Adult Vision Benefit Included
- **New Gold PPO** replaces Silver PPO plan
- Rx Formulary: **MVP Marketplace Formulary** ([MVP Website: Member/Prescription Benefit](#))

○ CDPHP Plans

- Plan contain some small changes to stay in compliance with Metallic category requirements (Platinum, Gold, Silver, Bronze)
- **New Bronze Copay First EPO**
- **New Silver 320 (H.S.A. Qualified Plan)** replaced EPO Hybrid 322 Plan
- Out of Area network Access – NY / NJ: Magnacare; Other States: First Health
- Adult Vision Benefit Included
- Excludes pediatric dental benefit
- Rx Formulary: **CDPHP Formulary 2** ([CDPHP Website: CDPHP Website: Members/RxCorner/Covered Drug List/Drug Coverage & Pricing](#))

○ Empire BCBS Plans

- Plan contain some small changes to stay in compliance with Metallic category requirements (Platinum, Gold, Silver, Bronze)
- Plans utilize local and national BCBS EPO network
- **New Adult Vision Benefit *Changed to Exam Only Coverage – No Coverage for Materials***
- Rx Formulary: **National Drug Lists \ Traditional Open Drug Lists** ([Empire BCBS Website: Menu/Care/Search Medications](#))

Benefit Offering

➤ Health Savings Accounts (H.S.A.)

○ 3 Eligible Plans (All Silver Plans):

- Silver MVP HDHP EPO 8 plan, Silver CDPHP EPO 320 plan, and Silver Empire BCBS 3000/0%/5250 plan

○ Eligibility

- Insured must be covered under a qualified **High Deductible Health Plan (HDHP)** to open and contribute to an HSA (**Plans above**)
- The HDHP does not provide first dollar coverage (preventive care excluded)
- Insured must not have other “first dollar coverage” – i.e. Copay plan coverage with spouse
- Insured must not be enrolled in Medicare
- Insured cannot be claimed as a dependent on someone else’s tax return
- Cannot be enrolled in FSA – only limited purpose FSA (dental and vision)

○ H.S.A. 2019 Contribution Limits

Individual coverage	\$3,500
Family coverage	\$7,000
Catch up provision (55+)	\$1,000

○ Flexibility

- Tax-exempt contributions / Tax-free earnings / Tax-free withdrawals for qualified medical expenses
- Funds are portable
- Use your H.S.A. funds even when you are no longer covered under a HDHP – however – you can no longer make contributions to the H.S.A.

○ HSA Account

- HSA Bank through PBS

Benefit Offering

➤ **Health Savings Accounts (H.S.A.)**

○ **H.S.A. Option**

www.hsabank.com

○ **Sample Resources on Website:**

- What is a Health Savings Account (Video)
- Why Open an HSA
- Member Website & Features
- How to Use Your HSA
- Tools to Manage Your HSA
- HSA Investments
- Tax Benefits of HSA
- Frequently Asked Questions
- Consolidate Today

Benefit Offering

➤ Dental MetLife Plans

METLIFE PPO Plan Features	HIGH Option Dental PPO Plan		MIDDLE Option Dental PPO Plan		BASE Option Dental PPO Plan	
	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u>	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u>	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u>
NETWORK	PDP Plus Network	Not Applicable	PDP Plus Network	Not Applicable	PDP Plus Network	Not Applicable
CALENDAR YEAR MAXIMUM	\$1,500	\$1,000	\$1,000	\$750	\$750	\$500
DEDUCTIBLE:						
Individual	\$0	\$50	\$0	\$50	\$0	\$50
Family	\$0	\$150	\$0	\$150	\$0	\$150
	Waived for Preventive Care		Waived for Preventive Care		Waived for Preventive Care	
COINSURANCE						
Preventive	100%	100%	100%	100%	100%	100%
Basic Restorative	90%	80%	80%	50%	80%	50%
Major Restorative	60%	50%	50%	25%	Not Covered	Not Covered
REASONABLE & CUSTOMARY	Not Applicable	90th Percentile UCR	Not Applicable	In-Network Discounted Rate	Not Applicable	In-Network Discounted Rate
ORTHODONTIA COINSURANCE			Coverage For Children Under NYS Essential Health Benefit Only		Coverage For Children Under NYS Essential Health Benefit Only	
MAXIMUM	50%	50%, Ded. Waived	Not Applicable		Not Applicable	
Dependents	Covered to Age 26; Ortho. applies to adults, & children only (Up to age 19)		Covered to Age 26		Covered to Age 26	

- Employee's enrolled in the CDPHP plans with dependents under age 19 are required to enroll in the traditional dental plan option (Employee/Child(ren) or Family)

- While every effort has been made to ensure the accuracy of this information, we cannot guarantee accuracy and are not liable for errors or omissions. Please see the MetLife benefit summaries for actual benefits. This is not intended to be a complete comparison of all contract provisions.

Benefit Offering

➤ **Vision Plan (Empire BCBS Voluntary Plan)**

- **Empire BCBS National Provider Network** - Private practice eye doctors or major chains: LensCrafters, Sears, Target, JCPenny, Optical, most Pearl Vision locations, and NY based Empire Vision and Davis Vision Centers.
- **Website:** www.empireblue.com
- **Frequency of Benefits:**
 - Examinations Once/12 Months
 - Lenses Once/12 Months
 - Frames Once/12 Months

In-Network Benefit Highlights

- **Co-pays**
 - \$5 Co-payment for **Eye Examination**
 - \$0 copay, up to \$130 allowance for Standard Spectacle **Frames**, additional 20% discount for non-standard frames
- **Contact Lenses (Instead of Glasses):**
 - Elective (In-Network) Up to \$130 allowance & 15% discount

Out-of-Network Benefit Highlights

- **Allowances:**
 - Exams Up to \$40
 - Lenses Up to \$25 to \$55 depending on type of Lens.
 - Frames Up to \$45
- **Discounts Available for LASIK & PKR Services.**

Benefit Offering

➤ **Voluntary Life / AD&D Plan (Sun Life)**

○ **Benefit**

- Employee \$10,000 to \$500,000, \$10K Increments, not to exceed 5 x salary
- Spouse \$5,000 to \$150,000, \$5K Increments, not to exceed 50% of employee's coverage
- Children \$5,000 to \$10,000, (children to age 19, 23 if full-time student)
- Medical underwriting may apply
- Amount of available coverage is reduced beginning at age 65

Benefit Offering

➤ **Worksite Voluntary Plans (Transamerica)**

- **Accident** – This plan pays you cash for injuries on or off the job. Minor injuries you will collect a few hundred dollars. For injuries involving a hospital stay you could collect up to a few thousand dollars.
 - **Cancer** – This plan pays cash for cancer related illnesses. You can also cover heart attacks & more.
 - **Critical Illness** – This plan pays cash for critical illnesses such as a stroke or heart attack.
 - **Short Term Disability** – This plan replaces income in the short term if you become disabled.
-

➤ **Legal Services Voluntary Plan (Legal Club of America)**

- **Benefits**
 - Legal Advice – unlimited free and deeply discounted legal care
 - Free tax preparation advice
 - Identity theft solutions
 - Financial Education & Credit Counseling Services
 - Life Events Counseling
 - Coverage for member's spouse or domestic partner, dependent children, and dependent individuals living in the plan member's home such as a parent or grandparent.

Benefit Offering

➤ FSA Plan (Vendor: [PBS](#))

○ About the FSA Plans

- A Flexible Spending Account (FSA) is a tax-favored program offered by employers that allows employees to pay for eligible out-of-pocket healthcare and dependent care expenses with pre-tax dollars:

You save money on expenses! It's simple:

You elect to have money taken from your paycheck BEFORE taxes (Amount should be equally divisible by 26 payroll cycles).

You use the funds to pay for eligible out-of-pocket expenses.

- Two General Types of FSA Plans: Healthcare and Dependent Care.
- Two General Types of Healthcare FSA Plans:
 - **Limited Purpose FSA** (eligible expenses include dental and vision expenses only, this is the optional FSA plan for employees with a **H.S.A.**), and
 - **Traditional FSA** (eligible expenses include medical, dental, and vision expenses)

Benefit Offering

➤ FSA Plan (Vendor: [PBS](#))

○ About the FSA Plans

At the beginning of the plan year, you will make an annual election for each type of FSA - **Amount should be divisible by 26 payroll cycles:**

Healthcare FSA

Maximum Amount **\$2,650** (*full funds available on 1st day; includes a \$500 rollover feature*) – *please make amount equally divisible by 26 payroll cycles. (2019 limit pending)*

Dependent Care FSA

Maximum Amount \$5,000 (*cash balance account – can only get reimbursed up to balance in account*)

- Your annual election will be taken before tax throughout the year based on your payroll schedule (26 pay periods).
- You will have access to your election throughout the plan year for eligible expenses until the date allowed by your plan.
- The Healthcare FSA limit only applies to pre-tax contribution by an single employee (i.e. A husband and wife may each elect \$2,650 if they participate in separate FSA plans). The Dependent Care FSA limit applies to an entire family.

NAVIGATOR ENROLLMENT

○ Website Link to Navigator Enrollment System

The screenshot shows a web browser window with the URL <https://www.employeenavigator.com/employee/Home>. The page header includes the Cary Institute of Ecosystem Studies logo and navigation links: Home, Profile, Benefits, Required Tasks, and Resources. The main content area features a personalized greeting: "Good Afternoon, Michelle! Grab a cup of coffee and let's get some work done. It's good to see you." Below this is a "Shortcuts" section with five icons: View Profile, Document Library, Enrollment Summary, Adjust Coverage, and Total Compensation Statement. The bottom right contains a "Compliance Documents" table and a "Quick Links" section.

Compliance Documents

Title	Posted
Transamerica Critical Assistance Advance Plan NY SPD	10/18/2016
Transamerica TransSure Life Insurance Plan CM SPD	10/19/2016

Quick Links

- Web MD
- The Mayo Clinic
- National Institute Of Health

Message: You have a Company Message

Marsh & McLennan Agency - NYC | PBS

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4. Assist with eldercare!
5. Get cost estimates for procedures
6. Answer your medical questions
7. Help you navigate your insurance plan

NYS Paid Family Leave 2019 Update

Eligibility:

All eligible employees are entitled to participate in Paid Family Leave.

- Employees working **20 or more hours per week** are eligible **after 26 consecutive weeks** of employment.
- Employees working **less than 20 hours per week** are eligible **after working 175 days**, which do not need to be consecutive.

Covered Family Members:

<ul style="list-style-type: none">• Spouse• Domestic Partner• Child (biological, adopted, foster, legal ward. See HR for further detail)	<ul style="list-style-type: none">• Parents, Parents in law, (biological, adopted, foster, legal ward. See HR for further detail)	<ul style="list-style-type: none">• Grand Parent*• Grand Child* (*certain exclusions and requirements apply. Please see HR for details)
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Reason to take Leave:

- Bond with a newborn, adopted or foster child during first 12 months
- Care for seriously ill family member
- Address important needs related to a family member's Military Service

**Please note employees must give at least one month advance notice before taking leave.
Leave can be taken on an intermittent basis (full day only. Please see HR)**

NYS Paid Family Leave 2019 Update

Benefit Amount:

- For 2019 you will receive **55%** of you average weekly wage to a maximum weekly benefit of **\$746.41**
- If you satisfy the eligibility and you notify your HR at least **30 days** in advance.
- For 2019 you can take up to **10 weeks** of PFL
 - Intermittent benefits are only paid in full day increments. (DBL and PFL combined (under any circumstance) cannot exceed 26 weeks during a 52 consecutive calendar weeks.

Contributions:

- Please note that this is a Employee paid State mandated benefit.
- Rates are based off of employee's salary multiplied by **0.153%**
- Maximum contribution cap capped at an annual maximum of **\$107.97** (based off of NYS Average Wage of **\$70,569.72 per year**)

Important Dates / Questions

➤ **Open Enrollment Period: 11/12/18 through 12/5/18**

➤ **Effective Date of Election: 1/1/19**

➤ **Q & A**

➤ **Open Enrollment:**

Other than during the open enrollment period, changes in coverage can generally not be made unless there is a change in status (marriage, divorce, death of a spouse/child, birth/adoption of a child or termination of my spouse's employment). Any change in coverage must be made within thirty days after the date of change in family status.

MANDATORY MMA DISCLOSURES

The abbreviated outline of coverages used throughout this document that relate to insurance provisions is not intended to be a substitute for the full language in the insurance policy(ies).

Marsh & McLennan Agency ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance services provider, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

- MMA receives compensation through one or a combination of the following methods:
- **Retail Commissions** – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client. Retail commission rates can vary from transaction to transaction.
- **Client Fees** – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.
- **Contingent Commissions** – Many insurers agree to pay contingent commissions to brokers who meet set goals for all or some of the policies the brokers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.
- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on a broker's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker for certain transactions. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.
- **Other Compensation** – From time to time MMA may be compensated by insurers for providing administrative services to clients on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <http://res.cloudinary.com/mma/image/upload/v1437281898/ayzkolj0jzsqcy6rzom6.pdf>.

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

We appreciate your business and look forward to your instructions regarding the placement of your coverage on the terms outlined in this document.

Rev. 7/28/2015

For direct bill policies: Notices you receive from your insurer regarding past due premiums or cancellation due to non-payment of premium shall be considered notice from Marsh & McLennan Agency LLC (MMA). As a matter of general practice, MMA does not provide notice of a potential lapse of coverage due to non-payment of premium to clients where coverage is written on a direct bill basis.



MARSH & MCLENNAN
AGENCY

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