

Looking for employee benefits that are simple and manageable?

Something for which your budget remains constant?

Something that's easier for you and your employees, as well?

Defined Contribution Opportunity



DEFINED CONTRIBUTION

means that the
Employer...

Sets their own premium

Experiences NO rate
increases...
(unless “self-inflicted”)

Doesn't need to
determine which
coverage's to offer –
different employees have
different needs

**“Simplicity” is
the Word for
The Employer**



\$15 PEPM

**Minimum Monthly
Employer Contribution
Per FT Employee Is
\$15
(there is no limit)**

**Think of it as handing
the employee a
gift card to use at
the benefits store -
most employees will
spend more than
the contribution from
the employer.**

Employer Contribution Requirements



**Benefits available
to
your employees:**

**Life Insurance
Short Term Disability
Long Term Disability*
Teladoc
Dental
Vision**

Benefit Options

**2 Life Minimum/No % Partcp. Requirements Comp Life
and \$50 Mthly. Teladoc**

***LTD requires 10+ FT employees w/2 life minimum.**



\$100,000 Guarantee Issue

Voluntary Life

Short Term
Disability

Long Term
Disability

Dental

Vision

Voluntary Life

Employee has the Option of

- **\$25,000 to \$250,000 of Voluntary Term Life**
\$100,000 Guarantee Issue
 - **Spouse Coverage to 50% of Employee Amount**
\$50,000 Guarantee Issue
- Child(ren) Options of:**
- *\$2,500, \$5,000, \$7,500 or \$10,000*

No Percentage Participation Requirements



Voluntary Life

**Short Term
Disability**

Long Term
Disability

Dental

Vision

Short Term Disability

Employer Chooses from the following plan designs:

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Benefits Begin			
Accident	8 th Day	8 th Day	15 th Day
Sickness	8 th Day	8 th Day	15 th Day
Benefit Pct.	30% or 60%	30% or 60%	30% or 60%
Weekly Benefit Maximum	\$1,250	\$1,250	\$1,250
Benefit Period	13 Weeks	26 Weeks	52 Weeks

Guarantee Issue with 12/12 Pre-X



Voluntary Life

Short Term
Disability

**Long Term
Disability**

Dental

Vision

Long Term Disability

Benefit Summary

Benefit Replacement Percentage	60%
Maximum Monthly Benefit	
10-24 eligible lives:	up to \$3,000 per month
25-99 eligible lives:	up to \$5,000 per month
Elimination Period	90 or 180 days
Definition of Disability	24 months own occupation
Partial Disability	Residual w/12 month WIB
Pre-existing Conditions	12/6/24
Rate Guarantee	2 year guarantee
Waiting Period	90 days

Voluntary
Life

Short Term
Disability

Long Term
Disability

Dental

Vision

Dental

Employer Chooses from following plan designs:

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Deductible	\$50 Contract year	\$50 Contract Year	\$100 Lifetime No Limit	\$100 Lifetime No Limit
Family Deductible Limit Waived for Preventative	3 Yes	3 Yes	None No	None No
Type I Preventative	100%	100%	100%	100%
Type II Basic Services	80%	80%	80%	80%
Type III Major Services	50%	50%	50%	25%
Annual Maximum	\$2,000	\$1,000	\$1,000	\$500
Type IV Orthodontia Lifetime Maximum	50% \$2,000	50% \$1,000	50% \$1,000	0% Not Available

Dual plan options can be offered.

Voluntary Life

Short Term
Disability

Long Term
Disability

Dental

Vision

Vision

Employer chooses from following plan designs:

In Network Member Cost

	Low Option	High Option
Vision Exam	\$10 co-pay	\$10 co-pay
Standard Lenses	\$25 co-pay	\$10 co-pay
Lens Options		
UV Coating	\$15	\$15
Tint	\$15	\$15
Scratch Resistance	\$15	\$15
Polycarbonate	\$40	\$40
Anti Reflective Coating	\$45	\$45
Progressive	\$65	\$65
Other Add-ons	20% off retail	20% off retail
Frames	80% of balance over \$80	80% of balance over \$130
Contact Lenses		
Conventional	85% of balance over \$110	85% of balance over \$130
Disposable	Balance over \$110	Balance over \$130
Standard Fit & Follow-up	Up to \$55	\$0 for Fit and 2 follow-up visits
Premium Fit & Follow-up	90% of Retail Charge	90% of Retail Charge less \$55
Medically Necessary	\$0	\$0

**Abbreviated overview –
see proposal for more detail**

One low price for entire family



agent: _____
phone: _____
e-mail: _____
brought to you by The BOST Advantage Card

So many reasons to use Teladoc®!

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care.

 Talk to a doctor anytime, anywhere you happen to be	 Receive quality care via phone or online video	 Prompt treatment, average call back in 24 minutes
 A network of doctors that can treat children of any age	 Secure, personal and portable electronic health record (EHR)	 No limit on consults, so take your time

WHEN CAN I USE TELADOC?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

- Teladoc doctors can treat many medical conditions, including:
- Cold & flu symptoms
 - Allergies
 - Bronchitis
 - Urinary tract infection
 - Respiratory infection
 - Sinus problems
 - And more!

SHARE WITH YOUR PCP

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Teladoc

24/7/365

access to a doctor.

Convenient, affordable,
anywhere
and
anytime!

Talk to a doctor anytime for Free

-  Teladoc.com/feelbetter
-  1-800-Teladoc
-  Facebook.com/Teladoc
-  Teladoc.com/mobile



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Commissions

Commission Example #1

Actual case in 2015:

6 Employee group – First year commissions

Product	# of employees	Monthly Premium	Commission % on Premium	Monthly commissions
Voluntary Life	6	\$46.25	20%	\$9.25
Short Term Disability	6	\$180.00	20%	\$36.00
Dental	6	\$327.94	20%	\$65.59
Vision	6	\$88.92	20%	\$17.78

Total commissions earned: \$ 128.62 -monthly

Total commissions earned: \$1,543.44-1st year

Commissions

Commission Example #2

Actual case in 2015:
21 Employee group – First year commissions

Product	# of employees	Monthly Premium	Commission % on Premium	Monthly commissions
Voluntary Life	21	\$68.75	20%	\$13.75
Short Term Disability	7	\$210.00	20%	\$42.00
Dental	20	\$632.97	20%	\$126.60
Vision	9	\$118.26	20%	\$23.65

Total commissions earned: \$ 206.00-monthly
Total commissions earned: \$2,472.00-1st year

Commissions

Commission Example #3

Actual case in 2015:
89 Employee group – First year commissions

Product	# of employees	Monthly Premium	Commission % on Premium	Monthly commissions
Voluntary Life	80	\$450.25	20%	\$90.05
Short Term Disability	32	\$1,200.04	20%	\$240.00
Dental	57	\$2,740.00	20%	\$548.00
Vision	26	\$531.21	20%	\$106.24

Total commissions earned: \$ 984.29-monthly
Total commissions earned: \$ 11,811.48-1st year

Request a quote today!

Requesting a quote is simple...

*Submit the following information
to your agent:*

- Group Name
- Location
- Nature of Business or SIC code
- Number of Employees
- Amount of Employer Contribution
- Effective date of coverage
- Does the group have a current dental plan?



Contact us now

For more information about Defined Contribution plans,

Contact
Jeff Lemichuk (x215)
or
Scott Lewis (x208)

May Insurance Services, Inc.
(614) 431-1899

