



(Sample Proposal) **Enhanced Essential Care Plans**

Presented By Hammett Consulting LLC
(619) 301-7460

Proposal Date: | Proposed Effective Date:

Presented by: Broker Name

Broker: Agency Name



This is a provisional quote pending any regulatory adjustment and is good for 30 days from the proposal date. This group is domiciled in the state of Texas.

Enhanced Essential Care Plans + Fixed Indemnity Plans

This plan, distributed Hammett Consulting LLC, combines a self-funded employer plan providing 100% coverage for preventive care and additional benefits available with co-pays, for in-network services. Claims administration for this portion is performed by Pan-American Life Insurance Company.

In addition, the plan includes fully insured group fixed indemnity benefits coverage issued by Pan- American Life Insurance Company, which is augmented with supplemental benefits and services.

Plan highlights for sponsors:

- Satisfies 4980H(a) of the employer mandate under the Affordable Care Act
- Offers commonly used healthcare services with member co-pays that can help attract and retain employees
- Provides an affordable means to attract and retain employees
- Guaranteed issue with no pre-existing conditions limitations
- Rate guarantees allow long-term budget controls
- Funds that are not used for claim expenses reduce the plan cost for that year, with 100% of the savings refunded to the plan
- Single administration platform across enrollment, billing, claims, customer service, advocacy and web portal
- Dedicated account manager
- Customizable, bilingual enrollment support
 - o Video presentation and benefit guides that boost employee enrollment
 - o Secure online enrollment
 - o Group meetings and webinars
 - o Phone enrollment with trained staff

Plan highlights for members:

- Helps cover the cost of employees' everyday medical needs at economical rates
- Affordable — can reduce premiums significantly, especially when compared to major medical insurance
- Doctor visits, outpatient labs, radiology and minor surgery [and pharmaceutical] benefits available with a co-pay, including specialist and urgent care services
- Meaningful first dollar benefits for benefits available under the fixed indemnity product
- Guaranteed issue with no pre-existing condition limitations
- Benefits automatically assigned with no cumbersome reimbursement process
- Member advocacy — resources for billing resolution and potential cost savings options
- Additional benefits and services providing extra value
- Bilingual call center

Minimum Essential Coverage (MEC)

To facilitate ACA compliance, we offer plan design and comprehensive administrative services for a self-funded employer plan, which satisfies 4980H(a) of the employer mandate. Employers are not required to subsidize the cost of dependent coverage. However, they are required to offer minimum essential coverage to both the employees and their dependent children under the age of 26 to avoid the per month per full-time employee penalty. Under the ACA, a spouse is not considered dependent.

Covers Preventive Care Services

Health care reform law requires applicable employer plans to cover *specific preventive care services* and eliminate member cost-sharing (co-payments, deductibles, or coinsurance) for certain in-network preventive care services. Members pay nothing extra out of their pocket to have access to a variety of medical screenings, exams, and immunizations that may help reduce their risk of developing health conditions in the future and maintaining their health. **Only in-network services are eligible for coverage under this self-funded plan.**

Preventive/wellness are healthcare services that are not provided because of illness, injury, or a congenital defect.

Services designated as preventive care include periodic well visits, routine immunizations, and certain designated screenings for adults, women, including pregnant women, and children. Covered preventative services are governed by the United States Department of Health and Human Services. For current and additional information regarding preventive care recommendations and immunizations, please visit the website for the [United States Department of Human Services](#).

Maximum Annual Cost / Levelized Monthly Billing

The self-funded plan includes an aggregate stop loss arrangement and a monthly aggregate accommodation, so the employer is protected from unexpected events like sudden increases in utilization and volatility of funding costs over time. This feature removes the uncertainty around plan claims funding.

Protection for Unpredictable Claim Expenses

Aggregate Stop Loss Insurance offers the self-funded plan protection by limiting the self-funded total claims liability to a pre-determined level. The maximum annual cost for each tier of the self-funded plan is determined at the beginning of the benefit year. This maximum annual claim liability is not insurance premium, but rather money which may be needed to pay claims. A stop loss fund is set up through which claims are paid as needed. However, if claims exceed this limit of liability, excess claims are insured by Aggregate Stop Loss Coverage.

Monthly Aggregate Accommodation provides reimbursement to the employer's health plan account during any month in which accumulated self-funded paid losses (claims) exceed the year-to-date claim funding. The plan will reimburse the carrier in subsequent months in which accumulated claims dip below the year-to-date claim funding.

Fixed Indemnity Benefits

Fixed indemnity benefits are designed to help cover the cost of employees' everyday medical needs at affordable rates. The plan pays a fixed benefit amount per day to help cover the cost of common medical services outlined on the next pages.

Enhanced Essential Care Self-Funded Summary

BENEFIT DESCRIPTION	
Deductible	\$0
Coinsurance	0%
Annual Out-of-pocket Limit on Enhanced MEC	\$1,500
Annual Family Out-of-Pocket Maximum	2 Times Individual
Network	First Health
ENHANCED MEC BENEFITS (IN-NETWORK ONLY) MEMBER PAYS	
Preventive/Wellness	Covered 100%
Preventive Drugs	Covered 100%
Primary Care Visit Benefits	\$10 Copay
Specialist Doctor Visit Benefit Urgent Care Benefit Outpatient Diagnostic	\$25 Copay
Labs Includes glucose test, urinalysis, CBC, and others when hospital confinement is not required, and the test is ordered or performed by a doctor	\$25 Copay
Outpatient Diagnostic X-Rays & Imaging Includes chest, broken bones, and others when hospital confinement is not required, and the test is ordered or performed by a doctor	\$25 Copay
Minor Surgical Benefit	\$100 Copay per surgery 2 days per calendar year

FIXED INDEMNITY PLAN PAYS (to the provider)			
OUTPATIENT INDEMNITY BENEFITS	Plan 1	Plan 2	Plan 3
Chiropractor Benefit	\$75 per day maximum 8 days per calendar year	\$75 per day maximum 8 days per calendar year	\$75 per day maximum 8 days per calendar year
Acupuncture Benefit	N/A	\$75 per day maximum 8 days per calendar year	\$75 per day maximum 8 days per calendar year
Outpatient Injection Benefit	\$50 per day maximum 6 days per calendar year	\$50 per day maximum 6 days per calendar year	\$50 per day maximum 6 days per calendar year
Outpatient Mental Illness and Substance Abuse Benefit	N/A	\$100 per day maximum 20 days per calendar year	\$100 per day maximum 20 days per calendar year

Outpatient Physical Therapy Benefit	\$100 per day maximum 8 days per calendar year	\$100 per day maximum 8 days per calendar year	\$100 per day maximum 8 days per calendar year
Home Healthcare Benefit	\$100 per day maximum 10 days per calendar year	\$100 per day maximum 10 days per calendar year	\$100 per day maximum 10 days per calendar year
Observation Stay Benefit	N/A	\$1,000 per day maximum 6 days per calendar year	\$1,000 per day maximum 6 days per calendar year
Outpatient Diagnostic Advanced Studies Benefit Includes CT scan, MRI and others when hospital confinement is not required, and the test is ordered or performed by a doctor	\$400 per day maximum 4 days per calendar year	\$600 per day maximum 4 days per calendar year	\$600 per day maximum 4 days per calendar year
OUTPATIENT PRESCRIPTION DRUG BENEFIT			
Generic Benefit	\$30 per day 24 days per year	\$35 per day 36 days per year	\$40 per day 36 days per year
Brand Benefit	\$125 per day 24 days per year	\$150 per day 36 days per year	\$150 per day 36 days per year
HOSPITAL INDEMNITY BENEFITS			
Hospital Indemnity Benefit – Daily Must be admitted as an inpatient into a hospital room. If hospital confinement falls into a category below, a different maximum applies.	\$1,500 per day overall calendar year max subject to 60 days total for any inpatient stay in hospital	\$2,000 per day overall calendar year max subject to 60 days total for any inpatient stay in hospital	\$2,000 per day overall calendar year max subject to 365 days total for any inpatient stay in hospital
Intensive Care	\$3,000 per day up to 30 days calendar year maximum	\$4,000 per day up to 30 days calendar year maximum	\$4,000 per day up to 183 days calendar year maximum
Mental Illness	\$750 per day up to 60 days calendar year maximum	\$1,000 per day up to 60 days calendar year maximum	\$1,000 per day up to 365 days calendar year maximum
Substance Abuse	\$750 per day up to 30 days calendar year maximum	\$1,000 per day up to 30 days calendar year maximum	\$1,000 per day up to 183 days calendar year maximum
Skilled Nursing Facility	\$750 per day 60 days per calendar year maximum	\$1,000 per day 60 days per calendar year maximum	\$1,000 per day 365 days per calendar year maximum
Inpatient Doctor’s Visit Benefit	\$125 per day maximum 5 days per calendar year	\$150 per day maximum 20 days per calendar year	\$150 per day maximum 30 days per calendar year

HOSPITAL ADMISSION INDEMNITY BENEFIT			
Pays in addition to hospital indemnity benefits. Once per admission, once per diagnosis. Benefit will not be payable for the same or related injury or illness.			
Hospital Admission (initial day)	\$2,000 per admission	\$3,000 per admission	\$3,000 per admission
ICU Admission (initial day)	\$2,000 per admission	\$3,000 per admission	\$3,000 per admission
Maternity Childbirth Admission (initial day)	N/A	\$3,000 per admission	\$3,000 per admission
SURGICAL INDEMNITY BENEFITS			
Inpatient Surgical Benefit Surgery must be performed due to an illness or injury as an inpatient stay in a hospital; minor surgical procedures are excluded	\$2,500 per day 2 days per year	\$5,000 per day 2 days per year	\$11,000 per day 2 days per year
Outpatient Surgical Benefit Surgery must be performed due to an illness or injury at an outpatient surgical facility or hospital outpatient surgical facility; minor surgical procedures are excluded	\$1,200 per day 2 days per year	\$4,000 per day 1 day per year	\$11,000 per day 2 days per year
Inpatient Anesthesia Benefit	\$625 per day 2 days per year	\$1,250 per day 2 days per year	\$2,750 per day per 2 days per year
Outpatient Anesthesia Benefit	\$300 per day 2 days per year	\$1,000 per day 1 day per year	\$2,750 per day 2 days per year
Outpatient Surgical Facility Center Benefit performed at an outpatient surgical facility center or hospital outpatient surgical facility	\$1,000 per day 2 days per year	\$1,250 per day 2 days per year	\$3,000 per day 2 days per year
ADDITIONAL BENEFITS Emergency Room			
Illness Benefit	\$500 per day 1 day per year	\$500 per day 4 days per year	\$1,100 per day 6 days per year
Ambulance Services – Ground or Water	\$1,000 per day 1 day per year	\$1,000 per day 2 days per year	\$1,000 per day 2 days per year
Ambulance Services – Air	N/A	\$5,000 per day 1 day per year	\$5,000 per day 2 days per year
Durable Medical Equipment	\$200 per day 2 days per year	\$250 per day 4 days per year	\$250 per day 4 days per year
Major Organ Transplant Benefit Benefit Waiting Period: 90 Days	Primary Insured- \$15,000 spouse- 50% of primary insured lump sum Child- 25% of primary insured lump sum 1 day per year	Primary Insured- \$50,000 spouse- 50% of primary insured lump sum Child- 25% of primary insured lump sum 1 day per year	Primary Insured- \$50,000 spouse- 50% of primary insured lump sum Child- 25% of primary insured lump sum 1 day per year

<p>First Diagnosis Specified Illness Benefit Lump sum benefit for specified major health events. Benefit Waiting Period:</p> <ul style="list-style-type: none"> • 30 days for heart attack and stroke • 90 days for invasive cancer • 90 days for renal failure 	<p>Primary Insured: \$15,000 per event 50% of lump sum for spouse 25% of lump sum for child</p>	<p>Primary Insured: \$50,000 per event 50% of lump sum for spouse 25% of lump sum for child</p>	<p>Primary Insured: \$50,000 per event 50% of lump sum for spouse 25% of lump sum for child</p>
<p>First Diagnosis Specified Illness Benefit - Hospital Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, renal failure, heart attack, and stroke). Waiting Period:</p> <ul style="list-style-type: none"> • 30 day waiting period for heart attack and stroke • 90 day waiting period for invasive cancer • 90 days for renal failure <p>For invasive cancer, renal failure, heart attack or stroke: Additional daily hospital has 30-day calendar year maximum</p>	<p>N/A</p>	<p>\$500 lump sum, 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum Per day additional hospital confinement up to 30 days per calendar year</p>	<p>\$500 lump sum, 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum Per day additional hospital confinement up to 30 days per calendar year</p>
<p>Disability Weekly Benefit for the Primary Insured Only</p> <ul style="list-style-type: none"> • This benefit amount will be reduced due to integration with Worker’s Compensation and Social Security Benefits. • Basic Weekly Earning – means the Covered Employee’s weekly earnings, excluding commissions, bonuses, incentive pay, unscheduled overtime or other compensation earned prior to entry into the Policy updated on the Policy Anniversary date each year thereafter. <p>The disability must prevent the Primary Insured from doing any and every duty of their current occupation any occupation.</p>	<p>Maximum Insurance Amount: \$500 per week 66 2/3% of Basic Weekly Earning to a Maximum Amount of per week rounded to the nearest \$1</p> <p>Elimination Period: 14 days. Benefits begin on the 15th day. Total 13 weeks.</p>	<p>Maximum Insurance Amount: \$500 per week 66 2/3% of Basic Weekly Earning to a Maximum Amount of per week rounded to the nearest \$1</p> <p>Elimination Period: 14 days. Benefits begin on the 15th day. Total 13 weeks.</p>	<p>Maximum Insurance Amount: \$500 per week 66 2/3% of Basic Weekly Earning to a Maximum Amount of per week rounded to the nearest \$1</p> <p>Elimination Period: 14 days. Benefits begin on the 15th day. Total 13 weeks.</p>

LIFE AND ACCIDENT DEATH AND DISMEMBERMENT BENEFITS			
Group Term Life with Accidental Death and Dismemberment (members only) The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five-year period thereafter.	Member Term Life: \$20,000 Member AD&D: \$20,000 Spouse Term Life: \$2,500 Children Term Life: \$1,250 (6 months to age 26) Infant Term Life: \$200 (10 days to 6 months)	Member Term Life: \$40,000 Member AD&D: \$40,000 Spouse Term Life: \$2,500 Children Term Life: \$1,250 (6 months to age 26) Infant Term Life: \$200 (10 days to 6 months)	Member Term Life: \$50,000 Member AD&D: \$50,000 Spouse Term Life: \$2,500 Children Term Life: \$1,250 (6 months to age 26) Infant Term Life: \$200 (10 days to 6 months)
SUPPLEMENTAL BENEFITS AND SERVICES			
Medical Accident/AD&D The plan includes medical accident coverage, for medical expenses that are a result of a covered accident. Benefits are also available if the plan member suffers dismemberment or death from an accident.	Accident - up to \$5,000 \$100 deductible AD&D – up to \$10,000	Accident - up to \$10,000 \$100 deductible AD&D – up to \$20,000	Accident - up to \$15,000 \$100 deductible AD&D – up to \$30,000
HealthiestYou Telemedicine	Included 24/7 (for entire family) \$0 Consult Fee	Included 24/7 (for entire family) \$0 Consult Fee	Included 24/7 (for entire family) \$0 Consult Fee
Alight	Included	Included	Included]
Global Repatriation	Included	Included	Included
Employee Assistance Plan (EAP)	Included	Included	Included]

Provider Network

This plan includes access to a provider network, which is also known as a network. Employees will pay nothing out of pocket for eligible preventive care services and will incur co-pays for services noted above that are performed by healthcare providers in this network. (Non-network services are not covered for these services.) Network providers are often a good choice for other healthcare needs (such as those provided under the fixed indemnity benefit) since services provided within the network are often billed with a discount.

First Health Provider Network

By obtaining services through First Health Provider Network, you may reduce out-of-pocket expenses and stretch your benefit dollars. First Health Network provides access to more than 5,000 hospitals and 550,000 physicians and health care professionals nationwide. Preventive services are only covered under the preventive care plan when performed by an in-network provider. Provider information is available at: www.providerlocator.com/palichf

Provider network services are provided by Recuro Health. Pan-American Life Insurance Company and Recuro Health are not affiliated.

Supplemental Benefits & Services

HealthiestYou

Included in all plans

HealthiestYou provides *all family members living in the same household*, even if they're not enrolled in the medical plan, with the ability to connect with a doctor, get treatment and obtain prescriptions over the phone or via the mobile app 24/7 with no additional cost. HealthiestYou offers the ability to shop for medical and pharmacy services by cost and provides health management content.

HealthiestYou is not health insurance and we encourage all members to maintain adequate insurance from a responsible provider. HealthiestYou is designed to complement, and not replace the care you receive from your primary physician.

HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion.

Physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written.

HealthiestYou is provided by HY Holdings, Inc. Not an insurance product. Not a Pan-American Life product. Pan-American Life Insurance Company and HealthiestYou are not affiliated.

Global Repatriation

Included in all plans

The Global Repatriation benefit provides transportation of a covered member's remains to the primary place of residence in the United States and repatriation of foreign nationals to their home countries, if loss of life is due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. All services must be authorized and arranged by AXA Assistance designated personnel and the maximum benefit per person is \$20,000 USD per occurrence. No claims for reimbursement will be accepted.

Global Repatriation benefit is provided by AXA Assistance USA and administered by AXA Assistance USA, Inc. www.axa-assistance.us.

Pan-American Life Insurance Company and AXA Assistance USA, Inc. are not affiliated. This is only an overview of the benefits offered. Like most policies there are certain exclusions, limitations and terms for keeping them in force. The terms and conditions set forth in the Policy will prevail.

Alight Professional Health Services

Included in all plans

Alight's consultants can simplify the healthcare experience by helping members understand benefits, save money on healthcare, pay less for prescriptions, find doctors, schedule appointments, and resolve billing errors. Learn more at alight.com.

Not an insurance product. Not a Pan-American Life Insurance Company product. Pan-American Life Insurance Company and Alight Professional Health Services are not affiliated.

Employee Assistance Program (EAP)

Included in all plans

The SupportLinc Employee Assistance Program (EAP) provides confidential, professional referrals and up to eight (8) sessions of face-to-face counseling sessions for members and their immediate families. SupportLinc can provide support for concerns such as anxiety, depression, marriage and relationship problems, grief and loss, substance abuse, anger management work-related pressures and stress. Referrals for legal assistance, financial assistance and family assistance is also available.

Not an insurance product. Not a Pan-American Life Insurance Company product. Pan-American Life Insurance Company and SupportLinc are not affiliated.

Pan-American Life Insurance Group Comm - Non LA - Option 2 your vision plan

Client code: 8998

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 24 mos.
Contacts, evaluation & fitting: 12 mos.



Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.


Exams & Services

Eye Exam copay:

\$10

Contacts evaluation, fitting & follow-up:

Conventional lens

Specialty lens

\$15 copay
**\$15 copay
\$60 allowance**
plus 15% savings¹

Frame

Allowance:

\$130

 +Additional 20% off any overage.¹

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	Covered in full	Covered in full


Lenses

Lens copay:

\$15

Contacts²

Allowance:

\$130

 +Additional 15% off any overage.¹

or

 The Exclusive Collection
of Contact Lenses:³
Covered in full

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Find a network provider...

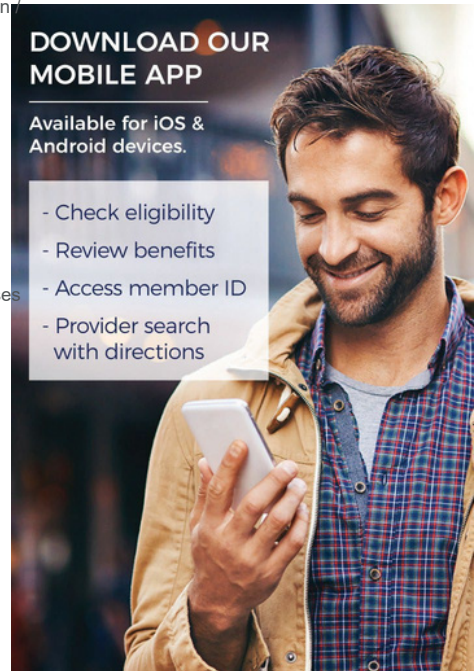
Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

 **Options & upgrades**

Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX)	\$0	Polycarbonate Lenses (Children/
Adults)	\$0 or \$30	
High-Index Lenses 1.67	\$55	
High-Index Lenses 1.74	\$120	
Polarized Lenses	\$75	
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175	
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	\$35 / \$48 / \$60 / \$85	
Ultraviolet Coating	\$12	
Tinting of Plastic Lenses (Solid / Gradient)	\$0	Plastic Photochromic Lenses
(Transitions® Signature™)	\$65	
Scratch-Resistant Coating	\$0	
Premium Scratch-Resistant Coating	\$30	
Scratch-Protection Plan (Single-Vision Multifocal)	\$20 \$40	
Trivex Lenses	\$50	
Blue Light Filtering	\$15	



Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount ¹
Laser Vision Correction One-Time/Lifetime Allowance	\$200



Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)

Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Monthly Rates

Enhanced Minimum Essential Coverage + Fixed Indemnity Plans

Plan 1	Employee	EE + Spouse	EE + Child(ren)	Family
Fixed Indemnity	\$270.49	\$538.56	\$418.20	\$720.29
Self-Funded Cost	\$68.27	\$204.38	\$257.25	\$452.88
PPO Network Access	\$5.15	\$5.15	\$5.15	\$5.15
Administration Fee	\$23.50	\$23.50	\$23.50	\$23.50
Third Party Consulting Fee	\$5.00	\$5.00	\$5.00	\$5.00
Total Monthly Contribution	\$372.41	\$776.59	\$709.10	\$1,206.82

Plan 2	Employee	EE + Spouse	EE + Child(ren)	Family
Fixed Indemnity	\$422.22	\$858.12	\$666.41	\$1,158.23
Self-Funded Cost	\$68.27	\$204.38	\$257.25	\$452.88
PPO Network Access	\$5.15	\$5.15	\$5.15	\$5.15
Administration Fee	\$23.50	\$23.50	\$23.50	\$23.50
Third Party Consulting Fee	\$5.00	\$5.00	\$5.00	\$5.00
Total Monthly Contribution	\$524.14	\$1,096.15	\$957.31	\$1,644.76

Plan 3	Employee	EE + Spouse	EE + Child(ren)	Family
Fixed Indemnity	\$673.79	\$1,396.53	\$1,088.96	\$1,909.34
Self-Funded Cost	\$68.27	\$204.38	\$257.25	\$452.88
PPO Network Access	\$5.15	\$5.15	\$5.15	\$5.15
Administration Fee	\$23.50	\$23.50	\$23.50	\$23.50
Third Party Consulting Fee	\$5.00	\$5.00	\$5.00	\$5.00
Total Monthly Contribution	\$775.71	\$1,634.56	\$1,379.86	\$2,395.87

Rates include insurance and non-insurance products. Certain benefits are not available in all states. Proposal is based on information provided and subject to underwriting and home office approval.

About Us

At Hammett Consulting LLC, we help employers navigate the confusing world of ACA compliance with clarity and confidence. Our free coaching and plan evaluations are designed to uncover cost-saving opportunities, improve employee participation, and ensure your business stays compliant.

Why Work With Us?

- Over 40 years in employee benefits
- Proven results with national employers
- No fees—our services are funded by plan sponsors



A Message to My Broker Friends

Let Me Help You Grow Your Business

With two published books and decades of industry experience, I've built significant credibility among brokers. But what's most important now is showing you what I can do for you.

While you can read about my services, it's crucial to understand how I can directly help you. My books provide tools to get in the door and grow your business, but I want to establish my role in this process. I aim to demonstrate how we can collaborate to maximize the opportunities you uncover.

From this point forward, our focus should be on emphasizing my role in your success. By partnering with me, you'll have a better chance of delivering exceptional value to your new and existing clients. This is our challenge and opportunity.

Best regards,
William Hammett

Exclusions and Limitations

Hospital does not include a nursing home, convalescent home or extended care facility. The Fixed Indemnity Plan is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force.

Benefits are not payable with respect to any charge, service or event excluded as set forth below. This information may vary by state.

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Schedule of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. Suicide, attempted suicide or any self-inflicted injury, while sane or insane; or
4. A claim arising out of declared or undeclared war or acts thereof; or
5. A claim arising out of an Illness or Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full-time duty); or
6. A claim related to bodily injuries received while the Covered Person was operating any motorized vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit; or
7. Voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a Physician or Medical Professional;
8. A claim arising out of participation in an insurrection or rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression; or
9. Experimental or Investigational procedures, drugs or treatment methods; or
10. Experimental or Investigational organ transplant procedures; or
11. A claim or any treatment, services or supplies received from a Physician or other provider if such person is:
 - (a) a person who ordinarily resides in the member's household, (b) is a Family Member; or
12. Any treatment, service or supply which is not Medically Necessary; or
13. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy; or
14. A claim or any treatment for an illness or injury for which treatment, services or supplies were received or purchased outside of the United States; or
15. A claim or any treatment for voluntary abortion, except if the life of the mother would be in danger if the fetus were carried to term; or
16. A claim or any treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
17. A claim or any treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; or
18. A claim or any treatment for routine eye exams, glasses, visual therapy, or contact lenses; or
19. Unless otherwise stated in the Policy or Schedule of Benefits, a claim related to any Outpatient Prescription Drug; or

20. Any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction; or
21. Any claim related to outpatient therapy or treatment unless otherwise covered under this Policy; or
22. A claim related to custodial care; or
23. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law; or
24. Any claim arising out of treatment of infertility; or
25. Any claim related to homeopathic treatments or drugs; or
26. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
27. A claim arising from services in the nature of educational or vocational testing or training; or
28. Any claim or treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
29. Meridian therapy (acupuncture) unless otherwise covered under the Policy; or
30. Spinal manipulation unless otherwise covered under the Policy; or
31. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Exclusions and Limitations (for the Outpatient Prescription Drug Indemnity Benefit Only)

Benefits are not payable for the following items:

- A. [Prescription Drugs or medications prescribed prior to the Effective Date or after coverage termination date;
- B. Drugs or medicine available without a Prescription (example: when an over-the-counter equivalent is available);
- C. Drugs or medicines for preventive health that have a rating of A or B from the United States Preventive Task Force (USPSTF);
- D. Drugs or medicines for preventive health as mandated by the Affordable Care Act;
- E. All over-the-counter products and medications;
- F. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a one year period from such FDA approval for its intended indication;
- G. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs;
- H. Drugs needed due to conditions caused, directly or indirectly, by a Covered Person taking part in a riot or other civil disorder; or the Covered Person taking part in the commission of a felony;
- I. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to a Covered Person while on active duty in any armed force;
- J. Any expenses related to the administration of any drug;
- K. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
- L. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental program;
- M. Drugs, medicines or products which are not Medically Necessary;
- N. Injectables administered by someone other than the Covered Person for whom the claim is made;
- O. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment;
- P. Brand Name Prescription Drugs, if not included in the Schedule of Benefits;
- Q. Generic Prescription Drugs, if not included in the Schedule of Benefits;
- R. Prescription drugs obtained from a mail service or internet pharmacy;
- S. Needles or syringes;
- T. Refills in excess of the number specified;
- U. Any prescribed drug or medicine obtained from a Pharmacy or other source outside of the United States;
- V. Family Planning drugs, medicines or products;
- W. Smoking Deterrents drugs, medicines or products;
- X. Nutritional Products drugs, medicines or products;
- Y. DESI Class 5 or 6 drugs, medicines, or products.

ACCIDENT INDEMNITY EXCLUSIONS

In addition to the exclusions in the Policy, no benefits will be paid under this benefit for services or materials:

- A. Any treatment, service or supply for an illness; or
- B. A claim or any treatment for an illness or injury for which treatment, services or supplies were received or purchased outside the United States; or
- C. Any claim relating to an Accident where the Accident was prior to the effective date of coverage under this benefit, or after coverage is terminated; or
- D. Unless related to an Accident, any claim or treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFIT FOR THE PRIMARY INSURED EXCLUSIONS AND LIMITATIONS

In addition to the General Exclusions and Limitation of the Policy, benefits are not provided for Loss, Injury or Illness of a Primary Insured which results directly or indirectly, wholly or partly from:

- A. Disease or disorder of the body or mind.
- B. Medical or surgical treatment or diagnosis thereof.
- C. Loss, Injury or Illness occurring after Termination of Coverage.
- D. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
- E. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
- F. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
 - 1. While being used for any test or experimental purpose; or
 - 2. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof;or
 - 3. Any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
- G. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Death or Loss is external trauma.

ORGAN TRANSPLANT EXCLUSIONS

- A. No benefits are payable for Experimental and Investigational procedures or for organ or tissue transplant performed under a study, grant or research program.
- B. Charges for liver transplant performed for a diagnosis of biliary atresia.
- C. Transplants involving non-human and artificial organs.

SPECIFIED ILLNESS EXCLUSIONS

Premalignant conditions or conditions with malignant potential, as well as cancer in situ are not "Cancer" in this Policy. Additionally, any form of skin cancer, with the exception of malignant melanoma, is not "Cancer" in this Policy. Stroke and Transient Ischemic Attacks (TIA) are excluded.