

**Guarantee Issue is only available for
Employees that enroll by June 30th**



Dear ACI Member,

We have great news for our Member Companies and your Employees. We are now offering **7 NEW Voluntary Benefits** in partnership with BOST Benefits and Strategic Employee Benefit Services. **Enrollment ends June 30th 2017.**

These are 100% Employee paid and payment will be setup directly from the Employee's checking or savings account for their convenience.

There are special underwriting offers available for a limited time and enrollments are time sensitive. We are encouraging you to contact BOST to setup an educational meeting of these benefits for your employees by June 1st. All programs go into effect **July 1st 2017. Enrollment ends June 30th.**

Enclosed is a summary of the new programs and the monthly rates. Features Include:

- **Great way to Attract and Retain Employees** with this benefit package
- These benefits **pay directly to Employees** regardless of other coverages
- Benefits have **group rates**
- These benefits **provide financial assistance** to employees and their family in time of need
- **One Time Guaranteed Issue (GI)** – it is important to understand that this is a one-time offer. No medical questions or exams are needed to qualify for coverage. Guaranteed Issue applies to spouse and dependents also.

There are 3 ways for Employees to Enroll in these program.

1. Host a brief onsite Employee Meeting with a BOST Specialist. Employees will become familiar with the plans, ability to ask questions and receive enrollment assistance.
2. Have Employees Visit our online Enrollment Portal: www.ACIVoluntaryBenefits.com
3. Newly Hired employees are eligible 1st of the month following 60 days.

Any questions please contact:

Katie Miracle 877-283-7600 ext. 268 | kmiracle@bostbenefits.com

Leah Maurer 877-283-7600 ext. 240 | lmaurer@bostbenefits.com

Nick Beatty 513-366-3753 | Nick.Beatty@nm.com

Thank you,

Terry Phillips
Executive Director



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VOLUNTARY BENEFIT HIGHLIGHTS

1. The following voluntary benefits are in addition to any existing benefits offered by your employer
2. Pay cash directly to you regardless of any other coverage you might have, help fill gaps with deductibles and co-pays
3. Provide you with the financial assistance needed to help maintain your quality of living
4. Convenient Monthly Deductions from your checking or savings account
5. The Next Opportunity to Enroll will be Open Enrollment and will require a medical questionnaire

*** **ALL BENEFITS ARE GUARANTEED ISSUE** – Very Important ***

No medical questions this ONE TIME! No Exams! Everyone qualifies including spouse & dependents!

BOST Card with TELADOC

- **Core Feature is TELADOC** – Physicians available anytime, anywhere, 24/7/365 to perform consultations via phone/video to diagnose, recommend treatment and call in prescriptions to the pharmacy of your choice.
- **Unlimited usage and \$0 consult fees!!** No co-pays! Average call back time is 10 – 15 minutes.
- **Use Teladoc for many of your medical issues, including:** *Cold/Flu, Bronchitis, Allergies/Sinus, Poison ivy, Pink eye, UTI's, Respiratory infections, Acne, Dermatology, Ear infections, Doctors Excuses – Work/School and more!*

Wage Protection – SHORT TERM Disability Insurance (Companion) - **Guaranteed Issue One Time**

- Starts after being off work for 14 days; Benefit Length: 3 months. Select up to 66% of gross wage protected, max of \$500 per week
- Includes \$10,000 of Accidental Death and Dismemberment (AD&D), **Enrollment Age Freeze!**
- 12/12 Pre-Existing Conditions (this is a look back 12 month period from the effective date and no pre-existing claim will be covered if you become disabled within the first 12 months)

Group Term Life (Companion)

- **Guaranteed Issue One Time:** Employee \$50k, Spouse \$20k, Dependents \$5k (\$1.25 per mth) (until age 26)
- When is the last time you reviewed your life insurance needs? Plan to cover debt, mortgage, education and any income loss for those who depend on you. Portable into retirement or another job! **Term Life** enables you to secure a higher death benefit at low rates; rates will change as you age. **** Employee must elect coverage on themselves in order to cover Sps/dependents****

Dental by Design (Companion)

- Choose any Dentist or seek an in-network provider for no balance billing and in-network rates
- One-time life time deductible of \$100 per covered person, never pay a deductible again!
- Preventive 100% | Basic 80% | Major 50% | Calendar year Max: \$1,000 per covered person.
- Dependents covered till age 26. Provider Lookup: DenteMax: <http://www.dentemax.com> or (800) 752-1547

Vision by Design (Companion)

- Exams: every 12 months (\$10 co-pay) | Contacts: every 12 months (\$0 co-pay) in lieu of glasses up to \$130 allowance
- Lenses: 12 months (\$10 co-pay) standard lenses covered in full | Frames: 24 months (\$10 co-pay) up to \$130 allowance
- Dependents covered till age 26. Provider Lookup: EyeMed: www.EyeMedVisionCare.com or 866-723-0596

Accident Protection (Guardian)

- Covers you and other family members for off the job Accidents. Pays directly to you. Dependents covered till age 26
- **Initial Treatment Reimbursement:** \$50 Physician Visit, \$100 Urgent Care; \$300 ER. **Wellness Benefit:** \$50 per person
- Full Schedule of additional lump sum benefits: Hospitalization (\$2,000 Admission; \$500/day), Ambulance (\$200), follow-up visits (2 @ \$50), Therapy (10 @ \$50), breaks/fractures \$200 - \$8,000) and many other benefits.

Critical Illness (Guardian)

- **Guaranteed Issue One Time: Employee \$10k | Spouse \$5k | Dependents 25% (free till age 26)**
- Pays lump sum to you or a family member to help cover the personal costs associated with treatments for: *Heart Attack, Stroke, Organ & Kidney Failure, Coma, Brain Tumor, Cancer, Up to 30 different Illnesses covered.*
- Second Event Coverage – pays 50% when you are diagnosed for the second time with a previously paid critical illness
- **Wellness Benefit: \$100** per covered member for preventative test & one time **\$50 Cancer Vaccine Benefit**
- Features: PORTABLE, Enrollment Age Band Freeze; 3/12 Pre-Existing. *Spouse can elect up to 50% of Employee coverage, rates are calculated separately.*



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BENEFIT HIGHLIGHTS – Monthly Rates

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Dental Coverage	\$30.64	\$61.28	\$61.46	\$93.34
Vision Coverage	\$9.74	\$18.39	\$21.76	\$28.97
Accident Protection	\$16.52	\$27.78	\$28.18	\$39.44

Short Term Disability – you may purchase in increments up to 66% of your Annual Income, max \$500 per week.

Annual Income:	\$11,700	\$15,600	\$19,500	\$23,400	\$27,300	\$31,200	\$35,100	\$39,000
Max Weekly Benefit:	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500
<30	\$9.18	\$12.24	\$15.30	\$18.36	\$21.42	\$24.48	\$27.54	\$30.60
30 - 44	\$9.36	\$12.48	\$15.60	\$18.72	\$21.84	\$24.96	\$28.08	\$31.20
45 - 49	\$9.89	\$13.18	\$16.48	\$19.77	\$23.07	\$26.36	\$29.66	\$32.95
50 - 54	\$11.79	\$15.72	\$19.65	\$23.58	\$27.51	\$31.44	\$35.37	\$39.30
55 - 59	\$13.86	\$18.48	\$23.10	\$27.72	\$32.34	\$36.96	\$41.58	\$46.20
60 - 64	\$16.29	\$21.72	\$27.15	\$32.58	\$38.01	\$43.44	\$48.87	\$54.30
65 - 69	\$21.32	\$28.42	\$35.53	\$42.63	\$49.74	\$56.84	\$63.95	\$71.05
70 - 74	\$28.77	\$38.36	\$47.95	\$57.54	\$67.13	\$76.72	\$86.31	\$95.90
75+	\$36.21	\$48.28	\$60.35	\$72.42	\$84.49	\$96.56	\$108.63	\$120.70

Group Term Life

Age	Employee \$50,000	Spouse \$20,000	Dependents \$5,000
15 - 29	\$4.50	\$1.80	\$1.25
30 - 34	\$5.00	\$2.00	
35 - 39	\$6.00	\$2.40	
40 - 44	\$8.50	\$3.40	
45 - 49	\$14.50	\$5.80	
50 - 54	\$26.50	\$10.60	
55 - 59	\$39.50	\$15.80	
60 - 64	\$76.00	\$30.40	
65 - 69	\$119.50	\$47.80	
70+	\$220.50	\$88.20	

Critical Illness (includes Cancer Protection)		<30	30-39	40-49	50-59	60-69	70+
Employee \$10,000	Non-Tobacco	\$10.41	\$12.76	\$19.79	\$32.45	\$48.65	\$95.92
	Tobacco	\$13.61	\$17.46	\$30.59	\$57.05	\$92.95	\$172.42
Spouse \$5,000	Non-Tobacco	\$6.51	\$7.71	\$11.29	\$17.75	\$26.00	\$49.87
	Tobacco	\$8.11	\$10.06	\$16.69	\$30.05	\$48.15	\$88.12
Critical Illness (without Cancer Protection)		<30	30-39	40-49	50-59	60-69	70+
Employee \$10,000	Non-Tobacco	\$6.50	\$7.80	\$11.60	\$18.40	\$27.10	\$52.90
	Tobacco	\$8.30	\$10.30	\$17.50	\$31.90	\$52.50	\$94.90
Spouse \$5,000	Non-Tobacco	\$4.35	\$5.00	\$6.90	\$10.30	\$14.65	\$27.55
	Tobacco	\$5.25	\$6.20	\$9.85	\$17.05	\$26.85	\$48.55



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