

Holman Enterprises Benefit Plans

Renewal Report 2017

*Glacier Restaurant Group
Glacier Jet Center
Rock Creek Cattle Company*



Living Life Well



2017

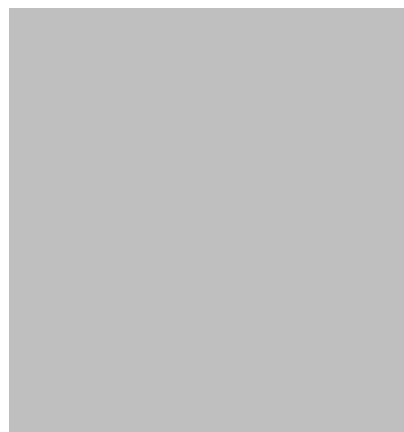


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All benefit summaries included in this presentation are for illustrative purposes only. If discrepancies are noted, the specific Plan Documents will prevail.

Executive Summary

Executive Summary

Medical

Glacier Restaurant Group (GRG) currently offers two medical PPO plans through BCBS MT on a fully insured basis, a 'Base Plan' and a 'Buy-Up Plan'. Based upon the positive plan experience and pressure from CBIZ, BCBS of MT released the renewal requesting a 0% increase for the two existing plans.

As previously discussed, a third medical PPO plan option for 2017 was requested to offer additional choice to the employees. The 'Standard Plan', including the plan design and pricing is presented in this renewal package for your review. Implementing this option for 2017 could provide some savings to GRG depending upon actual enrollment and final contribution strategy.

Glacier has been insured by BCBS of MT since 2014. Historical rate increases as follows:

- 2015 increase of 8% - Base Plan (HDHP with HSA) added
- 2016 increase of 4.4%
- 2017 0% change

Dental

GRG offers a dual option dental PPO plan through Principal with a High Plan and a Low Plan. Principal agreed to forego a re-rate opportunity with the acquisition in 2016 and has again agreed to extend the current rates for one additional year. There will likely be a rate increase in 2018.

Glacier currently has 122 employees enrolled in the dental plans (45 in the High Option and 77 in the Low Option).

With the approval of GRG, and based upon the flat renewal and exceptional service provided to the employees, CBIZ didn't market the dental plans for 2017.

Vision

GRG offers a voluntary vision plan through Principal. Similar to dental renewal, Principal agreed to forego a re-rate opportunity with the acquisition in 2016 and has again agreed to extend the current rates for one additional year. A rate increase in 2018 is possible.

Glacier currently has 101 employees enrolled in the vision plan.

With the approval of GRG, and based upon the flat renewal and exceptional service provided to the employees, CBIZ didn't market the vision plan for 2017.

Life, AD&D, Supplemental Life, Voluntary STD and Voluntary LTD

Effective January 1, 2014, GRG transitioned their Life and Disability benefits to Reliance Standard with a 3-year rate guarantee on all lines of coverage. RSLI has agreed to extend current rates for an additional year. The next renewal will be issued for January 1, 2018.

Flexible Spending Account & COBRA

Employee Benefits Corporation (EBC) provides administrative services for the Healthcare and Dependent Care FSA as well for COBRA. Each contract auto-renews for a one-year term.

Employee Assistance Program (EAP)

CBIZ completed a comprehensive marketing effort for EAP services to be effective January 1, 2017. The market comparison is included in this presentation for your review.

Voluntary Benefits

CBIZ reviewed market options to enhance the voluntary benefit package offered by Glacier Restaurant Group. Included in this presentation is the final recommendation which is to move Accident coverage to Aflac and implement two additional voluntary lines of coverage. Enrollment capabilities are also reviewed in this presentation.

Renewal Detail

Renewal Report 2017

Renewal Detail

Medical – Blue Cross Blue Shield of Montana – enrollment from August 2016 GRG census

		BC/BS of MT - Current					
		HDHP			PPO		
	#	#	Rate	Premium	#	Rate	Premium
Single		97	\$425.00	\$41,225.00	74	\$483.00	\$35,742.00
EE/SP		7	\$851.00	\$5,957.00	12	\$969.00	\$11,628.00
EE/CH		3	\$787.00	\$2,361.00	5	\$896.00	\$4,480.00
Family		12	\$1,212.00	\$14,544.00	11	\$1,379.00	\$15,169.00
Monthly		119		\$64,087.00	102		\$67,019.00
Annual			\$769,044			\$804,228	
Plan Total	221			\$1,573,272			

		BC/BS of MT - Renewal - no plan changes/additions					
		HDHP			PPO		
	#	#	Rate	Premium	#	Rate	Premium
Single		97	\$425.00	\$41,225.00	74	\$483.00	\$35,742.00
EE/SP		7	\$851.00	\$5,957.00	12	\$969.00	\$11,628.00
EE/CH		3	\$787.00	\$2,361.00	5	\$896.00	\$4,480.00
Family		12	\$1,212.00	\$14,544.00	11	\$1,379.00	\$15,169.00
Monthly		119		\$64,087.00	102		\$67,019.00
Annual			\$769,044			\$804,228	
Plan Total	221			\$1,573,272			
% Increase				0.0%			
\$ Increase				\$0			

		BC/BS of MT - Renewal - Standard PPO added								
		HDHP			PPO			Standard PPO - Proposed		
	#	#	Rate	Premium	#	Rate	Premium	#*	Rate	Premium
Single		97	\$425.00	\$41,225.00	67	\$483.00	\$32,361.00	7	\$446.69	\$3,126.83
EE/SP		7	\$851.00	\$5,957.00	11	\$969.00	\$10,659.00	1	\$896.16	\$896.16
EE/CH		3	\$787.00	\$2,361.00	5	\$896.00	\$4,480.00	0	\$828.65	\$0.00
Family		12	\$1,212.00	\$14,544.00	10	\$1,379.00	\$13,790.00	1	\$1,275.34	\$1,275.34
Monthly		119		\$64,087.00	93		\$61,290.00	9		\$5,298.33
Annual			\$769,044			\$735,480			\$63,580	
Plan Total	221					\$1,568,104				
% Increase						-0.33%				
\$ Increase						(5,168)				

*Assumes 10% migration from PPO to Standard PPO.

Renewal Report 2017

Medical – Blue Cross Blue Shield of Montana – plan comparison

	BASE PLAN (Current)		STANDARD PPO (New Plan)		BUY UP PLAN (Current)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Overview	When using Out-of-Network providers you are responsible for any difference between the allowed amount and actual charge, plus copayments, deductibles and co-insurance.					
Annual Deductible	You may use both In-Network and Out-of-Network providers.					
Single	\$2,600	\$2,600	\$2,500	\$2,500	\$1,000	\$1,000
Family*	\$5,200	\$5,200	\$5,000	\$5,000	\$2,000	\$2,000
Annual Out-of-Pocket Maximum	Includes Deductible					
Single	\$2,600	\$2,600	\$5,000	\$5,000	\$3,000	\$3,000
Family*	\$5,200	\$5,200	\$10,000	\$10,000	\$6,000	\$6,000
Out-of-Pocket Maximum Provision	All covered benefits apply to the single and family deductible and out-of-pocket maximum. When any family member reaches the single deductible amount, that family member will begin receiving concourse benefits—even if the family deductible has not been met. Or, in other words, no one family member will be required to satisfy more than the single deductible or single out-of-pocket maximum.					
Medical Benefit/Service Provided						
Primary Care Physician Office Visit	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$35 Copay	Plan pays 65% after Deductible	\$30 Copay	Plan pays 65% after Deductible
Specialist Office Visit	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$50 Copay	Plan pays 65% after Deductible	\$30 Copay	Plan pays 65% after Deductible
Preventive Care Office Visit	Plan pays 100%, Deductible waived	Plan pays 100%, Deductible waived	Plan pays 100%, Deductible and Copays waived	Plan pays 100%, Deductible and Copays waived	Plan pays 100%, Deductible and Copays waived	Plan pays 100%, Deductible and Copays waived
Chiropractic Care	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$35 Copay	Plan pays 65% after Deductible	\$30 Copay	Plan pays 65% after Deductible
Hospital Inpatient (Facility and Physician Charges)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	10 visit maximum per calendar year	Plan pays 65% after Deductible	10 visit maximum per calendar year	Plan pays 65% after Deductible
Hospital Outpatient Surgery (Facility and Physician Charges)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible
Maternity (Physician Services and Labor/Delivery)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible
Mental Health/Substance Abuse Services (Inpatient or Outpatient)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible
Urgent Care	Plan pays 100% after Deductible	Plan pays 100% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible	Plan pays 80% after Deductible	Plan pays 65% after Deductible
Emergency Room	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$35 Copay	Plan pays 65% after Deductible	\$30 Copay	Plan pays 65% after Deductible
Prescription Drugs	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$150 Copay	Plan pays 65% after Deductible	\$100 Copay	Plan pays 65% after Deductible
Retail Pharmacy (30 Day Supply)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$200 Prescription Drug Deductible per member enrolled. Deductible does not apply to Tier 4 prescriptions.	\$200 Prescription Drug Deductible per member enrolled. Deductible does not apply to Tier 4 prescriptions.	\$150 Prescription Drug Deductible per member enrolled. Deductible does not apply to Tier 1 prescriptions.	\$150 Prescription Drug Deductible per member enrolled. Deductible does not apply to Tier 1 prescriptions.
Mail Order Delivery (90 Day Supply)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$15 Copay for Tier 1 Generic Drugs \$60 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$200 max per Rx for Tier 3 Non Preferred Brand Drugs	\$15 Copay for Tier 1 Generic Drugs \$60 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$200 max per Rx for Tier 3 Non Preferred Brand Drugs	\$10 Copay for Tier 1 Generic Drugs \$40 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$200 max per Rx for Tier 3 Non Preferred Brand Drugs	\$10 Copay for Tier 1 Generic Drugs \$40 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$200 max per Rx for Tier 3 Non Preferred Brand Drugs
Specialty Drugs (30 Day Supply Only)	Plan pays 100% after Deductible	Plan pays 100% after Deductible	\$30 Copay for Tier 1 Generic Drugs \$120 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$400 max per Rx for Tier 3 Non Preferred Brand Drugs	\$30 Copay for Tier 1 Generic Drugs \$120 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$400 max per Rx for Tier 3 Non Preferred Brand Drugs	\$20 Copay for Tier 1 Generic Drugs \$80 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$400 max per Rx for Tier 3 Non Preferred Brand Drugs	\$20 Copay for Tier 1 Generic Drugs \$80 Copay for Tier 2 Preferred Brand Drugs 40% up to a \$400 max per Rx for Tier 3 Non Preferred Brand Drugs

Renewal Report 2017

Medical – Blue Cross Blue Shield of Montana – contribution strategy – current

BC/BS of MT - CURRENT											
Based on FPL Safe Harbor for employee only coverage for Base HDHP plan											
HDHP						PPO					
Glacier Jet Center	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution	Glacier Jet Center	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution
Single	0	\$425.00	\$93.00	21.88%	\$332.00	Single	0	\$483.00	\$151.46	31.36%	\$331.54
EE & Spouse	0	\$851.00	\$311.37	36.59%	\$539.63	EE & Spouse	0	\$969.00	\$382.15	39.44%	\$586.85
EE & Child	0	\$787.00	\$273.16	34.71%	\$513.84	EE & Child	0	\$896.00	\$338.30	37.76%	\$557.70
Family	0	\$1,212.00	\$528.10	43.57%	\$683.90	Family	0	\$1,379.00	\$628.33	45.56%	\$750.67
HDHP						PPO					
Rock Creek Cattle Co	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution	Rock Creek Cattle Co	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution
Single	0	\$425.00	\$0.00	0.00%	\$425.00	Single	0	\$483.00	\$58.46	12.10%	\$424.54
EE & Spouse	0	\$851.00	\$425.95	50.05%	\$425.05	EE & Spouse	0	\$969.00	\$543.92	56.13%	\$425.08
EE & Child	0	\$787.00	\$362.27	46.03%	\$424.73	EE & Child	0	\$896.00	\$470.84	52.55%	\$425.16
Family	0	\$1,212.00	\$787.17	64.95%	\$424.83	Family	0	\$1,379.00	\$954.21	69.20%	\$424.79
HDHP						PPO					
GRG - Salaried	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution	GRG - Salaried	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution
Single	0	\$425.00	\$93.00	21.88%	\$332.00	Single	0	\$483.00	\$151.46	31.36%	\$331.54
EE & Spouse	0	\$851.00	\$467.97	54.99%	\$383.03	EE & Spouse	0	\$969.00	\$585.94	60.47%	\$383.06
EE & Child	0	\$787.00	\$432.95	55.01%	\$354.05	EE & Child	0	\$896.00	\$541.52	60.44%	\$354.48
Family	0	\$1,212.00	\$666.64	55.00%	\$545.36	Family	0	\$1,379.00	\$833.68	60.46%	\$545.32
HDHP						PPO					
GRG - Hourly	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution	GRG - Hourly	# EEs	Proposed Rate	Employee Monthly Contribution	Employee % of Premium	Employer Contribution
Single	0	\$425.00	\$93.00	21.88%	\$332.00	Single	0	\$483.00	\$151.46	31.36%	\$331.54
EE & Spouse	0	\$851.00	\$467.97	54.99%	\$383.03	EE & Spouse	0	\$969.00	\$585.94	60.47%	\$383.06
EE & Child	0	\$787.00	\$432.95	55.01%	\$354.05	EE & Child	0	\$896.00	\$541.52	60.44%	\$354.48
Family	0	\$1,212.00	\$666.64	55.00%	\$545.36	Family	0	\$1,379.00	\$833.68	60.46%	\$545.32

Renewal Detail

Dental – Principal – enrollment from August 2016 GRG census

	Principal - Current							
	Low				High			
	#	#	Rate	Premium	#	Rate	Premium	
Single		42	\$35.07	\$1,472.94	25	\$37.72	\$943.00	
EE/SP		10	\$72.94	\$729.40	2	\$78.46	\$156.92	
EE/CH		2	\$75.56	\$151.12	2	\$81.27	\$162.54	
Family		8	\$117.48	\$939.84	10	\$126.36	\$1,263.60	
Monthly		62		\$3,293.30	39		\$2,526.06	
Annual			\$39,520			\$30,313		
Plan Total	101		\$69,832					

	Principal - Renewal							
	Low				High			
	#	#	Rate	Premium	#	Rate	Premium	
Single		42	\$35.07	\$1,472.94	25	\$37.72	\$943.00	
EE/SP		10	\$72.94	\$729.40	2	\$78.46	\$156.92	
EE/CH		2	\$75.56	\$151.12	2	\$81.27	\$162.54	
Family		8	\$117.48	\$939.84	10	\$126.36	\$1,263.60	
Monthly		62		\$3,293.30	39		\$2,526.06	
Annual			\$39,520			\$30,313		
Plan Total	101		\$69,832					
% Increase			0.00%					
\$ Increase			\$0					

Renewal Report 2017

Dental - Principal - plan comparison

High Dental Plan:

Job Class	SAL GLACIER REST OR ROCK CREEK MBRS OR GLACIER JET MBRS ELECTING HIGH PLAN	
	Calendar Year Deductible	Coinsurance (Policy Pays)
Unit 1 – Preventive	\$0	100%
Unit 2 – Basic	\$25	80%
Unit 3 – Major	\$25	50%
Family Deductible Maximum	3 times the per person deductible amount	
Combined Deductible	Deductibles for basic and major procedures are combined.	
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. Calendar year maximums are \$1,000 per person.	

Additional Benefits		
	Lifetime Deductible	Coinsurance (Policy Pays)
Unit 4 - Orthodontia • Child & Adult	\$0	50%
Lifetime Maximum: \$0		

Low Dental Plan:

Job Class	SAL GLACIER REST OR ROCK CREEK MBRS OR GLACIER JET MBRS ELECTING LOW PLAN	
	Calendar Year Deductible	Coinsurance (Policy Pays)
Unit 1 – Preventive	\$0	100%
Unit 2 – Basic	\$25	80%
Unit 3 – Major	\$25	50%
Family Deductible	3 times the per person deductible amount	
Combined Deductible	Deductibles for basic and major procedures are combined.	
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. Calendar year maximums are \$1,000 per person.	

Renewal Detail

Vision - Principal - enrollment from August 2016 GRG census

	Principal - Current			
	Vision			
	#	#	Rate	Premium
Single		97	\$6.60	\$640.20
EE/SP		7	\$17.34	\$121.38
EE/CH		3	\$16.07	\$48.21
Family		12	\$26.81	\$321.72
Monthly		119		\$1,131.51
Annual				\$13,578
Plan Total	119			\$13,578

	Principal - Renewal			
	Vision			
	#	#	Rate	Premium
Single		97	\$6.60	\$640.20
EE/SP		7	\$17.34	\$121.38
EE/CH		3	\$16.07	\$48.21
Family		12	\$26.81	\$321.72
Monthly		119		\$1,131.51
Annual				\$13,578
Plan Total	119			\$13,578
% Increase				0.00%
\$ Increase				\$0

Vision - Principal - plan design

Exams (A)	Frames and Lenses (B)	Contact Lenses (C)
Exams: \$50 One exam each 12 months	Frames: \$100 One set each 24 months Lenses: \$50 for single vision \$75 for bifocal \$100 for trifocal \$150 for lenticular Two lenses (one pair) each 12 months	Contact Lenses: \$150 The maximum payment for two contact lenses (one pair) will be equal to the maximum payment for single vision lenses plus frames. Please see the example above under "Qualifying for benefits."

Renewal Detail

Life and Disability – Reliance Standard – enrollment from August 2016 GRG census

	Reliance Standard - Current			
	Basic Life/AD&D - Employer Paid			
	#	Volume	Rate	Premium
Basic Life		\$9,950,000	\$0.16	\$1,592.00
Basic AD&D		\$9,950,000	\$0.03	\$298.50
Monthly				\$1,890.50
Annual				\$22,686
Plan Total	398			\$22,686

	Reliance Standard - Renewal			
	Basic Life/AD&D - Employer Paid			
	#	Volume	Rate	Premium
Basic Life		\$9,950,000	\$0.16	\$1,592.00
Basic AD&D		\$9,950,000	\$0.03	\$298.50
Monthly				\$1,890.50
Annual				\$22,686
Plan Total	398			\$22,686
% Increase				0.00%
\$ Increase				\$0

Basic Life and AD&D – Reliance Standard – plan design

\$25,000 policy for both Basic Life and Basic AD&D

Voluntary Life and Voluntary Disability – Reliance Standard

No change to employee paid age-banded rates or plan design

Flexible Spending Accounts and COBRA Administration – Employee Benefits Corp

No change to administrative fees or process

Marketing Results

3

Marketing Results

Employee Assistance Program (EAP) – marketing rate comparison

Bensinger Dupont/ Morneau Shepell			Reliance Standard			EAP Consultants		
	Option 1	Option 2		Option 1	Option 2**		Option 1	Option 2
Employee Count	400	1200	Employee Count	400	1200	Employee Count	400	1200
PEPM Fees			PEPM Fees			PEPM Fees		
3 FTF Sessions	\$0.94	\$0.84	3 FTF Sessions	\$1.20	\$1.10	3 FTF Sessions	\$0.89	\$0.79
6 FTF Sessions	\$1.15	\$1.05	5 FTF Sessions	\$1.40	\$1.30	6 FTF Sessions	\$1.09	\$0.99
8 FTF Sessions	\$1.28	\$1.20				10 FTF Sessions	\$1.19	\$1.09
Total Annual Cost			Total Annual Cost			Total Annual Cost		
3 FTF Sessions	\$4,512.00	\$12,096.00	3 FTF Sessions	\$5,760.00	\$15,840.00	3 FTF Sessions	\$4,272.00	\$11,376.00
6 FTF Sessions	\$5,520.00	\$15,120.00	5 FTF Sessions	\$6,720.00	\$18,720.00	6 FTF Sessions	\$5,232.00	\$14,256.00
8 FTF Sessions	\$6,144.00	\$17,280.00				10 FTF Sessions	\$5,712.00	\$15,696.00
Rate Guarantee	3 Years	3 Years	Rate Guarantee	2 Years	2 Years	Rate Guarantee	3 Years	

*** Pricing is weighted average based on Reliance's rate distinction for FT and PT employees*

Marketing Results

Employee Assistance Program (EAP) – scope of services comparison

	Bensinger Dupont/Morneau Shepell	Reliance Standard	EAP Consultants
Eligibility	Employees & Household Members	Employees, Family Members, Domestic Partners, Life Partners, Fianceses	Employees & Eligible Dependents
Clinical Services	Unlimited 24/7/365 Telephonic Access; Live Answer by masters level clinician; 3, 6 or 8 in person assessments available	Unlimited 24/7/365 Telephonic Access; Live Answer ; 3 or 5 in person assessments available	Unlimited 24/7/365 Telephonic Access; Live Answer by Licensed Clinician; 3, 6 or 10 in person assessments available
Program Access	Toll Free number or text Website via email or live chat Mobile Device App	Toll Free Number Interactive Website Mobile Device App	Toll Free Number Interactive Website Mobile Device App Video Counseling
Case Management	Coordinated telephone intake, case management and follow up by Master's Degree Clinician	24/7 Access to Clinicians for Urgent Matters	Coordinates referrals to resources beyond the EAP, when needed
Referral Network	Participants are connected with experienced licensed/credentialed clinicians in their community	Unlimited telephonic assessment and referral coordinated with existing health benefit plan, community based resource referrals and support groups	Services are provided by licensed mental health professionals with a Master's or Doctorate degree and a minimum of 5 years of experience
Work Life Services	Financial Legal Child/Elder Care "Convenience" Services Assistance	Financial Legal Child/Elder Care Pet Care Education Personal Services Health & Wellness	Financial Legal Chid/Elder Care Adoption Resources Education Pet Care ID Theft Recovery
Management Consultations	Unlimited telephonic management consultation for HR/Managers addressing troubled employee concerns or workplace situations	Unlimited telephonic management consultation for HR/Managers for any workplace challenge including corporate reorganization, return-to-work, workplace violence prevention	Unlimited management consultations are Included. Management consultations, case management, HR consultations, bereavement support. Drug Free Workplace Policy Development & Support
Management Referrals	Assistance for HR/Managers to formally refer an employee to the EAP for evaluation and intervention	Assistance for HR/Managers to formally refer an employee to the EAP for evaluation and intervention	Monitoring of progress in EAP and all treatment for up to two years, when an employee is referred by management for job/substance abuse problems, by maintaining contact with the employee, treatment providers, and the employer, if appropriate
Virtual Training Campaign	Live access to 24 company wide webinars per year on EAP Wellness, and work life topics	Unlimited Virtual Orientations	Internet-based employee orientation, supervisory training and drug-free workplace trainings available.
Critical Incidence Response	Additional Fees: Crisis/Trauma - \$300/Hour + cost of travel, 3 Hour minimum Onsite Training - \$200/Hour + cost of travel, no minimum	Critical Incidence with Less than 5 FTF Sessions, available at a discounted fee, inclusive of cost of travel. 1 per year included (with travel fees) under the 5 FTF Session package	Critical Incidence Response: Unlimited consultations, up to 10 hours onsite clinical response per year. Additional hours of onsite response available at \$500 per hour.
Account Management	Dedicated Account Manager	Dedicated Account Manager	Dedicated Account Manager
HR Website	HR website provides real time utilization reports and access to materials and information	HR & Management virtual folder toolkit	Robust, content rich website for HR Managers. Online reporting not yet available, ad hoc reports can be provided upon request
Reporting	Semi Annual utilization reports and online real time reporting	Quarterly Aggregate Utilization Reports Annual Statistical Utilization Reports	Quarterly Utilization Reports Included

Renewal Report 2017

Marketing Results

Voluntary Benefits Proposal – Aflac – enrollment Feb 2017 for May 1, 2017 effective date

See Appendix for full presentation

Miscellaneous

Miscellaneous

Decisions / Next Steps –

1. Confirm decision to add Standard PPO
2. Confirm contribution strategy for Medical options across the organizations including consideration of tobacco free premium incentive
3. Select EAP provider and begin implementation process
4. Provide feedback on Voluntary Benefit options and implementation timing

Annual Enrollment Needs –

1. Timeline – set dates for open enrollment – Monday, 11/7 – Friday, 11/18?
2. BeneTrac updates
 - a. BeneTrac has begun basic renewal process
 - b. If Standard PPO is to be added, a 3 week minimum lead time is needed
 - c. Employee contributions can be updated the week of 11/14 and still allow adequate system testing time
 - d. Confirm selection for ongoing benefits administrator
3. Benefit Guides –
 - a. Standard updates like plan year changes are in progress with CBIZ teams
 - b. Are there any special requests for changes to cover design or layout?
 - c. EAP and Standard PPO detail will be incorporated appropriately
 - d. Confirm hard copy and electronic delivery needs including delivery deadlines
4. Management Memos – additional updates (including EAP) have been made with current versions included in the Appendix. Additional changes can be managed easily if decisions so mandate.

CBIZ CheckPoint –

1. Finalize CBIZ contract to further document use of CheckPoint for 2016 ACA filings
2. Confirm selected administrator ongoing

Appendix

Appendix -

- 1. Management Memos**
- 2. Aflac Proposal**

Full Time Non - Management Employees

Medical

This year, based upon feedback from our benefits enrollees, we are excited to announce the addition of a third plan option (Standard PPO). This plan will be offered along with the Base Plan (HDHP) and Buy Up Plan (Traditional PPO). Below are some highlights of the new Standard PPO. We suggest that you look closely at all plan details (see attached plan comparison), taking into account your and/or your dependents' health needs and make a personal decision as to what plan works best for you. We are not advocating that one plan is better than another. You should weigh the following as it relates to your situation:

- 1) **Deductible Amount** for expenses that might apply towards deductible;
- 2) **Coinsurance percentage (amount the insurance company pays)** in the event the deductible is met during the year;
- 3) **Prescription Drug Benefits** in conjunction with prescription drug needs;
- 4) **Out of Pocket Maximum**, defined as the amount you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100% of covered medical expenses for the remainder of the plan year; and
- 5) **Monthly Premium**

The major differences between The Standard PPO plan and the others we've traditionally offered are the following:

- The Standard PPO is more affordable in regard to premiums. However, it has higher Deductibles and Out of Pocket Maximums. This makes the new Standard PPO plan less expensive (in relation to your payroll deductions) for you or your family members but the value of the benefit is less if you consider the higher Deductible and Out of Pocket Maximum.
- This plan offers Copays for medical visits and Prescription Drugs. The Prescription Drugs copays are available after meeting a separate plan year prescription drug deductible, however, that deductible is waived for generic drugs prescriptions. These Copay and Deductible amounts are higher (depending on the benefit or service) than the existing Traditional PPO Plan.

A comparison of the three 2017 medical plans is attached.

Group Voluntary Term Life Insurance - Short & Long Term Disability - Dental - Vision

We will be offering these coverages to you for the first time during the upcoming annual enrollment period. Elected and approved coverage will begin January 1, 2017. You will be notified of your effective

Renewal Report 2017

date for any elected coverage that must be approved by the insurance company (ex. voluntary life insurance that exceeds the guaranteed issue amount).

Employee Assistance Program (EAP)

We are now offering a voluntary Employee Assistance Program option to our benefits enrollees. An EAP is a work-based well-being program designed to identify and assist employees in resolving personal concerns (e.g., marital, financial or emotional difficulties; family issues; alcohol or substance abuse) that may be adversely affecting the employee's performance or state of mind.

Wellness Program

We are excited to announce the addition of Blue Cross Blue Shield's new wellness program. In a nutshell, this program will allow you to earn points for participating in healthy activities. You can redeem these points for prizes from an online shopping mall. This program also includes a 24/7 nurse line, maternity program, fitness program and wellness coaching.

Expanded Voluntary Benefits (Coming May, 2017)

In May of 2017, during a separate enrollment period, we will be offering the following additional voluntary benefits:

- **Accident;**
- **Hospital Indemnity; and**
- **Critical Illness**

You will be receiving a new detailed 2017 Employee Benefit Guide in the near future to utilize during this year's enrollment process.

Cory Utterback
Glacier Restaurant Group



Full Time Management Employees

Medical

This year, based upon feedback from our benefits enrollees, we are excited to announce the addition of a third plan option (Standard PPO). This plan will be offered along with the Base Plan (HDHP) and Buy Up Plan (Traditional PPO). Below are some highlights of the new Standard PPO. We suggest that you look closely at all plan details (see attached plan comparison), taking into account your and/or your dependents' health needs and make a personal decision as to what plan works best for you. We are not advocating that one plan is better than another. You should weigh the following as it relates to your situation:

- 6) **Deductible Amount** for expenses that might apply towards deductible;
- 7) **Coinsurance percentage (amount the insurance company pays)** in the event the deductible is met during the year;
- 8) **Prescription Drug Benefits** in conjunction with prescription drug needs;
- 9) **Out of Pocket Maximum**, defined as the amount you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100% of covered medical expenses for the remainder of the plan year; and
- 10) **Monthly Premium**

The major differences between The Standard PPO plan and the others we've traditionally offered are the following:

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A comparison of the three 2017 medical plans is attached.

Group Term Life Insurance - Short & Long Term Disability - Dental - Vision

We will continue to offer these benefits in 2017.

Employee Assistance Program (EAP)

We are now offering a voluntary Employee Assistance Program option to our benefits enrollees. An EAP is a work-based well-being program designed to identify and assist employees in resolving personal concerns (e.g., marital, financial or emotional difficulties; family issues; alcohol or substance abuse) that may be adversely affecting the employee's performance or state of mind.

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You will be receiving a new detailed 2017 Employee Benefit Guide in the near future to utilize during this year's enrollment process.

Cory Utterback
Glacier Restaurant Group





Benefits That Make A Difference

September 28, 2016



Introduction

Chris Corrow/Enrollment Solutions

Office: 770-331-6877

Email: chris@enrollsol.com

Group Critical Illness Insurance



Group Critical Illness Insurance helps cover the direct and indirect costs related to the diagnosis of a covered critical illness.

Full Lump-Sum Benefits:

- Internal/Invasive Cancer
- Heart Attack
- Stroke
- End-Stage Renal (Kidney) Failure
- Major Organ Transplant
- Bone Marrow Transplant (Stem Cell Transplant)
- Sudden Cardiac Arrest
- Benign Brain Tumor
- Coma
- Severe Burns
- Paralysis
- Loss of Sight
- Loss of Speech
- Loss of Hearing

Additional Lump-Sum and Flat Benefits:

- Advanced Alzheimer's Disease (25%)
- Advanced Parkinson's Disease (25%)
- Coronary Artery Bypass Surgery (25%)
- Non Invasive Cancer (25%)
- \$250 Skin Cancer Benefit

Health Screening Benefit:

- \$50 Calendar Year Benefit
- Employee and Spouse
- Simplified claim process

Group Critical Illness Insurance



Coverage:

- Guaranteed Issue / No Health Questions Asked:
 - Up to \$20,000 employee
 - Up to \$10,000 spouse
- Greater of 10% or 25 lives participation
- 2 Year Rate Guarantee
- HSA-compatible

Features:

- Additional Occurrence and Re-occurrence
 - No maximums
 - Separated by 6 months for additional occurrences re- occurrences
- Dependent child covered at 50% of employee
 - No additional charge
 - Blanket coverage to age 26
- No pre-existing condition limitation
- No waiting period
- No maximum issue age
- No benefit reduction at age 70
- Waiver of Premium
- Portable

Group Accident Advantage Plus Insurance



Group Accident Insurance helps employees cover the expected and unexpected medical and everyday expenses that can result from a covered accident.

More than 50 Benefits Including:

- Hospital Admission
- Hospital Confinement
- Transportation & Lodging
- Medical Fees
- Emergency Treatment
- Medical Appliances
- Fractures & Dislocations

Coverage Options Include:

- Non-Occupational (off-the job)
- Option to include coverage for a spouse, children, or both

Features:

- HSA-compatible
- Guaranteed Issue Coverage
- Inpatient and outpatient treatment
- Portable

Group Supplemental Hospital Indemnity Insurance



Group Hospital Indemnity Insurance pays indemnity benefits to help employees cover the out-of-pocket expenses such as co-payments and deductibles that can result from a hospital confinement.

Benefits Include:

- Hospital Confinement
- Hospital Admission
- Hospital Intensive Care
- Intermediate Intensive Care Step-Down Unit

Coverage Options Include:

- HSA-compatible
- Employees can choose to include coverage for their spouse, their children, or both

Additional Features:

- Covers injuries and sickness
- Coverage is guaranteed-issue
- No pre-existing condition limitations
- No waiting period
- Pays regardless of any other insurance programs
- Portable

Aflac Value Adds: Available when CI, ACC, HI are sold



More than just peace of mind. Health Advocacy from Health Advocate

Employees have 24/7 access to **Personal Health Advocates** who start helping from the first call, from finding specialists and helping with eldercare issues to clarifying coverage, addressing claim denials and even scheduling appointments. It saves your clients time by rescuing their employees from overwhelming questions, claims and costs.



More than just cash benefits. Medical Bill Saver™ from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver™, Health Advocate professionals can also help employees negotiate their medical bills not covered by health insurance. They just send in the bill and skilled negotiators will try to negotiate discounts that could save them hundreds.



More than just care. Telemedicine from MeMD

Your clients' employees can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care. From care coordination, to real-time video or telephone visits with a provider, to ePrescriptions* — it's a faster, easier way for employees to get medical care, while saving your clients time and money.

Billing and Invoice Options

Self Bill (No Bill) This is recommended option for large employers:

- Remit payment and deduction details.
- Deduction details are simply: Name, SSN or employee ID and amount being deducted for each person.
- Reminder emails sent monthly.

Electronic Bill or E-Bill is a bill sent via email through our secure email site.

Hard Copy Bill is a mailed paper bill.

- Exactly the same as the electronic bill only in paper form.

Note: Invoices generate on the 1st of the month and are due on the 10th



Group Critical Illness Insurance

Policy Series C21000

Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.

Group Critical Illness (Series 21000)

With Cancer | Includes Additional Benefits | Health Screening Benefit \$50 | Optional Benefits Rider | Progressive Diseases Rider

Employee Non-Tobacco Semi-Monthly Premiums

Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.05	\$3.35	\$4.64	\$5.94	\$7.23	\$8.53	\$9.82	\$11.11	\$12.41	\$13.70
30-39	\$2.87	\$4.98	\$7.10	\$9.21	\$11.32	\$13.43	\$15.55	\$17.66	\$19.77	\$21.88
40-49	\$4.88	\$9.01	\$13.13	\$17.26	\$21.38	\$25.51	\$29.63	\$33.76	\$37.88	\$42.01
50-59	\$8.81	\$16.86	\$24.91	\$32.96	\$41.01	\$49.06	\$57.11	\$65.16	\$73.21	\$81.26
60+	\$16.19	\$31.62	\$47.05	\$62.48	\$77.90	\$93.33	\$108.76	\$124.19	\$139.62	\$155.05

Spouse Non-Tobacco Semi-Monthly Premiums

Premiums										
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$2.05	\$2.70	\$3.35	\$4.00	\$4.64	\$5.29	\$5.94	\$6.58	\$7.23	
30-39	\$2.87	\$3.93	\$4.98	\$6.04	\$7.10	\$8.15	\$9.21	\$10.27	\$11.32	
40-49	\$4.88	\$6.95	\$9.01	\$11.07	\$13.13	\$15.20	\$17.26	\$19.32	\$21.38	
50-59	\$8.81	\$12.83	\$16.86	\$20.88	\$24.91	\$28.93	\$32.96	\$36.98	\$41.01	
60+	\$16.19	\$23.90	\$31.62	\$39.33	\$47.05	\$54.76	\$62.48	\$70.19	\$77.90	

Employee Tobacco Semi-Monthly Premiums

Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.58	\$4.40	\$6.23	\$8.05	\$9.87	\$11.69	\$13.51	\$15.34	\$17.16	\$18.98
30-39	\$4.06	\$7.36	\$10.66	\$13.95	\$17.25	\$20.55	\$23.85	\$27.15	\$30.45	\$33.75
40-49	\$7.25	\$13.74	\$20.23	\$26.72	\$33.21	\$39.70	\$46.19	\$52.68	\$59.16	\$65.65
50-59	\$13.76	\$26.76	\$39.76	\$52.75	\$65.75	\$78.75	\$91.75	\$104.75	\$117.75	\$130.75
60+	\$24.84	\$48.92	\$73.00	\$97.08	\$121.16	\$145.24	\$169.32	\$193.39	\$217.47	\$241.55

Spouse Tobacco Semi-Monthly Premiums

Premiums									
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.58	\$3.49	\$4.40	\$5.31	\$6.23	\$7.14	\$8.05	\$8.96	\$9.87
30-39	\$4.06	\$5.71	\$7.36	\$9.01	\$10.66	\$12.31	\$13.95	\$15.60	\$17.25
40-49	\$7.25	\$10.49	\$13.74	\$16.98	\$20.23	\$23.47	\$26.72	\$29.96	\$33.21
50-59	\$13.76	\$20.26	\$26.76	\$33.26	\$39.76	\$46.26	\$52.75	\$59.25	\$65.75
60+	\$24.84	\$36.88	\$48.92	\$60.96	\$73.00	\$85.04	\$97.08	\$109.12	\$121.16

Employee and spouse rates are based on their current age and tobacco status.

*The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

Group Accident Advantage Plus Insurance

Policy Series CA17800

Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.

him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common Carrier means:

1. an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; or
2. a railroad train which is licensed and operated for passenger service only; or
3. a boat or ship which is licensed for passenger service and operated on a regular schedule between established ports.

Semi-Monthly Premium Rates

Premiums	
Coverage	Total
Employee	\$7.39
Employee & Spouse	\$11.00
Employee & Dependent Child(ren)	\$12.91
Family	\$16.52

Group Hospital Indemnity Insurance

Policy Series C80000

Continental American Insurance Company (CAIC)
A proud member of the Aflac family of insurers.

Semi-Monthly Premium Rates

Hospitalization Category Mid | Treatment Category Low | Surgery & Anesthesia Category Outpatient | Surgery & Anesthesia Level Low

Premiums	
Coverage	Total Premium
Employee	\$20.87
Employee & Spouse	\$39.24
Employee & Dependent Child(ren)	\$33.65
Family	\$52.02

*The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company, Columbia, South Carolina.

CBIZ

