**EXHIBIT I**

**MEDICAL PLAN RESPONSE FORM**

**Blue Options 3559 Plan**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| **Plan Basics** | *In Network* | *Out-of-Network* | *In Network* | *Out-of-Network* |
| Lifetime Maximum | Unlimited |  |  |
| **Deductible** |  |  |  |  |
| Single | $500 | Combined In/Out of Network |  |  |
| Family Aggregate | $1,500 |  |  |
| **Out of Pocket Maximum** |  |  |  |  |
| Single | $3,000 | Combined In/Out of Network |  |  |
| Family | $6,000 |  |  |
| Applies to OOP Max | Deductible, Coinsurance, Copays |  |  |
| **Coinsurance** |   |   |  |  |
| Level of Coverage | 20% | 40% |  |  |
| **Physician Services** |   |   |  |  |
| Primary Care Physician | $15 | CYD + 40% |  |  |
| Telehealth | N/A | N/A |  |  |
| Specialist | $30 | CYD + 40% |  |  |
| Preventive Services | $15 | 40% |  |  |
| Independent Clinical Lab | No Charge | CYD + 40% |  |  |
| X-ray | $100 | CYD + 40% |  |  |
| Advanced Imaging (MRI, PET, CT) | $100 | CYD + 40% |  |  |
| Urgent Care Center | $30 | CYD + $30 |  |  |
| **Hospital Services** | Tier 1/ Tier 2 |   |  |  |
| Inpatient Hospital Per Admission | $500 / $1,000 | 40% |  |  |
| Outpatient Hospital Per Visit | $150 / $250 | $350 |  |  |
| Physician Services | CYD + 20% | INN CYD + 20% |  |  |
| Emergency Room | $100 | $100 |  |  |
| **Mental Health/Subst. Abuse** |  |  |  |  |
| Inpatient Hospital | No Charge | 20% |  |  |
| Outpatient Services | No Charge | $350 |  |  |
| **Retail Pharmacy Plan** |  |  |  |  |
| Generic | $10 | 50% |  |  |
| Preferred Brand  | $25 | 50% |  |  |
| Non-Preferred Brand | $40 | 50% |  |  |
| 90-day Supply: Mail Order Retail | 2x CopayN/A | 50% |  |  |

**EXHIBIT I Continued**

**MEDICAL PLAN RESPONSE FORM**

**Blue Options HDHP 05180/05181 Plan**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| **Plan Basics** | *In Network* | *Out-of-Network* | *In Network* | *Out-of-Network* |
| Lifetime Maximum | Unlimited |  |  |
| **Deductible** |  |  |  |  |
| Single | $1,500 | $3,000 |  |  |
| Family Aggregate | $3,000 | $6,000 |  |  |
| **Out of Pocket Maximum** |  |  |  |  |
| Single | $3,000 | $6,000 |  |  |
| Family | $6,000 | $12,000 |  |  |
| Applies to OOP Max | Deductible, Coinsurance, Copays, Rx |  |  |
| **Coinsurance** |  |  |  |  |
| Level of Coverage | 10% | 40% |  |  |
| **Physician Services** |  |  |  |  |
| Primary Care Physician | CYD + 10% | CYD + 40% |  |  |
| Telehealth | N/A | N/A |  |  |
| Specialist | CYD + 10% | CYD + 40% |  |  |
| Preventive Services | No Charge | 40% |  |  |
| Independent Clinical Lab | CYD | CYD + 40% |  |  |
| X-ray | CYD + 10% | CYD + 40% |  |  |
| Advanced Imaging (MRI, PET, CT) | CYD + 10% | CYD + 40% |  |  |
| Urgent Care Center | CYD + 10% | CYD + 10% |  |  |
| **Hospital Services** |  |  |  |  |
| Inpatient Hospital | CYD + 10% | CYD + 40% |  |  |
| Outpatient Hospital | CYD + 10% | CYD + 40% |  |  |
| Physician Services | CYD + 10% | INN CYD + 10% |  |  |
| Emergency Room | CYD + 10% | CYD + 10% |  |  |
| **Mental Health/Subst. Abuse**  |  |  |  |  |
| Inpatient Hospital | CYD + 10% | CYD + 40% |  |  |
| Outpatient Services | CYD + 10% | CYD + 40% |  |  |
| **Retail Pharmacy Plan** |  |  |  |  |
| Generic | $10 + CYD | INN CYD + 50% |  |  |
| Preferred Brand  | $30 + CYD | INN CYD + 50% |  |  |
| Non-Preferred Brand | $50 + CYD | INN CYD + 50% |  |  |
| 90-day Supply: Mail Order Retail | 2x Copay + CYD | INN CYD + 50% |  |  |

**EXHIBIT II**

**ASO and TPA Response Form**

| **Contract Details** | **Proposed Offer** |
| --- | --- |
| Name of Respondent |  |
| Name of Network(s) Utilized  |  |
| **Outline All Applicable Fees Below:** |  |
| Administration Fee (PEPM) |  |
| Utilization Review (PEPM) |  |
| Network Access Fee (PEPM) |  |
| Disease Management (PEPM) |  |
| HIPAA Certification |  |
| Other Fees (PEPM) |  |
| Termination Fees (PEPM) |  |
| **TOTAL ADMIN FEE (PEPM)** |  |
|  **Rate Guarantee** |  |

**EXHIBIT III**

**DENTAL PLAN RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| **Plan Basics** | ***In Network*** | ***Out-of-Network*** | ***In Network*** | ***Out-of-Network*** |
| Annual Benefit Maximum Per Member | $1,500 |  |  |
| Orthodontic Lifetime Maximum | $2,000 |  |  |
| **Calendar Year Deductible** |  |  |  |  |
| Single Per Member | $50 | $50 |  |  |
| Family | $150 | $150 |  |  |
| Deductible Waived for Class 1 | Yes | Yes |  |  |
| **Benefits** |  |  |  |  |
| Class 1 - Preventative Services | 100% | 100% |  |  |
| Routine Oral Exam (2 Per Year) | 100% | 100% |  |  |
| Routine Cleanings/Periodontal Maintenance (Combined 4 Per Year) | 100% | 100% |  |  |
| Bitewing X-rays – 2 Films (1 Per Year) | 100% | 100% |  |  |
| Complete X-rays (1 Set Every 3 Years) | 100% | 100% |  |  |
| Class 2 - Basic Services | 80% | 80% |  |  |
| Fillings (Amalgam **or Composite**) | 80% | 80% |  |  |
| Deep Cleaning | 80% | 80% |  |  |
| Simple Extractions | 80% | 80% |  |  |
| Endodontics/Periodontal  | 80% | 80% |  |  |
| Surgical Extractions | 80% | 80% |  |  |
| Class 3 - Major Services | 50% | 50% |  |  |
| Oral Surgery | 50% | 50% |  |  |
| General Anesthesia | 50% | 50% |  |  |
| Crowns | 50% | 50% |  |  |
| Bridges | 50% | 50% |  |  |
| Dentures | 50% | 50% |  |  |
| Class 4 - Orthodontic Treatment (Adult/Children) | 50% | 50% |  |  |
| **Waiting Period** |  |  |  |  |
| Class 3 - Major Services | None |  |  |
| **Coverage** |  |  |  |  |
| OON Benefits Payable Level | 80th Percentile |  |  |
| Rollover Benefit | Included |  |  |

**EXHIBIT III Continued**

**DENTAL PLAN RESPONSE FORM – *Not currently offered - Proposed Low Plan***

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Suggested Plan** | **Proposed Plan** |
| **Plan Basics** | ***In Network*** | ***Out-of-Network*** | ***In Network*** | ***Out-of-Network*** |
| Annual Benefit Maximum Per Member | $1,250 |  |  |
| Orthodontic Lifetime Maximum | $1,000 |  |  |
| **Calendar Year Deductible** |  |  |  |  |
| Single Per Member | $50 | $50 |  |  |
| Family | $150 | $150 |  |  |
| Deductible Waived for Class 1 | Yes | Yes |  |  |
| **Benefits** |  |  |  |  |
| Class 1 - Preventative Services | 100% | 100% |  |  |
| Routine Oral Exam (2 Per Year) | 100% | 100% |  |  |
| Routine Cleanings/Periodontal Maintenance (Combined 2 Per Year) | 100% | 100% |  |  |
| Bitewing X-rays (1 Set Per Year) | 100% | 100% |  |  |
| Complete X-rays (1 Set Every 3 Years) | 100% | 100% |  |  |
| Class 2 - Basic Services | 80% | 80% |  |  |
| Fillings (Amalgam) | 80% | 80% |  |  |
| Deep Cleaning | 80% | 80% |  |  |
| Simple Extractions | 80% | 80% |  |  |
| Endodontics/Periodontal  | 80% | 80% |  |  |
| Surgical Extractions | 80% | 80% |  |  |
| Class 3 - Major Services | 50% | 50% |  |  |
| Oral Surgery (impacted wisdom teeth) | 50% | 50% |  |  |
| General Anesthesia | 50% | 50% |  |  |
| Crowns | 50% | 50% |  |  |
| Bridges | 50% | 50% |  |  |
| Dentures | 50% | 50% |  |  |
| Class 4 - Orthodontic Treatment Children up to age 19  | 50% | 50% |  |  |
| **Waiting Period** |  |  |  |  |
| Class 3 - Major Services | None |  |  |
| **Coverage** |  |  |  |  |
| OON Benefits Payable Level | 80th Percentile |  |  |
| Rollover Benefit | Not Available |  |  |

*Respondents are encouraged to provide alternative cost savings to current dental plan.*

**EXHIBIT IV**

**DENTAL RATE RESPONSE FORM**

|  |  |
| --- | --- |
| **Coverage Tier** | **Proposed Dental Monthly Rates****Current Plan** |
| **Employee Only** |  |
| **Employee + One** |  |
| **Employee + Family** |  |
| **Rate Guarantee Period** |  |

|  |  |
| --- | --- |
| **Coverage Tier** | **Proposed Dental Monthly Rates****Proposed Low Plan** |
| **Employee Only** |  |
| **Employee + One** |  |
| **Employee + Family** |  |
| **Rate Guarantee Period** |  |

**EXHIBIT V**

**BASIC LIFE/AD&D RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **Life / AD&D** | **Current Plan** | **Proposed Plan** |
| **Class Description** |  |  |
| 1) Active administrative pay schedule employees | Life: 2x Earnings up to $500,000AD&D: 2x Earnings up to $500,000 |  |
| 2) All other active employees regularly working at least 20 hours each week | Life/ AD&D: 1.5x Annual Earnings in increments of $1,000 up to $500,000.  |  |
| 3) Retired Members | Increments of $1,000 up to $10,000(No AD&D Insurance) |  |
| **Features** |  |  |
| Premium Waiver | Included for Class 1 and 2 |  |
| Accelerated Benefit | Included for All Classes |  |
| Conversion Privilege | 100% of benefit |  |
| Age Reduction Schedule | 65% at age 6550% at age 7025% at age 75 |  |
|  |  |  |
| **Basic Life Rate Per $1,000** |  |
| **AD&D Rate Per $1,000** |  |
| **Retiree Life Rate Per $1,000** |  |
| **Estimated Volume** |  |
| **Estimated Monthly Premium** |  |
| **Rate Guarantee** |  |

**EXHIBIT VI**

**SUPPLEMENTAL LIFE/AD&D RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **Supplemental Life/AD&D** | **Current Plan** | **Proposed Plan** |
| Active Employee Life | $10,000 increments, up to $500,000(Not to exceed 5x earnings) |  |
| All Eligible Employees AD&D | In Increments of $10,000, up to $500,000. Not to exceed 10x Earnings |  |
| All Eligible Spouses AND Child (6 months to age 30) Life | Option 1: $2,500 Option 2: $5,000Option 3: $10,000(Class 1 & 2 Only) |  |
| All Eligible Spouses / Child AD&D | Spouse: Up to $250,000 in increments of $5,000. Not to exceed 50% of EE amount.Children: $5,000 or $10,000 |  |
| Employee Guarantee Issue Amount | $200,000 (through age 69) |  |
| Spouse Guarantee Issue Amount | $10,000  |  |
| Participation Requirements | Current participation |  |
|  | *Monthly Rate* |  |  |
| Composite Rate Per $10,000 | $5.90 |  |
|   |  |  |
| **Dependent Life - Option 1** | $1.18 |  |
| **Dependent Life - Option 2** | $2.34 |  |
| **Dependent Life - Option 3** | $4.66 |  |
| **Employee AD&D / $1,000** | $0.50 |  |
| **Family AD&D / $1,000** | $0.10 |  |
| **Rate Guarantee Period** |  |  |

**EXHIBIT VII**

**LONG TERM DISABILITY RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| Class 1: All Eligible Administrative Pay Schedule Employees | 60% of monthly earnings |  |
| Class 2: All Eligible Regular Authorized Employees | 60% of monthly earnings |  |
| Elimination Period | 90 days |  |
| Own Occupation Period | Class 1: To Age 65Class 2: 24 Months |  |
| Duration of Benefit | SSNRA |  |
| Maximum Monthly Benefit | $10,000 |  |
| Pre-existing Condition  | 3/12 |  |
| Mental Illness, Alcoholism & Drug Abuse Limitation | 24 Months |  |
| Survivor Benefit | 3x monthly benefit |  |
|  |  |  |
| **Rate per $100 of Covered Payroll** |  |
| **Estimated Volume** |  |
| **Estimated Monthly Premium** |  |
| **Rate Guarantee** |  |

**EXHIBIT VIII**

**EMPLOYEE ASSISTANCE PROGRAM RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| **Eligibility** |  |  |
| Active | All Active Eligible Employees and Dependents |  |
| **Core Features** |  |  |
| Number of Sessions per Employee or Dependent | Up to 6 face-to-face visits |  |
| Manager & Supervisor Training or Employee Seminars | 7 Hours |  |
| Frequency of Comprehensive Reporting | Quarterly |  |
| Management Referrals & Crisis Training | Referrals Included, Training Additional Fee |  |
| Brochures & Workplace Posters | Included |  |
| Critical Incident Debriefing | Available for Additional Fee |  |
| Counselors Available 24/7 | Included |  |
| Minimum Level of Intake Staff Education | Master’s Degree |  |
| Telephonic Management / Supervisor Consultation and Support | Included |  |
| Telephonic Work/Life Support | Included |  |
| Legal/Financial Services | Included |  |
| Child/Elder Care Services | Included |  |
| **Rate Guarantee** |  |  |
| **Monthly Rate per Employee** |  |  |

**EXHIBIT IX**

**FLEXIBLE SPENDING ACCOUNT RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **CORE FEATURES** | **Current** | **Proposed** |
| Per participant per month fee | $1.95 Limited Purpose$3.45 Full Purpose |  |
| Debit card fee | 3 Free - $5 for additional cards |  |
| One-time setup fee | $250 |  |
| Annual renewal fee | Included |  |
| Weekly processing of reimbursements | Included |  |
| Paper confirmation statements | Included |  |
| Direct deposit setup | Included |  |
| Mailed account statements | Included |  |
| Adjustments and corrections | Included |  |
| Debit card setup fee | Included |  |
| Enrollment meetings | Included |  |
| Web administration | Included |  |
| Electronic enrollment kits | Included |  |
| Paper enrollment kits | Included |  |
| Reporting capabilities  | Included |  |
| Rate Guarantee | N/A |  |
| Monthly Rate per Employee | N/A |  |

**EXHIBIT X**

**HEALTH SAVINGS ACCOUNT RESPONSE FORM**

|  |  |
| --- | --- |
| **CORE FEATURES** | **Proposed** |
| **Accounts Fees** |  |
| Administration fees: |  |
| * If paid by account holder
 |  |
| * If paid by employer
 |  |
| Account setup fee |  |
| Debit card daily spending limit |  |
| Debit card additional/replacement |  |
| Brokerage account fees |  |
| Excess contribution adjustments |  |
| Minimum balance |  |
| Interest rate (subject to change) |  |
| Stop payment |  |
| Account closure fee |  |
| Wire transfer |  |
| Investment fund options |  |
| Investment threshold |  |
| **Service Levels/Customer Service** |  |
| Service levels |  |
| Customer service |  |
| Web address |  |
| History |  |
| Location |  |
| **Product Features** |  |
| HSA access at ATMs? (Y/N) |  |
| HSA access at bank branches? (Y/N) |  |
| HSA paper checks? (Y/N) |  |
| HSA website for employers? (Y/N) |  |
| Online employee enrollment? (Y/N) |  |
| HSA website for accountholders? (Y/N) |  |

**EXHIBIT XI**

**COBRA ADMINISTRATION RESPONSE FORM**

|  |  |
| --- | --- |
| **CORE FEATURES** | **PROPOSED** |
| Initial Notice to all Employees |  |
| Initial Notice to New Hires |  |
| Qualifying Event notices |  |
| Invoicing |  |
| Payment Options for COBRA participants |  |
| Does COBRA administrator manage re-enrollment of coverage after COBRA election |  |
| Cost per packet for printed Open Enrollment Kits |  |
| Web administration abilities |  |
| Describe Reports availability to Employer |  |
| Liability – Court costs and Legal Fees |  |
| **MONTHLY PREMIUM / RATES** |
| Minimum (if applies) |  |
| Per employee per month |  |
| Takeover Fee |  |
| Plan Renewal Fee |  |
| Implementation Fee |  |
| Rate Guarantee |  |

**EXHIBIT XII**

**VOLUNTARY SHORT-TERM DISABILITY RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current** | **Proposed** |
| Eligibility | All Eligible Full-Time Employees |  |
| Weekly Benefit | $10 increments up to 60% of weekly earnings |  |
| Sick Pay Coordination 1 | Not Available |  |
| Maximum Weekly Benefit | $2,000 |  |
| Elimination Period for Accident | 14 Days |  |
| Elimination Period for Sickness | 14 Days |  |
| Benefit Duration  | 13 Weeks |  |
| Benefit Reduction Due to Age | 66 2/3 at age 65Termination at age 70 |  |
| Pre-existing Condition Limitation | 3/12 |  |
| **Premium** |  |
| Rate per $10 Weekly Benefit  | **Age Banded** |  |
| STD Pricing without coordinate with Sick Pay | N/A |  |
| STD Pricing with Sick Pay Up to 100% | Age Banded |  |
| STD Pricing with Sick Pay Simultaneously | N/A |  |
| Participation Requirement (%) |  |
| Rate Guarantee |  |

1 The District desires to allow employees to use sick pay, if available, to supplement their pay while receiving short-term disability benefits. The combination of sick pay and short-term disability payments may exceed 100% of their pay. Please provide pricing whereby the short-term disability weekly benefit is paid simultaneously with the accrued sick pay and provide any policy limitation surrounding these payments.

**EXHIBIT XIII**

**VOLUNTARY GROUP ACCIDENT RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| Accidental Death | $50,000 EE; $25,000 SP; $5,000 CH |  |
| Ambulance | $200 |  |
| Medical Fees | $125 |  |
| Wellness (12-month period) | $50 |  |
| Hospital Admission | $1,000 |  |
| Lacerations | Up to $400 |  |
| Eye Surgery | $250 |  |
| Emergency Dental Work/Extraction | $50 |  |
| Tendons/Ligaments (single) | $400 |  |
| Physical Therapy | $30 up to 6 treatments |  |
| Accident Follow Up treatment | $30 up to 6 treatments |  |
| **Injury Schedule – Dislocation** |  |
| Hip | $3,000 |  |
| Knee (not keen cap) | $1,950 |  |
| Wrist | $750 |  |
| Elbow | $600 |  |
| Shoulder | $1,500 |  |
| **Please refer to the summary for more benefit options – this is not a complete list.** |
| **Premium** | **Semi-Monthly (24)****Group Rates** |  |
| Employee | $9.59 |  |
| Employee + Spouse | $14.43 |  |
| Employee + Child(ren) | $16.79 |  |
| Employee + Family | $21.63 |  |
| Participation Requirement (%) |  |  |
| Rate Guarantee |  |  |

**EXHIBIT XIV**

**VOLUNTARY GROUP CRITICAL ILLNESS RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| Pre-Existing Condition Limitation | 12 Months of Effective Date |  |
| Waiting Period | 30 Days |  |
| Age Reduction | 50% of Max Benefit After Age 70 |  |
| Benefit Level | $5,000 up to $50,000 Employee$5,000 up to $25,000 Spouse |  |
| Guaranteed Issue | $10,000 Employee/ $5,000 Spouse |  |
| Stroke | 100% |  |
| Cancer | 100% |  |
| Carcinoma in situ | 25% |  |
| Kidney Failure | 100% |  |
| Heart Attack | 100% |  |
| Major Organ Transplant | 100% |  |
| **Premium** | **Group Rates** |  |
| Semi-Monthly Rate  | **Age Banded/Tobacco** |  |
| Participation Requirement (%) |  |  |
| Rate Guarantee |  |  |

**EXHIBIT XV**

**VOLUNTARY GROUP HOSPITAL INDEMNITY PLAN RESPONSE FORM**

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF BENEFITS** | **Current Plan** | **Proposed Plan** |
| Wellness Benefit | $50$25 Well Baby (4 per calendar year) |  |
| Hospital Confinement | $450 max of 30 days |  |
| Hospital Admission (per admission) | $250 |  |
| Hospital Intensive Care | $450 max of 30 days |  |
| Hospital Emergency Room / Physician | $50 (6 per calendar year) |  |
| Medical Fees/Diagnostics | $300 |  |
| Accidental Death | $5,000 |  |
| Waiver of Premium | Yes |  |
| Limitations/Exclusions | Pregnancy – Conception must be after the policy effective date |  |

|  |  |  |
| --- | --- | --- |
| **Premium** | **Semi-Monthly (24)****Group Rates** |  |
| Employee | $20.07 |  |
| Employee + Spouse | $39.13 |  |
| Employee + Child(ren) | $35.12 |  |
| Employee + Family | $54.18 |  |
| Participation Requirement (%) |  |  |
| Rate Guarantee |  |  |

**EXHIBIT XVI**

**IDENTITY THEFT SERVICES RESPONSE FORM – *Not Currently Offered***

|  |  |
| --- | --- |
| **SERVICES** | **Proposed** |
| Coverage Eligibility |   |
| Waiting Period for Eligibility |   |
| Case Manager description / detail |   |
| Toll-free number and service hours |   |
| Provide Website for member services |   |
| Available by Telephone, web-conference, and/or In-Person Consultations |   |
| Any additional cost for extended Consultations and/or Legal Representations |   |
| Credit Monitoring |   |
| Identity Monitoring |   |
| Cyber Monitoring |   |
| Lost Wallet Protection |   |
| Credit Freeze Assistance |   |
| Legal Documents included, if required for Restoration? |   |
| Describe Identity Theft Resolution |   |
| Describe Identity Theft Restoration |   |
| **Premium** | **Semi-Monthly (24)** |
| Employee Only (ID Theft) |  |
| Employee plus Family (ID Theft) |  |
| Employee Only (ID Theft & Legal Plan) |  |
| Employee plus Family (ID Theft & Legal Plan) |  |
| Participation Requirement (%) |  |
| Rate Guarantee |  |

**EXHIBIT XVII**

**LEGAL SERVICE PLAN RESPONSE FORM – *Not Currently Offered***

|  |  |
| --- | --- |
| **SERVICES** | **Proposed** |
| Coverage Eligibility |   |
| Waiting Period for Eligibility |   |
| ID Wallet Cards Provided? |   |
| Network of Attorneys detail (describe process of member finding attorney) |   |
| Ability to Offer Same Benefits in all States |   |
| Claims Filing Required for Payment? |   |
| Money Back Guarantee |   |
| Wills, Powers of Attorney and Living Trusts |   |
| Simple Will with Minors Trust |   |
| Family Law including adoption assistance |   |
| Debt Collection Defense |   |
| Real Estate Matters |   |
| Traffic Defense |   |
| Demand Letters |   |
| Document Preparation (Deeds, Mortgages, Promissory Notes) |   |
| Document Review |   |
| Regular Incorporation |   |
| Chapter 7 Bankruptcy  |   |
| Non-District Employment Related Matters  |   |
| Defense of Civil Lawsuit (Administrative Hearings, Civil Litigation Defense, Incompetence Defense) |   |
| Coverage for Pre-Existing Matters |   |
| Financial Planning and Tax Questions |   |
| Property Damage/Personal Injury |   |
| DUI / DUI Criminal Matters  |   |
| IRS Audit Protection |   |
| **Premium** | **Semi-Monthly (24)** |
| Employee Only (Legal Plan) |  |
| Employee plus Family (Legal Plan) |  |
| Participation Requirement (%) |  |
| Rate Guarantee |  |

**Exhibit XVIII**

**LONG TERM CARE RESPONSE FORM – *Not Currently Offered***

|  |  |
| --- | --- |
| **SERVICES** | **Proposed** |
| Benefit Duration*3 Years or 6 Years*  |   |
| Elimination Period |  |
| Facility Benefit Amount Per $1,000 Increments |   |
| Assisted Living Facility Percent |   |
| Lifetime Maximum |   |
| Professional Home Care |   |
| Total Home Care Option |  |
| Guarantee Issue  |  |
| **Premium** | **Semi-Monthly (24)** |
| Semi-Monthly Rate  |  |
| Participation Requirement (%) |  |