

ADMINISTRATIVE SERVICES PROPOSAL



Village of Tinley Park

DATE ISSUED: September 28, 2020

DISCOVERY BENEFITS ADMINISTRATIVE SERVICES PROPOSAL

September 28, 2020

Greetings Matthew,

Thank you for the opportunity to present our services for Village of Tinley Park. Discovery Benefits was founded in 1987 and has emerged as a leading provider of technology solutions in the benefits administration industry.

We are one of the largest administrators in the country, providing administration services for HSA, FSA, HRA, Commuter Benefits, COBRA, and Billing Solutions. We currently serve more than 13,500 clients nationwide and continue to remain committed to providing world-class customer service to clients across all industries and sizes.

Please let us know how we can best support Village of Tinley Park; our unwavering goal is to keep our products quiet so you and your clients can focus on more important areas of your day-to-day role. And feel free to contact me with any questions regarding the enclosed proposal.

Thank you,



Annie Olson

Regional Sales Director

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OUR PRODUCTS



FLEXIBLE SPENDING ACCOUNTS

1987

A Discovery Benefits flexible spending account lets employees take home more of their paychecks by setting aside a portion of their salary pre-tax to pay for qualified medical or dependent care expenses.



COBRA

1994

COBRA administration through Discovery Benefits allows employers to offer continuation coverage to qualified beneficiaries without worrying about the latest regulatory changes or communication with members and insurance carriers.



COMMUTER BENEFITS

2003

Discovery Benefits' commuter benefit plans include mass transit and parking benefits that save employees up to 40% on their commute to and from the office.



HEALTH SAVINGS ACCOUNTS

2004

A Discovery Benefits health savings account gives employees enrolled in a high-deductible health plan (HDHP) the power to save tax-free dollars to pay for out-of-pocket medical, dental and vision expenses – with no "Use it or Lose it" provision.



HEALTH REIMBURSEMENT ARRANGEMENTS

2004

Discovery Benefits' health reimbursement arrangements are employer-funded accounts that help companies take care of their employees by reimbursing qualified out-of-pocket medical expenses.

RECOGNITION



ONE OF THE FASTEST-GROWING PRIVATE COMPANIES IN AMERICA

INC. 5000 — 2013, 2014, 2015, 2016, 2017

Discovery Benefits has seen unprecedented, organic growth over the years – an accomplishment that has landed us on Inc. 5000's list of Fastest-Growing Private Companies in America for the past five years.



THE FASTEST-GROWING HSA ADMINISTRATOR IN THE COUNTRY

DEVENIR — 2016-2017

According to the most recent HSA trends report by Devenir, Discovery Benefits has taken the lead as the fastest-growing HSA administrator in the country – seeing a greater percentage of HSA asset and account growth from 2016 to 2017 than any other administrator in the nation.

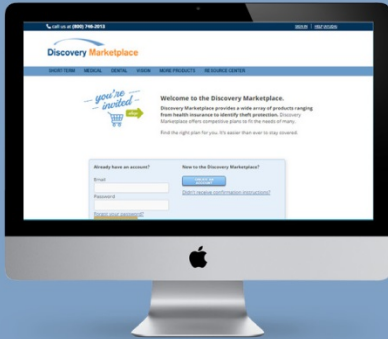


ONE OF THE BEST PLACES TO WORK IN INSURANCE

BUSINESS INSURANCE — 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Don't just talk about culture – we live it every day. We've worked hard to build an employee-centered culture and have been recognized for these efforts by Business Insurance Magazine – landing on the Best Places to Work in Insurance list for eight consecutive years.

DISCOVERY MARKETPLACE



AT NO COST TO EMPLOYERS, DISCOVERY MARKETPLACE HELPS CONTINUANTS:



FIND
affordable and customizable alternatives to COBRA for added flexibility



SEARCH
public exchange for individual policies that meet ACA requirements



ACCESS
a subsidy calculator to help with calculating the cost of COBRA and COBRA alternatives



SAVE
on traditional premiums associated with continuing coverage

Check it out at www.DiscoveryMarketplace.com.

PARTNER WITH A TRUE ADVOCATE

Discovery Benefits continues to bring you the best in service, technology and business. Our specialists ensure your plans run smoothly, allowing you and your clients to focus on the more demanding areas of your job.

DISCOVERY BENEFITS ADMINISTRATIVE SERVICES PROPOSAL

WHY CHOOSE DISCOVERY BENEFITS?

We've invested in world-class technology solutions and streamlined processes that enhance the overall client and participant experience. It's these investments that set us apart in the administration of benefits and COBRA. Here's what we do differently:

PlanAhead™ Implementation and Renewal

Our implementation process takes a holistic, proactive project management approach to onboarding that sets clear expectations right from the beginning so you know exactly what is expected throughout the entire implementation process. Our program offers:

- Predictable onboarding with the ability to track every step of the process
- Clarity surrounding your responsibilities for a successful implementation
- Experienced implementation managers that deliver results
- Increased participation through robust training resources
- Guidance throughout the entire implementation process

During onboarding, the Implementation Manager will hold a call to discuss what you can expect during the account setup process and provide you with tools to easily track tasks leading up to a successful plan setup. The Implementation Manager is available to help throughout all aspects of the plan setup; detailed demonstrations of LEAP™ and other employer-specific training can be provided upon request.



Take this same process with you through renewal too! Through our intuitive renewal process, you can:

- Automatically renew benefits plans if there are no plan design changes from year-to-year
- Pre-populate previous year plan information to easily make small changes
- Receive communication through the renewal process to stay on track
- Upload COBRA rates for simplified processing
- Get fast resolution to your service requests

Discovery Answers™

We know you want fast answers to day-to-day questions throughout the administration of your plans, and we make that a reality through Discovery Answers™, which consists of a knowledgebase that provides access to real-time information at your fingertips and assisted support for instant access to experts.



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Assisted Support with Case Management

Our case management tool lets you get faster answers to questions by easily submitting questions related to your plan administration online. With online case submission, you can:

- Route questions to specialized experts for faster resolution
- Real-time case status and responses
- Track case wellness to ensure cases are moving toward resolution

Knowledgebase

Through our audience-catered knowledgebase articles, you can:

- Search for instant information at any time
- Rate satisfaction with online content to improve available information
- Direct participants to knowledgebase articles to answer frequently asked questions

Proactive Monitoring

We offer proactive account services that help you maintain the health of your plans. These services include:

- Proactively monitoring account trends and case activity
- Keeping you informed of compliance and regulatory changes as well as new features and process enhancements through timely notifications
- Offering regular opportunities for you to share your feedback with us so we can continuously improve your experience

A Superior Participant Experience

We are deeply invested in providing the best possible employer experience, and a key part of that is providing a great experience for your employees. We simplify the way your participants engage with their benefits by giving them the ability to:

- Get instant answers to questions through a Discovery Answers™ knowledgebase
- Access benefits anytime, anywhere with an easy-to-use mobile app (www.discoverybenefits.com/mobileappvideo)
- Connect with experts in real-time through online chat
- Provide continuous feedback through participant surveys

Flexible Spending Account Administration

Discovery Benefits has been providing FSA administration since 1987; our administration includes:

- **Medical FSA**
Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses.
- **Limited FSA**
If you offer a High-Deductible Health Plan and a Health Savings Account, consider a Limited FSA alongside the HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.
- **Dependent Care Account (DCA)**
A DCA allows participants to put money aside for dependent care for children 12 years of age or younger, a disabled dependent of any age or a disabled spouse.

Onboarding & Plan Design

LEAP™ Access

During your implementation, you'll be granted access to LEAP™ by Discovery Benefits. This is your central hub for plan administration, where you can access plan design and renewal guides, company contact information and role permissions, Discovery Answers™ knowledgebase and assisted support and so much more.

File Formats & Testing

As early as possible during implementation, a test file is sent to Discovery Benefits to ensure the file meets the software specifications. Discovery Benefits tests the file and communicates with your IT representative if there are any changes to the file.

Files are preferred in the Discovery Benefits standard layout. This ensures: 1) a smooth set up, renewal and ongoing administration; 2) the information contained in the file is accurately and effectively communicated; 3) the file is uploaded through the secure employer portal and are processed within 24 hours. Once the file is processed, you'll be provided with a results report. You can make any corrections directly through the employer portal.

If a third party vendor provides the files, Discovery Benefits will provide a pipe delimited file format for all demographic, enrollment and contribution information. The file is uploaded to a Secured File Transmission Protocol (SFTP) site, which is then automatically processed in Discovery Benefits' system without manual intervention. You'll then receive an email confirmation.

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Plan Documents and Summary Plan Descriptions (SPDs)

Plan document and SPD templates are available at the click of your mouse through LEAP™. Using the Relius software platform, you can easily generate your Plan Docs and SPDs. Once created, the documents can be emailed directly to you or any of your designated contacts. Amendments can also be made through LEAP™ at no additional cost. Discovery Benefits encourages you to consult with legal council should customized language be required for the Plan Document or SPD, as we cannot provide legal advice.

Funding Options

We offer two funding methods, as described below. The preferred and most popular funding method is claims based funding.

- Claim based funding: There are two ACH debits from your account based on that day's eligible claim reimbursements. The debits are: 1) lump sum amount to cover manual claims, including check and direct deposit and 2) lump sum amount to cover debit card transactions. An email is provided to you on a daily basis showing the amounts to be debited from your account.
- Contribution based funding: Each pay period, you send employee contributions via ACH to Discovery Benefits. In addition to sending contributions, a reserve of funds is also held in Discovery Benefits' account to ensure adequate funds are available to pay claims. If pending claims exceed funds available, we will notify you and request additional funds. Reimbursement is held until additional funds are received.

Reimbursement is made from Discovery Benefits' account daily. You'll receive a monthly report showing activity by employee and you can view monthly activity through the reports available in your employer portal.

Payroll Contributions

Payroll deductions are tracked each payroll cycle using one of the two following methods:

- Contribution file (preferred method): You transmit an employee demographic and enrollment file along with a contribution file to Discovery Benefits each payroll cycle to update amounts within the Discovery Benefits system. The files include new hire elections, payroll deductions and/or employer contributions, address changes and terminations. The data is uploaded into the system and the results are posted to the employer portal. Exception Report and Contribution Discrepancy Reports are available for results confirmation. File layouts are provided during implementation.
- Automatically posted: Amounts are updated within the system automatically following the date for each payroll schedule. You're emailed a notification directing you to a report posted on the employer portal to reconcile against your payroll records.

Open Enrollment

Employee Education

We believe that education is key to the success of these plans for the employer and participant. We understand that education is not “one size fits all” and that we need to provide resources and support for every participant. We will collaborate with the employer on what solutions will resonate the most to drive employee engagement and ultimately build confidence in the user experience. Our Open Enrollment Toolkit provides access to valuable resources, content, and tools to promote enrollment and utilization of our plans resulting in increased FICA tax savings and employee retention for our clients. The toolkit can be accessed at <https://www.wexinc.com/wh/openenrollment> and includes the following items at no additional charge:

- Handouts
 - Medical Flexible Spending Account (FSA) Employee Handout
 - FSA & Dependent Care FSA Employee Handout
 - FSA Limits & IRS Regulations Employee Handout
 - Benefits Mobile App Employee Handout
 - Benefits Technology & Resources Employee Handout
- Educational email templates
- PowerPoint slides
- Post-enrollment educational resources via Discovery Answers Knowledgebase
- Promotional/educational videos
- Virtual open enrollment fair experience
 - Built to mimic an in-person fair, the site includes a welcome page, an auditorium with video presentations, a virtual and interactive booth with live chat supported on Tuesdays and Wednesdays from 10:30 a.m. CST to 7:00 p.m. CST, interactive eligible expense list, ability to search our public knowledgebase and Participant Services contact information. The site is available 24/7/365 so employees can review their benefits information when it is most convenient for them.
- One on one phone support
 - Employees may not feel comfortable asking a question during an open enrollment meeting or directly to their HR team about eligible expenses or other situations unique to them that may impact their enrollment. We have assisted support via phone so employees can call to ask their questions to enroll with confidence.
- Product calculators
 - Employees need help with determining the right election amount and plan options. We offer a variety of calculators to assist them with electing the right dollar amount and plan based on their needs and life events.
- Live open enrollment webinars
 - These webinars are specific to our product offerings. Experts from Discovery Benefits lead and answer any questions. Webinars can be scheduled between the hours of 7:00 a.m. and 7:00 p.m. CST Monday through Friday, with the exception of holidays.

All handouts are available in an electronic format. You may download the materials to post on your intranet or open enrollment portal. The quantity of printed materials provided is determined by the number of FSA participants plus a percentage surplus. Discovery Benefits reserves the right to limit the quantity of printed materials provided.

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On-site enrollment meetings/benefits fairs may be available for an additional fee of \$350 per day plus travel expenses; attendance is subject to availability and dependent on CDC guidelines/corporate policies regarding travel at the time of the request.

We accept participant enrollment through the following methods: online enrollment through its enrollment system, enrollment file imports through LEAP™, third party file import (utilized when employees enroll online through a third party system) or submission directly through the employer portal.

Consumer Portal

Once your participants have enrolled in benefits with us, they'll receive access to their online consumer portal. This portal grants them access to:

- Sign up for mobile text alerts (receipt reminders, denial notifications and claim confirmation)
- Submit claims and upload receipts
- Pay-the-provider options
- View account balances, claims status, claim and payment history
- View and update profile information and add dependents
- Order additional debit cards or report a lost/stolen debit card
- Update banking information
- Initiate repayments
- Expense tracker

Day-to-Day Service

We have a variety of processes in place to ensure your participants get the most out of their benefits with us. This section provides a bit more information on our spending and reimbursement methods and processes.

Benefits Debit Card

All FSA participants automatically receive two Benefits Debit Cards. Additional cards for spouses or dependents at least 18 years of age are available at no additional charge. Lost or stolen debit cards can be replaced at no additional cost.

IRS regulations state the debit card may only be used for eligible health care 213(d) related expenses. Some larger merchants have an Inventory Information Approval System (IIAS) in place. IIAS merchants are able to approve eligible FSA items at the point of purchase and no additional substantiation is required for these transactions. IIAS will also deny ineligible FSA expenses, which will need to be paid using another form of payment.

When IIAS is not available at the merchant, Discovery Benefits auto adjudicates debit card transactions in the following manner:

- 1) Plan co-payments are entered into Discovery Benefits' system so that card transactions matching the co-payments and providers are automatically adjudicated. The system is also set up to recognize multiple co-pay amounts (i.e. an employee can purchase several prescriptions and the participant will not be asked to send in documentation).

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- 2) If an expense is recurring and has been previously approved, any transaction matching both the provider and the exact dollar amount will be approved without requiring additional substantiation.

When insurance must be processed to determine the participant's responsibility, the participant waits to receive their final statement and then writes their debit card number on the provider statement. Follow-up documentation may still be required to substantiate some of the card transactions.

If documentation is needed to verify an FSA expense, multiple notifications are provided to the participant over a 200-day period. If no documentation is received after 200 days, a Repayment Request is sent to the participant and the debit card is temporarily deactivated. The participant can pay back the plan or submit an eligible claim to offset the dollar amount in question; the benefits debit card is then reactivated.

Debit Card Substantiation Files

The debit card substantiation file is a file feed used to validate debit card transactions only; it does not issue reimbursement to consumers. Your carrier(s) sends a file to Discovery Benefits and we match the participant's debit card transactions to the carrier file to substantiate the claim. Our standard auto-substantiation rate is approximately 85%; however, clients that utilize the debit card substantiation file see their auto-substantiation significantly increase.

Claims Exchange (Automatic Claim Rollover)

Discovery Benefits can accept claims exchange feed from health carriers at no additional charge. Please check with your carrier, as fees may be assessed directly with them. During the implementation process, Discovery Benefits will provide XML file specifications for mapping purposes. A test file is sent to Discovery Benefits from the health carrier prior to the plan effective date. We are open to working directly with the health carrier to set up the file transfer processes. The process can take 60-90 days to complete, so it is recommended the process begin as soon as possible.

As a reminder, the debit card and claims exchange features cannot be used in conjunction with one another to file a claim as it will result in duplicate claim reimbursement.

Claim Submission

Participants may submit claims through our free mobile app, consumer portal, toll-free fax or US Mail. FSA claims are processed (adjudicated and keyed) within two business days. Reimbursement is made the following business day.

Reimbursement is processed daily. Direct deposit is sent to the participant's account based on the participant's choice or a check mailed to the participant's home if banking information is not provided. Paper checks are subject to a \$25 minimum reimbursement requirement.

Participants may also elect to set up recurring dependent care reimbursement from their dependent care FSA. This process requires substantiation of the dependent care expense at the start of the plan year that is submitted along with the Recurring Dependent Care Expense Form. Once proper substantiation is received, and as long as future dependent care expenses match the previously substantiated expense and provider exactly, reimbursement will be made without further need for substantiation unless the cost or dependent care provider changes. If that occurs, substantiation will be required for reimbursement to be made.

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Reimbursement is made to the participant after the dates of service have been incurred up to the lesser of the balance in the account or the amount of the dependent care expense.

Claim Adjudication

Discovery Benefits reviews 100% of FSA claims submitted. The IRS requires that claims submitted include a third-party statement (e.g. EOB or itemized statement) that includes the following information:

- Date of service
- Type of service (e.g. co-pay, co-insurance, deductible)
- Name of item purchased
- Prescription drug number (if applicable)
- Dollar amount of item or service
- Name of service provider or merchant
- Day care provider name and signature (if applicable)

If co-pay information is provided during plan set up, we can auto-approve co-pay transactions for participants during the plan year. When submitting a receipt for a co-payment amount, the co-payment description must be on the receipt. In some cases, a participant will need to ask for a receipt at the point of service. If "co-payment" is not clearly identified, have the provider write "co-payment" on the receipt and have the provider sign the receipt.

For all ineligible claims, a letter is sent to the participant requesting additional information. Once correct information is received, the claim is reprocessed within two business days.

Positive Pay - Stale Checks

Discovery Benefits uses a positive pay system to ensure only valid reimbursement checks are processed. A file is sent to Discovery Benefits' bank on a daily basis. Only checks that match the file are processed. Checks remain on the positive pay file for 180 days. An exceptions list is sent to Discovery Benefits daily showing checks presented for payment that do not match the file.

Grace Period Extension

Discovery Benefits provides administration for the 2 ½ month grace period extension at no additional cost. During the extension, we look first to the prior year balance and if funds are available, reimburses from the prior year account. If partial funds are available, the claim will be split between the prior and current plan years. If no funds are available, the claim will be reimbursed from the current plan year. The benefits debit card can be used during the grace period extension. Administration of the debit card transaction works the same way as the manual claim submission.

Carryover Provision

We also provide administration of the \$500 carryover provision at no additional cost. The following process is applied when the carryover feature is offered:

- Carryover funds are not moved in to the next plan year until the run out period for the previous plan year is complete.
- Participants that do not enroll in the next plan year, but have carryover funds available, will be automatically enrolled with a zero balance for the next plan year. Carryover funds are moved in to the next plan year once the run out period for the previous plan year is exhausted.

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- Claims that are submitted during the run out period will be reimbursed from the carryover funds.
- Once the run out period is over, carryover funds will be comingled with the current plan year's balance.

Participant Plan Updates

Participant demographic, enrollment and contribution information is provided to Discovery Benefits electronically through secure file transmission. Demographic and enrollment information for new hires can also be keyed into the employer portal directly. Contribution files are submitted according to the payroll frequency schedule. Participants can view updates to their accounts in their portals in real-time once the update has been made.

Reporting & Notifications

Reports are available through Discovery Benefits' secure portals on demand. Based on employer preference, emails notifications can also be provided once a report is generated.

Employer Reports

- **Employer Funding Report:** Summarizes debits to your bank account for participant claim reimbursements and debit card transactions. Any applicable credits to your bank account will also be shown. This report is generated daily, regardless of activity. You'll receive a daily email to notify you that the report has been generated and is available on the employer portal.
- **Account Balance Detail Report:** Encompasses each participant's election, claims paid, deposits and available balance. This report is available the first of each month and on demand.
- **Enrollment Report:** Includes data regarding participants' annual elections, employer contributions (if applicable) and payroll contribution amounts. This report is available the first of each month and on demand.
- **Payment History Report:** Summarizes the amount Discovery Benefits issued in checks, direct deposits and debit card transactions (if applicable) for the previous month. This report is available on demand.

Participants will also receive an email notification once the following reports have been posted to the participant portal.

Consumer Reports

- **Account Statements:** Monthly
- **Receipt Reminders:**
 - Debit Card Transactions: Sent on day 1, 30 and 72 after card transactions
- **Denial and Repayment Requests:** Transaction based
- **Claims Reimbursement Notification:** Transaction based (email only)

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Discovery Tests™ Non-Discrimination Testing

Discovery Benefits includes in its administrative fees the following three objective non-discrimination tests (two test runs per year):

Key DCAP

- Cafeteria Plan 25% Key Employee Concentration Test
- Dependent Care More than 5% Owners Concentration Test
- Dependent Care 55% Average Benefits Test

Discovery Benefits also provides access to additional testing options through LEAP™ with an annual DiscoveryTests™ Subscription. Additional fees will apply.

We will provide an annual reminder to the employer and a Non-Discrimination Testing Guide summarizing the various tests offered, a step-by-step summary of the action steps along with instructions for accessing Discovery Tests™ through LEAP™, where you will: 1) find the required file templates; 2) submit your non-discrimination testing files for processing; and 3) access the non-discrimination testing reports. If you wish, you may also enter the required information directly through LEAP™ rather than submitting a file. Your HRIS/payroll system is the system of record for all non-discrimination testing information.

An easy to read non-discrimination testing report showing the test results is provided through LEAP™. If you fail any one of the Standard Tests, LEAP™ will also provide recommended steps to bring the plan into compliance.

For the other tests not part of the Standard Test offering, Discovery Benefits recommends that you consult with your tax advisor if the results indicate a failed status.

COBRA Administration for the Medical FSA

Discovery Benefits will administer the FSA for COBRA continuants once notified by you or your third party COBRA administrator that an individual has elected to continue their medical FSA under COBRA. You or your third party COBRA administrator is responsible for sending all required COBRA notices, collecting the monthly contribution from the qualified beneficiary and forwarding the contribution to Discovery Benefits each month.

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FSA Fee Schedule

Administrative Fees – ppm **\$4.00**

Minimum Monthly Fee (Applies only if the monthly administrative fee times the number of participants is less than this amount)

If two or more Reimbursement Account products are bundled (with the exception of Commuter Benefits); Discovery will assess only one minimum monthly fee per employer group. **\$50.00**

Eligible Employees **275**

Number of FSA Participants **20**

FSA Election per Participant (Industry Avg.) \$1,500.00

FSA Elections for all Participants \$30,000.00

FICA Tax Rate 7.65%

Estimated Annual FICA Savings **\$2,295.00**

Estimated Annual Fees Paid to Discovery Benefits **\$960.00**

Estimated Employer Savings **\$1,335.00**

The proposed rate may reflect Discovery's multi-product discount; if only one product is placed with Discovery, the quoted rate may increase by 10%. Please contact your Sales & Marketing team with any questions.

Discovery does not charge implementation, set-up or renewal fees. Fees are quoted net of commissions.


Monthly administrative fees are guaranteed until January 1, 2026.

Discovery reserves the right to increase fees at any time that are caused by Federal postal rate increases, increases in bank fees, or that are due to Federal legislative changes.

*FICA savings is based on estimated annual elections and participation. Actual savings may vary.

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Additional Product and Service Solutions

Debit Card	Pricing
Discovery Benefits Branded Debit Card (2 cards per participant) 	Included in PPPM
Additional Debit Cards for Spouse and Dependents (18 years of age and older)	Included in PPPM
4th Line Embossing for Employer Name (Up to 19 Characters)	Included in PPPM
Co-branded Debit Card	\$750 one-time fee
Custom Debit Card	\$750 one-time cost + ongoing plastic costs minimum order of 10,000
EMV Debit Card	Request quote
Custom MCC Network	\$1,500 per custom network
Open Enrollment Bulk Shipment of Cards	\$10 per card plus cost of shipping

Open Enrollment	Pricing
<p>Our Open Enrollment Toolkit* provides access to valuable resources, content, and tools to promote enrollment and utilization of our plans resulting in increased FICA tax savings and employee retention for our clients. The toolkit includes the following items:</p> <ul style="list-style-type: none"> • Handouts • Educational email templates • PowerPoint slides • Post-enrollment educational resources via Discovery Answers Knowledgebase • Promotional/educational videos • Virtual open enrollment fair experience • One on one phone support • Product calculators • Live open enrollment webinars <p>*Toolkit may be modified at our discretion</p>	Included in PPPM
Open Enrollment Compilation Video Educational video tailored to an employer's specific plan design (i.e. grace period, run-out, carryover, etc.)	\$150 one-time fee

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<p>Automated Educational Email Campaign Email campaigns developed to promote open enrollment and educate employees on the available plans.</p>	Request quote
<p>On-Site Enrollment Meetings & Benefits Fairs</p>	<p>May be available for an additional fee of \$350 per day plus travel expenses; attendance is subject to availability and dependent on CDC guidelines/corporate policies regarding travel at the time of the request.</p>
<p>Kickstart Mailer Introductory direct mail piece mailed via USPS to all new enrollments or those without email</p>	\$1.50 per mailer

Custom Communication Solutions	Pricing
<p>Our Custom Communication Solutions let you take advantage of a variety of co-branding and customization options. You can leverage our consultative team to build a plan that works best for you or chose one of our existing packages. Through a collaborative discussion and review of your needs, we'll help you create and implement a customized communication plan to meet what you're looking for, built from options like those listed below.</p> <ul style="list-style-type: none"> • Co-branded consumer email notifications and/or portal • Custom portal colors, banners and/or post login messaging • Custom benefit email notifications • Co-branded or completely custom OE materials • Re-branded COBRA notifications and/or portal • COBRA/Direct Bill custom attachments or notifications • Email or mailed letter communications • Direct mail 	<p>Co-branding Package: \$2,500 Custom Consumer Online Account Package: \$3,000 Gold Customization Package: \$5,750 Platinum Customization Package: \$7,750</p> <p>Note: Any hard costs for options chosen will be added in addition to the base program fee. Additional fees may apply if additional updates or requests are made after final deliverables are sent or go-live dates have occurred.</p>

Data File Integrations Options	Pricing
<p>File Transmission The transmission of data in Discovery Benefits standard file layout to allow for administrative services.</p>	Included in PPPM
<p>Custom File Transmission</p> <ul style="list-style-type: none"> • Consumer Data Exchange • COBRA Data • Claims Exchange • Debit Card Substantiation 	\$1,200 annual fee (per file type)

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ACA File Transmission Enables transmission of necessary data to a third party for ACA reporting services.	\$1,200 annual fee
834 5010 Eligibility File - Outbound Enables transmission of an EDI 834 5010 to carriers for purposes of eligibility.	Included in PPPM (minimum eligibility may apply)
Online Account Integration Options	Pricing
Single Sign-On Enables a seamless transition between one online platform to the Discovery Benefits Consumer Online Account without the need for the user to enter additional login information.	\$2,000 annual fee (per portal)
Outbound Single Sign-On Enables a seamless transition between Discovery Benefits Consumer Online Account to another third party platform without the need for the users to enter additional login information.	\$2,000 annual fee (per portal)
Web Services Enables the ability to display up to five data elements (ex. balance, elections) within a third party system.	\$2,000 annual fee (per portal)
Custom Reporting	Pricing
Standard Reports and Notifications Report on data at the employer level. Most reports and notifications can be automatically delivered via email, or to one of the portals.	Included in PPPM
Ad-Hoc Reporting Report on data at the employer level. Reports are generated real-time from LEAP™ by Discovery Benefits.	Included in PPPM
Custom Reporting Creation of a custom report based on to build specific report fields, parameters and frequency. Reports are delivered by SFTP or with LEAP™ by Discovery Benefits.	\$150 per hour *minimums may apply
Programming	Pricing
Custom Development If custom work is requested, Discovery Benefits will create a Professional Services Agreement.	\$150 per hour
Manual Processing	Pricing
If custom work is requested, Discovery Benefits will create a Professional Services Agreement.	\$150 per hour

DISCOVERY BENEFITS ADMINISTRATIVE SERVICES PROPOSAL

Discovery Tests™	Pricing																						
<table border="1"> <tr> <td data-bbox="120 310 298 346">Key DCAP</td> <td data-bbox="298 310 857 346"></td> </tr> <tr> <td colspan="2" data-bbox="120 346 857 422">Access testing of the POPFSA template for the following plans:</td> </tr> <tr> <td colspan="2" data-bbox="120 422 857 497">Cafeteria Plan Only (POP)</td> </tr> <tr> <td colspan="2" data-bbox="120 497 857 533">Dependent Care (Section 129)</td> </tr> <tr> <td colspan="2" data-bbox="120 533 857 569">Discovery Tests™ Subscription</td> </tr> <tr> <td colspan="2" data-bbox="120 569 857 644">Non-discrimination testing available for the following plans:</td> </tr> <tr> <td colspan="2" data-bbox="120 644 857 680">Cafeteria Plan Only (POP)</td> </tr> <tr> <td colspan="2" data-bbox="120 680 857 716">Medical FSA (Section 125)</td> </tr> <tr> <td colspan="2" data-bbox="120 716 857 751">Dependent Care (Section 129)</td> </tr> <tr> <td colspan="2" data-bbox="120 751 857 787">Health Reimbursement Arrangement (105h)</td> </tr> <tr> <td colspan="2" data-bbox="120 787 857 823">Self-Insured Medical Plans</td> </tr> </table>	Key DCAP		Access testing of the POPFSA template for the following plans:		Cafeteria Plan Only (POP)		Dependent Care (Section 129)		Discovery Tests™ Subscription		Non-discrimination testing available for the following plans:		Cafeteria Plan Only (POP)		Medical FSA (Section 125)		Dependent Care (Section 129)		Health Reimbursement Arrangement (105h)		Self-Insured Medical Plans		<p data-bbox="1166 310 1528 346">Key DCAP included in PPPM</p> <p data-bbox="956 562 1528 701">Discovery Tests™ Subscription \$500 annual fee (provides access to all available tests at any frequency)</p>
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