

somewhat  
different



# 2019 Employee Benefit Offerings

Effective January 1 through December 31, 2019

*hannover* **re**<sup>®</sup>

Hannover Re embraces the philosophy that our employees are truly our greatest asset. It is our priority to attract and retain the best employees in the industry; therefore, we are committed to offering a superior benefits package that supports our endeavors to be a workplace of choice for high caliber talent.

Our benefits are designed to provide you and your family with financial protection when you need that protection most:

- when you are ill or injured
- when an illness or injury keeps you away from work
- for protection and assistance during other life changing events and even during your retirement.

If you have questions about the Hannover Re benefits programs contained in this guide, please contact your local HR Representative.



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**Eligibility**

All regular, full-time employees are eligible for coverage beginning with the first day of employment with Hannover Re.

You may also cover your eligible dependents, defined as your legal spouse or domestic partner, and you or your spouse’s dependent children. A dependent child is defined as your natural, adopted, or step-child; or a child placed in your custodial care by the court system. Disabled dependent adult children are also eligible for coverage; please let Human Resources know if this applies to you.

- **Medical, Dental, and Vision Insurance:** dependent children are eligible until the end of the month they reach age 26 regardless of status.
- **Child Life Insurance:** dependent children are eligible from 14 days until their 25th birthday, or to age 26 if unmarried, dependent on you for support, and a full-time student.

**Enrollment**

**Annual Enrollment** is your opportunity each year to evaluate the benefit options available to you and make your choices for the coming year (January 1 - December 31). No changes can be made to your benefits once you’ve made your elections until the following annual enrollment unless you experience a *qualifying life event*.

**As a new hire**, you also have the opportunity to make benefit choices within your first 30 days of employment, effective your date of hire. The benefits you make as a new hire will be in effect until the following annual enrollment unless you experience a *qualifying life event*.

**Qualifying Life Events**

Outside of the normal annual enrollment, the only time you’re able to make changes to your benefit coverage is if you experience a qualifying life event. Generally, a qualifying life event may be defined as:

- Birth or adoption of a child
- Marriage or divorce
- Death (you or a dependent)
- A change in your or your spouse’s employment affecting benefits eligibility.
- A change in eligibility status for Medicare or Medicaid
- Losing or gaining coverage elsewhere

If you experience a qualifying event, you must contact Benefits ([HLRUS\\_Benefits@hlramerica.com](mailto:HLRUS_Benefits@hlramerica.com)) within 30 days to make changes to your coverage. Depending on the event, documentation may be required.

*This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.*

## Your Cost for Coverage

### Medical Insurance - Cigna

Medical Plan	Company's Annual Contribution	Your Annual Contribution	Your Semi-Monthly Payroll Deduction	HSA: Company Contribution	
				Annual	Monthly
<b>OAP Plan</b>					
Employee Only	\$7,804.72	\$290.36	<b>\$12.10</b>	Not Applicable	
Employee + Spouse	\$16,998.64	\$1,712.60	<b>\$71.36</b>		
Employee + Child(ren)	\$15,039.27	\$848.01	<b>\$35.33</b>		
Employee + Family	\$21,553.19	\$2,757.37	<b>\$114.89</b>		
<b>Core HDHP Plan</b>					
Employee Only	\$6,816.72	\$451.56	<b>\$18.81</b>	\$988.00	\$82.33
Employee + Spouse	\$15,022.64	\$1,775.68	<b>\$73.99</b>	\$1,976.00	\$164.67
Employee + Child(ren)	\$13,063.27	\$1,199.93	<b>\$50.00</b>	\$1,976.00	\$164.67
Employee + Family	\$19,577.19	\$2,247.57	<b>\$93.65</b>	\$1,976.00	\$164.67
<b>Alternate HDHP Plan</b>					
Employee Only	\$6,192.72	\$107.28	<b>\$4.47</b>	\$1,612.00	\$134.33
Employee + Spouse	\$13,774.64	\$785.32	<b>\$32.72</b>	\$3,224.00	\$268.67
Employee + Child(ren)	\$11,815.27	\$547.61	<b>\$22.82</b>	\$3,224.00	\$268.67
Employee + Family	\$18,329.19	\$587.25	<b>\$24.47</b>	\$3,224.00	\$268.67
<b>Additional Premiums</b>					
<b>Working Spouse Surcharge</b> (additional amount for working spouses who decline their employer coverage)		\$125.00 monthly	<b>\$62.50</b>		
<b>Tobacco / Nicotine Surcharge</b> (additional amount for individuals who use tobacco and nicotine - including e-cigarettes)		\$100.00 monthly	<b>\$50.00</b>		

### Dental Insurance - MetLife

Dental Plan - MetLife	Company's Annual Contribution	Your Annual Contribution	Your Semi-Monthly Payroll Deduction
Employee Only	\$428.57	\$81.84	<b>\$3.41</b>
Employee + Spouse	\$788.48	\$241.68	<b>\$10.07</b>
Employee + Child(ren)	\$912.97	\$217.20	<b>\$9.05</b>
Employee + Family	\$1,394.96	\$369.84	<b>\$15.41</b>

### Vision Insurance - VSP

Vision Plan - VSP	Your Annual Premium	Your Semi-Monthly Payroll Deduction
Employee Only	\$99.12	<b>\$4.13</b>
Employee + Spouse	\$158.52	<b>\$6.61</b>
Employee + Child(ren)	\$161.76	<b>\$6.74</b>
Employee + Family	\$260.88	<b>\$10.87</b>

### Additional Benefits

Benefit	Your Semi-Monthly Payroll Deduction
MetLaw® Legal Plan	<b>\$12.00</b> (includes spouse & eligible dependent children in your household)
Supplemental Life Insurance	Your cost depends on your age and the amount of coverage you elect
MetLife Auto / Home	Your cost depends on the coverage elected

## Medical Insurance - Cigna

Hannover Re offers comprehensive medical benefits provided through Cigna. Eligible employees have the choice between three medical plans: an Open Access Plus PPO Plan (OAP) and two High Deductible Health Plans (HDHP) with a Health Savings Account (HSA). Regardless of the plan you choose, preventive care visits with a network physician are paid fully by the medical plan.

You may locate a participating provider by visiting [www.cigna.com](http://www.cigna.com); search the Open Access Plus (without Carelink) network.

### Your medical plan options for 2019 are:

**OAP:** You pay for services rendered with either copays (doctor visits, etc.) or deductible and coinsurance (i.e. inpatient hospitalization, outpatient surgery). All out-of-pocket expenses including copays and pharmacy expenses accumulate toward your out-of-pocket maximum.

**HDHP:** Two options are available: *Core & Alternate*. In both plans, all of your out-of-pocket expenses for covered services accumulate toward the Calendar Year Deductible (CYD). Medical costs are subject to the CYD and coinsurance. Once the CYD is met, the health plan will begin paying toward covered services.

*The difference between the Core & Alternate HDHP is how your expenses accrue toward your deductible, and your responsibility once you meet your deductible.*

**Core HDHP:** If you elect single coverage, you must meet the single calendar year deductible. If you elect to cover any dependents, you must meet the entire family deductible before the plan begins paying for any one family member. This plan has copays for covered services once the deductible is met.

**Alternate HDHP:** This deductible is on a per-person basis. If any one person in the family meets their individual deductible, the plan begins paying a portion of benefits *for that person*. The family deductible is the maximum you will pay for the deductible for the year. This plan has coinsurance for covered services and copays for prescriptions once the deductible is met.

	OAP	Core HDHP	Alternate HDHP
<b>In-Network Benefits</b>			
Calendar Year Deductible	\$1,550 per person \$3,100 family maximum	\$1,900 Single Coverage \$3,800 Family Coverage	\$3,100 per person \$6,200 family maximum
Coinsurance (you pay)	20% after the deductible	0%	20% after the deductible
Out-of-Pocket Maximum	\$5,200 per person \$9,900 family maximum	\$3,750 Single Coverage \$6,600 Family Coverage	\$5,200 per person \$10,300 family maximum
Preventive Care	100% Covered	100% Covered	100% Covered
Primary Care Visit	\$30	Deductible then \$30	Deductible then 20%
Specialist Visit	\$60	Deductible then \$60	Deductible then 20%
Routine Lab & X-Ray	100% Covered	Deductible	Deductible then 20%
Complex Imaging (MRI, CT)	\$200 per scan	Deductible then \$300	Deductible then 20%
Inpatient Hospitalization	Deductible then 20%	Deductible then \$500 per admit	Deductible then 20%
Outpatient Surgery	Deductible then 20%	Deductible then \$300 per admit	Deductible then 20%
Cigna Telehealth	\$30	\$45 - \$49 (no deductible) <i>cost depends on which service you use</i>	\$45 - \$49 (no deductible) <i>cost depends on which service you use</i>
Urgent Care Center	\$75	Deductible then \$75	Deductible then 20%
Emergency Room	\$350	Deductible then \$350	Deductible then 20%
Retail Pharmacy (up to 30 days)	\$10 / \$35 / \$60 / \$100	Ded. then \$10 / \$35 / \$60 / \$100	Ded. then \$10 / \$35 / \$60 / \$100
Mail Order Pharmacy	\$25 / \$87.50 / \$150 / \$250	Ded. then \$25 / \$87.50 / \$150 / \$250	Ded. then \$25 / \$87.50 / \$150 / \$250

*All three plans provide in-network and out-of-network coverage, which means that you may visit any provider of your choosing. However, it is **strongly recommended** that you choose an in-network provider to receive network discounts and higher plan coverage. Out-of-network services require you to pay higher deductibles and coinsurance. In addition, you may be subject to balance billing, which means the provider can bill you the difference between what they charge and what Cigna pays. **Balance billing does not count toward, and is in addition to, your out-of-pocket maximum.***

<b>Out-of-Network Benefits</b>	<i>plus balance billing</i>	<i>plus balance billing</i>	<i>plus balance billing</i>
Calendar Year Deductible	\$3,100 / \$6,200	\$5,000 / \$10,000	\$6,200 / \$12,400
Coinsurance (you pay)	40% after the deductible	50% after the deductible	50% after the deductible
Out-of-Pocket Maximum	\$10,400 / \$19,800	\$10,000 / \$20,000	\$10,400 / \$20,600

## Health Savings Account - HSA Bank

Individuals who elect either of the High Deductible Health Plans (HDHP) may be eligible for a Health Savings Account (HSA) administered by HSA Bank. An HSA works with an HDHP and provides a way to pay for qualified medical, pharmacy, dental, and vision expenses that are not paid for by insurance. Hannover Re will make contributions to this account depending upon which HDHP you elect (see page 3 for details).

In addition to the contributions made by Hannover Re, you may also contribute a portion of your paycheck to the HSA on a pre-tax basis. You benefit by reducing your taxable income and not having to pay FICA or Federal withholding taxes on your contributions.

The 2019 maximum contribution from all sources is **\$3,500** for single coverage; **\$7,000** for all types of family coverage. If you are 55 or older, you may also contribute an additional **\$1,000** in catch-up contributions. You may change your contributions mid-year in accordance with payroll processing deadlines, similar to 401(k) plan contributions, as long as your total maximum does not exceed the IRS limits. Access [www.cigna.com](http://www.cigna.com) for one-stop access to your health plan and HSA account.

### A Health Savings Account:

- **Is yours.** Funds in your HSA stay with you, even if you drop coverage or leave Hannover Re. If you are no longer covered by a qualified HDHP, your account stays active and you can use any remaining funds for qualified health expenses.
- **Reduces your taxable income.** Funds are tax-free both when you put them in, and when you take them out to cover qualified health expenses. Qualified expenses generally include medical deductibles and care, prescription drugs, dental care, and vision care. **If you use money in your HSA account for non-qualified expenses, the funds will become taxable income and penalties may apply.**
- **Helps you plan for the future.** At retirement, your HSA may be used as an additional retirement account with ordinary taxes applied.

Like a regular bank account, only the money that has actually been contributed to your HSA is available for withdrawal at any one time. In addition, HSA money may only be used for expenses that were incurred (happened) after the account is open.

### HSA Eligibility

IRS regulations state that certain individuals are **not** eligible for a Health Savings Account. These include:

- Individuals who have enrolled in Medicare (which includes Part A or B). If you had an HSA before you enrolled in Medicare, you may keep it. However, no contributions can be made either by you or on your behalf once your Medicare has become effective. If you have questions about what this means for you, please contact Medicare directly at 1-800-MEDICARE.
- Individuals who have received Veterans Administration benefits in the past 3 months
- Individuals who are covered by any other non-HDHP medical insurance (such as a medical plan through a spouse)

## Flexible Spending Accounts - WageWorks

### Health Care

Eligible employees may set aside up to **\$2,650** in pre-tax dollars each calendar year to pay for eligible expenses. Estimate your expenses carefully; any unused funds are forfeited at the end of the year due to IRS use-it-or-lose-it rules, though you do have a grace period to file claims at the end of the year.

**If you are in the OAP plan or decline medical coverage with Hannover Re,** you may use your Health Care FSA for medical, dental, and vision expenses.

**If you are in the Core or Alternate HDHP,** you may use your *Limited Purpose* Health Care FSA to pay for dental and vision expenses only.

### Dependent Care

Eligible employees may set aside up to \$5,000 (\$2,500 if you are married filing separately) in pre-tax dollars to pay for expenses incurred:

- To care for children under 13; or a disabled spouse or dependent while working.
- For childcare at licensed nursery schools, child care centers, or other daycare facilities.
- For household services relegated to the care of elderly disabled dependent adults.

More information on Flexible Spending Accounts is available at [wageworks.com](http://wageworks.com).

## Dental Insurance - MetLife

Hannover Re offers comprehensive dental benefits that are provided by MetLife. You may receive covered dental services from any dentist you choose; however, you are encouraged to seek services from a PPO network dentist to receive a greater discount. In addition, network dentists will not balance bill you for charges that are in excess of MetLife's fee schedule. Visit MetLife online at [metlife.com/dental](http://metlife.com/dental) for an updated list of PPO network dentists and dental specialists. Select the **PDP Plus** option when selecting the network.

	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible	\$50 per person   \$150 maximum per family	\$75 per person   \$225 maximum per family
<b>Type I</b> - Preventive Services	100% Covered (no deductible)	100% Covered (no deductible)
<b>Type II</b> - Basic Services	You pay 10% after deductible	You pay 20% after deductible
<b>Type III</b> - Major Services	You pay 50% after deductible	You pay 50% after deductible
<b>Calendar Year Max Benefit (Type I, II, III)</b>	<b>\$1,500 per person</b>	<b>\$1,000 per person</b>
Child Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,500 per person	\$1,000 per person
Reimbursement Schedule	Negotiated Fee	90% UCR

**Networks:** In-network costs are always based on the fees that MetLife negotiates with the dentist, which is your lowest possible cost for care. 90% U&C (the out-of-network reimbursement level) means that MetLife pays your dentist based on what 9 out of 10 dentists in your area charge. Out-of-network dentists are also able to bill you for the difference between what MetLife pays and what they charge (Balance Billing), which is not permitted by in-network dentists.

## Vision Insurance - VSP

Eligible employees may purchase vision coverage, which will be provided by Vision Service Plan (VSP). Annual eye exams are important to your overall health and can detect chronic conditions, such as diabetes and high cholesterol.

Visit [vsp.com](http://vsp.com) to find a network provider, and [seemuchmore.com/exclusive-offers](http://seemuchmore.com/exclusive-offers) for information on exclusive member benefits.

	Member Provider (You Pay)	Non-Member Provider (Allowance)	Frequency
Eye Exam	\$10 Copay	up to \$35	Once each calendar year
Materials: Frames & Lenses (Single, Bifocal, Trifocal)	\$25 Copay	Up to \$80 depending upon the type of materials	Lenses: 12 months Frames: 24 months
Contact Lenses (in lieu of lenses & frames)	\$0 Copay \$130 Allowance	\$130 Allowance	Once each calendar year

## Additional Coverage Options - MetLife

**MetLaw Prepaid Legal Plan:** You have the opportunity to purchase access to a comprehensive set of legal services and unlimited consultation. MetLaw covers you, your spouse, and eligible dependent children (unmarried dependent children until their 26th birthday) for a flat monthly fee. Coverage includes telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice.

Services include:

- Estate planning documents
- Document preparation & review
- Family law
- Immigration assistance
- Elder law matters
- Family matters
- Real estate matters
- Traffic offenses (limitations apply)
- Personal property protection
- Juvenile matters
- Consumer protection
- Financial matters

Please review the information available on [info.legalplans.com](http://info.legalplans.com) or in the Legal brochure on the Sharepoint portal for additional information.

**MetLife Home and Auto Insurance:** You have the opportunity to purchase home and auto insurance at discounted rates.

## Life and Disability Insurance - Prudential

### Life Insurance

**Employer-Paid (Basic) Life and AD&D Insurance:** Eligible employees are provided with Life and Accidental Death and Dismemberment (AD&D) Insurance equal to four times their annual salary up to a maximum of \$500,000. This policy is automatic upon employment with Hannover Re. Please ensure that you have a current beneficiary on file.

**Supplemental Life Insurance:** In addition to the company-paid basic life insurance, eligible employees may choose to purchase supplemental life insurance. Coverage will be offered on an after-tax basis. Eligible employees do not have to purchase supplemental employee life to purchase spouse or child life insurance.

Newly eligible employees may elect up to the Guarantee Issue Limit with no Evidence of Insurability (EOI) required. Any amounts over the guarantee issue limit or subsequent requests to purchase coverage will be subject to EOI.

**Annual Enrollment Increase Opportunity:** Employees who currently purchase employee supplemental life insurance through Prudential may increase current coverage in \$10,000 increments (maximum \$40,000) during Annual Enrollment up to the total coverage maximum without providing EOI to Prudential.

	Employee	Spouse	Child
Coverage Increments	\$10,000	\$5,000	Flat \$10,000 policy
Coverage Maximum	7x your salary up to \$500,000	50% of basic life insurance amount up to \$250,000	
Guarantee Issue Limit	\$100,000	\$30,000	

### Disability Insurance

**Employer-Paid Short-Term Disability Coverage:** Pays up to 75% of pre-disability basic weekly earnings. Coverage begins on the 8th day of sickness or injury and benefits will continue for up to 13 weeks.

**Employer-Paid Long-Term Disability Insurance:** Following a 90-day elimination period, the plan pays up to 60% of pre-disability earnings, up to a maximum benefit of \$10,000 per month.

## Voluntary Benefit Options - Explain My Benefits

To further supplement your Hannover Re benefit options, we also provide you with the option to purchase voluntary benefits. These plans pay cash benefits directly to you, not a hospital or a doctor, and are paid to you regardless of any other coverage, and are fully portable (they belong to you if you leave Hannover Re). **You must call Explain My Benefits directly to enroll in these benefits.**

#### Critical Illness & Cancer Protection

- Provided through Trustmark
- Offers a lump-sum benefit payment upon first diagnosis of a covered critical illness.
- Covered illnesses include: heart attack, stroke, major organ transplant, renal failure, paralysis of two or more limbs, blindness or ALS.

#### Accident Insurance

- Provided through Trustmark
- Pays a defined benefit amount for doctor's visits, surgery to repair a fracture, hospitalization, burns, and dislocations resulting from an accident.
- On and off the job coverage (24 hours per day, 7 days/week).

#### LifeLock Identity Theft Protection

- Provided through LifeLock
- Identity theft reimbursement for lost wages, fraudulent withdrawals, and travel expenses.
- Proactive monitoring, alert, and prevention system.

For more information, visit <http://www.explainmybenefits.com/hannoverre>

To enroll, call 888-908-7031, between 9:00am - 5:00pm EST during the Annual Enrollment period



## Important Contact Information

Hannover Re Human Resources

[HLRUS\\_Benefits@hramerica.com](mailto:HLRUS_Benefits@hramerica.com)

Or your local HR Representative

Medical Plan / Pharmacy

**Cigna:** 1-800-Cigna-24 (244-6224) | [cigna.com](https://www.cigna.com)

Health Savings Account

**HSA Bank:** 1-844-650-8930 | [cigna.com](https://www.cigna.com)

Dental Plan

**MetLife:** 1-800-438-6388 | [metlife.com/dental](https://www.metlife.com/dental)

Vision Plan

**Vision Service Plan (VSP):** 1-800-877-7195 | [vsp.com](https://www.vsp.com)

Flexible Spending Accounts

**WageWorks:** 1-877-WAGEWORKS | [wageworks.com](https://www.wageworks.com)

Life & Disability Plan

**Prudential:** 1-888-598-5671 | [prudential.com](https://www.prudential.com)

Voluntary Benefits

**Explain My Benefits:** 321-296-8060, Opt 3. (9am - 5pm EST)

MetLaw

**MetLife:** 1-800-821-6400 (M-F 8am - 7pm EST)

[info.legalplans.com](https://www.info.legalplans.com) | Access Code: Legal

MetLife Home and Auto

**MetLife:** 1-800-GET-MET8 (438-6388) to obtain a quote

[metlife.com/2minutes](https://www.metlife.com/2minutes)

Nationwide Pet Protection

**Nationwide:** 1-877-738-7874 to obtain a quote

Customer care: 1-800-540-2016 (M-F 8am - 10pm EST;

Sat. 10am - 6:30pm EST)

[PetsNationwide.com](https://www.PetsNationwide.com)

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### IMPORTANT NOTE:

The information contained in this handout should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan or benefit at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available on Sharepoint.