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Introduction to BenefitsMN
Note from the Minnesota Council of Nonprofits

The Minnesota Council of Nonprofits (MCN) is excited to share new options for health plans and other benefits for Minnesota nonprofits!

Throughout MCN’s 30-year history, our members have asked us to consider providing health plan options to address critical needs of recruitment and support of professionals within the nonprofit sector. MCN formed BenefitsMN, an Association Health Plan (AHP), in 2018, to develop and oversee viable health insurance alternatives for our members. The mission of BenefitsMN aligns with MCN’s vision that “nonprofit organizations accomplish their missions for a healthy, cooperative, and just society.” By reducing administrative costs and increasing negotiating leverage due to economies of scale, we believe BenefitsMN will help nonprofit employers better achieve their missions.

Over the past two years, MCN and BenefitsMN have developed partnerships with experts, recruited experienced trustees, solicited feedback from our members and other key allies, met with state government officials, and continuously advocated to ensure that the end-product is one we stand behind.

We believe that BenefitsMN provides a cost-effective, high-quality, turnkey solution for nonprofit employers that goes beyond health insurance. This solution encompasses:

• Health coverage for employees and dependents
• No-cost benefits administration e-platform
• Solution for COBRA/MN Continuation
• Discounted account-based services, such as HSA and FSA administration
• The opportunity to enhance your existing benefit program through voluntary and worksite benefits

Two key partners in this endeavor are Medica and Gallagher. Medica is a nonprofit health insurer based in Minnetonka, bringing industry experience and a deep focus on customer service. Gallagher is MCN’s longtime employee benefits consultant working with more than 200 nonprofits throughout Minnesota, and is MCN’s endorsed “Cost Savings Partner” since 1989.

We sincerely hope MCN member organizations will take a close look at this opportunity for your employees. Ultimately, it is because of MCN’s large, active membership that we are able to provide alternative plan options to nonprofits across Minnesota. Thank you, members for your patience, support and consideration of the BenefitsMN plans! We recognize BenefitsMN will not be the solution for all organizations, yet we believe it will be an exciting and viable health insurance choice for nonprofits, now and into the future.

Onwards,

Jon Pratt
Executive Director,
Minnesota Council of Nonprofits

Nonoko Sato
Associate Director,
Minnesota Council of Nonprofits
Trustee Chair, BenefitsMN
BenefitsMN—Overview

As an AHP, BenefitsMN combines the insurance purchasing power of nonprofits across Minnesota. By joining BenefitsMN, employers are able to partner with our Gallagher team, achieve potential cost savings and access a turnkey benefits administration e-platform. BenefitsMN will allow MCN members to reallocate the cost savings from purchasing power to support their missions and become an employer of choice by offering benefits to attract and retain top talent.

Note From Gallagher- the BenefitsMN Exclusive Broker Partner

Gallagher is the BenefitsMN exclusive and endorsed broker. Our 30-plus-year relationship with MCN as well as our dedicated nonprofit specialist resources make us uniquely equipped to be the exclusive broker partner for BenefitsMN. We are extremely proud to say that Gallagher has received the honor of one of the “World’s Most Ethical Companies” for eight consecutive years and that we are the only insurance broker to receive this award. Our team offers strategic benefit consulting services that will be tailored to each member organization that joins BenefitsMN. We believe in the mission of BenefitsMN look forward to working with you!
Medical Plan Overview

- **CARRIER:** Medica

- **RENEWAL:** January 1st. MCN members may join BenefitsMN at any time, but will sync up to renew on January 1st each year.

- **PLANS AND NETWORKS:** Four plans and five networks. Employers are able to use all 20 offerings or select the plans and networks that work best for their organization. From the MCN member surveys conducted in 2018 as well as our Gallagher benchmarking surveys, we analyzed the data and selected the plans and networks that fit the needs of MCN members.

- **RATING:** Rates are guaranteed issue, based upon 5-year age bands, plan design and provider network. Please see the underwriting checklist and eligibility requirements section to determine specific requirements based on employer size.

Ancillary and Voluntary Worksite Benefits

- Guaranteed Issue Ancillary, Income Replacement and Supplemental Health and Worksite Benefits:
  » Individual Dental
  » Individual Short-Term Disability
  » Supplemental Life
  » Worksite Benefits: Accident and Critical Illness With Cancer
  » Individual Medical Bridge

Administration Solutions

- **Turnkey:**
  » No-Cost Ease Benefits Administration Platform Inclusive of Employer Group Training
  » One-on-One, Telephonic, Self-Service, Mobile-App-Supported Enrollment Solutions
  » Open Enrollment and Perpetual New Hire Onboarding
  » Integrated Eligibility Maintenance and COBRA/MN Continuation
  » Optional ACA Reporting and Tracking Module
  » Discounted Account-Based Administration
  » Account-Based Administration Solutions

- **Flexibility**
  » Organizations have the option to forgo the Turnkey option to keep their existing vendors and their current administrative solution.
## BENEFITSMN: PROGRAM OVERVIEW

## IN-NETWORK BENEFIT DESIGNS

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$1000-25-25%</th>
<th>$2000-0% HSA</th>
<th>$3500-0% HSA</th>
<th>$6350-0% HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar annual deductible</td>
<td>$1,000 Individual/ $3,000 Family</td>
<td>$2,000 Individual/ $4,000 Family</td>
<td>$3,500 Individual/ $7,000 Family</td>
<td>$6,350 Individual/ $12,700 Family</td>
</tr>
<tr>
<td>Calendar annual out-of-pocket max</td>
<td>$3,500 Individual/ $7,000 Family</td>
<td>$2,000 Individual/ $4,000 Family</td>
<td>$3,500 Individual/ $7,000 Family</td>
<td>$6,350 Individual/ $12,700 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

## DOCTOR’S OFFICE

<table>
<thead>
<tr>
<th>Service</th>
<th>$1000-25-25%</th>
<th>$2000-0% HSA</th>
<th>$3500-0% HSA</th>
<th>$6350-0% HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care</td>
<td>No Charge; Deductible Does Not Apply</td>
<td>No Charge; Deductible Does Not Apply</td>
<td>No Charge; Deductible Does Not Apply</td>
<td>No Charge; Deductible Does Not Apply</td>
</tr>
<tr>
<td>Primary care office visit</td>
<td>$25 copay</td>
<td>No Charge After Deductible</td>
<td>No Charge After Deductible</td>
<td>No Charge After Deductible</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$25 copay</td>
<td>No Charge After Deductible</td>
<td>No Charge After Deductible</td>
<td>No Charge After Deductible</td>
</tr>
</tbody>
</table>

## PRESCRIPTION DRUGS

| Generic drugs | Retail: $12 Copay/ Prescription | Retail: 0% After Deductible Mail Order: $24 Copay/ Prescription | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible |
| Preferred brand drugs | Retail: $50 Copay/ Prescription | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible |
| Non-preferred Brand Drugs | Retail: $90 Copay/ Prescription | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible |
| Specialty Drugs | Preferred: 20% Coinsurance. No more than $200 Copay/ Prescription Non-Preferred 40% coinsurance | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible |
| Specialty Drugs | Preferred: 20% Coinsurance. No more than $200 Copay/ Prescription Non-Preferred 40% coinsurance | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible | Retail: 0% After Deductible Mail Order: 0% After Deductible |

## OUT OF NETWORK PLAN DESIGN FEATURES

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$1000-25-25%</th>
<th>$2000-0% HSA</th>
<th>$3500-0% HSA</th>
<th>$6350-0% HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Annual deductible</td>
<td>$3,000 Individual/ $9,000 Family</td>
<td>$4,000 Individual/ $8,000 Family</td>
<td>$7,000 Individual/ $14,000 Family</td>
<td>$12,700 Individual/ $25,400 Family</td>
</tr>
<tr>
<td>Calendar Out-of-Pocket Max</td>
<td>$10,500 Individual/ $21,000 Family</td>
<td>$9,000 Individual/ $18,000 Family</td>
<td>$10,500 Individual/ $21,000 Family</td>
<td>$19,050 Individual/ $38,100 Family</td>
</tr>
</tbody>
</table>
Network Options

Your Network Options With BenefitsMN
With your BenefitsMN plan you pick your provider network(s). You receive your highest level of benefits when you see providers in your plan’s network. You can choose from a national network with providers throughout the United States, a care system network or an accountable care organization (ACO) network. ACOs have a more focused network, but offer added features and support, usually at a lower cost. (You must live or work in the county where the network is offered to be eligible for the ACO.)

Please work with your Gallagher consultant to determine which network offerings make the most sense for your organization.
<table>
<thead>
<tr>
<th>Medica Choice&lt;sup&gt;®&lt;/sup&gt; Passport</th>
<th>Medica Elect&lt;sup&gt;®&lt;/sup&gt;</th>
<th>Essentia Choice Care with Medica&lt;sup&gt;SM&lt;/sup&gt; (Featuring Care at Mayo Clinic)</th>
<th>Medica CompleteHealth&lt;sup&gt;™&lt;/sup&gt; (Featuring Care at Mayo Clinic)</th>
<th>VantagePlus with Medica&lt;sup&gt;SM&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What kind of network?</strong></td>
<td>Nationwide network</td>
<td>Care system network</td>
<td>Accountable care organization (ACO) network</td>
<td>Accountable care organization (ACO) network</td>
</tr>
<tr>
<td><strong>What are the features?</strong></td>
<td>• One of the largest networks in the nation</td>
<td>• A midsize regional network</td>
<td>• A unique network of providers in northern Minnesota and western Wisconsin</td>
<td>• A unique network of providers in more than 3,500 primary and specialty care physicians, 650 clinics and 12 hospitals in the Twin Cities metro area</td>
</tr>
<tr>
<td></td>
<td>• Nationwide coverage when you travel</td>
<td>• Nationwide coverage when you travel</td>
<td>• Nationwide coverage when you travel</td>
<td>• Nationwide coverage when you travel</td>
</tr>
<tr>
<td></td>
<td>• A medical home—you choose a primary care clinic and receive care from providers in your care system</td>
<td>• No referrals needed</td>
<td>• No referrals needed when you visit a Medica CompleteHealth provider</td>
<td>• No referrals needed when you visit a Medica CompleteHealth provider</td>
</tr>
<tr>
<td></td>
<td>• Care is coordinated by your primary care clinic</td>
<td></td>
<td>• No referrals needed when you see an Essentia Choice Care with Medica provider</td>
<td></td>
</tr>
<tr>
<td><strong>Who's in the network?</strong></td>
<td>Provides access to hundreds of thousands of providers from many different care systems and hospital affiliations nationwide.</td>
<td>Provides access to the following care systems:</td>
<td>Provides access to 26 hospitals, over 70 clinics and more than 2,300 physicians and advanced practitioners.</td>
<td>Provides access to the health care providers you know and trust from M Health Fairview (the new name representing all of Fairview, HealthEast and many University of Minnesota Physicians sites), North Memorial Health and many popular independent clinics.</td>
</tr>
<tr>
<td></td>
<td>Allina Health</td>
<td>• Allina Health</td>
<td>Mayo Clinic Health System locations in Minnesota and Wisconsin, Employee and Community Health at Mayo Clinic in Rochester and Kasson, Northfield Hospital &amp; Clinics, United Hospital District and Winona Health Services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children’s Health Network</td>
<td>• Children’s Health Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hennepin Healthcare</td>
<td>• Hennepin Healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrity Health Network</td>
<td>• Integrity Health Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lakeview Medical Care System</td>
<td>• Lakeview Medical Care System</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minnesota Healthcare Network</td>
<td>• Minnesota Healthcare Network</td>
<td></td>
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<tr>
<td></td>
<td>Park Nicollet Health Services</td>
<td>• Park Nicollet Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RiverWay/North Suburban Clinics</td>
<td>• RiverWay/North Suburban Clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>St. Luke’s Care System</td>
<td>• St. Luke’s Care System</td>
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<td></td>
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</tbody>
</table>
Health Plan Resources for a Healthier You

Your plan includes some nice extras that can help you stay healthy, get support and make the most of your plan, at no extra cost to you.

**STAY HEALTHY**

**Health Club Reimbursement Program**

*Motivation to hit the gym.* Meet a monthly workout requirement at a participating fitness club and you can earn up to a $20 credit toward your dues. That’s up to $240 a year. To learn more about Fit Choices℠ or to find a health club near you, go to medica.com/fitchoices

**Health Rewards Program**

*Get inspired to make positive changes.* Taking steps to improve your health might be easier than you think. Whether you want to stress less, quit smoking, or eat more fruits and veggies, My Health Rewards by Medica® makes it fun—and rewarding. You’ll earn gift cards as you complete activities personalized just for you. To find your own path to a better health, log on to mymedica.com and choose the Health & Wellness tab.

**Healthy Savings Program**

*Eating healthier just got easier.* Save money on a variety of foods with the Healthy Savings program. It’s almost like getting a free trip to the grocery store every month. If you live near a participating store, you’ll be enrolled automatically in the program. Just watch your mailbox for more information and your Healthy Savings card. Learn more at medica.com/healthysavingsprogram or download the Healthy Savings app from the App Store or Google Play.

**Preventive Care**

*Care you need to help stay healthy.* Few things are more important than your health, and you can help protect it by getting regular preventive care. Routine checkups, screenings and immunizations can help you avoid health problems or catch them early. Learn about what kind of preventive care you need at medica.com/prevention.

**Virtual Care**
Save time and connect with a provider online. Virtual care visits, also known as online care or e-visits, are a quick and easy way to care for common conditions, including allergies, bladder infections, sinus infections and pinkeye. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and prescription (if needed). You can access virtual care through providers in your plan’s network. Check with your clinic to find out if they provide options for getting care online. Or log on to mymedica.com, click on Find a Doctor and select Virtual Care Providers to find your virtual care options.

GET SUPPORT

24-Hour Health Support

Trusted answers any time of day or night. Worried that your stomach bug could be serious? Wondering what to do about that cough that won’t go away? The advisors and nurses at Medica CallLink® can help. They’re available 24 hours a day, 365 days a year, to answer your questions and help you make smart decisions about your health. Just call 800.962.9497 (TTY users, call 711).

Employee Assistance Program

Sometimes life throws you a curveball. Whether it’s financial troubles, personal issues or family problems, we can help. Just call 800.626.7944 any time of day or night, any day of the year, to talk with a counselor. They’ll help you find the resources you need to get back on track.

FIND INFORMATION

mymedica.com

Manage your plan online. Mymedica.com is your one-stop resource for all kinds of information to help you manage your health plan benefits. Order ID cards, find out what’s covered by your plan, view your Explanation of Benefits (EOB), track your claims, find a provider and more. Log on to mymedica.com.
Administrative Solution
Administrative Solution

BenefitsMN provides an option for an integrated administrative solution that is simple, member-friendly and administratively efficient for employers. Employers may select our “Turnkey” solution or the “Flexible” option.

**TURNKEY SOLUTION:**

The integrated administrative solution includes eligibility maintenance and COBRA administration while providing access to preferred pricing for other account-based administration. Access to these programs is contingent upon employers offering at least two Colonial Life products to your employees (see Voluntary and Worksite Benefits section for product details). Highlights of this Turnkey solution include the following:

- No-Cost Ease Benefits Administration Platform Inclusive of Employer Group Training
- One-on-One, Telephonic, Self-Service, Mobile-App-Supported Enrollment Solutions
- Open Enrollment and Ongoing New Hire Onboarding
- Integrated Eligibility Maintenance and COBRA/MN Continuation
- Optional ACA Reporting and Tracking Module

Our Turnkey solution also includes discounted account-based administration and solutions including:

- Discounted Account-Based Administration
  » Waived Setup and Annual Renewal Fees
  » Account-Based Administration Below Market Pricing
- Account-Based Administration Solutions
  » Section 125 Premium-Only Plan (POP)
  » HSA-Compliant POP Plan
  » Medical, Limited Medical and Dependent Care Section 125 Flexible Spending Account (FSA)
- Health Savings Account
- Health Reimbursement Account

**FLEXIBLE OPTION:**

Organizations that purchase the medical coverage through BenefitsMN may do so while preserving their current benefits admin/HRIS system, eligibility and COBRA/MN continuation approach. BenefitsMN groups that choose the Flexible Option assume responsibility for processing enrollment changes directly with Medica via paper enrollment process or through Medica’s client portal, eServices.
Voluntary and Worksite Benefits
Voluntary Benefits

WHAT ARE VOLUNTARY AND WORKSITE BENEFITS?
Sometimes called “supplemental insurance,” voluntary and worksite benefits are policies employees purchase individually to add to the health insurance you may already provide as an employer. These benefits can help your employees pay for things your other insurance won’t, such as lost wages, out-of-pocket expenses and household bills.

ADVANTAGES

Flexibility
• Use claim payments however you like—pay deductibles, copayments and other expenses not covered by your health or life insurance

Portability
• Take coverage with you if you leave your job or retire

Stability
• Maintain coverage whether or not you’re employed

Convenience
• Pay premiums using your choice of payroll deduction, bank draft or direct billing
<table>
<thead>
<tr>
<th>Eligible Lives</th>
<th>Group Accident</th>
<th>Disability 1,000/STD $3,000</th>
<th>Group Critical Care/ Illness With Cancer</th>
<th>Individual Medical Bridge</th>
<th>Dental PPO</th>
<th>Term Life 5,000</th>
<th>Whole Life 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-49 Initial Enrollment</td>
<td>GI - No participation required</td>
<td>GI - No participation required</td>
<td>GI - No participation required $30,000 employee</td>
<td>PEGI - up to level 3 ($1,500) with the greater of three enrolled or 10% participation, whichever is greater</td>
<td>GI</td>
<td>Minimum of 20 employees</td>
<td>GI - No participation required EE-GI</td>
</tr>
<tr>
<td></td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation at initial enrollment was met</td>
<td>GI</td>
<td>Minimum of 20 employees</td>
<td>GI - If participation met by second-year enrollment</td>
</tr>
<tr>
<td>50-499 Initial Enrollment</td>
<td>GI - No participation required</td>
<td>GI - No participation required</td>
<td>GI - No participation required $30,000 Employee</td>
<td>PEGI - up to level 3 ($1,500) with the greater of three enrolled or 10% participation, whichever is greater</td>
<td>GI</td>
<td>PEGI with the greater of 5 enrolled or 10% participation</td>
<td>GI - No participation required EE-GI</td>
</tr>
<tr>
<td></td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation of 10 enrolled by end of second-year enrollment</td>
<td>GI - If participation at initial enrollment was met</td>
<td>GI</td>
<td>PEGI - If participation was met during initial enrollment</td>
<td>GI - No participation required EE-GI</td>
</tr>
<tr>
<td>500+ Initial Enrollment</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Only actual policies or certificates can provide detailed information. Products have exclusions and limitations that may affect benefits payable. Coverage may not be available in all states; product benefits vary by state. Not available in New York. Special Market Accounts, Unions, Associations and PEOs are prohibited from this offer. **

** Offer good until December 31, 2019**
BenefitsMN Eligibility Requirements

- Current MCN member organization in good standing with any (c) nonprofit status
- Current MCN member for at least 30 days prior to requesting a quote
- Must have at least two benefits-eligible employees
- Employers must contribute at least 50% toward employee premiums

BenefitsMN Underwriting Checklist

Thank you for your interest in BenefitsMN! If you are interested in learning more or if you’d like to start the quoting process, please contact Gallagher at http://gbs.ajg.com/benefits-mn/. In order to request and receive a BenefitsMN quote, you must be a member of MCN for at least 30 days. In addition to the items below, a Gallagher consultant will reach out with an Association Health Plan Participation Form confirming your good standing membership. A Gallagher consultant will then also reach out to you and request the following:

GROUPS WITH < 5 ENROLLED SUBSCRIBERS/EMPLOYEES

- Census including member-level detail as follows:
  - First Name
  - Last Name
  - Date of Birth
  - Sex (F or M)
  - Zip Code (of Employee Residence)
  - Coverage Tier/Type (EE only, EE/SP, EE/CH, EE/CHRN, FAM or Waived)
- Current SBCs if applicable
- Current rates by plan design if applicable

GROUPS WITH 5+ ENROLLED AND < 50 ELIGIBLE

- Census including member-level detail as follows:
  - First Name
  - Last Name
  - Date of Birth
  - Sex (F or M)
  - Zip Code (of Employee Residence)
  - Coverage Tier/Type (EE only, EE/SP, EE/CH, EE/CHRN, FAM or Waived)
- Current SBCs
- Current insurer (circle one):
  - Medica
  - BlueCross BlueShield
  - HealthPartners
  - PreferredOne
  - UnitedHealth Group
  - Allina Health | Aetna
- Not currently offering medical insurance
- Health history forms completed by all eligible employees
- Current rates by plan design
GROUPS WITH MORE THAN 50 ELIGIBLE EMPLOYEES

- Census information that includes the following on all eligible employees:
  - Date of Birth
  - Sex (F or M)
  - Zip Code (of Member, Not Group)
  - Coverage Tier/Type
  - Plan Design Selection
  - If Dependent Detail Is Available, Please Include.

- Current insurer (circle one):
  - Medica
  - BlueCross BlueShield
  - HealthPartners
  - PreferredOne
  - UnitedHealth Group
  - Allina Health | Aetna

- Copy of current SBCs

- Current fully insured rates or self-funded renewal equivalent factors by plan

- Monthly paid/incurred claims, with corresponding monthly enrollment (subscribers and members) for most recent 12-month period

- Large claim information for the same time period as monthly paid/incurred claims

- Copy of most recent renewal and utilization package
Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as “Gallagher Benefit Services of California Insurance Services” and in Massachusetts as “Gallagher Benefit Insurance Services.” Neither Arthur J. Gallagher & Co. nor its affiliates provide accounting, legal or tax advice.

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