

# A BENEFITS PACKAGE FOR LIVE NATION EMPLOYEES AND THEIR FAMILIES



## WHAT IS IT?

The **Group Limited Indemnity (GLI)**<sup>1</sup> insurance (underwritten by Beazley Insurance Company, Inc.) helps cover the cost of certain medical expenses incurred due to accident or sickness at a specific benefit amount for a limited number of days per year when you receive covered services.

Note: Group Limited Indemnity is NOT major medical insurance.

The **Minimum Essential Coverage (MEC)**<sup>2</sup> covers 100% of the cost of certain preventive services, when delivered by a network provider. For a full list, [view MEC Covered Services pdf](#).

The package also includes the following non-insurance services<sup>3</sup>: NBFSA prescription drug plan, access to the First Health PPO Network, MDLIVE telehealth visits, SupportLinc EAP, StuLo debt relief and financial wellness services, and myeWellness online health and wellness tools.

## YOUR PLAN AT A GLANCE

### Group Limited Indemnity Insurance:

- Inpatient hospitalization benefits
- Surgery benefits
- ER benefits for sickness and injury
- Office visit benefits
- Diagnostic testing benefits

The Group Limited Indemnity coverage is not major medical coverage, but rather a limited benefit product, which pays a fixed benefit amount.

### Minimum Essential Coverage:

- Preventive health services for
- Adults
  - Women
  - Children

### Non-insurance services:

- Prescription benefits
- Access to a PPO network
- Telehealth visits
- Employee Assistance Program
- Debt relief/financial wellness
- Online health and wellness tools

## HOW DOES IT HELP ME?



### Helps manage health expenses:

The GLI plan provides a set benefit amount/maximum to help with cost of hospital stays, surgeries, ER visits, physician's office visits and diagnostic services.



### Helps protect physical and financial wellness:

The GLI plan helps with certain health expenses. The MEC plan helps cover certain preventive services and screenings, while the non-insurance services help support health and wellbeing.

<sup>1</sup>Group Limited Indemnity is underwritten by the Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032.

<sup>2</sup>The MEC plan is PPACA compliant. It is a self-funded, employer-sponsored plan administered on behalf of the employer by The Loomis Company. Beazley does not offer or underwrite the MEC plan.

<sup>3</sup>Beazley does not offer or underwrite the non-insurance services.

# GROUP LIMITED INDEMNITY INSURANCE POLICY<sup>1</sup>

## WHAT'S COVERED?

<b>GROUP LIMITED INDEMNITY (GLI)<sup>1</sup> INSURANCE</b> , underwritten by Beazley Insurance Company, Inc.		
<b>Benefits and Definitions</b>	<b>Benefit Amounts and Maximums</b>	
	<b>Plan 1</b>	<b>Plan 2</b>
<b>Inpatient Hospitalization Benefits</b>		
<b>Hospital Confinement Benefit</b> For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (not less than a day) Note: Maternity benefit is payable as any other illness for both mother and child.	\$250 per insured, per day 60 days per insured, per year	\$500 per insured, per day 60 days per insured, per year
<b>Hospital Intensive Care Unit (ICU) Benefit</b> For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	NONE	\$750 per insured, per admission 30 days per insured, per year
<b>Hospital Admission Benefit</b> Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.	\$1,000 per insured, per admission 1 admission per insured, per year	\$1,000 per insured, per admission 2 admissions per insured, per year
<b>Inpatient and Outpatient Surgery Benefits</b>		
<b>Inpatient Surgery Benefit</b> For inpatient surgery in a hospital, due to sickness or injury	\$500 per insured, per day 1 day per insured, per year	\$500 per insured, per day 1 day per insured, per year
<b>Outpatient Surgery Benefit</b> For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury Note: Must be eligible CPT code	\$200 per insured, per day 2 days per insured, per year	\$200 per insured, per day 2 days per insured, per year
<b>Anesthesia Benefit</b> For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist Note: Not paid for Outpatient Minor Surgery	\$100 per insured, per day 2 days per insured, per year	\$100 per insured, per day 2 days per insured, per year
<b>Emergency Room Benefits</b>		
<b>Emergency Room - Sickness Benefit</b> For treatment in an ER due to sickness	\$200 per insured, per day 3 days per insured, per year	\$350 per insured, per day 3 days per insured, per year
<b>Emergency Room - Accidental Injury Benefit</b> For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	\$175 per insured, per day 3 days per insured, per year	\$250 per insured, per day 3 days per insured, per year
<b>Office Visit Benefits</b>		
<b>Physician's Office/Urgent Care Benefit</b> For services rendered by a physician at physician's office or urgent care facility	\$60 per insured, per day 6 days per insured, per year	\$70 per insured, per day 6 days per insured, per year
<b>Wellness Visits Benefit</b> For physician office visits for routine physical exams and well baby care, including routine immunizations for children, 6 days - 18 years	\$100 per insured, per day 3 days per insured, per year	\$100 per insured, per day 3 days per insured, per year
<b>Diagnostic Testing Benefits</b>		
<b>Outpatient Diagnostic Lab Benefit</b> For lab test, ordered by a physician and performed on an outpatient basis in a licensed stand-alone healthcare facility that provides diagnostic services	\$25 per insured, per day 3 days per insured, per year	\$25 per insured, per day 3 days per insured, per year
<b>Outpatient Diagnostic X-Ray Benefit</b> For x-ray, ordered by a physician and performed on an outpatient basis in a licensed stand-alone healthcare facility that provides diagnostic services	\$50 per insured, per day 1 day per insured, per year	\$50 per insured, per day 1 day per insured, per year
<b>Outpatient Major Diagnostic Testing Benefit</b> For major diagnostic testing, ordered by a physician and performed on an outpatient basis in a licensed stand-alone healthcare facility that provides diagnostic services	\$200 per insured, per day 1 day per insured, per year	\$200 per insured, per day 1 day per insured, per year

Refer to the GLI Master Policy and Certificate for all terms, conditions, exclusions and limitations.

# MINIMUM ESSENTIAL COVERAGE<sup>2</sup> AND NON-INSURANCE SERVICES<sup>3</sup>

## MINIMUM ESSENTIAL COVERAGE (MEC)<sup>2</sup>

Benefits and Definitions	Plan 1	Plan 2
<p><b>Preventive Benefits</b></p> <p>Covers <b>100% of the cost of certain preventive health services</b>, when delivered by a doctor or provider in your plan's network.</p> <p>Services include but are not limited to:</p> <ul style="list-style-type: none"> <li>• For Adults: Screenings for blood pressure, cholesterol and colon cancer, plus immunizations.</li> <li>• For Women: Screenings for breast cancer, cervical cancer and osteoporosis, plus pregnancy services</li> <li>• For Children: Immunizations, plus screenings for child development, vision and hearing</li> </ul> <p>For a full list, view <a href="#">MEC Covered Services pdf</a>.</p>	INCLUDED	INCLUDED

## NON-INSURANCE<sup>3</sup>

Services and Definitions	Plan 1	Plan 2
<p><b>NBFA Prescription Plan</b></p> <p>Tiered pricing plan offers a preferred drug formulary with 4 pricing tiers. Non-formulary drugs are available with discounts averaging \$78 per prescription or 67% of usual &amp; customary charges</p>	Tier 1: \$0 Tier 2: \$10 or less Tier 3: \$25 or less Tier 4: \$50 or less	Tier 1: \$0 Tier 2: \$10 or less Tier 3: \$25 or less Tier 4: \$50 or less
<p><b>First Health PPO Network</b></p> <p>Access to credentialed in-network providers at 5,000 hospitals, 90,000 ancillary facilities, 550,000 professional providers and 1 million health care service locations</p>	\$10 Prepay at in-network physicians and urgent care	\$10 Prepay at in-network physicians and urgent care
<p><b>MDLIVE Telemedicine</b></p> <p>24/7/365 access to board certified doctors and pediatricians through the nation's largest telehealth network</p>	\$0 co-pay Unlimited visits	\$0 co-pay Unlimited visits
<p><b>SupportLinc Employee Assistance Plan</b></p> <p>Unlimited calls with professional, licensed counselors, available 24/7/365 (3 face-to-face visits, via video and web chat, also available at no cost)</p>	3 sessions per presenting issue	3 sessions per presenting issue
<p><b>StuLo Debt Relief &amp; Financial Wellness</b></p> <p>Financial wellness benefits focused on student loan debt relief (includes private student loan refinancing marketplace, financial coaching, credit repair and identify theft protection)</p>	INCLUDED	INCLUDED
<p><b>myeWellness Online Health &amp; Wellness Tools</b></p> <p>Online access to fitness and exercise plans, diet and nutrition plans, a health risk assessment, and articles, resources, and tools for health and wellness</p>	INCLUDED	INCLUDED

<sup>1</sup> Group Limited Indemnity insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License #2868-8 The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM001. Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.

<sup>2</sup> The MEC plan is PPACA compliant. Beazley does not offer or underwrite the MEC plan.

<sup>3</sup> Beazley does not offer or underwrite the non-insurance services.

## HOW MUCH DOES IT COST?

The grid identifies your payroll deduction amount, based on your employee class (permanent or seasonal), the plan you choose (plan 1 or plan 2), and whether you cover family members.

### CLASS 1: PERMANENT EMPLOYEES

Coverage type	Monthly premium amount	
	Plan 1	Plan 2
Employee	\$58.81	\$68.31
Employee + Spouse	\$146.08	\$174.58
Employee + Child(ren)	\$112.72	\$133.22
Family	\$200.21	\$239.71

### CLASS 2: SEASONAL EMPLOYEES

Coverage type	Monthly premium amount	
	Plan 1	Plan 2
Employee	\$117.61	\$136.61
Employee + Spouse	\$204.88	\$242.88
Employee + Child(ren)	\$171.52	\$201.52
Family	\$259.01	\$308.01

Illustrated rates include Beazley GLI premium, plus fees for MEC and non-insurance services. The MEC and non-insurance services are not offered or underwritten by Beazley.

# GROUP LIMITED INDEMNITY INSURANCE POLICY<sup>1</sup>

With Minimum Essential Coverage<sup>2</sup> and non-insurance services<sup>3</sup>

SPONSORED BY  
LIVE NATION

## HOW DOES IT WORK?

### HOW DO I USE THE ID CARD FOR GLI BENEFITS?

At time of service, you will present the ID card to your medical service provider to indicate you have coverage. You will also assign benefits to the provider, who will submit an itemized bill to the insurer on your behalf (no claim forms are necessary). The claim will be processed, and once approved benefits will be paid to the provider.

### HOW DO I USE THE PREVENTIVE HEALTH BENEFITS COVERED BY THE MEC BENEFITS?

You will locate in-network providers. When you make an appointment, you will confirm they participate in the MEC program. When you receive services, you will present the ID card, and the provider will bill the plan for the cost of your care. (Note: MEC services are only free when delivered by a provider in your plan's network.)

For a full list of covered preventive health services for adults, women and children, view [MEC Covered Services pdf](#).

### HOW DO I LOCATE AN IN-NETWORK PROVIDER?



**FirstHealth** is a comprehensive network of in-network physicians and specialists around the U.S. To locate providers by type or zip code, visit [firsthealthlbp.com](http://firsthealthlbp.com) or call 1-800-226-5116 (M-F, 8a-8p ET).

A \$10 office visit prepay applies at in-network physicians and urgent care centers before insurance benefits are applied.

First Health is a brand name of First Health Group Corp., an indirect, wholly owned subsidiary of Aetna Inc. Cofinity is a brand name of Aetna Inc. The services offered under the Cofinity brand are offered by Cofinity, Inc. and/or other Aetna subsidiaries or Aetna contracted parties. Aetna is a brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

### WHEN WOULD I USE THE TELEHEALTH SERVICES?



**MDLIVE** allows you to address your routine medical issues (such as cold and flu symptoms, allergies, respiratory infections, skin problems and other non-emergency medical issues) with board-certified physicians on demand 24/7 by telephone or video from the convenience of your home or office.

For more information or to access other non-insurance services, see the Welcome Kit that you will receive after you enroll in the Live Nation benefit plan.

## WHO IS THE GROUP LIMITED INDEMNITY INSURER?

Beazley Insurance Company, Inc. is rated A by A.M. Best. Beazley Benefits provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

### BEAZLEY BENEFITS

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Minneapolis, MN 55437 USA  
[www.beazley.com/usa/beazley-benefits](http://www.beazley.com/usa/beazley-benefits)



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Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.

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