



Burnham

well beyond benefits™

Presented By:
Tina Koenig, Vice President
Sara Corp, Consultant
May, 2020

Burnham Facts

- Strong “Clients First” approach
- Continually invests in and develops new client resources
- 650+ clients with 95% retention rate (100% for Team Koenig)
- California based benefits only practice
- Privately held with active owner partner engagement
- 100+ associates
- 19% growth rate for past 10 years
- \$1.8 billion under management
- Ranked Best Place to Work Nationally by *Business Insurance* for 6 consecutive years



Our Value Proposition

Privately Held

Committed, thoughtful,
engaged leadership

Client Centric

One-size fits... One client:
we customize our solutions

Agile, Adaptable, Accessible

The market changes quickly
- so can we

Exceptional Staff:Client Ratio

You have a full team
with end-to-end capabilities



Meet the Team



Executive / Strategic Leadership

Tina Koenig
Vice President



Strategic / Account Leadership

Sara Corp
Consultant



Account Management

Jessica Patterson
Account Manager

In-House Resources



Underwriting

Luis Milla | Glen Morse
Autumn Shupe | Kathleen Cox
Patrick Clark



Benefits Technology

Meagan Felish



Compliance, Legal Support

Richard Asensio, JD –
Resident Counsel



Wellness

Julie Johnson | Cathy Rodriguez



Communications

Leslie Ouellette | Caitlin Far
Emily Pisano | Kevin Louie
Marcella Surjono

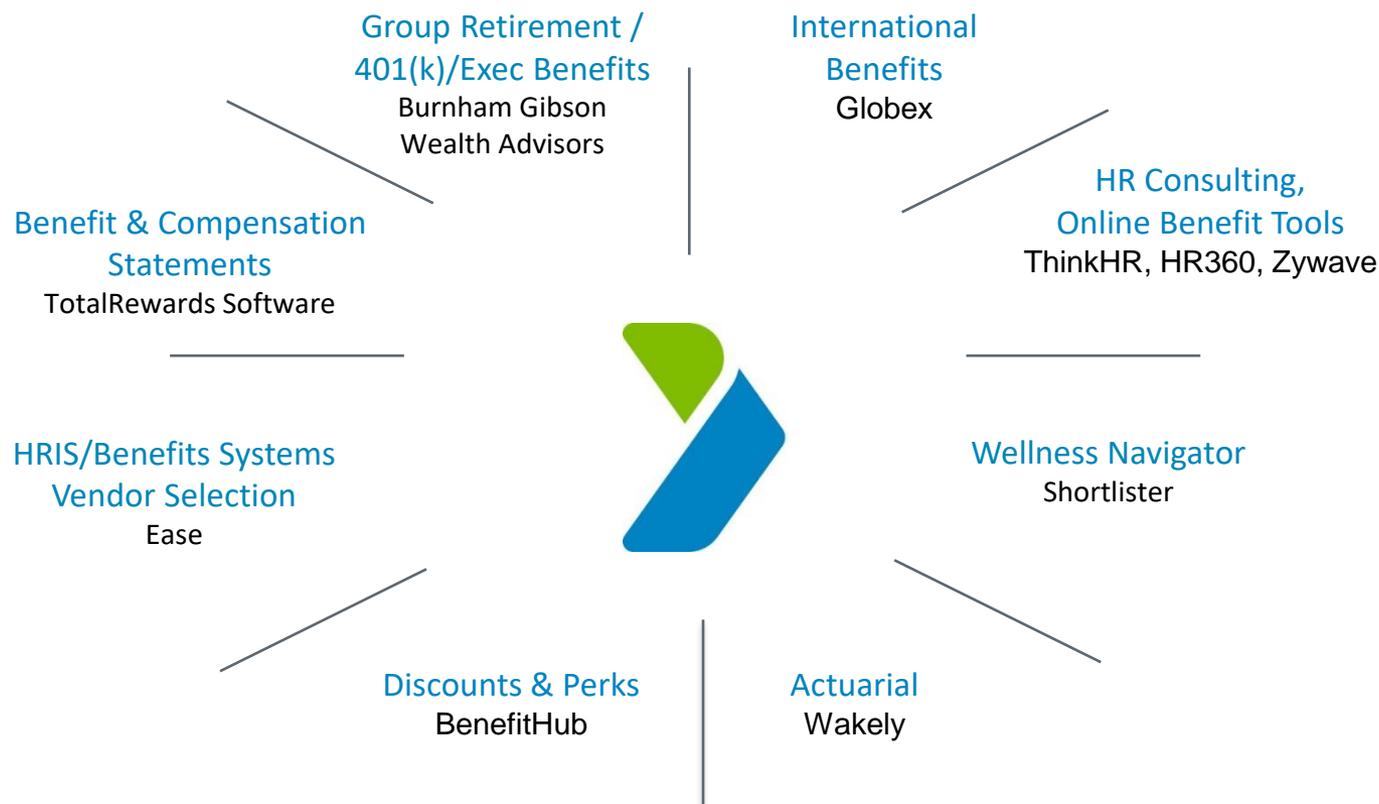


Voluntary Benefits

Whitney Ehret | Kym Pardini

Best-in-Class Partners

We work with a variety of great partners to complement our robust internal team, allowing Burnham to bring you truly comprehensive services by the industry's best experts.



Scope of Services

Full Services Include

Dedicated
Account Team



Compliance services
(ACA, state, federal)



Renewal evaluation,
marketing and
negotiations



Effective wellness
strategies



Innovation and technology



Communications



Fee Information

Fee Information - \$95,000

Renewal Negotiations

Negotiate renewals, evaluate options and set employee contributions

On-Line Administration

Implement on-line benefits administration for all plans including carrier connections.

Communications

Develop communication for all benefits, open enrollment and ongoing support

Compliance

Compliance Audit and ongoing compliance support

PLUS – ongoing day to day support!

On-Line Administration

On-line Administration – Employee Profile

CalPERS Agency > Employees > Tina Tester



Tina Tester

Lodi, CA

Profile

Dependents

Benefits

Documents

Personal Employment Coverage Login History Notes

Personal Profile

Delete Employee

FIRST NAME	Tina	RACE	Select
LAST NAME	Tester	CITIZENSHIP	USA
MIDDLE NAME	Middle Name	LANGUAGE	English
GENDER	Female	MARITAL STATUS	Select
BIRTH DATE	00/29/1970	TOBACCO USER (LAST 12 MONTHS)	Select
SSN	Show	DISABLED	Select

Contact Information

ADDRESS 1	2220 Douglas Blvd	PERSONAL EMAIL	email@example.com
ADDRESS 2	Apartment #	PERSONAL PHONE	555-555-5555
CITY	Roseville	WORK PHONE	555-555-5555
STATE	California		
ZIP	95661		
COUNTY	County		
COUNTRY	United States		

On-line Administration – Plan Options

- Track employee enrollment progress and remind employees that haven't completed enrollment directly from Ease
- Employees receive a unique login to learn about their benefit options
- Employees can reference benefit information year-round

<p>Kaiser Permanente</p> <p>2020 Kaiser DHMO Mid Deductible Plan</p> <p>Documents</p> <ul style="list-style-type: none">Galt Joint Union Elem. 2020_Final SBC DHMO PlanGalt Joint Union Elem School 2020 DHMO Benefit Summary 31783	<p>\$660.18 Per Pay Period</p> <p>Select</p>
<p>Kaiser Permanente</p> <p>2020 Kaiser Low Deductible HSA Plan</p> <p>Documents</p> <ul style="list-style-type: none">Galt Joint Union Elem. 2020_Final SBC HSA PlanGalt Joint Union Elem School 2020 HSA Benefit Summary 31783	<p>\$471.79 Per Pay Period</p> <p>Select</p>
<p>Kaiser Permanente</p> <p>2020 Kaiser Traditional High Plan</p> <p>Documents</p> <ul style="list-style-type: none">Galt Joint Union Elem. 2020_Final SBC Trad HMO PlanGalt Joint Union Elem School 2020 HMO Benefit Summary 31783	<p>\$719.87 Per Pay Period</p> <p>Select</p>
<p>Sutter Health Plus</p> <p>2020 Sutter Health Plus High Plan</p> <p>Documents</p> <ul style="list-style-type: none">Large Group_BCM_Medical_ML26_2020_v1Large Group_SBC_GaltJointUnionElementarySchoolDistrict_ML26_2020_01_v1.0	<p>\$679.88 Per Pay Period</p> <p>Selected</p>

On-line Administration – Plan Options

Close	2020 DHMO Traditional Plan	2020 Kaiser Low Deductible HSA Plan	2020 Kaiser Traditional High Plan	2020 Sutter Health Plus High Plan	2020 Sutter HealthPlus Low Plan
5 available plans					
Costs are shown on a Per Pay Period (Monthly) basis.	\$118 Per Pay Period	\$471.79 Per Pay Period	\$719.87 Per Pay Period	\$679.88 Per Pay Period	\$610.55 Per Pay Period
	Select	Select	Select	Selected	Select
Deductible	Individual / Family	\$2,800 Individual / \$5,600 Family	\$0	\$0	\$1,000 Individual / \$2,000 Family
Office Visit	\$5	20% after deductible	\$25	\$10	\$20
Inpatient	deductible	20% after deductible	\$250 per admission	\$250 per Admit	20% after deductible
Outpatient	deductible	20% after deductible	\$25 per procedure	\$10	20% after deductible
Emergency Room	deductible	20% after deductible	\$100 per visit	\$100	20% after deductible
Rx	Generic / \$30 Brand	\$10 Generic / \$30 Brand after deductible	\$10/\$20	\$10 Tier 1; \$30 Tier 2; \$60 Tier 3	\$10 Tier 1; \$30 Tier 2; \$60 Tier 3
Lab & X-Ray	20% up to complex	20% after deductible	\$0	\$10 Lab/X-Ray \$10; Complex \$50	\$20 Lab/\$10 X-ray; Complex \$50
Out-of-Network	Covered	Not Covered	Not covered	Not Covered	Not Covered
Out-of-Pocket Maximum	Individual / Family	\$5,600 Individual / \$11,200 Family	\$1,500 Indv/\$3,000 Family	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
	Export to Excel				

Ease allows you to:

- Reduce errors due to a rules-based system
- Compare plans side-by-side and see the cost for a benefit plan per pay period
- Access real-time updates on open enrollment progress
- E-sign any documents that require signatures
- Store informational documents, like Summaries of Benefits & Coverage (SBC), in the cloud for employees to access at any time

On-line Administration – Employer Reporting

Reports

Generated Available Custom Feedback

Available Reports

Company
Burnham Demo

Name	Category	Description
Basic Census	Employee	Generates a simple census containing names and general employment information
Demographic Census	Employee	Generates a census containing names, address, and other contact information
Full Census	Employee	Generates a census containing personal, demographic, and employment information
Onboarding Progress	Employee	Shows progress of recent new hires going through the onboarding process
Direct Deposits	Employee	Contains direct deposit information for active employees
Emergency Contacts	Employee	Contains emergency contact information for active employees
W-4 Details	Employee	Contains W-4 information for active employees
W-4 Forms	Employee	Generate W-4 forms for all active employees that have completed onboarding
Managers	Employee	Shows the manager for each active employee
Required Documents	Employee	Contains information regarding required documents employees reviewed and signed
Activity	Benefits	Contains detailed activity (e.g. adds, changes, terms) over a period of time
Age Changes	Benefits	Details employee and dependent changes related to age including eligibility, benefit reduction, and medicare. Only includes future age changes.
Annual Benefits Contribution	Benefits	Shows the monthly Total Rates, Employer Costs, and Employee Costs for all Plan Types for a given year. Useful for fulfilling the reporting requirements of the CARES Act.
Beneficiaries	Benefits	Contains detailed information about beneficiaries
Payroll Deductions	Benefits	Generates a payroll deduction report for selected plans
Consolidated Billing	Benefits	Generates a consolidated billing report for selected plans

Underwriting Deliverables

well beyond benefits™

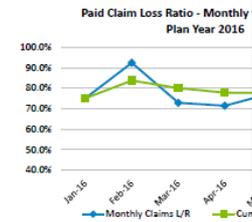


Blended Medical (HMO & PPO) Premium & Paid Claims Medical Plan Year: January 2016 - December 2016 July 2016 Update



Month	Funding		Paid Claims ¹				Plan Performance		
	EE Count	Premium	Medical	Rx	Capitated	Total	Premium PEPM	Claims PEPM	Claim L/R ²
Aug-15	919	\$611,424	\$657,147	\$94,960	\$79,535	\$831,642	\$665.31	\$904.94	136.0%
Sep-15	968	\$638,143	\$576,667	\$79,009	\$80,491	\$736,167	\$659.24	\$760.50	115.4%
Oct-15	969	\$638,833							
Nov-15	900	\$658,893							
Dec-15	978	\$649,520							
Jan-16	991	\$695,853							
Feb-16	975	\$693,106							
Mar-16	1,017	\$712,154							
Apr-16	1,023	\$726,990							
May-16	1,018	\$723,134							
Jun-16	1,051	\$738,383							
Jul-16	1,090	\$741,625							
Rolling 12	996	\$8,228,058							
Plan Year 2016	1,019	\$5,031,245							
Plan Year 2015	879	\$6,966,227							
Plan Year 2014	668	\$4,869,192							

Notes:
¹ Paid claims INCLUDE claims over the pooling point
² Claims Loss Ratio reflects GROSS paid claims against premium



Large Claim Report Claims Over Large Claim Threshold - \$50,000 Experience Period: August 2015 - July 2016



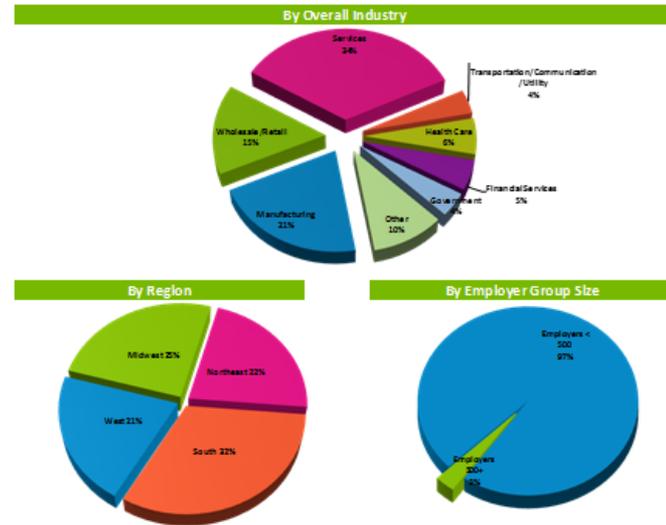
Claimant Information		Diagnosis Information		Claim Information	
Age	Relationship	Primary ¹	Secondary ²	Total Paid HMO	Total Paid PPO
15-44	DEP	De-identified	Secondary diagnosis based on major category	\$200,000	
15-44	SUB	De-identified	Secondary diagnosis based on major category	\$150,000	
15-44	DEP	De-identified	Secondary diagnosis based on major category	\$100,000	
15-44	DEP	De-identified	Secondary diagnosis based on major category	\$50,000	
15-44	SUB	De-identified	Secondary diagnosis based on major category		\$250,000
-15	SUB	De-identified	Secondary diagnosis based on major category		\$200,000
15-44	SUB	De-identified	Secondary diagnosis based on major category		\$150,000
15-44	DEP	De-identified	Secondary diagnosis based on major category		\$100,000
Total Paid Large Claims Over \$50K				\$500,000	\$700,000
Total Paid Claims in Paid Period (Rolling 12) ³				\$2,996,450	\$4,179,983
Total Paid Over \$125,000 Pooling Point				\$100,000	\$225,000
Total % Paid Over Pooling Point				3.34%	5.38%

¹ Primary diagnosis as stated by XYZ Carrier
² Secondary diagnosis based on further review / research; actual name and diagnosis may slightly differ
³ Total paid claims include all gross medical, Rx and capitated paid claims on a rolling 12 basis and correspond with plan totals on the preceding pages



Benchmarking

Average PPO/POS Plan Cost - Active Employees Only, 2005 - 2015



Employer Communications



March Webinar
Employee Friendly California
vs. Employer Friendly White
House: Managing Employees
in a State of Contrast



ACA  PATHWAYS

May 5, 2017

WHAT: *Employee Friendly California vs. Employer Friendly White House: Managing Employees in a State of Contrast*

WHEN: Wednesday, March 22, from 10am - 11am PDT

FOR: Professionals in HR, employee benefits, payroll, and finance

California implemented a variety of new employment laws and regulations and there are over 40 employment related bills pending in Sacramento and there are over 40 employment related bills pending in Sacramento into effect in 2018. Meanwhile, Congress and the new administration are quickly in attempts to radically change the Federal legal landscape. What does all of this mean for California employers? This presentation will respond to what has happened so far, and prepare for what may happen in the future.

Meet the Presenters

The webinar will be presented by John Polson, Partner in the Irvine, Fisher & Phillips
member of the firm's Management

ACA REPLACEMENT BILL PASSED BY U.S. HOUSE OF REPRESENTATIVES; ADVANCES TO THE SENATE

On Thursday, May 4th, after seven years of debate, and weeks of scrambling to secure the votes needed for passage, the U.S. House of Representatives finally passed its latest version of the American Health Care Act of 2017 (American Health Care Act), the signature legislation to repeal and replace the Affordable Care Act (ACA). The vote was very close, 217 to 213, and along party lines, with no Democrats voting for the bill.

MACARTHUR AND UPTON AMENDMENTS TO AMERICAN HEALTH CARE ACT

Several changes have since been made to the original version of the American Health Care Act (see our *ACA Pathways* dated March 7th) to win over both conservative and moderate Republicans, both groups skeptical about the legislation for different reasons. These include an agreement to get the conservative Freedom Caucus on board, submitted by Representative MacArthur (R-NJ) ("MacArthur Amendment") and another agreement negotiated by Representative Upton (R-MI) ("Upton Amendment") to get the buy-in of moderate members of the House by addressing concerns that the changes by the MacArthur Amendment would remove necessary protections for those with pre-existing conditions.

These changes include:

- **Essential Health Benefits.** The ACA required a minimum basic set of benefits be provided under all insurance products. Under the American Health Care Act, as amended, states will have the ability to waive these rules and establish their own standards, beginning in 2020.
- **Pre-existing health conditions.** Under the ACA, health insurers are prohibited from charging higher rates based on health status, so those with pre-existing health conditions are not prevented from obtaining coverage at a higher rate, or coverage altogether. Under the American Health Care Act, states would be allowed to apply for a waiver from this requirement and permit insurers to charge higher prices to sick customers who had experienced a lapse in coverage of more than 63 days, provided that the state also set up a program to help high-risk patients obtain insurance. The Upton Amendment provided an additional \$8 billion funding pool to support those facing higher premiums as a result of the waiver.
- **Age-Rating.** Under the ACA, insurers in the individual and small group market, can charge older individuals no more than 3 times the rate it charges younger ones. The American Health Care Act increases the ratio from 3:1 to 5:1, and gives states the option to establish a higher ratio, if desired.

ACA Compliance

Sample School District Cadillac Tax Projection - Plan 1 (Anthem HMO)

	2015	2016	2017	2018
	Anthem HMO			
Actual EE Annual Premium	\$7,831.83	\$8,575.85	\$9,390.56	\$10,282.66
Excise Tax Threshold EE Only	\$7,768.87	\$8,506.91	\$9,315.07	\$10,200.00
Difference from Actual	(62.96)	(68.94)	(75.49)	(82.66)
	NO	NO	NO	NO
Actual EE Annual Premium	\$15,300.08	\$16,753.58	\$18,345.17	\$20,087.97
Excise Tax Threshold EE + One	\$20,945.48	\$22,935.30	\$25,114.16	\$27,500.00
Difference from Actual	\$5,645.40	\$6,181.72	\$6,768.98	\$7,412.03
	YES	YES	YES	YES
Actual EE Annual Premium	\$21,647.56	\$23,704.08	\$25,955.97	\$28,421.79
Excise Tax Threshold Family	\$20,945.48	\$22,935.30	\$25,114.16	\$27,500.00
Difference from Actual	(\$702.08)	(\$768.78)	(\$841.82)	(\$921.79)
	NO	NO	NO	NO

Real world example of existing Burnham client.

Calculation by plan design, premium, and current enrollment.

Tier	Subs	40% of Difference	Tax
EE Only	69	(\$33.06)	(\$2,281.36)
EE + One	72	\$0.00	\$0.00
Family	104	(\$368.72)	(\$38,346.39)
			(\$40,627.75)

Audit

TABLE OF CONTENTS

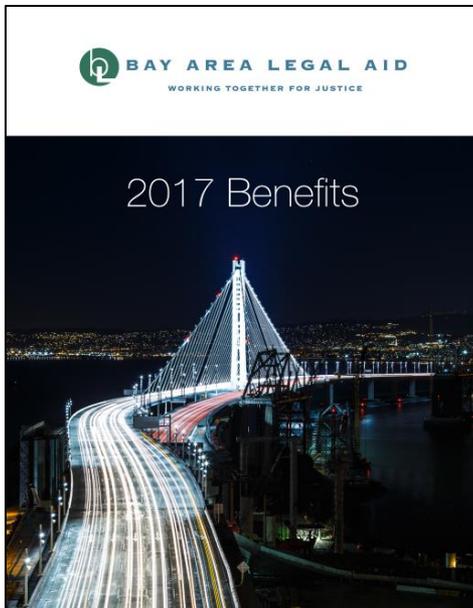
- Section 1: Plan Sponsor Profile 27
- Section 2: Plan Information..... 33
 - Eligibility..... 33
 - Contribution Strategy 33
 - Group Insurance 33
 - Pre-tax Benefits (Code §125)..... 33
 - State and Local Mandated Benefits..... 33
 - Other State Mandated Benefits..... 33
- Section 3: ERISA and Other Plan Disclosure and Notice Requirements 34
 - Plan Disclosure Documents 34
 - Distribution Method 34
 - Stand Alone Dental and Vision..... 34
 - Required Participant Notices..... 34
- Section 4: Health Care Reform Compliance 34
 - Affordable Care Act (ACA) Provisions Addressed in SPD 34
 - Aggregate Health Benefits 34
 - Medicare Tax Withholding..... 34
 - Employer Responsibility (“Play or Pay”) Mandate..... 27
 - Employer Reporting Requirements 33
 - Patient Centered Outcomes Research Fee (PCORI)..... 34



- Transitional Reinsurance Fee..... 35
- Health Insurer Fee 36
- Cadillac Tax 37
- Section 5: More IRS Requirements 38
 - Health Care Spending Accounts (Health FSA)..... 38
 - Dependent Care Assistance Program (DCAP) 39
 - Disability Income 39
 - Nondiscrimination testing 40
 - Health Savings Accounts..... 41
 - Group Term Life (Section 79)..... 42
 - Employee Paid (Supplemental) Life Insurance (Section 79) 42
 - Long Term Disability 42
 - Domestic Partners and Non-Qualified Dependents Policy..... 43
- Section 6: Other Federal Law Obligations..... 44
 - Medicare Part D Creditable Coverage Reporting to CMS..... 44
 - Collective Bargaining 44
 - COBRA Administration..... 44
 - Protected and Unprotected Leave of Absence Administration 45
 - Life Insurance at Termination 46
 - Medicare..... 46
 - Retirees..... 46
 - Qualified Medical Support Court Order (QMSCO)..... 47
- Section 7: HIPAA Privacy & Security..... 48

Employee Communications

Your benefits program is most effective when your employees are fully informed. Burnham Benefits will provide the district's employees with announcements, summaries, and an annual detailed benefits guide to inform your employees of plan updates or changes, and provide them with the educational materials they need to navigate their health plan most effectively.



Medical Insurance

UnitedHealthcare | SimplyEngaged Wellness Program

Take Care of Your Health and Be Rewarded:
SimplyEngaged is a personal health and wellness program which allows you to earn rewards when you complete these health and wellness actions.

It's Easy to Get Started

- ✔ Participate in biometric health screening - learn about your numbers
Access the biometric screening options through Rally when you log in to www.myuhc.com.
- ✔ Complete an online health survey through Rally when you log in to www.myuhc.com within 90 days of the start of the program
Complete the survey and receive your results as a "Rally Age" - an indicator of how your health compares with your actual age.
- ✔ Visit a participating fitness center at least 12 times per month
Register at a participating fitness center or YMCA through the Health & Wellness tab on www.myuhc.com; present your fitness ID card each time you go to the gym.
- ✔ Complete a telephone-based health coaching program
Complete the health survey first, then call the health coach at (800) 478-1067 to begin working on your plan; plan accordingly (this step takes 3 to 5 months to complete).
- ✔ Complete at least three Missions through the Rally experience
Complete the health survey to receive suggested online "missions" (this step takes at least 4 weeks to complete).

Wellness Activity	Reward
Biometric Health Screening	\$25
Online Health Survey	\$25
Visit Approved Fitness Center	\$20 per Month
Telephone Coaching	\$25
Online Health Academy Missions	\$50

Maximum Reward per Employee = \$200
Maximum Reward per Family = \$400
You and your covered spouse are eligible to participate.
Children are not eligible to participate.

You'll be notified of the rewards you have earned via email.

To Get Started
Go to www.myuhc.com or call 866-868-6434.

Dental Insurance

Delta Dental | DHMO Dental Plan
With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist who is a member of the DeltaCare USA network to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the preset copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Delta Dental | PPO Dental Plan
With the Delta Dental Preferred Provider Organization (PPO) Dental plan, you may visit a PPO network dentist, a Premier network dentist, or a non-network dentist. When you utilize a PPO or Premier dentist, your out-of-pocket expenses will be less; however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. If you obtain services using a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Plan Features	Delta Dental DHMO Dental Plan	Delta Dental PPO Dental Plan	Delta Dental Premier or Non-Network
Network	DeltaCare USA	Delta Dental PPO	Delta Dental Premier or Non-Network
DENTAL BENEFITS			
Calendar Year Maximum Benefit	Unlimited		\$1,500
Annual Deductible			
Individual	\$0		\$50
Family	\$0		\$150
Preventive Services (Plan Payd)	See Copy Schedule	100%	80%
	N/A	Deductible Waived	
Basic Services (Plan Payd)	See Copy Schedule	80%	80%
Major Services (Plan Payd)	See Copy Schedule	50%	50%
Orthodontia			
Covered Family Members	Adults & Children		Adults & Children
Copay	\$1,000 Adults / \$1,700 Children		None
Coinsurance	N/A		50%
Lifetime Maximum Benefit	N/A		\$1,500

We strongly recommend you ask your dentist for a pre-determination if total charges are expected to exceed \$300. Pre-determination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Finding a Dental Provider
Go to www.deltadentalins.com to find a provider near you.
 > DHMO Plan: DeltaCare USA
 > PPO Plan: Delta Dental PPO or Delta Dental Premier

Wallet cards are provided to make accessing benefits contact information easier and more convenient for employees

5.11 ALWAYS BE READY.
BENEFITS RESOURCES

<p>MEDICAL / RX</p> <p>Blue Shield PPO #R05471 HSA #932125 (800) 200-3242 NurseHelp (877) 304-0504 LifeReferrals (800) 985-2405 www.blueshieldca.com HSA Admin: Health Equity (866) 346-5800</p>	<p>DENTAL</p> <p>MetLife #5998329 (800) 942-0854 www.metlife.com</p> <p>VISION</p> <p>EyeMed Vision Care #9872169 (866) 289-0614 www.eyemedvisioncare.com</p>
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Open Enrollment Presentations

Burnham Benefits creates customized annual open enrollment presentations to advise employees of upcoming changes to the benefits program, legislative updates that may impact the plan, and provide instructions on how they may make changes to current benefit elections. Burnham Benefits will organize and host open enrollment meetings for employees at each location, offering the convenience of multiple meetings, ensuring all district employees can participate.

OPEN ENROLLMENT PRESENTATION

BENEFIT PERIOD:
OCTOBER 1, 2015 - SEPTEMBER 30, 2016

MEDICAL

	Kaiser HMO Kaiser Facilities Only	Anthem PPO 100% D PPO Network	Anthem PPO 90% G PPO Network	Anthem PPO 80% L PPO Network
Calendar Year Deductible	None	\$300 Individual 2x Family	\$500 Individual 2x Family	\$2,000 Individual 2x Family
Calendar Year Out-of-Pocket Maximum	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family	\$4,000 Individual \$8,000 Family
Office Visits				
PCP	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Specialist	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Acupuncture	\$10 copay 30 visits combined with Chiro	100% up to \$50/visit 12 visits per year	90% up to \$50/visit 12 visits per year	80% up to \$50/visit 12 visits per year

11

Wellness Planning



Employee Surveys

Burnham creates an interactive, customized online survey asking the questions the district chooses. Surveys can be utilized for identifying what wellness programs resonate with staff or they can be used for any other information gathering desired by the District.

Exit this Survey >>

**ABC
COMPANY**

BurnhamSurvey ABC Company Sample California

*** 1. How would you rate the information you receive from ABC Company about your benefits plans?**

Excellent

Above Average

Average

Below Average

Poor

*** 2. What do you consider the most effective resource for learning about your benefits plans?**

Written materials from carriers, e.g. summary plan descriptions, evidence of coverage booklets, brochures

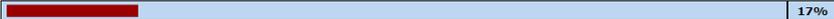
BeneTrac Online Enrollment System Resource Library

Open enrollment meetings

Employee communications from the Human Resources & Payroll Department

Slide or video presentations

Other (please specify)

 17%

Wellness Communications

Save your HR department's valuable time and resources while promoting health and wellness with Burnham Benefits wellness communications. The *Live Well, Work Well Newsletter* is a customizable monthly newsletter that provides your employees with wellness, fitness, nutrition and financial tips, and includes a healthy recipe in every issue.



LIVE WELL, WORK WELL Jul-2011



Summer Safety Tips

Summer is in full swing, which means plenty of time enjoying the outdoors. However, don't forget to protect yourself and your family against summer risks.

Sun Safety

Time in the sun brings many risks, particularly skin and eye damage from the sun's rays. Remember these tips:

- Always wear sunscreen with at least 15 SPF and reapply often (read the label for specifics). Use SPF 30 or higher for children.
- Protect skin when the sun is strongest (10 am to 4 pm) – stay in the shade if possible or under an umbrella or large-brimmed hat.
- Always wear sunglasses with 100 percent UV protection when outdoors to protect your eyes.
- Check your medications – some increase sun sensitivity so you may need to take extra precautions.

Heat Protection

High summer temperatures can cause illnesses such as heat exhaustion or even heat stroke. This risk is even greater if engaging in physical activity or working in hot weather. Make sure to:

- Drink plenty of fluids, but not caffeine or alcohol.
- Don't wait until you are thirsty to drink.
- Wear lightweight, loose-fitting clothing.
- Try to schedule vigorous activities for early morning or evening hours.
- If you are being active in the heat, take time to rest in the shade or indoors, and pay attention to your body. Don't overdo it!
- Never leave children in a parked car, even with the windows open.



Caring for a Parent?

If you are helping care for and support your elderly parent, you understand the time and cost burden it can be. But did you know there are government programs that your parent may be eligible for that can provide help with home health care, tax breaks, lower energy bills and more?

Check out these websites to find out if your parent is eligible and for additional resources to help you obtain the best care for your parent or older relative:

www.benefitscheckup.org
www.benefits.gov

Did you Know?

Millions of older Americans are eligible for various government benefits, but are not receiving them. There are hundreds of programs offering benefits such as energy assistance, tax breaks, income supplements, prescription savings, home health care, and more.

Are You At Risk For Measles?

Though the disease has been largely eradicated worldwide, 2011 has seen a global outbreak of measles. In Europe, over 10,000 cases in 33 countries have been confirmed. Over 100 cases in 23 states have been reported in the United States.

About this outbreak

The best protection against measles is vaccination, so people who are unvaccinated are at risk – 90 percent of people who are not vaccinated and exposed to measles get sick. In addition, measles is quite contagious and easily spread through the air.

There has been a recent resurgence of this disease as more people choose not to vaccinate their children. Most of the recent cases in the United States have been due to people traveling to countries with outbreaks and bringing the virus home. Measles can be serious, as up to 20 percent of infected people develop complications, which may be severe or even life-threatening.



Prevention Newsletter

...for the health and well-being of you and your family

Regular physical activity is vital to good health, and especially important in maintaining or losing weight. Most Americans are well aware of this, yet many remain sedentary. According to the Centers for Disease Control and Prevention (CDC), an astounding 70 percent of adults are not achieving the basic recommendation of at least 30 minutes of moderate physical activity five days a week. Exercise should not be dismissed as an "if I have the time" option; it needs to be part of every American's lifestyle.

In This Edition:

- The Benefits of Physical Activity Pg 1
- How do I get started? Pg1
- What if I have health issues? Pg2
- How much exercise do I need? Pg2
- I'm not seeing a difference. Pg 2
- How can I make exercise fun? Pg 2
- I'm too busy to work out. Pg 2

Get Active!

People of all ages can benefit from physical activity. It doesn't matter how out-of-shape you feel or how long you have been inactive – it is never too late to start aerobic activity. Simply stated, an aerobic activity is one that gets you breathing harder and your heart beating faster. It is also important to fit strength-building activities into your daily routine, in order to make your muscles stronger and prevent osteoporosis.

The Benefits of Physical Activity

Exercise can help control your blood pressure, blood sugar, and weight; help raise your "good" cholesterol; and prevent diseases such as colorectal cancer, heart disease and type 2 diabetes. Becoming active can also:

- Help you look your best
- Raise self-esteem
- Improve sleep
- Strengthen bones, muscles and joints
- Reduce falls and arthritis pain
- Lower your chances of becoming depressed
- Be fun!

How do I get started?

If you are not that active but want to get there, start by building physical activity into your life slowly. Begin at a comfortable level; once you get the hang of it, add a little more activity each time you exercise. Then, try doing it more often. Remember, any activity is better than no activity – even if you feel that you are not working out as vigorously as you should be, you are still doing your body tremendous good. Make exercise part of your daily routine; you are much more likely to keep up with activity if it becomes second nature.

It is important to remember, that ANY activity is BETTER than NO activity



A family of four is walking away from the camera on a sandy beach at sunset. The father is on the left, the mother on the right, and two children in the middle. They are all holding hands and looking towards the ocean. The scene is bathed in the warm, golden light of the setting sun, creating a soft and peaceful atmosphere.

Our Service Pledge

We will work as a dedicated team to ensure extraordinary benefits program performance year after year by always doing what's right for you and your employees.

THANK YOU.