



**Workers' Compensation • Unemployment Compensation •
Disability Management • Insurance Services •
Huntertime • Hunter Financial Services**



6600 CLOUGH PIKE, 2ND FLOOR, CINCINNATI, OH 45244

TOLL FREE 1-800-486-6652 | TELEPHONE (513) 231-4023 | FAX (513) 231-4325

Organization History

Established in 1986 by founder Jack Hunter, Hunter Consulting Company has established itself as one of Ohio's premier Third Party Administrators. Founded on the principle of providing superior service, Hunter Consulting has grown to be one of the largest administrators for Self Insured and Retrospective Rated companies. Our Group Rating Program is the fastest growing program in the state of Ohio, offering highly competitive premium discounts while maintaining excellent claims administration services. We have worked very hard at building our reputation based on giving our clients the highest quality and most dependable service in Ohio Workers' Compensation. We are equally proud of our Unemployment Services reputation throughout the United States.

Our Mission

- To contribute to our client's welfare through the application of sound business principals developed over twenty-six years of service in the industry. By improving our corporate partner's workers' compensation liability, we add to their overall corporate health and profitability
- To strive without reserve for the greatest possible reliability and quality in our service; to be the unsurpassed standard of comparison and to be recognized as a company of dedication, honesty and integrity
To recognize the personal worth of employees by providing an employment framework that allows personal satisfaction in work accomplished, security, advancement opportunity, and means to share in the company's success
- To maintain good citizenship as a company

Service Philosophy

Hunter Consulting Company provides comprehensive consulting and claims administration in the areas of Workers' and Unemployment Compensation, Disability Case Management and Insurance Risk Services. Our objective is to provide quality, aggressive claims services to our clients and their employees. To accomplish this, we use a team approach with each client being assigned an Account Executive and Account Manager who is familiar with their operations and procedures.

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STATE FUND WORKERS' COMPENSATION SERVICES

Program Design and Implementation

Meetings with your personnel would be scheduled to discuss paper management and flow. We discuss with you and your personnel all aspects of the claims reporting process to determine the most expeditious and efficient means of delivering benefits to your legitimately injured employees. Suggestions are made, where indicated, to streamline this process.

An initial audit of your claim files would be conducted. This is done to verify all payments and charges against your risk account. In addition, we identify those claims that qualify for Handicap Reimbursement and, where appropriate, apply for this relief.

A rating inspection of your company's operations is conducted to verify that the appropriate manual classifications are being utilized.

We review the last two rating periods and protest any incorrect charges or reserves based upon this audit of your claims.

Claim Management and Control

Many employers today aggressively approach only the five percent of their claims that they feel are questionable and assume the remaining ninety five percent will take care of themselves. This simply does not happen.

Unfortunately, the "system" is very liberal and some of those contested claims are going to draw benefits. To control Workers' Compensation costs in today's environment, a company must control all of their claims, particularly, the ninety five percent of the legitimately injured employees.

At Hunter Consulting Company, we have developed what the average length of disability is by type of injuries. Every lost time claim is monitored to track this period of disability. We contact the claimant's doctor on any claim that exceeds the norm to discuss their prognosis and

restrictions for return to work. We then discuss with you the options available, whether that may be modified work, independent medical exams, or rehabilitation.

As your service company, it is our responsibility to identify for you those claims that need attention.

Hearings

All contested claims are reviewed by the Account Manager assigned to your account upon receipt. Contact is made with the appropriate company personnel to obtain any necessary information and discuss witnesses, where indicated. The defense strategy is also discussed. Once the matter is scheduled for hearing, if indicated, the company is contacted again to be certain all materials have been received and to finalize preparations for the hearing. After the testimony and hearing, results will be provided. HUNTER UTILIZES A NETWORK OF ATTORNEYS ACROSS OHIO FOR EMPLOYER REPRESENTATION AT ALL HEARINGS BEFORE THE INDUSTRIAL COMMISSION.

SALARY CONTINUATION

Salary continuation, also known as Wages in Lieu of Temporary Total Disability (TTD), is a privilege granted by the BWC that allows employers to pay an injured worker their normal wages while they are unable to work due to a work-related injury.

Purpose

A reserve is set on all active lost-time claims. This reserve is added to the compensation and medical paid in a claim to develop your total modified losses, which is then used to determine an employer's experience rate and subsequent premium. If an employer pays salary continuation in a claim and avoids compensation from being paid by the BWC, it prevents a reserve from being established in the claim.

Benefits

- Avoids costly reserves
- Can lower premiums
- Decreased wait time for workers' compensation checks to begin
- Supports communication between the employer and injured worker
- May discourage need for injured worker to seek legal advice

Risk

- Initially, salary continuation may be recommended when lost time does not exceed 12 weeks. However, the cost of continuing an injured worker's salary can sometimes outweigh potential savings. Hunter Consulting Company will make a recommendation on each specific situation.
- The BWC allows an employer to pay salary continuation, but an injured worker can still file a permanent partial award, scheduled loss award, permanent total disability, facial disfigurement or death benefits and a reserve will be assigned to a claim, regardless of previous salary continuation being paid.
- The injured worker is not required to accept salary continuation.

Process

- Decision to pay salary continuation must be made at the onset of the claim, as it cannot be paid once the BWC has issued TTD.
- Salary continuation must be paid immediately so there is no lapse in pay for the injured worker.
- The employer must notify the BWC within 48 hours and Hunter immediately that they are paying salary continuation.
- BWC form C-55 (Salary Continuation Agreement) must be completed by the employer and injured worker and then provided to the BWC. The employer may be asked to submit payment summary and wage information in writing as a follow up. The C-55 form to document payment of salary continuation can be obtained from the BWC claims service specialist (CSS), the BWC website or from Hunter.
- The employer must report the return to work within 72 hours (3 business days). Failure to do so may impact the employer's eligibility to participate in the salary continuation program.
- The employer must notify BWC immediately if salary continuation is stopped for any reason. The CSS will investigate to determine the injured worker's continued eligibility to receive TTD.

Recommendation

Practice a consistent policy of continuing wages in all claims that meet your list of parameters. You do not want to be accused of discrimination. You should consult with your legal counsel so that a policy is carefully developed and followed consistently. It is also recommended that you contact your Account Manager at Hunter to review the specifics of the claims and ask them to answer any questions you may have regarding salary continuation.

HANDICAP REIMBURSEMENT

Purpose

Handicap reimbursement provides for relief from a portion of the cost of claims where the injured worker has one of 26 pre-existing conditions. It must be proven that this condition existed prior to the injury and prolonged the recovery or increased the cost of the claim. The employer may request a percentage of the costs in the claim be removed from their experience.

Benefits

The percentage granted, ranging from 0 to 100 percent, is deducted from the experience of the employer and subsequently charged to the statutory surplus fund.

- Handicap reimbursement applications are considered even when a claim is settled.

Process

- Hunter Consulting Company Account Managers review medical documentation to identify any pre-existing condition in any claim with disability compensation and/or salary continuation payments.
- If a qualifying condition is identified, Hunter Consulting begins to establish documentation to show the extent the pre-existing condition prolonged or delayed normal recovery.
- If there is significant supporting documentation Hunter will file an Application for Handicap Reimbursement (CHP-4A) for consideration by the BWC.
- Hunter may represent the employer at a BWC administrator hearing to establish the relationship between the pre-existing condition and the subsequent injury by way of aggravation or delayed recovery by medial proof on file.

- The BWC administrator decides the percentage of the reimbursement and issues an order directing the BWC's Risk Technical Department to adjust the employer's premium for the time the claim remains in the employer's experience period. The percentage award is entered into the records of the employer's state fund risk account.

Eligibility

Claims that have deductible compensation paid in them may be eligible, including Temporary Total disability, Permanent Total disability, Death Benefits and Salary Continuation. Employers not eligible for the handicap reimbursement are non-complying employers and out-of-business employers, self-insuring employers who have opted out of the program and did not list the claim on the buyout agreement, bankrupt employers (requests are reviewed on a case by case basis; some bankrupt employers may qualify for a reimbursement), and state agencies and universities.

Application Deadlines

- State Fund Employer claims must be filed by 6/30 of the sixth year after the date of injury. Example: 2006 injury must have application filed by 6/30/2012
- Public Employer claims must be filed by 12/31 of the fifth year after the date of injury. Example: 2006 injury must have application filed by 12/31/2011
- Self-Insuring Employers still in the program must file claims within five years from the date of injury. Example: 2006 injury must be filed by date of injury in 2011.

26 Handicap Conditions recognized by the BWC:

- Epilepsy
- Diabetes
- Cardiac Disease
- Arthritis
- Amputation
- Loss of sight
- Poliomyelitis
- Cerebral Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Cerebral Vascular Accident
- Tuberculosis
- Silicosis
- Psycho-neurotic
- Hemophilia
- Osteomyelitis
- Ankylosis of Joints
- Hyper Insulinism
- Muscular Distrophy
- Arterio-sclerosis
- Thrombo-phlebitis
- Varicose Veins
- Cardiovascular and poliomyelitis pulmonary diseases of a firefighter employed by municipal corporation or township as a regular member of a lawfully constituted fire department
- Coal Miners pneumoconiosis
- Completed rehab program

TRANSITIONAL WORK

A transitional work program is a progressive, individualized return-to-work program focused on transitioning injured workers with temporary limitations back to their original jobs. Implementation can significantly reduce worker's compensation costs by allowing injured workers to perform transitional work duties during their recovery. The program offers injured employees a productive work option – as opposed to just light duty – that maintains positive morale for all your employees.

Benefits

- Employers can realize direct cost savings with a reduction in overall employee absences.
- Employers can eliminate the need to hire and train replacement employees, avoiding the unnecessary delays and inefficiencies created when valuable employees are missing.
- By returning injured workers to work as quickly and safely as possible, the potential for legal complications is lessened.
- By experiencing minimal lost time, BWC claim reserves are reduced or prevented entirely.

Things to Remember

- If an employer is prepared to offer transitional duty, we recommend that the offer be made to the injured worker in writing via certified mail and copies of the offer sent to the BWC, the MCO, and Hunter Consulting.
- If an injured worker's physician of record agrees to the transitional duty position that the employer has to offer and the injured worker refuses to accept the transitional duty position, ongoing compensation may be terminated.
- To benefit fully from this cost control strategy, the employer must pay the injured worker their normal wages/salary from the onset of the injury. If paying the injured worker at a lower rate, the injured

worker may have the option to file for wage loss compensation. Wage loss can carry a high reserve charge and adversely affect an employer's premium dollars. By paying the normal wages/salary from the beginning the BWC will not add a reserve.

Procedure

- Obtain restrictions from the treating physician
- Determine what tasks the employee may be able to perform
- Offer the modified work to the employee in writing, specifically detailing:
 - Time & Place to start
 - Task to Perform
 - Rate of pay
 - Duration

Once an employee is back on modified duty, employers cannot forget about them. It is important to obtain regular updates on employee's injury and on performance of assigned tasks. Modified/Transitional/Light Duty is simply providing an injured worker with tasks they can perform within the restrictions of their injuries. Statistics show that claim costs can be reduced by 21% to 33% when return-to-work occurs within the first 3 weeks. In addition, claim costs tend to increase by more than 50% if the injured worker is off longer than 90 days.

DESTINATION: EXCELLENCE

Program	Discount
Industry Specific Safety Training	Up to 3%
Transitional Work	Up to 10% bonus
Safety Council	2% participation & 2% performance
Drug Free Safety Program	4% or 7% discount
Vocational Rehabilitation	TBD
Lapse Free Discount	2% up to \$2,000
Go-Green Discount	2% up to \$2,000

Destination: Excellence allows employers to design a plan to suit their individual needs by selecting a combination of programs that target their specific problem areas.

A list of eligible programs and the requirements for each are discussed below.

INDUSTRY-SPECIFIC SAFETY PROGRAM

Employers are required to complete an online safety and claims management self-assessment and 1,2, or 3 loss-prevention activities. The number of required loss-prevention activities is dependant on the amount of the employer's annual payroll.

Payroll Guidelines

- \$100,000 or less - one loss-prevention activity
- \$100,000 - \$300,000 - two loss-prevention activities
- More than \$300,000 - three loss-prevention activities

The Ohio BWC defines a loss-prevention activity as: attendance at the Ohio BWC's Safety Congress and Expo, attendance at BWC industry-specific training classes, and/or on-site consulting with a BWC safety and health expert.

Employers choosing to participate in this program could realize a **savings of 3%**.

TRANSITIONAL WORK BONUS

Private employers must enroll by the last business day in May for the July 1 start date. Public employers must enroll by the last business day in November for the January 1 start date.

Employers could realize a **10%, back-end bonus** off the pure premium for successfully utilizing an approved transitional work plan to return an injured worker to work. In order for the BWC to consider the use of the transitional work plan successful, there must have been an agreement signed by the employer and injured worker. Claims must have occurred within the program year.

Transitional Work Program is discussed in detail on page 7.

SAFETY COUNCIL DISCOUNT

The enrollment deadline is July 31st for public and private employers.

The Ohio Bureau of Workers' Compensation offers a discount program for participating in your area safety council. 81 safety councils participate in this program which promotes strategies to increase safety and health in both the workplace and the community. There is a possible 4% premium discount for participating in this program.

Eligibility

To qualify for a **2%** premium reduction employers must meet the following requirements.

- Enroll with the local safety council by July 31.
- Attend 10 meetings or events.
- At least 8 through the local safety council
- Credit for 2 meetings may be obtained by attendance of Ohio Safety Congress, DSH safety training courses or industry-specific training.
- The CEO (highest ranking officer) must attend one safety council sponsored function or meeting (CEO attendance counts as credit toward one of 10 meetings required).
- Submit semi-annual reports for the calendar year.

AdditionalDiscount

Employers can also earn an additional **2%** performance bonus for reducing either frequency or severity of claims by 10 percent, or with maintenance of both frequency and severity at zero. An employer must meet all eligibility requirements to be eligible for a performance bonus.

DRUG FREE SAFETY PROGRAM

(DFSP)

Private employers must submit the U-140 prior to the last business day in May for the program year beginning July 1st. Public employers must submit the U-140 prior to the last business day in November for the program year beginning January 1st.

BWC's DFSP is designed to help employers establish safer and more cost-effective workplaces.

Eligibility

- Only State Fund employers may participate.
- Employer must be in good standing with the BWC.
- Must be current on all premium payments at time of application and throughout the policy year
- May not have cumulative lapses of more than 40 days in the past 12 months
- Must continue to meet all eligibility requirements during participation in the program.

Discounts

Basic Level —4% discount

Advanced Level — 7% discount

Other Benefits

- Increased Productivity
- Fewer Accidents
- Decreased severity of accidents
- Reduction in use of workers' compensation medical benefits by substance users
- Decrease in theft
- Protecting the bottom line

VOCATIONAL REHABILITATION

Employers participating in this program work closely with medical providers and the Ohio BWC to develop a plan for returning seriously injured employees to work. Savings are realized through negotiated payments from BWC and rehabilitation costs paid out of the BWC surplus fund.

The BWC also offers incentives such as:

- **Incentive Contract:** Employer allows the injured worker to return to work at less than 100% productivity and BWC will reimburse employer a percentage of the injured worker's wages for up to 13 weeks.
- **On the Job Training:** The BWC may pay for training if the injured worker needs to obtain or increase vocational skills on the job.
- **Work Trial:** The BWC pays the injured worker living maintenance up to 4 weeks while the employer tests, observes, and evaluates the injured worker prior to hiring.

LAPSE-FREE DISCOUNT

Employers receive a 2% discount (up to \$2,000 per year) for having no lapses in coverage in the prior 60 months.

GO-GREEN DISCOUNT

Employers receive a 2% discount (up to \$2,000 per year) for agreeing to receive their payroll reports electronically and reporting payroll and paying premiums via www.ohiobwc.com

GROUP EXPERIENCE RATING

Application for enrollment must be submitted by the Monday prior to Thanksgiving for private employers and the last business day in May for public employers.

Under a Group Experience Program employers are pooled together through a sponsoring organization and receive an overall rate reduction. Employers are placed in groups with employers of like industry and claims history to receive discounts on their premiums up to the maximum allowable by the Ohio BWC.

Eligibility

- Be a private, state-fund employer or a public employer taxing district
- Be current on any and all premiums or other monies owed to the BWC
- Not have cumulative lapses in excess of 40 days within the 12 months preceding the application deadline.
- EMPLOYER MUST BE A MEMBER OF A CERTIFIED SPONSORING ASSOCIATION

GROW OHIO INCENTIVE PROGRAM

The Grow Ohio Program is designed for new Ohio employers. A new employer being defined as a business that is new to Ohio and creates at least one new job. PEO's, self-insured employers, and employers with a transferring experience are not eligible.

New employers choosing to participate in the Grow Ohio Program will have 2 options for savings:

1. Enroll in a group experience-rating program and receive a discount up to the Ohio BWC's currently set maximum
2. Receive an automatic 25% discount

Employers wishing to enroll in a group will have **30 days** from the date the BWC finalizes their policy to enroll in a group rating program. **Group participants must be a member of a certified sponsoring association.**

Employers **NOT** choosing to participate in the group rating program will receive an automatic 25% discount. This discount will be applied to the payroll period in which coverage becomes affective and the following 4 consecutive payroll periods.

Maintaining Eligibility—Safety Requirements

1. Complete the BWC safety survey.
2. Read an introduction to the Division of Safety & Hygiene's offerings
3. Complete at least 2 hours of safety training provided by the Division of Safety & Hygiene

The safety requirements must be completed by all Grow Ohio Participants prior to the end of the first full reporting period after being accepted into the program.

GROUP RETROSPECTIVE RATING

Application for enrollment must be submitted by the last business day in January for private employers and the last business day in July for public employers.

Under a Group Retro Program, employers can band together through a sponsoring organization and earn refunds (or be charged assessments) based on performance. Employers will continue to pay their individual premium however, they will have the opportunity to receive periodic retrospective premium adjustments (in the form of refunds or assessments). Group Retro is not for every employer as there is a potential for loss if claim costs are not controlled.

Eligibility

- Be a private, state-fund employer or a public employer taxing district
- Be current on any and all premiums or other monies owed to the BWC
- Not have cumulative lapses in excess of 40 days within the 12 months preceding the application deadline.
- Must be a member of a certified sponsoring association.

THE DEDUCTIBLE PROGRAM

Application (Form U-148) for the Deductible Program must be submitted by the last business day in January for private employers and by the last business day in July for public employers.

Under this program an employer receives an up-front premium discount in exchange for agreeing to pay a per-claim deductible amount. For claims that occur during that policy year, you would be responsible for the first dollars paid up to the selected deductible amount.

Eligibility

- Be a private, state-fund employer or public taxing district
- Be current on all premium payments and deductible billings at the time you apply
- Have active coverage by application deadline
- May not have cumulative lapses in coverage in excess of 40 days within the 12 months preceding application deadline - deductible up to \$10,000.
- May not have cumulative lapses in coverage in excess of 15 days within the 5 years preceding the application deadline

deductible \$25,000 and up

For deductible of \$25,000 - \$50,000 employers will be required to submit reviewed/audited financial statements for the 3 most recent fiscal years.

For deductible of \$100,000 - 200,000 employers are required to submit audited financial statements for the 3 most recent fiscal years.

Demonstrate financial strength and stability. Additional financial requirements may apply in certain circumstances.

Deductible Levels

- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$200,000

Employers choosing a deductible level of \$10,000 or less may also be eligible for Group Experience Rating.

ONE CLAIM PROGRAM

Application for enrollment must be submitted by the last business day in January for private employers and the last business day in July for public employers.

If one significant claim enters your experience and leads to your group sponsor no longer qualifying you for group rating the BWC One Claim Program may be able to help.

Basics

The One Claim Program (OCP) is a voluntary rate program for private, state fund employers participating in a group rating plan. It is designed to help employers with minimal claims lessen the impact of one uncharacteristic claim.

Discount

Discounts are off of base rates as follows:

Year 1: 20%

Year 2: 15%

Year 3: 10%

Year 4: 5%

Benefits

In addition to a premium discount, the OCP provides an opportunity for employers to work with their Managed Care Organization (MCO) and Hunter Consulting to gain a better understanding of claims management and work to prevent future claims

Eligibility

To be eligible for the OCP, a participant must:

- Be a private, state fund employer
- Be enrolled in a group rating program
- Have a single significant claim entering their experience that prevents them from being renewed in their group rating program
- Not have more than 3 medical only claims in addition to the one significant claim during the past five years

- Be current on any premiums, assessments or other monies due to the BWC
- Cannot have days of lapsed coverage in excess of 40 days within the last 12 months preceding the application deadline.

To remain eligible, employers must:

- Not allow the total cost of the three medical only claims to exceed their expected losses calculated for that policy year
- Attend a half-day class provided by BWC's Division of Safety and Hygiene.
- Remain current on any premiums, assessments or monies due to BWC

INDIVIDUAL RETROSPECTIVE RATING

To participate in this program, private employers must submit an application by the last business day in January and public employers by the last business day in July .

Any company paying in excess of \$200,000 in annual State Fund premiums should review this program to determine if it would be an appropriate cost control tool. With a retrospective rated program, the employer selects a deductible from \$100,000 to no claim limit. They self-insure this figure with the Bureau. The Bureau provides excess insurance over that level. Hunter Consulting Company can perform a ten-year cash flow analysis to determine if this program would be appropriate for your business.

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Employer program Compatibiltiy

Rating Framework	Compatible Programs ¹
Base- or Individual-Experience Rating	Destination Excellence ² <ul style="list-style-type: none"> • Drug-Free Safety Program • Industry Specific Safety Program • Safty Council Rebate Incentive Program • Transitional Work Bonus Program • Go Green Discount • Lapse-Free Discount • \$15K Medical -Only Program
Group Experience Rating (OAC 4123-17-61 to 68)	Destination Excellence ² <ul style="list-style-type: none"> • Drug-Free Safety Program • Industry Specific Safety Program • Safty Council Rebate Incentive Program (Performance Bonus only) • Transitional Work Bonus Program • Go Green Discount • Lapse-Free Discount • \$15K Medical -Only Program
Group Retrospective Rating (OAC 4123-17-73)	Destination Excellence ² <ul style="list-style-type: none"> • Safty Council Rebate Incentive Program (Participation Bonus only) • Go Green Discount • Lapse-Free Discount
Retrospective Rating (OAC 4123-17-41 to 54)	Destination Excellence ² <ul style="list-style-type: none"> • Safty Council Rebate Incentive Program • Go Green Discount • \$15K Medical -Only Program
Large Deductible Program (deductible amounts greater than \$10,000, OAC 4123-17-72)	Destination Excellence ² <ul style="list-style-type: none"> • Safty Council Rebate Incentive Program • Go Green Discount
Small Deductible Program (deductible amounts of \$10,000 or less, OAC 4123-17-72)	Destination Excellence ² <ul style="list-style-type: none"> • Drug-Free Safety Program • Safty Council Rebate Incentive Program • Go Green Discount Grow Ohio ³

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<p>Grow Ohio (OAC 4123-17-69)</p>	<p>Destination Excellence²</p> <ul style="list-style-type: none"> • Drug-Free Safety Program • Industry Specific Safety Program • Safty Council Rebate Incentive Program • Transitional Work Bonus Program • Go Green Discount • Lapse-Free Discount • \$15K Medical -Only Program
<p>One Claim Program (OAC 4123-17-71)</p>	<p>Destination Excellence²</p> <ul style="list-style-type: none"> • Industry Specific Safety Program • Safty Council Rebate Incentive Program • Transitional Work Bonus Program • Go Green Discount • Lapse-Free Discount • \$15K Medical -Only Program
<p>EM Cap</p>	<p>Destination Excellence²</p> <ul style="list-style-type: none"> • Industry Specific Safety Program • Safty Council Rebate Incentive Program • Transitional Work Bonus Program • Go Green Discount • Lapse-Free Discount • \$15K Medical -Only Program

¹ Compatible programs are as follows: Destination: Excellence (OAC 4123-17-75); Drug-Free Safety Program (OAC 4123-17-58); Industry Specific Safety Program (OAC 4123-17-56.3); \$15K Medical Only (OAC 4123-17-59); Go Green Discount (OAC 4123-17-14.2); Lapse-Free Discount (OAC 4123-17-14.4); Safety Council (OAC 4123-17-56.2); Transitional Work Bonus Program (OAC 4123-17-55).

² Only the components of Destination: Excellence listed for a rating framework are compatible with that rating framework.

³ An employer participating in both Grow Ohio and Small Deductible can only receive a discount for participation in the programs listed as compatible for Small Deductible.

SELF-INSURED WORKERS' COMPENSATION SERVICES

For those entities that meet the Ohio Bureau of Workers' Compensation guidelines and that can bear the risk financially, self-insurance can be the most cost effective way to provide the State mandated coverage.

A Feasibility Study is provided to determine any financial advantage to being self-insured. Once the application for self-insurance has been submitted to the Ohio Bureau of Workers' Compensation, Hunter begins designing a plan customized to meet individual client's needs:

- Meeting with the client to discuss paper management and flow.
- Discuss most efficient means of claims reporting to protect your Self-Insured privilege and deliver benefits to legitimately injured employees.
- Internal audit of claim files to ensure compliance with rules and regulations as required by Ohio Bureau of Workers' Compensation.

Claims Management and Control

Hunter Consulting maintains a staff of experienced claims personnel. These professionals are trained to manage claims from the client's perspective. Their objective is to provide expert services with an ultimate goal of reducing your claim costs. Our claims staff will work closely with you to promote a frequent exchange of information necessary for effective claims management.

The following guidelines provide the format by which the Hunter Account Manager will manage your claim.

Investigation Management

A Hunter Account Manager will promptly investigate the incident leading to injury to determine the claim's merit.

Initial contact with the claimant will be established within 24 to 48 hours of receipt of claim notice, depending on severity. During the investigation process, Hunter will:

- Obtain copies of medical records.
- Secure statements from the claimant, fellow employees, or other witnesses.
- Order copies of police reports, safety reports, or other appropriate investigation reports.

Reserves

The Hunter Consulting Company's reserve philosophy is to accurately present to the client their ultimate exposure as soon as it is known.

This requires a thorough review of:

- Attending physician's diagnosis of the claimant's condition.
- Medical treatment required.
- Statutory benefits.
- Anticipated duration of a disability.

Assessment of damages resulting from legal liability or accident compensability and the most probable outcome based on the case in its entirety.

Establish initial file reserve within 24-48 hours of receipt of the first report.

The reserve amount is reviewed every 30 days by the Account Executive and adjusted if the facts surrounding the claim warrant change.

Claims Settlement

Negotiations commence as soon as sufficient evidence to establish a fair settlement value exists. During the course of negotiations, our Account Manager will:

- Notify the client of developments.
- Maintain proper file documentation
- Coordinate efforts with appropriate parties.

Settlement valuation is a process to determine an effective means of resolving a claim. Our objective is to manage settlements to a fair and equitable conclusion.

Rehabilitation Management

Our Account Managers are trained to handle much of the medical management as a normal part of their daily claims practice. Under certain circumstances, it may become necessary for a file to be referred to an outside service. Vocational rehabilitation is recommended on a selective basis.

A recommendation might be made in situations involving:

- Catastrophic loss
- Protracted period of disability
- Permanent medical restrictions
- Uncooperative or troublesome claimant

The Account Manager, whether they are of a medical management nature or for a job search, closely monitors all rehabilitation efforts. An outside rehabilitation service is not utilized without your prior approval

Fee Bill Processing

All fee bills are reduced to the appropriate BWC UCR schedule. Hunter then applies a PPO price that further reduces your bills. In addition we have special PPO arrangements on prescription drugs and diagnostic studies such as MRI's, CT Scans, etc.; these arrangements allow Hunter to further reduce your bills from 9% to 21% below the BWC's UCR schedules.

SUBROGATION

Subrogation is the process by which the Self-Insured employer collects medical and compensation costs paid on behalf of an injured worker when a third party causes the injury.

Details

Ohio statute gives a right of subrogation to the BWC, self insuring employers and certain employers who contract for the direct payment of medical services. This allows the BWC or self insuring employer the right to collect back the costs of the claim from the person or entity who caused the accident. Recoverable costs include all past, present, and estimated future payments of compensation, medical benefits, rehabilitation costs or death benefits paid to or on behalf of the claimant. Subject to formulas established by the Ohio Bureau of Workers' Compensation.

What claims can be subrogated?

- Premises liability (slip and fall not on company property)
- Product liability (machine malfunction)
- Medical malpractice
- Construction site accidents (caused by third party)
- Dog bites or animal attacks

Subrogation Management

Account Managers will determine if a claim may involve a liable third party. The Account Manager is responsible for:

- Identifying the liable third party.
- Pursuing subrogation against that third party.
- Initiating efforts to recover all costs expended in the claim including future reserves.
- Managing the subrogation efforts to conclusion.

UNEMPLOYMENT COMPENSATION

Services

Unemployment Insurance provides cash benefits to workers who have become unemployed through no fault of their own. These benefits are paid to the employee by the State agency and charged back to the worker's base period employers.

Claim Management Control

Hunter maintains a staff of experienced claims personnel. These professionals are trained to manage claims from the client's perspective. The objective is to provide expert service with an ultimate goal of reducing your unemployment costs. Hunter Consulting Company exercises the employer's rights by adjusting erroneous tax rates, contesting suspect benefit charges and appealing referee decisions.

Through the implementation of proper procedures, documentation and aggressive claim management, Hunter can prevent unnecessary charges from being assessed to your unemployment account, thus saving you thousands in annual tax liability.

Personnel Record Maintenance

Today, more than ever before, accurate personnel record keeping is important to protect your company against NLRB, EEOC, OSHA, Wage and Hour, and Unemployment claims.

Your claim representative can offer advice and suggestions on the best methods of record keeping to insure that the necessary documentation is available in the event of a claim. Some of the areas, which require detailed record keeping, include attendance, leaves of absence, warnings and discharges.

Personnel Policies

We will review your written personnel policies for statements restricting your ability to discharge an employee at will and to insure that all necessary information is included. A misstatement in

your handbook could have disastrous effects on ensuing unemployment claims (and other legal activities).

Labor Dispute

Should your company become involved in any kind of walkout or union dispute, notify Hunter Consulting Company immediately. Handling this circumstance is an involved aspect of unemployment insurance administration and requires immediate action with the state agencies.

Hearings

The Unemployment Specialist assigned to your account reviews all contested claims upon receipt. Contact is made with the appropriate company personnel to obtain any necessary information and discuss witnesses, where indicated. The defense strategy is also discussed. Once the matter is scheduled for hearing, outside counsel is notified if applicable, information is forwarded for review and all preparations are finalized.

Common Rating

Two or more contributory employers may establish a common rate group. The common rate is determined by consolidating all of the experience factors of the group members. Employers meeting the eligibility criteria must submit a request in writing not later than December 31st.

Voluntary Rate Contribution

Each year the state sends out a Contribution Rate Determination around October which gives employers the option to make a voluntary payment to lower their tax rates. Hunter determines the cost effectiveness of this option for each client.

Unemployment Seminars

Seminars are provided at the client's location and cover the do's and don'ts of successfully fighting an unemployment claim, record keeping, and how benefits paid affect the company and its bottom line.

HUNTER DISABILITY MANAGEMENT

Our Philosophy and Approach to Case Management

How We Achieve Our High Success Rates

At Hunter, we understand that timely quality medical care, in conjunction with the return of an injured employee back to work, is crucial to expediting their recovery. It is our belief that keeping an employee working is an integral part of their rehabilitation, and we focus on promoting this process.

Beginning with the first appointment, we inform the physician of the employer's willingness to accommodate their injured employees, even with limitations. Then, by obtaining the worker's capacities from the physician at that time, many of these employees are able to immediately return to work with doctor approved restrictions. We monitor the employee's progress every step of the way, and resolve any obstacles as they may arise. It is the skillful management, coordination and communication of this information with everyone, that ultimately results in the injured employees' safe and early return to work.

A Successful Case Resolution is a Win/Win for Everyone

An important factor in our ability to quickly bring a case to a successful resolution stems from our development of an informal network of first-rate medical providers.

Whenever possible, Hunter utilizes this informal network because they are experts in treating work-related injuries, and have a strong return to work focus. Having established a good working relationship with these providers and their staff, Hunter is able to accomplish and ensure:

- Earlier scheduled appointments for the injured worker
- Directing injured employees to medical providers that are familiar with work-related injuries
- Appropriate treatment plans are expedited
- Medical expenditures are reduced by avoiding unnecessary treatments and procedures

The advent of this network of top-quality specialists results in the best medical care for the injured employee and benefits the employer with significant savings in health care and indemnity costs. This ultimately is the Hunter concept of a Win/Win resolution for both the employer and the employee.

History of Achievement

Our COO, Debra Venn, B.A., CDMS, has over 20 years experience in the Workers' Comp/Disability Management Industry.

Her Primary objective has always been to provide immediate, proactive, efficient and cost effective case management services.

In her last position as the Midwest Regional Quality Manager for a leading national managed care company, she oversaw and directed over 78 case managers in 8 different offices. Debra's guidance, knowledge and attention to detail dramatically improved the delivery of case management outcomes and customer service in her region.

Hunter believes a successful case resolution is achieved when an employee safely returns to work and/or reaches maximum medical improvement status. Since the inception she has achieved and maintained a **97.6% success rate**.

Debra is a Certified Disability Management Specialist (CDMS) recognized by the National Certifications Organization of Disability Management professionals.

CONTACT:

**DEBRA VENN
(513) 372-8730**

**HUNTER INSURANCE SERVICES
ASSOCIATES FREQUENTLY
BRAINSTORM TO PROVIDE THE
BEST SOLUTIONS FOR YOUR
INSURANCE NEEDS.**

SPECIALTIES

COMMERCIAL INSURANCE

EMPLOYEE BENEFITS

PERSONAL INSURANCE

FINANCIAL PLANNING

CONTACT:

**RUSS ISGRO
(513) 372-8731**

HUNTER INSURANCE SERVICES

As a client of Hunter Insurance Services you can expect to receive:

- 24 hour claims handling
- Fast response to inquiries
- Toll-free phone number
- Website access to:

www.hunterconsulting.com

- Claims filing information
- Insurance advice
- Certificates of insurance request
- Email
- Links to insurance companies and resources
- State-of-the-art information technology providing information on demand—where you need it, when you need it.
- One stop shopping for all your insurance needs
- Fulfillment of all your insurance needs with one contract.

Hunter Insurance Services Success

- Business Courier's Top 20 Independent Agencies in Greater Cincinnati
- Insures the largest commercial painting contractor in Cincinnati
- Insures one of the largest sign manufacturers in the United States
- Appointed Insurance Agency for the Printing Industry of Northern Kentucky and Southern Ohio
- Insures over \$14M in premium volume
- Represents over 14 "A" rated or better insurance carriers by AM Best, the leading authority for reviewing insurance companies' financial strength

New Services

HUNTER TIME & ATTENDANCE

Labor is one of the largest expenses an employer incurs, and it is controllable if the right automated workforce management tools are in place. Traditionally, a customer purchases a perpetual license and assumes responsibility for the software's implementation and ongoing management.

NOVAtime 4000 Software as a Service (SaaS) is a subscription-based hosted Time and Attendance/Workforce Management service. It represents a cost-effective alternative and presents significant advantages to customers.

All you need is a web browser! Customers gain access to NOVAtime 4000 SaaS through an Internet browser. No software needs to be installed on the users' computers, nor will they need to worry about upgrades of the software or backups of the data.

HUNTER FINANCIAL SERVICES

Hunter Consulting is pleased to announce Hunter Financial Services. Powered by an alliance with MCF Advisors' Retirement Plan Advisory Group ("RPAG"), a pioneer in providing unparalleled service and unbiased advice to retirement plan sponsors; Hunter Retirement Planning was created because we realize that the vast majority of our clients don't have the time to learn the myriad fiduciary obligations required of them by the DOL.

