HUB

Risk & Insurance | Employee Benefits | Retirement & Private Wealth

Bricolage 2022 Employee Benefits Renewal Meeting

June 8, 2022

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Agenda

- 1. Medical Renewal and Market Options
- 2. Ancillary Renewal and Market Options
- 3. Next Steps



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Medical Renewal

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Medical Executive Summary

- **United Healthcare** presented the medical renewal at an overall 18% increase to the current rates. The renewal includes mandatory plan changes.
 - The National HDHP received a renewal increase of 25.2% and includes a change to the out of network coinsurance and increase to the out of network out of pocket max.
 - The National POS plan received a renewal increase of 18% and includes an increase to the specialist copay and increases to the out of network deductible and coinsurance and a decrease to the out of network out of pocket max.
- HUB's request for rate relief was denied by United Healthcare due to the lack of competitive proposals from carriers in the market and Bricolage's loss ratio. United Healthcare reserves rate relief for groups with a loss ratio of <70%.
- Alternate United Healthcare options are included in this presentation. HUB requested proposals for narrow network plans (Ochsner and LCMC), however the narrow network plans did not provide substantial savings.
- BCBSLA presented two uncompetitive options at 39.6% and 46.8% above current.
- Humana, Cigna and Aetna declined to quote (uncompetitive rates).
- Due to Bricolage's loss ratio, self funded proposals were not competitive.



United Healthcare Renewal

	CURF	RENT	RENE	
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network	Choice Plus AF6S	Heritage Plus BY63	Choice Plus CSQE	Heritage Plus CSRP
Plan Type	Plan Type	Plan Type	Plan Type	Plan Type
Network	National HDHP	National POS	National HDHP	National POS
Deductible	Deductible	Deductible	Deductible	Deductible
Individual Deductible	\$2,500 Individual	\$750 Individual	\$2,500 Individual	\$750 Individual
Family Deductible	\$6,850 Family	\$1,500 Family	\$6,850 Family	\$1,500 Family
Deductible Type	Aggregate	Embedded	Aggregate	Embedded
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Coinsurance	100%	80%	100%	80%
Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket
Individual	\$4,000 Individual	\$6,000 Individual	\$4,000 Individual	\$6,000 Individual
Family	\$6,850 Family	\$12,000 Family	\$6,850 Family	\$12,000 Family
Copays	Copays	Copays	Copays	Copays
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$25
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	\$50
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	\$50
ER Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hospital Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
RX Deductible	Integrated w/ Medical	None	Integrated w/ Medical	None
Rx Tiers	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Non-Network	Non-Network	Non-Network	Non-Network	Non-Network
Deductible	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$3,000 Family	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual/ \$10,000 Family
Coinsurance	80%	60%	50%	50%
**Out of Pocket	\$8,000 Individual/ \$16,000 Family	\$12,000 Individual/ \$24,000 Family	\$10,000 Individual/ \$20,000 Family	\$10,000 Individual/ \$20,000 Family
Premium	Premium	Premium	Premium	Premium
Employee	\$358.31	\$413.82	\$448.75	\$481.34
Employee + Spouse	\$716.62	\$827.64	\$897.50	\$962.68
Employee + Child(ren)	\$662.88	\$765.56	\$830.20	\$890.47
Employee + Family	\$1,021.19	\$1,179.38	\$1,278.95	\$1,371.81
Count	Count	Count	Count	Count
Employee	20	50	20	50
Employee + Spouse	2	5	2	5
Employee + Child(ren)	1	13	1	13
Employee + Family	1	8	1	8
Carrier Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00
Total Plan Monthly Premium	\$10,283.51	\$44,216.52	\$12,879.15	\$51,430.99
Total Option Monthly Premium	\$54,500.03		\$64,31	0.14
Total Option Annual Premium	\$654,0	000.36	\$771,72	21.68
Increase % From Current Per Plan			25.2% 16.3%	
	-	-	25.2%	16.3%



United Healthcare Alternate Options

	CURRENT			Option 1		
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare		
Network	Choice Plus AF6S	Heritage Plus BY63	Choice Plus CSQE	Heritage Plus CSV4		
Plan Type	Plan Type	Plan Type	Plan Type	Plan Type		
Network	National HDHP	National POS	National HDHP	National POS		
Deductible	Deductible	Deductible	Deductible	Deductible		
Individual Deductible	\$2,500 Individual	\$750 Individual	\$2,500 Individual	\$1,000 Individual		
Family Deductible	\$6,850 Family	\$1,500 Family	\$6,850 Family	\$2,000 Family		
Deductible Type	Aggregate	Embedded	Aggregate	Embedded		
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance		
Coinsurance	100%	80%	100%	80%		
Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket		
Individual	\$4,000 Individual	\$6,000 Individual	\$4,000 Individual	\$6,500 Individual		
Family	\$6,850 Family	\$12,000 Family	\$6,850 Family	\$13,000 Family		
Copays	Copays	Copays	Сорауѕ	Copays		
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$25		
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	\$45/\$75		
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	\$50		
ER Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance		
Hospital Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance		
RX Deductible	Integrated w/ Medical	None	Integrated w/ Medical	None		
Rx Tiers	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$15/\$45/\$75		
Non-Network	Non-Network	Non-Network	Non-Network	Non-Network		
Deductible	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$3,000 Family	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual / \$10,000 Family		
Coinsurance	80%	60%	50%	50%		
**Out of Pocket	\$8,000 Individual/ \$16,000 Family	\$12,000 Individual/ \$24,000 Family	\$10,000 Individual/ \$20,000 Family	\$10,000 Individual / \$20,000 Family		
Premium	Premium	Premium	Premium	Premium		
Employee	\$358.31	\$413.82	\$448.75	\$462.90		
Employee + Spouse	\$716.62	\$827.64	\$897.50	\$925.80		
Employee + Child(ren)	\$662.88	\$765.56	\$830.20	\$856.36		
Employee + Family	\$1,021.19	\$1,179.38	\$1,278.95	\$1,319.26		
Count	Count	Count	Count	Count		
Employee	20	50	20	50		
Employee + Spouse	2	5	2	5		
Employee + Child(ren)	1	13	1	13		
Employee + Family	1	8	1	8		
Carrier Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00		
Total Plan Monthly Premium	\$10,283.51	\$44,216.52	\$12,879.15	\$49,460.76		
Total Option Monthly Premium		\$54,500.03		39.91		
Total Option Annual Premium	\$654,	000.36	\$748,0			
Increase % From Current Per Plan	-	-	25.2%	11.9%		
Increase % From Current Per Option		-	14.4	1%		



United Healthcare Alternate Options

	CURI	RENT	Op	tion 2	Opt	ion 3
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Network	Choice Plus AF6S	Heritage Plus BY63	Choice Plus CSP7	Heritage Plus CSRR	Choice Plus CSP6	Heritage Plus CSWR
Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type
Network	National HDHP	National POS	National HDHP	National POS	National HDHP	National POS
Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Individual Deductible	\$2,500 Individual	\$750 Individual	\$3,000 Individual	\$2,000 Individual	\$3,000 Individual	\$1,000 Individual
Family Deductible	\$6,850 Family	\$1,500 Family	\$6,000 Family	\$4,000 Family	\$6,000 Family	\$2,000 Family
Deductible Type	Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Coinsurance	100%	80%	70%	80%	80%	50%
Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket
Individual	\$4,000 Individual	\$6,000 Individual	\$6,000 Individual	\$8,700 Individual	\$6,000 Individual	\$8,700 Individual
Family	\$6,850 Family	\$12,000 Family	\$12,000 Family	\$17,400 Family	\$12,000 Family	\$17,400 Family
Copays	Copays	Copays	Copays	Copays	Copays	Copays
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$40	Deductible plus Coinsurance	\$25
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	\$80	Deductible plus Coinsurance	\$50/\$75
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	\$50
ER Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hospital Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	\$500 Copay then Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
RX Deductible	Integrated w/ Medical	None	Integrated w/ Medical	None	Integrated w/ Medical	None
Rx Tiers	\$10/\$35/\$70	\$10/\$35/\$70	\$15/\$45/\$75	\$10/\$35/\$70	\$15/\$45/\$75	\$15/\$45/\$75
Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network
Deductible	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$3,000 Family	\$10,000 Individual/ \$20,000 Family	\$5,000 Individual/ \$10,000 Family	\$10,000 Individual/ \$20,000 Family	\$10,000 Individual/ \$20,000 Family
Coinsurance	80%	60%	50%	50%	50%	50%
**Out of Pocket	\$8,000 Individual/ \$16,000 Family	\$12,000 Individual/ \$24,000 Family	\$20,000 Individual/ \$40,000 Family	\$10,000 Individual/ \$20,000 Family	\$20,000 Individual/ \$40,000 Family	\$20,000 Individual/ \$40,000 Family
Premium	Premium	Premium	Premium	Premium	Premium	Premium
Employee	\$358.31	\$413.82	\$391.05	\$425.67	\$399.66	\$424.09
Employee + Spouse	\$716.62	\$827.64	\$782.10	\$851.34	\$799.32	\$848.18
Employee + Child(ren)	\$662.88	\$765.56	\$723.45	\$787.48	\$739.38	\$784.56
Employee + Family	\$1,021.19	\$1,179.38	\$1,114.50	\$1,213.15	\$1,139.04	\$1,208.65
Count	Count	Count	Count	Count	Count	Count
Employee	20	50	20	50	20	50
Employee + Spouse	2	5	2	5	2	5
Employee + Child(ren)	1	13	1	13	1	13
Employee + Family	1	8	1	8	1	8
Carrier Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Plan Monthly Premium	\$10,283.51	\$44,216.52	\$11,223.15	\$45,482.64	\$11,470.26	\$45,313.88
Total Option Monthly Premium		00.03		,705.79		784.14
Total Option Annual Premium	\$654,0			0,469.48		409.68
Increase % From Current Per Plan			9.1%	2.9%	11.5%	2.5%
Increase % From Current Per Option				4.0%	4.	2%



United Healthcare Alternate Options

Network Choice Plus AFSS Heritage Plus BYS3 Choice Plus CSQF Heritage Plus CSV4 Choice Plus CSP6 Heritage Plus CSV4 Plan Type	
Plan Type National HDIP National HDIP National HDIP National HDIP National HDIP National HDIP Deductible	edHealthcare
Plan Type Plan Type <t< td=""><td>ritage Plus CSV4</td></t<>	ritage Plus CSV4
Network National HOHP National HOH National HOH National HOHP National HOHP <td>Plan Type</td>	Plan Type
Deductible Individual Deductible Family Deductible S2,500 Individual S2,500 Individual S2,500 Individual S2,500 Individual S2,500 Individual S2,500 Individual S2,500 Individual S6,850 Family Aggregate Coinsurance S45,500 Individual S5,500 Individual S5,	National POS
Family Deductible Deductible Type S6,850 Family Aggregate S1,500 Family Embedded S2,000 Family Embedded S6,800 Family Family Family Family Family Family Fa	Deductible
Deductible TypeAggregateEmbeddedEmbeddedAggregateEmbedded<	.,000 Individual
Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance Rational Coinsurance	52,000 Family
Coinsurance 100% 80%	Embedded
Max Out of Pocket State StateState	Coinsurance
Individual \$4,000 Individual \$6,000 Individual \$1,000 In	80%
Panily Shadon Shado	x Out of Pocket
Copays Deductible plus Coinsurance Specialist Deductible plus Coinsurance Specialist Coinsurance Specialist Coinsurance Copays Deductible plus Coinsurance Deducti	i,500 Individual
Primary Care Physician Deductible plus Coinsurance \$25 Deductible plus Coinsurance \$25 Specialist Deductible plus Coinsurance \$45 Deductible plus Coinsurance \$45/\$75 Deductible plus Coinsurance Deductible plus Coinsurance \$45/\$75 Deductible plus Coinsurance Deductible plus Coinsurance \$50 Deductible plus Coinsurance Dedu	13,000 Family
Specialist Deductible plus Coinsurance \$45 Deductible plus Coinsurance \$45/575 Deductible plus Coinsurance Deductible plus Coinsur	Copays
Urgent Care Deductible plus Coinsurance S50 Deductible plus Coinsurance S50 Deductible plus Coinsurance Deductible plus	\$25
ER Copay Deductible plus Coinsurance Deductible pl	\$45/\$75
Hospital Copay Deductible plus Coinsurance Deducti	\$50
RX Deductible Rx Tiers Integrated w/Medical \$10/\$35/\$70 None \$10/\$35/\$70 Integrated w/Medical \$10/\$35/\$70 Integrated w/Medical \$15/\$45/\$75 Integrated w/Medical \$15/\$45/\$75 Integrated w/Medical \$15/\$45/\$75 Non-Network Non-Network Non-Network Non-Network Non-Network Deductible \$5,000 Individual/\$10,000 Family \$1,500 Individual/\$2,000 Family \$5,000 Individual/\$10,000 Family \$5,000 Individual/\$10,000 Family	ble plus Coinsurance
Rx Tiers \$10/\$35/\$70 \$10/\$35/\$70 \$15/\$45/\$75	ble plus Coinsurance
Non-Network Non-Network Non-Network Non-Network Non-Network Non-Network Deductible \$5,000 Individual/\$10,000 Family \$1,500 Individual/\$3,000 Family \$5,000 Individual/\$10,000 Family \$5,	None
Deductible \$5,000 Individual/ \$10,000 Family \$1,500 Individual/ \$3,000 Family \$5,000 Individual/ \$10,000 Family \$5,000 Individual/ \$10,000 Family \$10,000 Individual/ \$20,000 Family \$5,000 Individual/ \$20,000 Family	\$15/\$45/\$75
	Non-Network
Coinsurance 80% 60% 50% 50% 50%	ividual / \$10,000 Family
	50%
**Out of Pocket \$8,000 Individual/\$16,000 Family \$12,000 Individual/\$24,000 Family \$10,000 Individual/\$20,000 Family \$10,000 Family \$10,000 Family \$10,000 Family \$10,000 Family	lividual / \$20,000 Family
Premium Premium Premium Premium Premium	Premium
Employee \$358.31 \$413.82 \$418.21 \$462.90 \$399.66	\$462.90
Employee + Spouse \$716.62 \$827.64 \$836.42 \$925.80 \$799.32	\$925.80
Employee + Child(ren) \$662.88 \$765.56 \$773.70 \$856.36 \$739.38	\$856.36
Employee + Family \$1,021.19 \$1,179.38 \$1,191.91 \$1,319.26 \$1,139.04	\$1,319.26
Count Count Count Count Count Count Count	Count
Employee 20 50 20 50 20	50
Employee + Spouse 2 5 2 2 5 2	5
Employee + Child(ren) 1 13 1 Employee + Child(ren) 0 1 1	13
Employee + Family 1 8 1 8 1 Carrier Admin Fee \$0.00 <td< td=""><td>8 \$0.00</td></td<>	8 \$0.00
	\$49,460.76
Total Option Monthly Premium \$54,500.03 \$61,463.41 \$60,931.02	\$45,400.70
Total Option Annual Premium \$654,000.36 \$737,560.92 \$731,172.24	
Increase % From Current Per Plan - 16.7% 11.9% 11.5%	11.9%
Increase % From Current Per Option 12.8% 11.8%	



Blue Cross Options

	CUR	RENT	Opt	ion 6	Opti	on 7
Carrier	UnitedHealthcare	UnitedHealthcare	Blue Cross Blue Shield of Louisiana	Blue Cross Blue Shield of Louisiana	Blue Cross Blue Shield of Louisiana	Blue Cross Blue Shield of Louisiana
	Choice Plus AF6S	Heritage Plus BY63	Blue Saver 80/60 \$2500	Group Care 80/60 \$1000	Blue Saver 100/80 \$2500	Group Care 80/60 \$750
Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type
Network	National HDHP	National POS	National HDHP	National POS	National HDHP	National POS
Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Individual Deductible	\$2,500 Individual	\$750 Individual	\$2,500 Individual	\$1,000 Individual	\$2,500 Individual	\$750 Individual
Family Deductible	\$6,850 Family	\$1,500 Family	\$5,000 Family	\$3,000 Family	\$5,000 Family	\$2,250 Family
Deductible Type	Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Coinsurance	100%	80%	80%	80%	100%	80%
Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket	Max Out of Pocket
Individual	\$4,000 Individual	\$6,000 Individual	\$3,350 Individual	\$3,250 Individual	\$3,350 Individual	\$2,500 Individual
Family	\$6,850 Family	\$12,000 Family	\$6,700 Family	\$6,500 Family	\$6,700 Family	\$5,000 Family
Сорауѕ	Copays	Copays	Copays	Copays	Copays	Copays
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$40	Deductible plus Coinsurance	\$30
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	\$55	Deductible plus Coinsurance	\$45
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	\$55	Deductible plus Coinsurance	\$45
ER Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hospital Copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
RX Deductible	Integrated w/ Medical	None	Integrated w/ Medical	None	Integrated w/ Medical	None
Rx Tiers	\$10/\$35/\$70	\$10/\$35/\$70	20% Generic/ 40% Brand	\$7/\$30/\$70/10% (\$150 Max)	0% Generic/20% Brand	\$7/\$30/\$70/10% (\$150 Max)
Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network
Deductible	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$3,000 Family	\$5,000 Individual/ \$10,000 Family	\$2,000 Individual/ \$6,000 Family	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$4,500 Family
Coinsurance	80%	60%	60%	60%	80%	60%
**Out of Pocket	\$8,000 Individual/ \$16,000 Family	\$12,000 Individual/ \$24,000 Family	\$6,700 Individual/ \$13,400 Family	\$6,500 Individual/ \$13,000 Family	\$6,700 Individual/ \$13,400 Family	\$5,000 Individual/ \$10,000 Family
Premium	Premium	Premium	Premium	Premium	Premium	Premium
Employee	\$358.31	\$413.82	\$472.17	\$585.23	\$498.55	\$615.03
Employee + Spouse	\$716.62	\$827.64	\$944.34	\$1,170.46	\$997.10	\$1,230.06
Employee + Child(ren)	\$662.88	\$765.56	\$873.51	\$1,082.68	\$922.32	\$1,137.81
Employee + Family	\$1,021.19	\$1,179.38	\$1,345.68	\$1,667.91	\$1,420.87	\$1,752.84
Count	Count	Count	Count	Count	Count	Count
Employee	20	50	20	50	20	50
Employee + Spouse	2	5	2	5	2	5
Employee + Child(ren)	1	13	1	13	1	13
Employee + Family	1	8	1	8	1	8
Carrier Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Plan Monthly Premium	\$10,283.51	\$44,216.52	\$13,551.27	\$62,531.92	\$14,308.39	\$65,716.05
Total Option Monthly Premium	\$54,5	600.03	\$76,	083.19	\$80,0	24.44
Total Option Annual Premium	\$654,	000.36	\$912	,998.28	\$960,	293.28
Increase % From Current Per Plan	and the second		31.8%	41.4%	39.1%	48.6%
				a la construcción de la construcción		

Ancillary Renewal



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

10



Ancillary Executive Summary

Dental and Vision

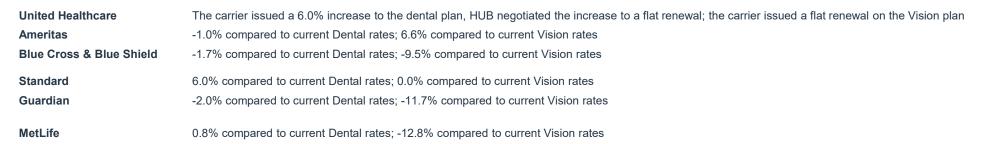
- **United Healthcare** presented a 6% increase to the dental plan. HUB successfully negotiated this down to a flat renewal.
- · United Healthcare presented a flat renewal on the vision plan.
- HUB submitted the dental and vision RFP to market. **Guardian** provided a competitive proposal which is included in this presentation.

Life/AD&D and Disability

- Equitable presented a flat renewal on the employer paid life and voluntary life plans.
- **Equitable** presented a 38.1% increase on the employer paid short-term disability plan. HUB successfully negotiated this down to a 24.9% increase. The short-term disability plan is running at a 123.1% loss ratio.
- **Equitable** presented a 14.7% increase on the long-term disability plan. HUB successfully negotiated this down to a 5.3% increase.
- HUB did not receive any competitive package options for life and disability.

Dental and Vision Executive Summary

Dental & Vision Carrier Specifications



Not Illustrated

Humana	21.0% Dental; -14.7% Vision
Principal	0.0% Dental; 0.0% Vision
SunLife	7.0% Dental; 11.0% Vision
Reliance	DTQ Dental; -1.5% Vision
Cigna	Declined to Quote
Lincoln	Declined to Quote
Mutual of Omaha	Declined to Quote

Unum

Declined to Quote



Dental

orrer WitchickUnited/solutioned Discover 20 itousityUnited/solutioned Annual Metal Maximum 20 iteusityAmerica Life instructore Company Annual Maximum 20 iteusityBlue Cross Blue Shield of Louisians Annual Maximum 20 iteusityAttest MaximumAttest Maximum 20 iteusityAttest Maximum 20 iteusityAttest Maximum 20 iteusityAttest Maximum 20 iteusityAttest MaximumAttest Maximum 20 iteusityAttest Maximum 20 iteusityAttest Maximum 20 iteusityAttest Maximum 20 iteusityMaximum 20 iteusNewerine (100)Preventine (100)Preventine (100)Preventine (100)Maximum 20 iteusSalay, SalawaSalay, SalawaSalay, SalawaSalay, SalawaAnnual DefactibilitySalawaSalawaSalawaSalawaSalawaMaximum 20 iteusSalawaSalawaSalawaSalawaSalawaAnnual DefactibilitySalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawaSalawaSalawaSalawaAttest MaximumSalawaSalawa <t< th=""><th></th><th>CURRENT</th><th>DENEWAL</th><th></th><th>Ontion 1</th><th>пов</th></t<>		CURRENT	DENEWAL		Ontion 1	пов
NetworkOptimum P3 (structure)Optimum P3 (structure) <t< td=""><td></td><td>CURRENT</td><td>RENEWAL</td><td>NEGOTIATED RENEWAL</td><td>Option 1</td><td>Option 2</td></t<>		CURRENT	RENEWAL	NEGOTIATED RENEWAL	Option 1	Option 2
Measure Measur					Ameritas Life Insurance Company	
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Late EnrolleeNone </td <td>Waiting Period</td> <td>Waiting Period</td> <td>Waiting Period</td> <td>Waiting Period</td> <td>Waiting Period</td> <td>Waiting Period</td>	Waiting Period	Waiting Period	Waiting Period	Waiting Period	Waiting Period	Waiting Period
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Employee7676767676Employee \$pouse10101010101010Employee + Child(ren)10101010101010Employee + Family11111111111111Rate Guarantee	Employee + Family	\$93.61	\$99.19	\$93.61	\$92.64	\$92.01
Endogee Spouse 10	Count	Count		Count	Count	Count
Endogene - Hild(ren) 10 <td>Employee</td> <td>76</td> <td>76</td> <td></td> <td>76</td> <td>76</td>	Employee	76	76		76	76
End/yee + Family 11	Employee + Spouse	10	10	10	10	10
Rate Guarantee 12 Months 12 Months 12 Months 12 Months Total Option Monthly Premium \$4,178.55 \$4,427.95 \$4,178.55 \$4,137.28 \$4,107.05 Total Option Annual Premium \$50,142.60 \$53,135.40 \$50,142.60 \$49,647.36 \$49,647.36	Employee + Child(ren)	10		10	10	10
Total Option Monthly Premium \$4,178.55 \$4,27.95 \$4,178.55 \$4,137.28 \$4,107.05 Total Option Annual Premium \$50,142.60 \$53,135.40 \$50,142.60 \$49,647.36 \$49,284.60	Employee + Family	11	11	11	11	11
Total Option Annual Premium \$50,142.60 \$49,647.36 \$49,284.60	Rate Guarantee	-	12 Months	12 Months	12 Months	12 Months
	Total Option Monthly Premium	\$4,178.55	\$4,427.95	\$4,178.55	\$4,137.28	\$4,107.05
Increase % From Current Per Option - 6.0% 0.0% -1.0% -1.7%	Total Option Annual Premium	\$50,142.60	\$53,135.40	\$50,142.60	\$49,647.36	\$49,284.60
	Increase % From Current Per Option		6.0%	0.0%	-1.0%	-1.7%



Dental

	CURRENT	Option 3	Option 4	Option 5
Carrier	UnitedHealthcare	Standard Insurance Company	Guardian	MetLife
Network	Options PPO 30 Network	Standard Dental Network	DentalGuard Preferred	MetLife Dental Network
Annual Maximum	Annual Maximum	Annual Maximum	Annual Maximum	Annual Maximum
	\$1,000	\$1,000	\$1,000	\$1,250
Preventive Service	Preventive (100%)	Preventive (100%)	Preventive (100%)	Preventive (100%)
(Not subject to Deductible)	Oral Exams, Cleaning,	Oral Exams, Cleaning,	Oral Exams, Cleaning,	Oral Exams, Cleaning,
	X-Rays, Sealants,	X-Rays, Sealants,	X-Rays, Sealants,	X-Rays, Sealants,
	Space Maintainers	Space Maintainers	Space Maintainers	Space Maintainers
Annual Deductible	Annual Deductible	Annual Deductible	Annual Deductible	Annual Deductible
	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Basic Service	Basic (80%)	Basic (80%)	Basic (80%)	Basic (80%)
	Fillings, Simple Extractions,	Fillings, Simple Extractions,	Fillings, Simple Extractions,	Fillings, Simple Extractions,
	Complex Extractions,	Complex Extractions,	Complex Extractions,	Complex Extractions,
	Endodontics (root canal),	Endodontics (root canal),	Endodontics (root canal),	Endodontics (root canal),
	Periodontics (gum disease)	Periodontics (gum disease)	Periodontics (gum disease)	Periodontics (gum disease)
Major Service	Major (50%)	Major (50%)	Major (50%)	Major (50%)
	Crowns, Dentures, Bridges,	Crowns, Dentures, Bridges	Crowns, Dentures, Bridges,	Crowns, Dentures, Bridges,
	Implants		Implants	Implants
Orthodontia	Orthodontia (0%)	Orthodontia (0%)	Orthodontia (0%)	Orthodontia (0%)
Lifetime Max	N/A	N/A	N/A	N/A
Waiting Period	Waiting Period	Waiting Period	Waiting Period	Waiting Period
Open Enrollment	None	None	None	None
Late Enrollee				
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Reimbursement	UCR 90th	UCR 90th	UCR 90th	UCR 90th
Funding	Contributory	Contributory	Contributory	Contributory
Participation Required	75%	Greater of 85% or 10 lives	90%	Greater of 90% and 10 lives
Premium	Premium car ao	Premium	Premium	Premium
Employee Employee + Spouse	\$26.29 \$52.59	\$27.86	\$25.76 \$51.54	\$26.49 \$52.99
Employee + Spose	\$62.49	\$66.22	\$61.24	\$52.39
Employee + Family	\$93.61	\$99.19	\$91.74	\$94.32
Count	Count	Count	Count	Count
Employee	76	76	76	76
Employee + Spouse	10	10	10	10
Employee + Child(ren)	10	10	10	10
Employee + Family	11	11	11	11
Rate Guarantee	-	24 Months	12 Months	12 Months
Total Option Monthly Premium	\$4,178.55	\$4,427.95	\$4,094.70	\$4,210.36
Total Option Annual Premium	\$50,142.60	\$53,135.40	\$49,136.40	\$50,524.32
Increase % From Current Per Option	-	6.0%	-2.0%	0.8%

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Vision

	CURRENT	RENEWAL	Option 1	Option 2
Carrier	UnitedHealthcare	UnitedHealthcare	Ameritas Life Insurance Company	Blue Cross Blue Shield of Louisiana
Network	UHC Vision Network	UHC Vision Network	VSP	Davis Vision
Benefit Frequency	Benefit Frequency	Benefit Frequency	Benefit Frequency	Benefit Frequency
Exam	12 Months	12 Months	12 Months	12 Months
Frame	24 Months	24 Months	24 Months	24 Months
Lenses or Contacts	12 Months	12 Months	12 Months	12 Months
Сорауѕ	Copays	Copays	Copays	Copays
	\$10 Exam	\$10 Exam	\$10 Exam	\$10 Exam
	\$25 Materials	\$25 Materials	\$25 Materials	\$25 Materials
Frame Allowance	Frames	Frames	Frames	Frames
	\$130 Allowance plus 30% off any overages at participating providers	\$130 Allowance plus 30% off any overages at participating providers	\$130 Allowance plus 20% off any overages at participating providers	\$130 Allowance plus 20% off any overages at participating providers
Lenses Allowance	Lenses	Lenses	Lenses	Lenses
	Single: Copay Only	Single: Copay Only	Single: Covered in Full	Single: Copay Only
	Bifocal: Copay Only	Bifocal: Copay Only	Bifocal: Covered in Full	Bifocal: Copay Only
	Trifocal: Copay Only	Trifocal: Copay Only	Trifocal: Covered in Full	Trifocal: Copay Only
	Lenticular: Copay Only	Lenticular: Copay Only	Lenticular: Covered in Full	Lenticular: Copay Only
Contacts Allowance	Contacts	Contacts	Contacts	Contacts
Elective	\$125 Allowance	\$125 Allowance	\$130 Allowance	\$130 Allowance plus 15% off any overages at participating providers
Medically Necessary	Copay Only	Copay Only	Covered in Full	Covered in Full
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Funding	Contributory	Contributory	Contributory	Contributory
Participation Required	75%	75%	Greater of 75% or 3 lives	Greater of 70% or 10 employees
Premium	Premium	Premium	Premium	Premium
Employee	\$5.65	\$5.65	\$6.04	\$5.18
Employee + Spouse	\$10.73	\$10.73	\$11.40	\$10.15
Employee + Child(ren)	\$12.59	\$12.59	\$13.40	\$10.62
Employee + Family	\$17.72	\$17.72	\$18.84	\$15.80
Count	Count	Count	Count	Count
Employee	63	63	63	63
Employee + Spouse	11	11	11	11
Employee + Child(ren)	9	9	9	9
Employee + Family	8	8	8	8
Rate Guarantee		12 Months	12 Months	24 Months
Total Option Monthly Premium	\$729.05	\$729.05	\$777.24	\$659.97
Total Option Annual Premium	\$8,748.60	\$8,748.60	\$9,326.88	\$7,919.64
Increase % From Current Per Option		0.0%	6.6%	-9.5%



Vision

Vision				0
	CURRENT	Option 3	Option 4	Option 5
Carrier	UnitedHealthcare	Guardian	Standard Insurance Company	MetLife
Network	UHC Vision Network	Avesis	VSP	MetLife Vision Network
Benefit Frequency	Benefit Frequency	Benefit Frequency	Benefit Frequency	Benefit Frequency
Exam	12 Months	12 Months	12 Months	12 Months
Frame	24 Months	24 Months	24 Months	24 Months
Lenses or Contacts	12 Months	12 Months	12 Months	12 Months
Copays	Copays	Copays	Copays	Сорауѕ
	\$10 Exam	\$10 Exam	\$10 Exam	\$10 Exam
	\$25 Materials	\$25 Materials	\$25 Materials	\$25 Materials
rame Allowance	Frames	Frames	Frames	Frames
	\$130 Allowance plus 30% off any overages at participating providers	\$130 Allowance plus 20% off any overages at participating providers	\$130 Allowance plus 20% off any overages at participating providers	\$130 Allowance plus 20% off any overages at participating providers
enses Allowance	Lenses	Lenses	Lenses	Lenses
	Single: Copay Only	Single: Copay Only	Single: Covered in Full	Single: Copay Only
	Bifocal: Copay Only	Bifocal: Copay Only	Bifocal: Covered in Full	Bifocal: Copay Only
	Trifocal: Copay Only	Trifocal: Copay Only	Trifocal: Covered in Full	Trifocal: Copay Only
	Lenticular: Copay Only	Lenticular: Copay Only	Lenticular: Covered in Full	Lenticular: Copay Only
Contacts Allowance	Contacts	Contacts	Contacts	Contacts
Elective	\$125 Allowance	\$130 Allowance	\$130 Allowance	\$130 Allowance
Medically Necessary	Copay Only	Covered in Full	Covered in Full	Covered in Full
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Funding	Contributory	Contributory	Contributory	Contributory
Participation Required	75%	77%	Greater of 60% or 10 lives	77%
Premium	Premium	Premium	Premium	Premium
Employee	\$5.65	\$4.95	\$5.65	\$4.93
Employee + Spouse	\$10.73	\$9.55	\$10.73	\$9.36
Employee + Child(ren)	\$12.59	\$11.21	\$12.59	\$10.98
Employee + Family	\$17.72	\$15.77	\$17.72	\$15.45
Count	Count	Count	Count	Count
Employee	63	63	63	63
Employee + Spouse	11	11	11	11
Employee + Spose	9	9	9	9
Employee + Family	8	8	8	8
Rate Guarantee	°	24 Months	24 Months	48 Months
Total Option Monthly Premium	\$729.05	\$643.95	\$729.05	\$635.97
Total Option Annual Premium	\$8,748.60	\$7,727.40	\$8,748.60	\$7,631.64
	\$0,750.00			
Increase % From Current Per Option		-11.7%	0.0%	-12.8%

Life/AD&D Executive Summary

Life/AD&D Carrier Specifications

Equitable	The carrier issued a flat renewal on both plans
MetLife	6.0% compared to current Life rates; -45.9% compared to current Vol Life rates
United Healthcare	19.4% compared to current Life rates; -21.8% compared to current Vol Life rates
Guardian	29.9% compared to current Life rates; 50.4% compared to current Vol Life rates
Standard	34.3% compared to current Life rates; -21.8% compared to current Vol Life rates

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HUB

Not Illustrated

Cigna	-1.5% Life; 48.3% Vol. Life
Humana	4.5% Life; 6.7% Vol. Life
Reliance	19.4% Life; -4.0% Vol. Life
SunLife	91.0% Life; -40.5% Vol. Life
Hartford	Declined to Quote
Lincoln	Declined to Quote
Mutual of Omaha	Declined to Quote
Principal	Declined to Quote



Employer Paid Life/AD&D

	CURRENT	RENEWAL	Option 1	Option 2	Option 3	Option 4
Carrier	Carrier Equitable Equitable		MetLife	UnitedHealthcare	Guardian	Standard Insurance Company
Classification	Classification	Classification	Classification	Classification	Classification	Classification
	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees
Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue
	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	Full Benefit
Life Benefit	Benefit	Benefit	Benefit	Benefit	Benefit	Benefit
	Flat \$50,000	Flat \$50,000	Flat \$50,000	Flat \$50,000	Flat \$50,000	Flat \$50,000
AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit
	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit
Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions
	Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Reduces by 35% at age 65, by 50% at age 70	Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Funding	ER Paid	ER Paid	ER Paid	ER Paid	ER Paid	ER Paid
Participation Required	100%	100%	100%	100%	100%	100%
Volume	Volume	Volume	Volume	Volume	Volume	Volume
	\$5,785,000	\$5,785,000	\$5,785,000	\$5,785,000	\$5,785,000	\$5,785,000
Premium	Premium (per \$1,000)	Premium (per \$1,000)	Premium (per \$1,000)	Premium (per \$1,000)	Premium (per \$1,000)	Premium (per \$1,000)
Life Monthly Rate	\$0.05	\$0.05	\$0.053	\$0.06	\$0.07	\$0.07
AD&D Monthly Rate	\$0.017	\$0.017	\$0.018	\$0.02	\$0.017	\$0.02
Count	Count	Count	Count	Count	Count	Count
Employee	117	117	117	117	117	117
Rate Guarantee	-	24 Months	24 Months	24 Months	24 Months	24 Months
Total Option Monthly Premium	\$387.60	\$387.60	\$410.74	\$462.80	\$503.30	\$520.65
Total Option Annual Premium	\$4,651.14	\$4,651.14	\$4,928.82	\$5,553.60	\$6,039.54	\$6,247.80
Increase % From Current	-	0.0%	6.0%	19.4%	29.9%	34.3%



Voluntary Life/AD&D

	CURRENT	RENEWAL	Option 1	Option 2	Option 3	Option 4	
Carrier Equitable Equitable		Equitable	MetLife	UnitedHealthcare	Guardian	Standard Insurance Company	
Classification	Classification	Classification	Classification	Classification	Classification	Classification	
	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	
Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	Guarantee Issue	
	Employee: \$100,000	Employee: \$100,000	Employee: \$100,000	Employee: \$80,000	Employee: \$100,000 (Up to Age 65)	Employee: \$10,000	
	Spouse: \$25,000	Spouse: \$25,000	Spouse: \$25,000	Spouse: \$20,000	Spouse: \$25,000 (Up to Age 65)	Spouse: \$5,000	
	Child(ren) \$10,000	Child(ren) \$10,000	Child(ren) \$10,000	Child(ren) \$10,000	Child(ren) \$10,000	Child(ren) \$10,000	
Life Benefit	Benefit	Benefit	Benefit	Benefit	Benefit	Benefit	
	Employee: \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5x EE Salary	Employee: \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5x EE Salary	Employee: \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5x EE Salary	Employee: \$10,000 to \$300,000 in \$10,000 increments	Employee: \$10,000 to \$500,000 in \$10,000 increments	Employee: \$10,000 to \$500,000 in \$10,000 increments	
	Spouse: \$5,000 to \$100,000 in \$10,000 increments, not to exceed 50% of EE amount	Spouse: \$5,000 to \$100,000 in \$10,000 increments, not to exceed 50% of EE amount	Spouse: \$5,000 to \$100,000 in \$5,000 increments, not to exceed 50% of EE amount	Spouse: Choice of \$10,000 or \$20,000	Spouse: \$5,000 to \$100,000 in \$5,000 increments, not to exceed 50% of EE amount	Employee: \$10,000 to \$500,000 in \$5,000 increments	
	Child(ren): \$1,000 to \$10,000 in \$1,000 Increments	Child(ren): \$1,000 to \$10,000 in \$1,000 Increments	Child(ren): Choice of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,00+++0	Child(ren): Choice of \$5,000 or \$10,000	Child(ren): \$1,000 to \$10,000 in \$1,000 Increments, not to exceed 100% of EE amount	Child(ren): \$1,000 to \$10,000 in \$1,000 Increments	
AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	AD&D Benefit	
	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit	
Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions	Age Reductions	
	Reduces by 50% at age 75	Reduces by 50% at age 75	No Age Reduction	Reduces by 65% at age 65 and 50% at age 70	Reduces by 50% at age 75	Reduces by 50% at age 75	
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	
Funding	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	
Participation Required	Greater of 76% or 10 Enrolled	Greater of 76% or 10 Enrolled	58% and at least 10 covered lives.	25%	Greater of 58% or 10 Enrolled	Greater of 53% or 10 lives	
Count	Count	Count	Count	Count	Count	Count	
Employee	64	64	64	64	64	64	
Rate Guarantee	-	24 Months	24 Months	24 Months	24 Months	24 Months	
Total Option Monthly Premium	\$16.28	\$16.28	\$8.80	\$12.74	\$24.49	\$12.74	
Total Option Annual Premium	\$195.38	\$195.38	\$105.61	\$152.86	\$293.90	\$152.86	
Increase % From Current	-	0.0%	-45.9%	-21.8%	50.4%	-21.8%	

OHUB

Disability Executive Summary

Disability Carrier Specifications

Equitable	The carrier issued a 38.1% increase on STD, HUB negotiated this to a 24.9% increase; The carrier issued a 14.7% increase on LTD, HUB negotiated to a 5.3% increase
MetLife	50.1% compared to current STD rates; -10.5% compared to current LTD rates
United Healthcare	7.5% compared to current STD rates; -26.3% compared to current LTD rates
Guardian	31.2% compared to current STD rates; 26.3% compared to current LTD rates
Standard	0.0% compared to current STD rates; 121.1% compared to current LTD rates

Not Illustrated

Cigna	2.2% STD; 5.3% LTD
Reliance	69.9% STD; 68.4% LTD
SunLife	7.5% STD; 156.8% LTD
Hartford	Declined to Quote
Lincoln	Declined to Quote
Mutual of Omaha	Declined to Quote
Principal	Declined to Quote



Short-Term Disability

	CURRENT	RENEWAL	NEGOTIATED RENEWAL	Option 1	Option 2	Option 3	Option 4
Carrier	Equitable	Equitable	Equitable	MetLife	UnitedHealthcare	Guardian	Standard Insurance Company
Classification	Classification	Classification	Classification	Classification	Classification	Classification	Classification
	All Eligible Employees						
Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period
	0 Days Accident						
	7 Days Sickness						
Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage
	60%	60%	60%	60%	60%	60%	60%
Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max	Weekly Benefit Max
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit
	26 Weeks	180 Days					
Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability
	Residual	Residual	Residual	Loss of Earnings	Residual	Own Job	Loss of Duties or Earnings
Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings
	Base Salary						
Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions
	None						
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Funding	ER Paid						
Participation Required	100%	100%	100%	100%	100%	100%	100%
Premium	Premium (per \$10)						
Monthly Rate	\$0.465	\$0.642	\$0.581	\$0.698	\$0.500	\$0.610	\$0.465
Weekly Benefit/Volume	\$69,049.00	\$69,049.00	\$69,049.00	\$69,049.00	\$69,049.00	\$69,049.00	\$69,049.00
Rate Guarantee	-	24 Months					
Total Option Monthly Premium	\$3,210.78	\$4,432.95	\$4,011.75	\$4,819.62	\$3,452.45	\$4,211.99	\$3,210.78
Total Option Annual Premium	\$38,529.34	\$53,195.35	\$48,140.96	\$57,835.44	\$41,429.40	\$50,543.87	\$38,529.34
Increase % From Current	-	38.1%	24.9%	50.1%	7.5%	31.2%	0.0%



Long-Term Disability

	CURRENT	RENEWAL	NEGOTIATED RENEWAL	Option 1	Option 2	Option 3	Option 4
Carrier	Equitable	Equitable	Equitable	MetLife	UnitedHealthcare	Guardian	Standard Insurance Company
Classification	Classification	Classification	Classification	Classification	Classification	Classification	Classification
	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees
Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period	Elimination Period
	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage
	60%	60%	60%	60%	60%	60%	60%
Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max	Monthly Benefit Max
	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Own Occupation Period	Own Occupation Period	Own Occupation Period	Own Occupation Period	Own Occupation Period	Own Occupation Period	Own Occupation Period	Own Occupation Period
	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit	Duration of Benefit
Definition of Disability	ADEA1 w/ SSNRA Definition of Disability	ADEA1 w/ SSNRA Definition of Disability	ADEA1 w/ SSNRA Definition of Disability	RBD w/ SSNRA Definition of Disability	ADEA1 w/ NRA Definition of Disability	To SSNRA Definition of Disability	To SSNRA Definition of Disability
Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability	Definition of Disability		Definition of Disability
	Residual	Residual	Residual	Loss of Duties and Earnings	Residual	2 Year Own Occupation/Any Occupation Thereafter	Loss of Duties or Income
Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings	Definition of Earnings
	Base Salary	Base Salary	Base Salary	Base Salary	Base Salary	Base Salary	Base Salary
Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions	Pre-Existing Conditions
	3/12	3/12	3/12	3/12	3/12	3/12	3/12
Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations	Exclusions / Limitations
Non-Diagnosed Illness	Unlimited	Unlimited	Unlimited	N/A	N/A	N/A	N/A
Mental & Nervous	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Alcohol & Drug Abuse	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Funding	ER Paid	ER Paid	ER Paid	ER Paid	ER Paid	ER Paid	ER Paid
Participation Required	100%	100%	100%	100%	100%	100%	100%
Premium	Premium (per \$100)	Premium (per \$100)	Premium (per \$100)	Premium (per \$100)	Premium (per \$100)	Premium (per \$100)	Premium (per \$100)
Monthly Rate	\$0.095	\$0.109	\$0.100	\$0.085	\$0.070	\$0.120	\$0.210
Monthly Benefit/Volume	\$501,852.00	\$501,852.00	\$501,852.00	\$501,852.00	\$501,852.00	\$501,852.00	\$501,852.00
Rate Guarantee	-	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Total Option Monthly Premium	\$476.76	\$547.02	\$501.85	\$426.57	\$351.30	\$602.22	\$1,053.89
Total Option Annual Premium	\$5,721.11	\$6,564.22	\$6,022.22	\$5,118.89	\$4,215.56	\$7,226.67	\$12,646.67
Increase % From Current	-	14.7%	5.3%	-10.5%	-26.3%	26.3%	121.1%

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Next Steps



Next Steps: Recommendations and Considerations

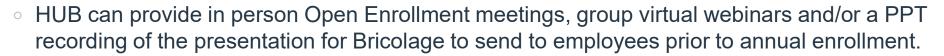
- Plan Decisions
 - Medical
 - Consider a plan change with United Healthcare for savings
 - Dental and Vision
 - Renew with United Healthcare
 - Employer Paid Life/AD&D, Voluntary Life, Employer Paid Short Term and Long-Term Disability
 - Renew with Equitable
- Finalize decisions and contributions
- Review and approve communications
- Determine open enrollment dates and onsite/virtual meetings. Coordinate open enrollment meetings with Colonial to attend.

Next Steps: Renewal Calendar

PROJECT	DETAILS	DATE
Renewal Presentation	 Marketing results for benefits programs Budget of employer expenses based on current enrollment 	June 8
Final Decisions	Client advises HUB of plan decisions and deductions	June 15
Employee Navigator Updates	EN build and updates	June 16 - 30
Client Testing of Employee Navigator	 Bricolage tests Employee Navigator build and provides feedback to HUB Any changes will be updated by HUB Technology partner by July 11 	July 6 - 7
Open Enrollment Planning	 HUB develops and prints annual enrollment guides HUB develops memos to be distributed to employees 	June 16 - 30
Open Enrollment	 Open Enrollment on EN (Active or Passive) In person meetings, power point presentation, voiceover? 	July 18 - 22
Enrollment Submitted to Carriers	Open Enrollment elections submitted to carriers by HUB and file feed from EN	July 23 - 24
New Plans and Carriers Effective	New plans and carriers are effective	August 1
Post Open Enrollment Invoice Audit	HUB audits first invoice after new plan year	September 2



Enrollment Strategy



- HUB will coordinate open enrollment meetings with Colonial so that they can attend.
- HUB will develop all open enrollment materials to be distributed by Bricolage.
- Enrollments will be completed through Employee Navigator.
- Deadline for completing enrollments will be July 22nd.



Thank you.

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