



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

# Bricolage 2022 Employee Benefits Renewal Meeting

**June 8, 2022**

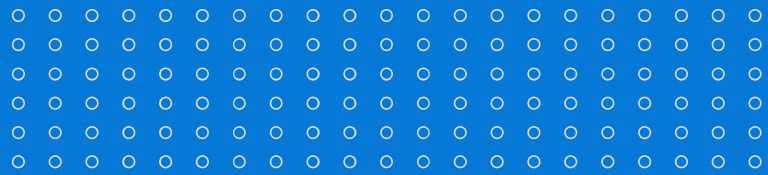
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# Agenda

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

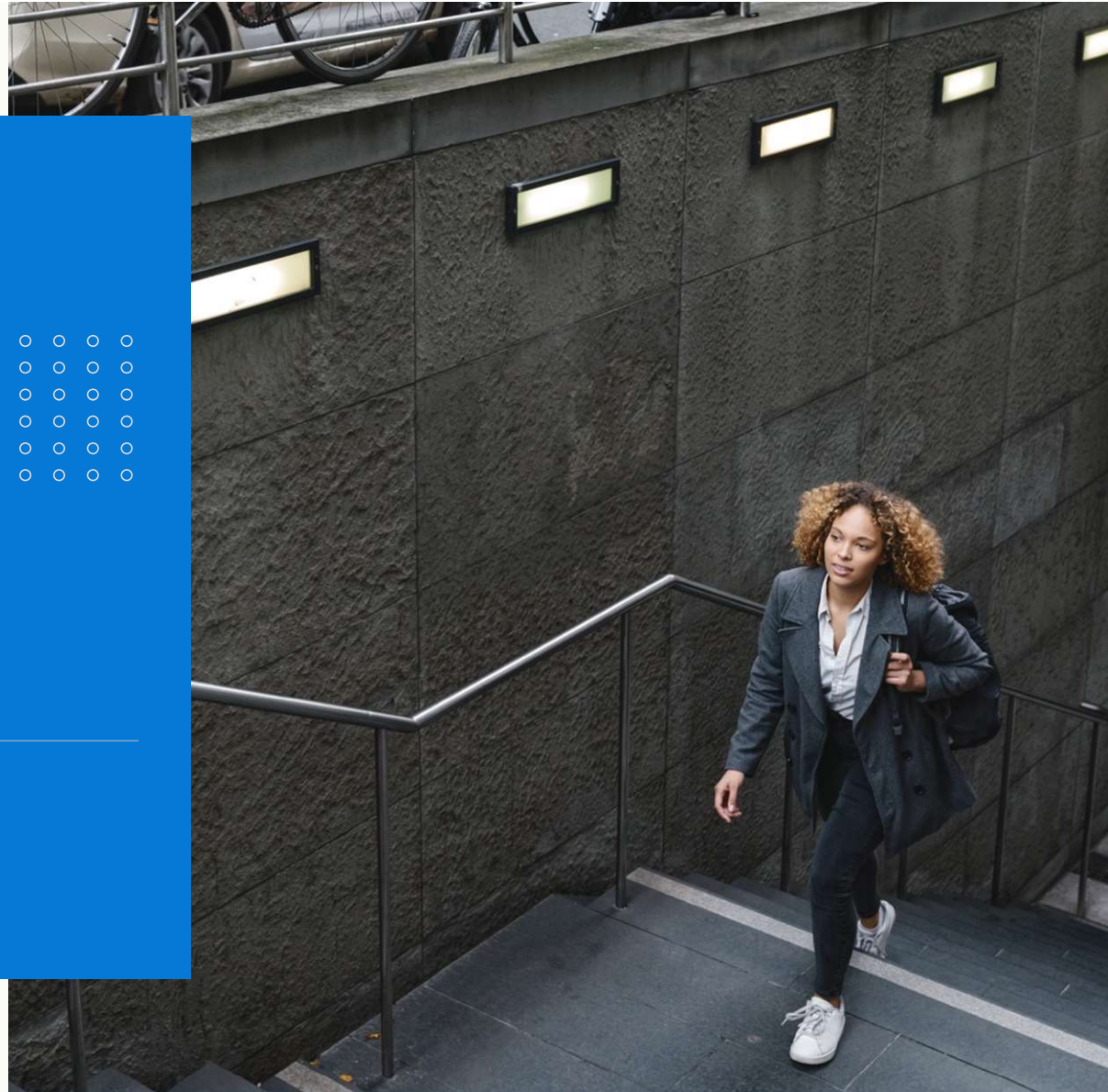


# 1



## Medical Renewal

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# Medical Executive Summary

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- **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



## CURRENT

## RENEWAL

Carrier Network	UnitedHealthcare Choice Plus AF65	UnitedHealthcare Heritage Plus BY63	UnitedHealthcare Choice Plus CSQE	UnitedHealthcare 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	Carrier Admin Fee	Carrier Admin Fee	Carrier Admin Fee	Carrier Admin Fee
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		\$64,310.14	
Total Option Annual Premium	\$654,000.36		\$771,721.68	
Increase % From Current Per Plan	-	-	25.2%	16.3%
Increase % From Current Per Option	-	-	18.0%	

# United Healthcare Alternate Options



## CURRENT

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

## Option 1

UnitedHealthcare Choice Plus CSQE	UnitedHealthcare Heritage Plus CSV4
Plan Type	Plan Type
National HDHP	National POS
Deductible	Deductible
\$2,500 Individual	\$1,000 Individual
\$6,850 Family	\$2,000 Family
Aggregate	Embedded
Coinsurance	Coinsurance
100%	80%
Max Out of Pocket	Max Out of Pocket
\$4,000 Individual	\$6,500 Individual
\$6,850 Family	\$13,000 Family
Copays	Copays
Deductible plus Coinsurance	\$25
Deductible plus Coinsurance	\$45/\$75
Deductible plus Coinsurance	\$50
Deductible plus Coinsurance	Deductible plus Coinsurance
Deductible plus Coinsurance	Deductible plus Coinsurance
Integrated w/ Medical	None
\$10/\$35/\$70	\$15/\$45/\$75
Non-Network	Non-Network
\$5,000 Individual/ \$10,000 Family	\$5,000 Individual / \$10,000 Family
50%	50%
\$10,000 Individual/ \$20,000 Family	\$10,000 Individual / \$20,000 Family
Premium	Premium
\$448.75	\$462.90
\$897.50	\$925.80
\$830.20	\$856.36
\$1,278.95	\$1,319.26
Count	Count
20	50
2	5
1	13
1	8
\$0.00	\$0.00
\$12,879.15	\$49,460.76
\$62,339.91	
\$748,078.92	
25.2%	11.9%
14.4%	

# United Healthcare Alternate Options



Carrier Network	CURRENT		Option 2		Option 3	
	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Type	Choice Plus AF65	Heritage Plus BY63	Choice Plus CSP7	Heritage Plus CSRR	Choice Plus CSP6	Heritage Plus CSWR
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		\$54,500.03		\$56,705.79		\$56,784.14
Total Option Annual Premium		\$654,000.36		\$680,469.48		\$681,409.68
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



CURRENT			Option 4			Option 5		
Carrier Network	UnitedHealthcare Choice Plus AF65	UnitedHealthcare Heritage Plus BY63	UnitedHealthcare Choice Plus CSQF	UnitedHealthcare Heritage Plus CSV4	UnitedHealthcare Choice Plus CSP6	UnitedHealthcare Heritage Plus CSV4		
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	\$3,000 Individual	\$1,000 Individual		
Family Deductible	\$6,850 Family	\$1,500 Family	\$6,850 Family	\$2,000 Family	\$6,000 Family	\$2,000 Family		
Deductible Type	Aggregate	Embedded	Aggregate	Embedded	Embedded	Embedded		
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance		
Coinsurance	100%	80%	80%	80%	80%	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	\$4,000 Individual	\$6,500 Individual	\$6,000 Individual	\$6,500 Individual		
Family	\$6,850 Family	\$12,000 Family	\$6,850 Family	\$13,000 Family	\$12,000 Family	\$13,000 Family		
Copays	Copays	Copays	Copays	Copays	Copays	Copays		
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	\$25		
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	\$45/\$75	Deductible plus Coinsurance	\$45/\$75		
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	\$50	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	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	\$15/\$45/\$75	\$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	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual/ \$20,000 Family	\$5,000 Individual / \$10,000 Family		
Coinsurance	80%	60%	50%	50%	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	\$20,000 Individual/ \$40,000 Family	\$10,000 Individual / \$20,000 Family		
Premium	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		
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	\$12,002.65	\$49,460.76	\$11,470.26	\$49,460.76		
Total Option Monthly Premium	\$54,500.03		\$61,463.41		\$60,931.02			
Total Option Annual Premium	\$654,000.36		\$737,560.92		\$731,172.24			
Increase % From Current Per Plan	-		16.7%		11.5%		11.9%	
Increase % From Current Per Option	-		12.8%		11.8%			

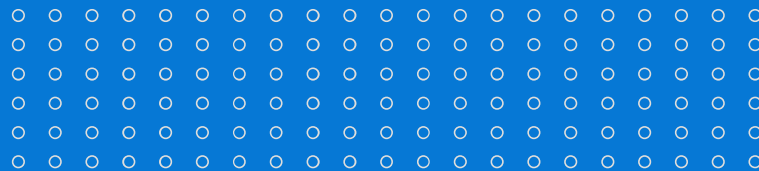


# Blue Cross Options



Carrier	CURRENT		Option 6		Option 7	
	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	<b>\$1,000 Individual</b>	\$2,500 Individual	\$750 Individual
Family Deductible	\$6,850 Family	\$1,500 Family	<b>\$5,000 Family</b>	<b>\$3,000 Family</b>	<b>\$5,000 Family</b>	<b>\$2,250 Family</b>
Deductible Type	Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Coinsurance	100%	80%	<b>80%</b>	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	<b>\$3,350 Individual</b>	<b>\$3,250 Individual</b>	<b>\$3,350 Individual</b>	<b>\$2,500 Individual</b>
Family	\$6,850 Family	\$12,000 Family	<b>\$6,700 Family</b>	<b>\$6,500 Family</b>	<b>\$6,700 Family</b>	<b>\$5,000 Family</b>
Copays	Copays	Copays	Copays	Copays	Copays	Copays
Primary Care Physician	Deductible plus Coinsurance	\$25	Deductible plus Coinsurance	<b>\$40</b>	Deductible plus Coinsurance	<b>\$30</b>
Specialist	Deductible plus Coinsurance	\$45	Deductible plus Coinsurance	<b>\$55</b>	Deductible plus Coinsurance	\$45
Urgent Care	Deductible plus Coinsurance	\$50	Deductible plus Coinsurance	<b>\$55</b>	Deductible plus Coinsurance	<b>\$45</b>
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	<b>20% Generic/ 40% Brand</b>	<b>\$7/\$30/\$70/10% (\$150 Max)</b>	<b>0% Generic/20% Brand</b>	<b>\$7/\$30/\$70/10% (\$150 Max)</b>
Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network
Deductible Coinsurance **Out of Pocket	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ \$3,000 Family	\$5,000 Individual/ \$10,000 Family	<b>\$2,000 Individual/ \$6,000 Family</b>	\$5,000 Individual/ \$10,000 Family	\$1,500 Individual/ <b>\$4,500 Family</b>
	80%	60%	<b>60%</b>	60%	80%	60%
	\$8,000 Individual/ \$16,000 Family	\$12,000 Individual/ \$24,000 Family	<b>\$6,700 Individual/ \$13,400 Family</b>	<b>\$6,500 Individual/ \$13,000 Family</b>	<b>\$6,700 Individual/ \$13,400 Family</b>	<b>\$5,000 Individual/ \$10,000 Family</b>
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	\$54,500.03		\$76,083.19		\$80,024.44	
Total Option Annual Premium	\$654,000.36		\$912,998.28		\$960,293.28	
Increase % From Current Per Plan	-		31.8%		39.1%	
Increase % From Current Per Option	-		39.6%		46.8%	

# 2



## Ancillary Renewal

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# Ancillary Executive Summary

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## 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

<b>United Healthcare</b>	The carrier issued a 6.0% increase to the dental plan, HUB negotiated the increase to a flat renewal; the carrier issued a flat renewal on the Vision plan
<b>Ameritas</b>	-1.0% compared to current Dental rates; 6.6% compared to current Vision rates
<b>Blue Cross &amp; Blue Shield</b>	-1.7% compared to current Dental rates; -9.5% compared to current Vision rates
<b>Standard</b>	6.0% compared to current Dental rates; 0.0% compared to current Vision rates
<b>Guardian</b>	-2.0% compared to current Dental rates; -11.7% compared to current Vision rates
<b>MetLife</b>	0.8% compared to current Dental rates; -12.8% compared to current Vision rates

## 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



Carrier Network	CURRENT	RENEWAL	NEGOTIATED RENEWAL	Option 1	Option 2
	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Ameritas Life Insurance Company	Blue Cross Blue Shield of Louisiana
Annual Maximum	Options PPO 30 Network Annual Maximum	Options PPO 30 Network Annual Maximum	Options PPO 30 Network Annual Maximum	Ameritas Dental Network Annual Maximum	AdvantagePLUS 2.0 Network Annual Maximum
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Preventive Service (Not subject to Deductible)	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers
Annual Deductible	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150
Basic Service	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)
Major Service	Major (50%) Crowns, Dentures, Bridges, Implants	Major (50%) Crowns, Dentures, Bridges, Implants	Major (50%) Crowns, Dentures, Bridges, Implants	Major (50%) Crowns, Dentures, Bridges	Major (50%) Crowns, Dentures, Bridges, Implants
Orthodontia	Orthodontia (0%)	Orthodontia (0%)	Orthodontia (0%)	Orthodontia (0%)	Orthodontia (0%)
Lifetime Max	N/A	N/A	N/A	N/A	N/A
Waiting Period	Waiting Period	Waiting Period	Waiting Period	Waiting Period	Waiting Period
Open Enrollment Late Enrollee	None	None	None	None	None
Plan Information	Plan Information	Plan Information	Plan Information	Plan Information	Plan Information
Reimbursement	UCR 90th	UCR 90th	UCR 90th	UCR 90th	UCR 90th
Funding	Contributory	Contributory	Contributory	Contributory	Contributory
Participation Required	75%	75%	75%	Greater of 60% or 3 lives	Greater of 70% and 10 employees
Premium	Premium	Premium	Premium	Premium	Premium
Employee	\$26.29	\$27.86	\$26.29	\$26.04	\$25.84
Employee + Spouse	\$52.59	\$55.73	\$52.59	\$52.08	\$51.69
Employee + Child(ren)	\$62.49	\$66.22	\$62.49	\$61.84	\$61.42
Employee + Family	\$93.61	\$99.19	\$93.61	\$92.64	\$92.01
Count	Count	Count	Count	Count	Count
Employee	76	76	76	76	76
Employee + Spouse	10	10	10	10	10
Employee + Child(ren)	10	10	10	10	10
Employee + Family	11	11	11	11	11
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	\$49,284.60
Increase % From Current Per Option	-	6.0%	0.0%	-1.0%	-1.7%

# Dental



Carrier Network	CURRENT	Option 3	Option 4	Option 5
	UnitedHealthcare Options PPO 30 Network	Standard Insurance Company Standard Dental Network	Guardian DentalGuard Preferred	MetLife MetLife Dental Network
Annual Maximum	Annual Maximum \$1,000	Annual Maximum \$1,000	Annual Maximum \$1,000	Annual Maximum \$1,250
Preventive Service (Not subject to Deductible)	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers	Preventive (100%) Oral Exams, Cleaning, X-Rays, Sealants, Space Maintainers
Annual Deductible	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150	Annual Deductible \$50/\$150
Basic Service	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)	Basic (80%) Fillings, Simple Extractions, Complex Extractions, Endodontics (root canal), Periodontics (gum disease)
Major Service	Major (50%) Crowns, Dentures, Bridges, Implants	Major (50%) Crowns, Dentures, Bridges	Major (50%) Crowns, Dentures, Bridges, Implants	Major (50%) Crowns, Dentures, Bridges, Implants
Orthodontia Lifetime Max	Orthodontia (0%) N/A	Orthodontia (0%) N/A	Orthodontia (0%) N/A	Orthodontia (0%) N/A
Waiting Period Open Enrollment Late Enrollee	Waiting Period None	Waiting Period None	Waiting Period None	Waiting Period None
Plan Information	Plan Information UCR 90th Contributory 75%	Plan Information UCR 90th Contributory Greater of 85% or 10 lives	Plan Information UCR 90th Contributory 90%	Plan Information UCR 90th Contributory Greater of 90% and 10 lives
Reimbursement Funding Participation Required				
Premium	Premium	Premium	Premium	Premium
Employee	\$26.29	\$27.86	\$25.76	\$26.49
Employee + Spouse	\$52.59	\$55.73	\$51.54	\$52.99
Employee + Child(ren)	\$62.49	\$66.22	\$61.24	\$62.97
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%

# 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
Copays	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 <b>20% off</b> any overages at participating providers	\$130 Allowance plus <b>20% off</b> 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



	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	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 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
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	\$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 + Child(ren)	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
Increase % From Current Per Option	-	-11.7%	0.0%	-12.8%



# Life/AD&D Executive Summary

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## Life/AD&D Carrier Specifications

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

## 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	Equitable	Equitable	MetLife	UnitedHealthcare	Guardian	Standard Insurance Company
Classification	Classification All Eligible Employees	Classification All Eligible Employees	Classification All Eligible Employees	Classification All Eligible Employees	Classification All Eligible Employees	Classification All Eligible Employees
Guarantee Issue	Guarantee Issue \$50,000	Guarantee Issue \$50,000	Guarantee Issue \$50,000	Guarantee Issue \$50,000	Guarantee Issue \$50,000	Guarantee Issue Full Benefit
Life Benefit	Benefit Flat \$50,000	Benefit Flat \$50,000	Benefit Flat \$50,000	Benefit Flat \$50,000	Benefit Flat \$50,000	Benefit Flat \$50,000
AD&D Benefit	AD&D Benefit Matches Life Benefit	AD&D Benefit Matches Life Benefit	AD&D Benefit Matches Life Benefit	AD&D Benefit Matches Life Benefit	AD&D Benefit Matches Life Benefit	AD&D Benefit Matches Life Benefit
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	Age Reductions Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Age Reductions Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Age Reductions Reduces by 35% at age 65, by 50% at age 70	Age Reductions Reduces by 35% at age 65, by 60% at age 70, by 75% at age 75; by 85% at age 80	Age Reductions 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 \$5,785,000	Volume \$5,785,000	Volume \$5,785,000	Volume \$5,785,000	Volume \$5,785,000	Volume \$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	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 \$10,000+++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	Rate Guarantee	Rate Guarantee	Rate Guarantee	Rate Guarantee	Rate Guarantee	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%

# Disability Executive Summary

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## 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



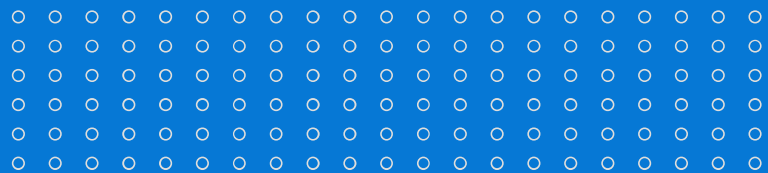
	CURRENT	RENEWAL	NEGOTIATED RENEWAL	Option 1	Option 2	Option 3	Option 4
Carrier	Equitable	Equitable	Equitable	MetLife	UnitedHealthcare	Guardian	Standard Insurance Company
Classification	Classification	Classification	Classification	Classification	Classification	Classification	Classification
	All Eligible Employees	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
	0 Days Accident 7 Days Sickness	0 Days Accident 7 Days Sickness	0 Days Accident 7 Days Sickness	0 Days Accident 7 Days Sickness	0 Days Accident 7 Days Sickness	0 Days Accident 7 Days Sickness	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	26 Weeks	26 Weeks	26 Weeks	26 Weeks	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	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
	None	None	None	None	None	None	None
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 \$10)	Premium (per \$10)	Premium (per \$10)	Premium (per \$10)	Premium (per \$10)	Premium (per \$10)	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	24 Months	24 Months	24 Months	24 Months	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
	ADEA1 w/ SSNRA	ADEA1 w/ SSNRA	ADEA1 w/ SSNRA	RBD w/ SSNRA	ADEA1 w/ NRA	To SSNRA	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%

# 3



## Next Steps

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## Next Steps: Recommendations and Considerations

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- 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	<ul style="list-style-type: none"><li>Marketing results for benefits programs</li><li>Budget of employer expenses based on current enrollment</li></ul>	June 8
Final Decisions	<ul style="list-style-type: none"><li>Client advises HUB of plan decisions and deductions</li></ul>	June 15
Employee Navigator Updates	<ul style="list-style-type: none"><li>EN build and updates</li></ul>	June 16 - 30
Client Testing of Employee Navigator	<ul style="list-style-type: none"><li>Bricolage tests Employee Navigator build and provides feedback to HUB</li><li>Any changes will be updated by HUB Technology partner by July 11</li></ul>	July 6 - 7
Open Enrollment Planning	<ul style="list-style-type: none"><li>HUB develops and prints annual enrollment guides</li><li>HUB develops memos to be distributed to employees</li></ul>	June 16 - 30
Open Enrollment	<ul style="list-style-type: none"><li>Open Enrollment on EN (Active or Passive)</li><li>In person meetings, power point presentation, voiceover?</li></ul>	July 18 - 22
Enrollment Submitted to Carriers	<ul style="list-style-type: none"><li>Open Enrollment elections submitted to carriers by HUB and file feed from EN</li></ul>	July 23 - 24
New Plans and Carriers Effective	<ul style="list-style-type: none"><li>New plans and carriers are effective</li></ul>	August 1
Post Open Enrollment Invoice Audit	<ul style="list-style-type: none"><li>HUB audits first invoice after new plan year</li></ul>	September 2

## Enrollment Strategy



- HUB can provide in person Open Enrollment meetings, group virtual webinars and/or a PPT recording of the presentation for Bricolage to send to employees prior to annual enrollment.
- 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 22<sup>nd</sup>.



# Thank you.