



Annual Renewal Meeting

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The intent of this presentation is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

2022 Current Benefit Plans



Insurance | Risk Management | Consulting

Medical/Rx

- **Blue Care Network**
- HMO / Fully Insured
- Deductible: \$1000 / \$2000
- Coinsurance 80/20%
- Max OOP: \$6600 / \$13200
- **BCBSM**
- PPO / Fully Insured
- Deductible: \$1000 / \$2000
- Coinsurance: 80/20%
- Max OOP: \$6350 / \$12700
- **Blue Care Network**
- HMO/HSA / Fully Insured
- Deductible: *\$1400 / \$2800
- Coinsurance: 80/20%
- Max OOP: \$4000 / \$8000
- *Per IRS, Deductible to increase to \$1500 / \$3000

Dental

- **BCBSM Voluntary**
- Deductible single: \$50 Basic & Major services
- Deductible 2 person & family: \$100 for 2 person, \$150 for family on Basic & Major services
- Annual plan Max: \$1000
- Lifetime Ortho: \$1000
- Diagnostic & Preventative: 100%
- Basic: 80%
- Major: 50%
- Ortho: 50% of approved amount
- Up to age 19

Vision

- **BCBSM Voluntary**
- Exam: \$10 Copay
- Materials: \$10 Copay
- Frames: \$130 Allowance
- Benefit Frequency:
- Exam: 12 Months
- Lenses: 12 Months
- Frames: 12 Months
- Contacts: 12 Months
- Contacts: \$10 Copay
- Elective: \$130 Allowance

Ancillary

- **MetLife**
- ER Paid Life, AD&D
- ER Paid LTD
- Voluntary STD
- Voluntary Life & AD&D

Other

- NexBen: COBRA
- SBAM: Invoicing
 - Medical, dental & vision
- HSA Bank
 - HSA administration



Gallagher

Insurance | Risk Management | Consulting

Renewal and Plan Options

Medical Carriers Quoted

Medical/Rx

Carrier	Funding Model	Status
BCBSM	Fully Insured	Large Group Renewal Received
BCN	Fully Insured	Large Group Renewal Received
BCBSM	Fully Insured	Small Group Proposal Received
BCN	Fully Insured	Small Group Proposal Received
Priority Health	Fully Insured	Small Group Proposal Received

Fully Insured: Medical



GPS Solutions - Large Group to Small Group	Current 2022 - BCBSM/BCN				Renewal 2023 - BCBSM/BCN				2023 Small Group Quote BCBSM/BCN - Alt #1			
	BCBSM \$1,000	BCN \$1,000	BCN HDHP \$1,400	Total	BCBSM \$1,000	BCN \$1,000	BCN HDHP \$1,500	Total	SB PPO Gold \$1,000	HBL HMO GOLD \$1,000	HSA HMO Gold \$1,500	Total
Coinsurance (In/Out)	20% / 40%	20%	20%*		20% / 40%	20%	20%*		20% / 40%	20%	20%*	
Deductible (In/Out)												
Single	\$1,000 / \$2,000	\$1,000	\$1,400		\$1,000 / \$2,000	\$1,000	\$1,500		\$1,000 / \$2,000	\$1,000	\$1,500	
Family	\$2,000 / \$4,000	\$2,000	\$2,800		\$2,000 / \$4,000	\$2,000	\$3,000		\$2,000 / \$4,000	\$2,000	\$3,000	
Coinsurance Max (In/Out)												
Single	\$2,500 / \$5,000	\$2,500	\$2,600		\$2,500 / \$5,000	\$2,500	\$2,500		\$5,000 / \$10,000	\$3,500	\$2,500	
Family	\$5,000 / \$10,000	\$5,000	\$5,200		\$5,000 / \$10,000	\$5,000	\$5,000		\$10,000 / \$20,000	\$4,000	\$5,000	
Total Out of Pocket Max (In/Out)												
Single	\$6,350 / \$12,700	\$6,600	\$4,000		\$6,350 / \$12,700	\$6,600	\$4,000		\$8,150 / \$16,300	\$8,150	\$4,000	
Family	\$12,700 / \$25,400	\$13,200	\$8,000		\$12,700 / \$25,400	\$13,200	\$8,000		\$16,300 / \$32,600	\$16,300	\$8,000	
Hospital Care	20%* / 40%*	20%*	20%*		20%* / 40%*	20%*	20%*		20% / 40%*	20%*	20%*	
Office Visit	\$30 / 40%*	\$20 Copay	20%*		\$30 / 40%*	\$20 Copay	20%*		\$30 / 40%*	\$30 Copay	20%*	
Specialist	\$50 / 40%*	\$40 Copay	20%*		\$50 / 40%*	\$40 Copay	20%*		\$50 / 40%*	\$40 Copay	20%*	
Urgent Care	\$60 / 40%*	\$50 Copay	20%*		\$60 / 40%*	\$50 Copay	20%*		\$60 /40%*	\$50 Copay	20%*	
Emergency Room Copay	\$150 / \$150 Copay	\$150 Copay	20%*		\$150 / \$150 Copay	\$150 Copay	20%*		\$250 / \$250 Copay	\$150 Copay	20%*	
PRESCRIPTION DRUGS			After Deductible				After Deductible				After Deductible	
Generic	\$15 /\$15 + 25%	\$10 Copay	\$15 /\$15 + 25%		\$15 /\$15 + 25%	\$10 Copay	\$15 /\$15 + 25%		\$20 / \$20 + 25%	\$10 Copay	\$10 Copay	
Formulary Brand	\$50 / \$50 + 25%	\$30 Copay	\$50 / \$50 + 25%		\$50 / \$50 + 25%	\$30 Copay	\$50 / \$50 + 25%		\$60 / \$60 + 25%	\$30 Copay	\$30 Copay	
Non-Formulary Brand	\$70 / \$70 + 25%	\$60 Copay	\$70 / \$70 + 25%		\$70 / \$70 + 25%	\$60 Copay	\$70 / \$70 + 25%		\$100 / \$100 + 25%	\$60 Copay	\$60 Copay	
Tier 4 & Tier 5	20% / 25%	\$80/20%/20%	20% / 25%		20% / 25%	\$80/20%/20%	20% / 25%		20% / 25%	\$80/20%/20%	\$80/20%/20%	
Assumed Participation												
Total	2	15	1	18	2	15	1	18	2	15	1	18
Monthly Rates												
Single	\$632.31	\$429.00	\$376.61		\$493.39	\$421.95	\$367.22		Age Rated	Age Rated	Age Rated	
Two-Person	\$1,517.54	\$1,029.59	\$903.85		\$1,184.12	\$1,012.68	\$881.34					
Family	\$1,896.94	\$1,287.00	\$1,129.82		\$1,480.16	\$1,265.85	\$1,101.67					
Premium Only Analysis												
Estimated Monthly Premium	\$1,265	\$10,811	\$377	\$12,452	\$987	\$10,633	\$367	\$11,987	\$1,803	\$11,106	\$675	\$13,583
Estimated Annual Premium.	\$15,175	\$129,729	\$4,519	\$149,424	\$11,841	\$127,598	\$4,407	\$143,846	\$21,630	\$133,274	\$8,096	\$163,000
Total Cost Analysis												
Estimated Annual Cost	\$15,175	\$129,729	\$4,519	\$149,424	\$11,841	\$127,598	\$4,407	\$143,846	\$21,630	\$133,274	\$8,096	\$163,000
Dollar Change from Current					-\$3,334	-\$2,132	-\$113	-\$5,578	\$6,455	\$3,545	\$3,576	\$13,576
Percent Change from Current					-22.0%	-1.6%	-0.1%	-3.73%	42.5%	2.7%	79.1%	9.09%

People counts based on 8/2022
Invoice 13

* after deductible

Includes Pediatric Dental and Vision



GPS Solutions - Large Group to Small Group	Current 2022 - BCBSM/BCN				Renewal 2023 - BCBSM/BCN				2023 Small Group Quote Priority Health - Alt #2			
	BCBSM \$1,000	BCN \$1,000	BCN HDHP \$1,400	Total	BCBSM \$1,000	BCN \$1,000	BCN HDHP \$1,500	Total	POS 1000	HMO 1000	HMO HSA 1500	Total
Coinsurance (In/Out)	20% / 40%	20%	20%*		20% / 40%	20%	20%*		20% / 40%	20%	15%*	
Deductible (In/Out)												
Single	\$1,000 / \$2,000	\$1,000	\$1,400		\$1,000 / \$2,000	\$1,000	\$1,500		\$1,000 / \$2,000	\$1,000	\$1,500	
Family	\$2,000 / \$4,000	\$2,000	\$2,800		\$2,000 / \$4,000	\$2,000	\$3,000		\$2,000 / \$4,000	\$2,000	\$3,000	
Coinsurance Max (In/Out)												
Single	\$2,500 / \$5,000	\$2,500	\$2,600		\$2,500 / \$5,000	\$2,500	\$2,500		\$4,500 / \$9,000	\$4,500	\$2,500	
Family	\$5,000 / \$10,000	\$5,000	\$5,200		\$5,000 / \$10,000	\$5,000	\$5,000		\$9,000 / \$18,000	\$9,000	\$5,000	
Total Out of Pocket Max (In/Out)												
Single	\$6,350 / \$12,700	\$6,600	\$4,000		\$6,350 / \$12,700	\$6,600	\$4,000		\$8,150 / \$16,300	\$8,150	\$4,000	
Family	\$12,700 / \$25,400	\$13,200	\$8,000		\$12,700 / \$25,400	\$13,200	\$8,000		\$16,300 / \$32,600	\$16,300	\$8,000	
Hospital Care	20%* / 40%*	20%*	20%*		20%* / 40%*	20%*	20%*		20% / 40%*	20%*	15%*	
Office Visit	\$30 / 40%*	\$20 Copay	20%*		\$30 / 40%*	\$20 Copay	20%*		\$20 / 40%	\$20 Copay	15%*	
Specialist	\$50 / 40%*	\$40 Copay	20%*		\$50 / 40%*	\$40 Copay	20%*		\$50 / 40%	\$50 Copay	15%*	
Urgent Care	\$60 / 40%*	\$50 Copay	20%*		\$60 / 40%*	\$50 Copay	20%*		\$85 / 40%	\$85 Copay	15%*	
Emergency Room Copay	\$150 / \$150 Copay	\$150 Copay	20%*		\$150 / \$150 Copay	\$150 Copay	20%*		\$250 after ded	\$250 after ded	15%*	
PRESCRIPTION DRUGS			After Deductible				After Deductible				After Deductible	
Generic	\$15 / \$15 + 25%	\$10 Copay	\$15 / \$15 + 25%		\$15 / \$15 + 25%	\$10 Copay	\$15 / \$15 + 25%		\$5 / \$30 Copay	\$5 / \$30 Copay	\$5 / \$30 Copay	
Formulary Brand	\$50 / \$50 + 25%	\$30 Copay	\$50 / \$50 + 25%		\$50 / \$50 + 25%	\$30 Copay	\$50 / \$50 + 25%		\$70 Copay	\$70 Copay	\$65 Copay	
Non-Formulary Brand	\$70 / \$70 + 25%	\$60 Copay	\$70 / \$70 + 25%		\$70 / \$70 + 25%	\$60 Copay	\$70 / \$70 + 25%		\$90 Copay	\$90 Copay	\$85 Copay	
Tier 4 & Tier 5	20% / 25%	\$80/20%/20%	20% / 25%		20% / 25%	\$80/20%/20%	20% / 25%		20% / \$450 Copay	20% / \$450 Copay	20% / \$450 Copay	
Assumed Participation												
Total	2	15	1	18	2	15	1	18	2	15	1	18
Monthly Rates												
Single	\$632.31	\$429.00	\$376.61		\$493.39	\$421.95	\$367.22		Age Rated	Age Rated	Age Rated	
Two-Person	\$1,517.54	\$1,029.59	\$903.85		\$1,184.12	\$1,012.68	\$881.34					
Family	\$1,896.94	\$1,287.00	\$1,129.82		\$1,480.16	\$1,265.85	\$1,101.67					
Premium Only Analysis												
Estimated Monthly Premium	\$1,265	\$10,811	\$377	\$12,452	\$987	\$10,633	\$367	\$11,987	\$1,470	\$11,406	\$717	\$13,593
Estimated Annual Premium.	\$15,175	\$129,729	\$4,519	\$149,424	\$11,841	\$127,598	\$4,407	\$143,846	\$17,641	\$136,868	\$8,603	\$163,112
Total Cost Analysis												
Estimated Annual Cost	\$15,175	\$129,729	\$4,519	\$149,424	\$11,841	\$127,598	\$4,407	\$143,846	\$17,641	\$136,868	\$8,603	\$163,112
Dollar Change from Current					-\$3,334	-\$2,132	-\$113	-\$5,578	\$2,466	\$7,139	\$4,084	\$13,688
Percent Change from Current					-22.0%	-1.6%	-0.1%	-3.73%	16.2%	5.5%	90.4%	9.16%

People counts based on 8/2022 Invoice
14 * after deductible

Includes Pediatric Dental and Vision - Delta Dental and EyeMed through Priority Health

Dental

Carrier	Funding Model	Status
BCBSM Delta Dental	Vol Fully Insured Vol Fully Insured	Large Group Renewal Received Small Group Proposal Received

Dental Renewal



GPS Solutions - Large Group to Small Group		2022 - Current - BCBSM	2023 - Renewal - BCBSM	2023 - Alternate 1 - Delta Dental
Dental - Voluntary		Employee Costs	Employee Costs	Employee Costs
Dental Network		Blue Dental PPO/BPS	Blue Dental PPO/BPS	Delta Dental
Dentist Reimbursement		Negotiated Fees	Negotiated Fees	Negotiated Fees
In Network Reimbursement				
OON Reimbursement				
Deductible		Annual Deductible	\$50/\$150	\$50/\$150
Coinsurance Percentages				
Class 1 - Preventive Services				
-- Exam(covered percentage)		100%	100%	100%
-- X-rays bitewing		100%	100%	100%
-- Prophylaxis (Cleaning)		100%	100%	100%
Class 2 - Basic Services				
-- X-rays panoramic		100%	100%	100%
-- Sealants (19yrs and younger)		100%	100%	100% - 14 & under
-- Fillings (Permanent Adult)		80%	80%	80%
-- Recementation of Crowns, Inlays and Onlays		80%	80%	80%
-- Recementation of Veneers and Bridges		80%	80%	80%
-- Oral Surgery, Including Extractions		80%	80%	80%
-- Root Canal (Permanent)		80%	80%	80%
Class 3 - Major Services				
-- Onlays and Crowns (Permanent Teeth, Age 12+)		50%	50%	50%
-- Bridges (Fixed Partial Dentures, Age 16+)		50%	50%	50%
-- Endosteal Implants (Age 16+)		50%	50%	50%
Class 4 - Orthodontia				
-- Minor Treatment for Tooth Guidance Appliance		50%	50%	50%
-- Minor Treatment to Control Harmful Habits		50%	50%	50%
-- Interceptive & Comprehensive Ortho Treatment		50%	50%	50%
Maximum Payments				
Dental (Annual/Member)		\$1,000	\$1,000	\$1,000
Orthodontics (Lifetime/Member)		\$1,000	\$1,000	\$1,000
1. Participation ^A				
Total		16	16	16
2. Monthly Rates				
Single		\$31.46	\$34.78	\$39.38
2 Person		\$62.93	\$69.55	\$74.21
Family		\$110.13	\$121.72	\$142.11
3. Total Monthly Cost		\$834	\$922	\$1,043
4. Total Annual Cost		\$10,005	\$11,059	\$12,513
Dollar Change from Current			\$1,054	\$2,508
Percent Change from Current			10.53%	25.06%
Rate Guarantee		1 year	1 year	1 year

Vision

Carrier	Funding Model	Status
BCBSM	Vol Fully Insured	Large Group Renewal Received
Delta Dental (VSP)	Vol Fully Insured	Small Group Proposal Received

Vision Renewal












GPS Solutions - Large Group to Small Group	2022 - Current - BCBSM		2023 - Current - BCBSM		2023 - Alternative 1 - Delta Vision	
Vision - Voluntary	BCBS/VSP Choice Network		BCBS/VSP Choice Network		VSP Choice	
Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Employee Costs		Employee Costs		Employee Costs	
Vision Exam	12 Months		12 Months		12 Months	
Optometrist	\$10 Copay	Reimburse up to \$45	\$10 Copay	Reimburse up to \$45	\$10 Copay	Up to \$45
Ophthalmologist	\$10 Copay	Reimburse up to \$45	\$10 Copay	Reimburse up to \$45	\$10 Copay	Up to \$45
Lenses	12 Months		12 Months		12 Months	
Single	\$10 Copay	Reimburse up to allowed amount	\$10 Copay	Reimburse up to allowed amount	\$25 Copay	Up to \$30
Bi-Focal	\$10 Copay	\$75 Copay	\$10 Copay	\$75 Copay	\$25 Copay	Up to \$50
Tri-Focal	\$10 Copay	\$100 Copay	\$10 Copay	\$100 Copay	\$25 Copay	Up to \$65
Lenticular	\$10 Copay	\$75 Copay	\$10 Copay	\$75 Copay	\$25 Copay	Up to \$100
Standard Progressive Lens	\$60 Copay	N/A	\$60 Copay	N/A	\$0	Up to \$50
UV Treatment	\$14 Copay	N/A	\$14 Copay	N/A	Discount	N/A
Plastic Scratch Coating	\$15-\$29 Copay	N/A	\$15-\$29 Copay	N/A	\$17 Copay	N/A
Polycarbonate - Adults	\$23-\$28 Copay	N/A	\$23-\$28 Copay	N/A	\$31 - \$35 Copay	N/A
Polycarbonate - Kids	Combined \$10 Copay	N/A	Combined \$10 Copay	N/A	Combined \$10 Copay	N/A
Anti-Reflective Coating	\$37 -\$75 Copay	N/A	\$37 -\$75 Copay	N/A	\$41	N/A
Photocromatic / Transitions Plastic	Combined \$10 Copay	N/A	Combined \$10 Copay	N/A	\$31 - \$82 Copay	N/A
Frames	12 Months		12 Months		12 Months	
	\$130 Allowance less \$10 Copay	Reimburse up to \$70; less \$10 Copay	\$130 Allowance less \$10 Copay	Reimburse up to \$70; less \$10 Copay	\$130 Allowance	Reimburse up to \$70; less \$10 Copay
Contact Lenses	12 Months		12 Months		12 Months	
Medically necessary	\$10 Copay	Reimburse up to \$210; less \$10 Copay	\$10 Copay	Reimburse up to \$210; less \$10 Copay	\$25 Copay	Reimburse up to \$210; less \$10 Copay
Elective	\$130 Allowance	\$105 Allowance	\$130 Allowance	\$105 Allowance	\$130 Allowance	\$105 Allowance
Assumed Participation *						
Total	14		14		14	
Monthly Rates						
Single		\$6.67		\$6.42		\$8.13
Two Person		\$13.33		\$12.83		\$16.26
Family		\$22.13		\$21.30		\$27.82
Monthly Cost	\$138		\$132		\$169	
Annual Cost	\$1,651		\$1,590		\$2,034	
Dollar Change from Current			-\$61.92		\$382	
Percent Change from Current			-3.75%		23.14%	
Rate Guarantee	1 year		1 year		1 year	

20 People counts based on 8.2022 invoice

Renewal is for Large Group Only

min participation - 2, must sell with Dental

Ancillary






MARKETS APPROACHED	
Carrier	Response
	Inforce carrier
	Quote Illustrated
	Quote Illustrated
	Quote Illustrated
	Declined to Quote
	Declined to Quote
	Declined to Quote
	Declined to Quote
	Quote pending

COST ANALYSIS






Employer Paid Lines



	Current			
Life AD&D				
Annual Premium	\$1,421	\$1,321	\$1,538	\$1,294
Rate Guarantee	Expiring	2 Years	2 Years	2 Years
Long Term Disability				
Annual Premium	\$5,929	\$4,378	\$4,944	\$5,309
Rate Guarantee	Expiring	2 Years	2 Years	2 Years
Total All Lines				
Annual Premium	\$7,349	\$5,699	\$6,482	\$6,603
Annual Change vs Current		-\$1,650.17	-\$867.49	-\$746.93
Annual % Change vs Current		-22.5%	-11.8%	-10.2%

	 Gallagher		 MetLife	 EQUITABLE	 unum	 THE HARTFORD
	Inforce					
Eligibility						
	All Active Employees working at least 30 hours a week		✓	✓	✓	
Benefit Details						
Life & AD&D Benefit	\$25,000		✓	✓	✓	
Guaranteed Issue (GI)	\$25,000		✓	✓	✓	
Reduction Schedule	65% @ 65 40% @ 70 25% @ 75		65% @ 65 50% @ 70	65% @ 65 50% @ 70	65% @ 65 50% @ 70	
Additional Benefit Details						
Waiver of Premium	Included		✓	✓	✓	
Portability	Not Included		Not Included	Included	Included	
Financial						
Employer Contribution Level	100%	100%	100%	100%	100%	
Total Covered Lives	31	31	31	31	31	
Monthly Volume (estimated for comparison purposes only)	\$754,000	\$754,000	\$754,000	\$754,000	\$754,000	
Life Rate (per \$1,000)	\$0.141	\$0.150	\$0.127	\$0.130	\$0.150	
AD&D Rate (per \$1,000)	\$0.016	\$0.016	\$0.016	\$0.016	\$0.020	
Rate Guarantee	Expiring	1 Year	2 Years	2 Years	2 Years	
COST ANALYSIS						
	Current	Renewal				
Monthly Premium	\$118	\$125	\$108	\$110	\$128	
Annual Premium	\$1,421	\$1,502	\$1,294	\$1,321	\$1,538	
Annual Change vs Current		\$81	-\$127	-\$100	\$118	
Annual % Change vs Current		5.7%	-8.9%	-7.0%	8.3%	

	Inforce / MetLife		UNUM	Equitable	The Hartford
Eligibility	All Eligible Employees		X	X	X
Employee Benefit Schedule					
Employee Increments	\$10,000		X	X	X
Employee Maximum	\$500,000		X	X	X
Salary Limitation	5x		X	X	X
Spouse Benefit Schedule					
Spouse Increments	\$5,000		X	X	X
Spouse Maximum	\$100,000		\$500,000	X	X
% of Employee Benefit Limit	50%		100%	X	X
Child(ren) Benefit Schedule					
Child Increments	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000		\$2,000	\$1,000	15 days to 19/25: \$10,000
Child Maximum	\$10,000		X	X	X
Guaranteed Issue (GI)					
Employee	\$150,000		\$110,000	X	\$100,000
Spouse	\$50,000		\$25,000	X	\$25,000
Child(ren)	\$10,000		X	X	X
Additional Benefit Details					
Age Reduction Schedule	None		65% @ 65 50% @ 70	65% @ 65 50% @ 70	65% @ 65 50% @ 70
Waiver of Premium	Included		X	X	X
Portability	Included		X	X	X
Participation Requirement	Current		Takeover	Takeover	Takeover
Rate (per \$1,000)					
Under 20	\$0.060	\$0.060	X	X	\$0.053
20 - 24	\$0.060	\$0.060	X	X	\$0.053
25 - 29	\$0.060	\$0.060	X	X	\$0.044
30 - 34	\$0.080	\$0.080	X	X	\$0.055
35 - 39	\$0.090	\$0.090	X	X	\$0.084
40 - 44	\$0.100	\$0.100	X	X	\$0.124
45 - 49	\$0.150	\$0.150	X	X	\$0.203
50 - 54	\$0.230	\$0.230	X	X	\$0.313
55 - 59	\$0.430	\$0.430	X	X	\$0.440
60 - 64	\$0.660	\$0.660	X	X	\$0.531
65 - 69	\$1.137	\$1.137	X	X	\$0.768
70 - 74	\$1.639	\$1.639	X	X	\$1.371
75 - 79	\$1.639	\$1.639	X	X	\$3.898
80+	\$1.639	\$1.639	X	X	\$3.898
Child(ren)	Varies	Varies	\$0.403	\$0.290	\$0.051
Employee AD&D	\$0.017	\$0.017	\$0.026	X	\$0.018
Spouse AD&D	\$0.017	\$0.002	\$0.029	\$0.017	\$0.018
Child(ren) AD&D			\$0.067	\$0.084	\$0.018
Spouse Rates Match Employee Rates	Yes	Yes	X	X	X
Rate Guarantee	Expiring	1 Year	3 Years	2 Years	2 Years

	 Gallagher		 MetLife	 THE HARTFORD	 EQUITABLE	 unum
	Inforce					
Eligibility						
	All Active Employees working at least 30 hours a week		✓	✓	✓	
Benefit Details						
Total Covered Lives	TBD		✓	✓	✓	
Benefit Percentage	60.00%		✓	✓	✓	
Weekly Benefit Maximum	\$1,500		✓	✓	✓	
Elimination Period (Accident/Sickness)	14/14 Days		✓	✓	✓	
Benefit Duration	11 Weeks		✓	✓	✓	
Pre-Existing Limitation	3/12		None	✓	✓	
Additional Benefit Details						
FICA Match	Not Included		✓	✓	✓	
W-2 Reporting	Included		✓	✓	Not Included	
Additional Information						
Participation Requirement	Current		Takeover	Takeover	Takeover	
Rate (per \$10)						
Under 25	\$0.396	\$0.396	\$0.074	✓	\$0.530	
25 - 29	\$0.396	\$0.396	\$0.081	✓	\$1.270	
30 - 34	\$0.396	\$0.396	\$0.115	✓	\$1.520	
35 - 39	\$0.396	\$0.396	\$0.152	✓	\$0.990	
40 - 44	\$0.396	\$0.396	\$0.184	✓	\$0.540	
45 - 49	\$0.377	\$0.377	\$0.209	✓	\$0.460	
50 - 54	\$0.423	\$0.423	\$0.210	✓	\$0.550	
55 - 59	\$0.551	\$0.551	\$0.297	✓	\$0.700	
60 - 64	\$0.606	\$0.606	\$0.402	✓	\$0.920	
65 - 69	\$0.606	\$0.606	\$0.388	✓	\$1.110	
70 - 74	\$0.606	\$0.606	\$0.388	✓	\$1.110	
75+	\$0.606	\$0.606	\$0.388	✓	\$1.110	
Rate Guarantee	Expiring	1 Year	2 Years	2 Years	2 Years	

Note: UNUM, W-2 reporting, not included

Long Term Disability



	Inforce /MetLife		UNUM	The Hartford	Equitable
Eligibility	All Active Employees working at least 30 hours a week		X	X	X
Benefit Details					
Benefit Percentage	60.00%		X	X	X
Monthly Benefit Maximum	\$6,000		X	X	X
Guaranteed Issue	\$6,000		X	X	X
Elimination Period	90 Days		X	X	X
Own Occupation Duration	2 Year Own Occupation		X	X	X
Earnings Test (Own/Any)	80%/80%		X	80%/60%	X
Benefit Duration	SSNRA		X	X	X
Additional Benefit Details					
Benefit Taxability	Taxable		X	X	X
Residual Disability	Included		X	X	X
Benefit Integration/Social Security Offset	Family		X	X	X
Employee Assistance Program (EAP)	TBD		Included	Included	Not Included
Conversion	Not Included		X	X	X
Limitations					
Mental/Nervous Limitation	24 Months		X	X	X
Drug/Alcohol Limitation	24 Months		Unlimited	X	X
Self-Reported Limitation	24 Months		X	Unlimited	Unlimited
Pre-Existing Limitation	3/12		X	6/12	X
Financial					
Total Covered Lives	31	31.0%	31	31	31
Employer Contribution Level	100%	100.0%	100%	100%	100%
Monthly Covered Payroll (estimated for comparison purposes only)	\$152,024	\$152,024	\$152,024	\$152,024	\$152,024
Rate (per \$100)	\$0.325	\$0.325	\$0.240	\$0.271	\$0.291
Rate Guarantee	Expiring	1 Year	2 Years	2 Years	2 Years
COST ANALYSIS					
	Current	Renewal			
Monthly Premium	\$494	\$494	\$365	\$412	\$442
Annual Premium	\$5,929	\$5,929	\$4,378	\$4,944	\$5,309
Annual Change vs Current		\$0	-\$1,551	-\$985	-\$620
Annual % Change vs Current		0.0%	-26.2%	-16.6%	-10.5%



Gallagher

Insurance | Risk Management | Consulting

Other items quoted




Complete Well-being Solutions



See handout for full plan design options



Fees & Billing

	 Flexible Visit Resolution EAP Model®	Fixed Visit Plan 1-5	Fixed Visit Plan 1-3
Your Return on Investment	94%	70%	50%
Dedicated Account Manager	✓	✓	✓
Discount Program	✓	✓	✓
Legal Support	✓	✓	✓
Promotional Materials	✓	✓	✓
Orientations	✓	✓	✓
Resource Portal	✓	✓	✓
Coaching	✓	✓	✓
Mobile App	✓	✓	✓
Credit Debt Management	✓	✓	✓
Custom Explainer Video	✓		
Service Reports	Quarterly	Bi-annually	Annually
CISD	Unlimited	10-hours	FFS/hour
Fees	\$6,500 Per year	\$5,400 per year	\$4,000 per year

*Quote is based on **58** employees

Travel (airfare, lodging and mileage, etc.) expenses incurred for supervisor trainings, employee orientations, implementation meetings, and other on-site services at locations outside of areas served directly by local or regional offices will be billed at our actual cost.

Once fees are quoted, they are valid for the next sixty days.

Created 08-04-2022

Carrier Updates

BCBSM (PPO) and BCN (HMO)

Blue Cross Blue Shield of Michigan Renewal Highlights

Large Group 51 or more FTE For Fully Insured

BCN Virtual Primary Care HMOs	<p>A partnership with Doctor on Demand to provide fully insured groups with a complete virtual primary care solution.</p> <ul style="list-style-type: none"> • Delivers PCP-led, whole person virtual care for medical and behavioral health needs • Employees can connect with a virtual care doctor, therapist, psychiatrist, nurse or care team on demand or by appointment • Employees can choose and see the right doctor for them on their phone, tablet or computer • This product will have no or low copayments for virtual primary care, giving members convenient access to care without the worry of expense <p>VPC product must be offered alongside a traditional HMO or PPO plan so employees can choose between a traditional, in-person care plan or the virtual health care plan</p>
Maternity Support Solution	<p>New digital program, in partnership with Maven, provides support for expecting parents through their pregnancy, postpartum and return-to-work journey’s. Also includes support for high-risk pregnancies and parents with an infant in the neonatal intensive care unit and for parents who have experienced a loss</p>
Blue Cross Personalized Medicine	<p>BCN is launching the first end-to-end precision medicine pharmacogenomics program in Michigan. This testing helps health care professionals predict how a person’s body responds to certain drugs and medications. Personalize and tailor medication treatments more effectively for select members most likely to benefit from testing based on a review of their prescribed medications for various diagnosis's, including behavioral health, cardiovascular disease and oncology.</p> <ul style="list-style-type: none"> • Included for fully insured groups at no additional cost • Helps improve employee health outcomes • May avoid unnecessary costs of emergency room visits and hospital admissions or readmission

Blue Cross Blue Shield of Michigan Renewal Highlights for Fully Insured Large Group 51 or more FTE

AbleTo	Expanding access to national virtual behavioral health care. This is a new psychotherapy program designed to benefit members with moderate behavioral health care needs, such as anxiety and depression. Provides employees the appropriate behavioral health care at the right time and at the right level of care, instead of delaying care and potentially needing more acute and costly care in the future
Pharmacy	PillarRx. This program is expanding to include fully insured BCN high-deductible health plan with a pharmacy deductible. Enrolled employees can take advantage of manufacturer copayment assistance to significantly lower their out-of-pocket costs for expensive medications
Vision & Dental	No changes for 2023
Applied behavioral analysis age limit removal	The age limit for all covered autism spectrum disorder treatment have been removed. These benefits will continue to require prior authorization
Postnatal care	Continue to cover routine, in-network postnatal care with no out-of-pocket costs as part of women’s preventive services
Livongo Diabetes Management program	As of April 1, 2022, this program is now offered at no cost to fully-insured employers. Available to anyone with Type 1 or 2 diagnosis can enroll. Includes a free glucometer and unlimited lancets and test strips delivered right to the members home. (buy up available for self-funded employers)

Doctor on Demand, Maven, AbleTo, PillarRX are all independent companies contracted by BCBSM and/or BCN

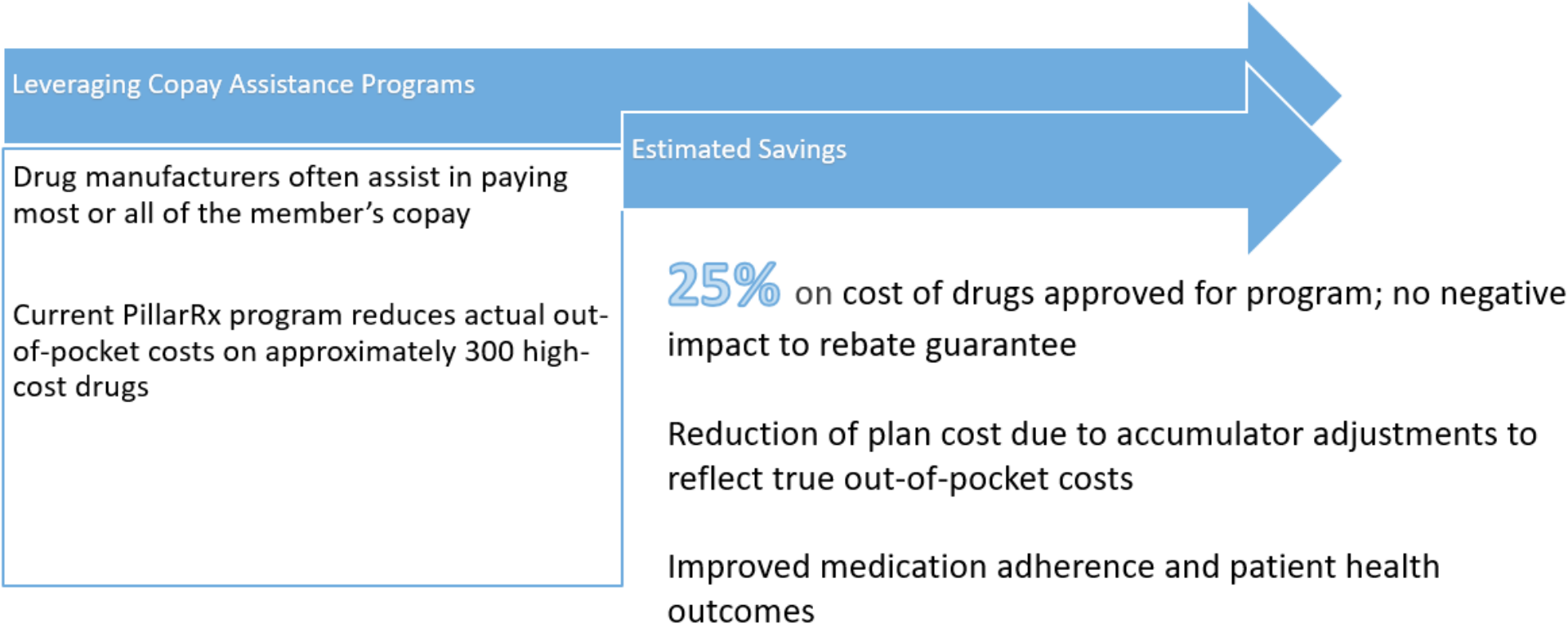
Blue Cross Blue Shield of Michigan Add on Values Large Group 51 or more FTE for Fully Insured

Livongo	Diabetes Management for type 1 and type 2 diabetics. Includes, smart glucometer, unlimited lancets and test strips, 23/7 one-on-one coaching from certified diabetes educators
myStrength	Comprehensive Coverage: Full spectrum of subclinical to clinical behavioral health needs. In areas of, depression, anxiety, sleep, substance use disorder, chronic pain, opioid/medication assisted treatment, stress, pregnancy and early parenting, trauma. With proven impact and results
BCBS Online Visits	Convenient digitally-delivered option for getting non-emergency care when a member's PCP isn't available, including medical, therapy and psychiatry visits
Blue Cross Health & Well-being my WebMD	Through their on-line portal, employees can take a health assessment, access to a symptom checker, have a health assistant, pregnancy assistant, listen to mental health podcasts, shop for healthy recipes, store health records and more. WebMD is a valuable resource allowing employees to search for a variety of health topics categorized by conditions, general health and procedures and surgeries
Tobacco Coaching	12 week program for members ready and willing to quit smoking. 30 day, telephone based program with a coach
Blue 365	Offers discounts on health related products and services
Blue Cross Rewards	Exclusive program built into the online member account. Unlimited rewards in the form of gift cards when you sign up and receive rewardable health care services. Once you have signed up and received your service at a cost-effective provider location, you will receive a gift card ranging from \$25 to \$75 depending on the service. MRI's, Ultrasounds, colonoscopies, CT scans, mammograms and more
MAVEN (eff. 1/1/2023)	Support for pregnancy + 3 month postpartum (12 month program): prenatal and postnatal support, NICU support, High-risk pregnancy care management, loss

FI: Included in
base ASC: Opt-in

High-Cost Drug Discount Optimization Program

- Connects members with copay assistance from drug manufacturers for specialty and other high-cost medications.
- Accumulators are adjusted to reflect members’ actual OOP costs



288 drugs approved for program with guarantee of no impact to rebate (minus 74 medical benefit drugs part of Phase II)
Implementation time 90 days (NASCO needs BDD language; MOS needs Plan MOD and Rider)
HSA excluded from Phase I; Phase I launching with ~214 Rx benefit drugs with ~74 drugs processing under medical benefit added as an expansion to program at a date TBD

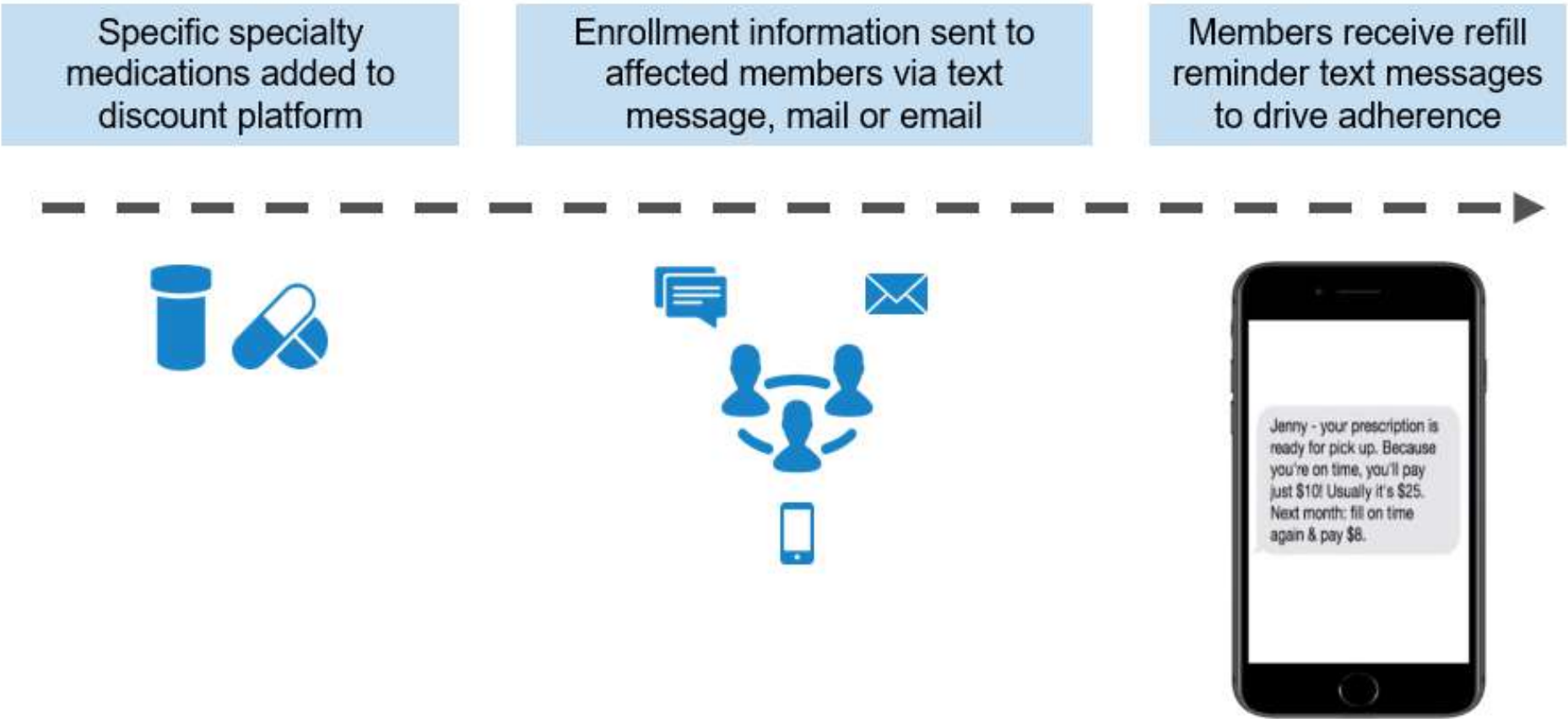
PillarRx cannot work on HSA-qualified plans where the members experience an integrated medical and pharmaceutical deductible at this time.
PillarRx can be implemented on specific divisions or suffixes within a group ID.

HSA: planned launch Summer 2022

Included in base: all sizes; FI & ASC

Drug Adherence Discount Program

- Leverages manufacturer dollars using coupons to encourage timely prescription refills via automated text and email reminders.
- NO OOP accumulator adjustments to reflect coupon dollars



Savings of about 45% over year one for member copays on drugs included in the program

Compliance News

The intent of this presentation is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits issue. It does not necessarily fully address all your specific issues. It should not be construed as, nor is it intended to provide, legal or tax advice. Questions regarding specific issues should be addressed by your organization's general counsel, tax advisor, or an attorney who specializes in this practice area

No Surprises Act

Plan Disclosure

General Information Notice

- Model provided by DOL
- Brief summary of definitions and protections
- Requires state law disclosure, if applicable
- Posted on public website(s) and include appropriate language in Explanation of Benefits (EOBs) correspondence
- Entities that receive Federal financial assistance have additional requirements (i.e., Non-English and accessibility)

Good Faith
Compliance

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

[Insert plain language summary of any applicable state balance billing laws or requirements OR state-developed model language as appropriate]

Services at an in-network hospital or ambulatory surgical center

If you receive services from an in-network hospital or ambulatory surgical center, certain services may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can’t balance bill you and may not ask you to give up your protections.