

AGREEMENT 21002083

THIS AGREEMENT is made and effective the 28th day of April 2021, by and between the CITY OF MIDLAND, TEXAS, a municipal corporation, hereinafter called "CITY," and, McGriff Insurance Services, Inc. hereinafter referred to as "COMPANY."

ARTICLE I. PURPOSE

The purpose of this Agreement is to state the terms and conditions under which COMPANY shall perform Health Benefit Consulting services for the City of Midland.

ARTICLE II. SERVICES TO BE PERFORMED

1. COMPANY shall provide those services described in Exhibit "A".
2. COMPANY shall perform all the services under this Agreement consistent with the same level of skill and care as others in approximately the same region at approximately the same point in time and for the same types of projects. COMPANY represents that any employee who performs services under this Agreement shall be fully qualified and competent to perform the services described in Exhibit "A".

ARTICLE III. FINANCIAL CONSIDERATIONS

CITY agrees to pay COMPANY in an amount not to exceed \$ 50,000 per year for the services described in Exhibit "A." CITY agrees to pay COMPANY according to the schedule set forth in Exhibit "A", which is attached hereto and incorporated herein for all purposes, upon presentation of a monthly invoice. The monthly invoice shall set forth all service fees for the month and those expenses described in Exhibit "A" incurred during the previous month which have received advance written approval from the City Manager. The City Manager must approve all additional expenses and reimbursable expenses in advance. Within 30 days of the date COMPANY's invoice is received by CITY, CITY shall pay the full amount of such invoice; provided, however, that if CITY objects to any portion of an invoice, CITY shall notify COMPANY of CITY's objection and the grounds therefor within 15 days of the date of receipt of the invoice, and the parties immediately shall make every effort to settle the disputed portion of the invoice. CITY in any event shall pay every portion of the invoice that is not in dispute within the 30-day period for payment.

ARTICLE IV. TERM

The term of this Agreement shall be for three (3) years from April 28 , 2021 until April 27, 2024 , unless the project is completed sooner or the Agreement is terminated as provided below.

The CITY may at its option, renew this Agreement for three (3) additional one (1) year terms. In order to exercise this option, the CITY must give COMPANY notice of its intent to renew not less than 30 days prior to the expiration of this Agreement.

In the event no funds or insufficient funds are appropriated and budgeted or are otherwise unavailable in any fiscal period for payments due under the Agreement, then this Agreement shall terminate on the last day of the fiscal period for which full appropriations were made, without penalty or expense to the CITY of any kind whatsoever.

ARTICLE V. TERMINATION AT WILL

CITY may terminate this Agreement at will for no or any reason upon giving at least one-hundred-eighty (180) days written notice to COMPANY. The parties to this Agreement understand and agree that it is in CITY'S sole discretion to cancel the Agreement during the term of the Agreement without penalty to CITY. COMPANY has no expectation and has received no guarantees that this Agreement will not be terminated before the end of the Agreement term. The parties have bargained for the flexibility of terminating this Agreement upon tender of the requisite notice at any time during the term of the Agreement. All work and services under the Agreement shall be suspended upon termination of the Agreement becoming effective.

ARTICLE VI. ASSIGNMENT

COMPANY shall not, either directly or indirectly, assign all or any part of this Agreement or any interest, right or privilege herein, without the prior written consent of CITY. The issue on whether or not to grant consent to an assignment is in the sole discretion of CITY.

ARTICLE VII. OWNERSHIP AND CONFIDENTIALITY OF DOCUMENTS AND OTHER WORK PRODUCT

All reports, information and other data ("instruments of service"), given to, prepared or assembled by COMPANY under this Agreement, and any other related documents or items shall become the sole property of CITY and shall be delivered to CITY, without restriction, except that COMPANY may make copies of any and all instruments of service for its files. CITY shall not make any modification to the plans and specifications or make them available for use by third parties without the prior written authorization of COMPANY, which consent shall not be unreasonably withheld.

ARTICLE VIII. INDEPENDENT CONTRACTOR

It is expressly understood and agreed that COMPANY shall perform all work and services described herein as an independent contractor and not as an officer, agent, servant or employee of CITY; that COMPANY shall have exclusive control of and the exclusive right to control the details of the services and work performed hereunder, and all persons performing the same; and shall be solely responsible for the acts and omissions of its officers, agents, employees, contractors and subcontractors; that the doctrine of respondeat superior shall not apply as between CITY and COMPANY, its officers, agents, employees, contractors and subcontractors; and that nothing herein shall be construed as creating a partnership or joint enterprise between CITY and COMPANY. No person performing any of the work and services described hereunder by COMPANY shall be considered an officer, agent, servant or employee of CITY. Further, it is specifically understood and agreed that nothing in this Agreement is intended or shall be construed as creating a "Community of Pecuniary Interest" or "An Equal Right of Control" which would give rise to vicarious liability. COMPANY shall be an independent contractor under this Agreement and shall assume all of the rights, obligations and liabilities, applicable to it as such independent contractor hereunder. CITY does not have the power to direct the order in which the work is done. CITY shall not have the right to control the means, methods or details of COMPANY'S work. COMPANY shall assume exclusive responsibility for the work. COMPANY is entirely free to do the work in its own way.

ARTICLE IX. INSURANCE

COMPANY shall at all times during the term of this Agreement maintain and keep in full force and effect insurance in the following types and minimum amounts with companies authorized to do business in the State of Texas:

Commercial General Liability (including Contractual liability):

-Personal Injury:	\$1,000,000.00 per person \$1,000,000.00 per occurrence
-Property Damage:	\$500,000.00 per occurrence
Business Automobile Liability:	\$250,000.00 combined single limit - Personal Injury and Property Damage
Workers' Compensation:	Statutory limits
Employers' Liability:	\$500,000.00 per accident or occurrence

The Commercial General Liability shall be on a per project aggregate, including completed operations, and shall be on a claims-occurred basis. This insurance shall name CITY as an additional insured and waive subrogation in favor of CITY.

The Business Automobile Liability insurance provided by COMPANY shall cover any auto for bodily injury and property damage, including owned vehicles, hired and non-city vehicles, and employee non-ownership, and the amount of such policy shall be a minimum of \$250,000.00 covering any vehicle used for the execution of the work that is the subject of this Agreement. This insurance shall name CITY as an additional insured and waive subrogation in favor of CITY.

The Workers' Compensation coverage provided by COMPANY shall inure to the benefit of employees injured during the course and scope of their employment by COMPANY pursuant to this Agreement. The Workers' Compensation shall waive all rights of subrogation in favor of CITY.

All insurance required pursuant to this Agreement shall provide for a waiver of subrogation in favor of CITY. All insurance required pursuant to this Agreement, except for Workers' Compensation Insurance, shall name CITY as an additional insured on a claims occurred basis. CITY shall be provided the notice by COMPANY'S insurance provider not later than thirty (30) days prior to any reduction or termination of such coverage.

COMPANY shall contractually require all contractors, subcontractors, and sub-subcontractors that work on any portion of the work that is the subject of this Agreement to obtain insurance coverage that meets or exceeds the policy requirements and minimum amounts specified herein. All contractors, subcontractors, and sub-subcontractors shall obtain insurance policies that provide blanket waivers of subrogation in favor of the City of Midland and policies that name the City of Midland as an additional insured on a claims occurred basis (except workers' compensation).

The parties agree that, prior to the execution of the Agreement, COMPANY shall provide one or more certificates of insurance specifically stating that these requirements have been met and subject to the approval

of CITY. CITY shall not be required to provide any insurance whatsoever pursuant to this Agreement.

COMPANY certifies that the certificate of insurance provided as required herein complies with the requirements of Chapter 1811 of the Texas Insurance Code. COMPANY shall not use an unapproved certificate of insurance or insert inappropriate language on a certificate. Compliance with state law is the sole responsibility of COMPANY.

ARTICLE X. ATTORNEY FEES

BY EXECUTING THIS AGREEMENT, COMPANY AGREES TO WAIVE AND DOES HEREBY KNOWINGLY, CONCLUSIVELY, VOLUNTARILY AND INTENTIONALLY WAIVE ANY CLAIM IT HAS OR MAY HAVE IN THE FUTURE AGAINST CITY, REGARDING THE AWARD OF ATTORNEY'S FEES, WHICH ARE IN ANY WAY RELATED TO THE AGREEMENT, OR THE CONSTRUCTION, INTERPRETATION OR BREACH OF THE AGREEMENT. COMPANY SPECIFICALLY AGREES THAT IF COMPANY BRINGS OR COMMENCES ANY LEGAL ACTION OR PROCEEDING RELATED TO THIS AGREEMENT, THE CONSTRUCTION, INTERPRETATION, VALIDITY OR BREACH OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY ACTION PURSUANT TO THE PROVISIONS OF THE TEXAS UNIFORM DECLARATORY JUDGMENTS ACT (TEXAS CIVIL PRACTICE AND REMEDIES CODE SECTION 37.001, ET SEQ., AS AMENDED), OR CHAPTER 271 OF THE TEXAS LOCAL GOVERNMENT CODE, COMPANY AGREES TO ABANDON, WAIVE AND RELINQUISH ANY AND ALL RIGHTS TO THE RECOVERY OF ATTORNEY'S FEES TO WHICH COMPANY MIGHT OTHERWISE BE ENTITLED.

COMPANY AGREES THAT THIS IS THE VOLUNTARY AND INTENTIONAL RELINQUISHMENT AND ABANDONMENT OF A PRESENTLY EXISTING KNOWN RIGHT. COMPANY ACKNOWLEDGES THAT IT UNDERSTANDS ALL TERMS AND CONDITIONS OF THE AGREEMENT. COMPANY FURTHER ACKNOWLEDGES AND AGREES THAT THERE WAS AND IS NO DISPARITY OF BARGAINING POWER BETWEEN CITY AND COMPANY. THIS SECTION SHALL NOT BE CONSTRUED OR INTERPRETED AS A WAIVER OF GOVERNMENTAL IMMUNITY.

COMPANY AND CITY ARE RELYING ON THEIR OWN JUDGMENT. EACH PARTY HAD THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH COMPETENT LEGAL COUNSEL PRIOR TO ITS EXECUTION.

ARTICLE XI. GOVERNMENTAL IMMUNITY

By executing this agreement CITY is not waiving its right of governmental immunity. CITY is retaining its immunity from suit. CITY is not granting consent to be sued by legislative resolution or action.

THERE IS NO WAIVER OF GOVERNMENTAL IMMUNITY.

ARTICLE XII. NO THIRD PARTY BENEFICIARIES

CITY'S approval of this agreement does not create a third party beneficiary. There is no third party beneficiary to this Agreement. No person or entity who is not a party to this Agreement shall have any third party beneficiary or other rights hereunder.

ARTICLE XIII. RELEASE

NOTWITHSTANDING ANY OTHER PROVISIONS, COMPANY HEREBY RELEASES, ACQUITS, RELINQUISHES AND FOREVER DISCHARGES CITY, CITY'S EMPLOYEES AND OFFICERS, FROM ANY AND ALL DEMANDS, CLAIMS, DAMAGES, OR CAUSES OF ACTION OF ANY KIND WHATSOEVER WHICH COMPANY HAS OR MIGHT HAVE IN THE FUTURE, INCLUDING BUT NOT LIMITED TO BREACH OF AGREEMENT, QUANTUM MERUIT, CLAIMS UNDER THE DUE PROCESS AND TAKINGS CLAUSES OF THE TEXAS AND UNITED STATES CONSTITUTIONS, TORT CLAIMS, OR CITY'S NEGLIGENCE.

ARTICLE XIV. GENERAL PROVISIONS

A. Waiver. No waiver by CITY of a breach of any covenant, condition, or restriction of this Agreement shall be construed or held to be a waiver of any succeeding or preceding breach of the same or any other covenant, condition, or restriction contained in this Agreement.

B. Governing Law and Venue. This Agreement shall be governed by the laws of the State of Texas. All performance and payment made pursuant to this Agreement shall be deemed to have occurred in Midland County, Texas. Exclusive venue for any claims, suits or any other action arising from or connected in any way to this Agreement or the performance of this Agreement shall be in Midland County, Texas. The obligations and undertakings of each of the parties to this Agreement shall be deemed to have occurred in Midland County, Texas. This Agreement shall be governed by, interpreted, enforced and construed under the laws of the State of Texas. The laws of the State of Texas shall govern, construe and enforce all the rights and duties of the parties,

including but not limited to tort claims and any and all contractual claims or disputes, arising from or relating in any way to the subject matter of this Agreement, without regard to conflict of laws and rules that would direct application of the laws of another jurisdiction.

C. Notice. Any notice or demand that shall be made regarding this Agreement, shall be made in writing and delivered either in person or by certified or registered mail. Notice by mail shall be complete upon deposit of the paper, postage prepaid, in a post office or official depository under the care and custody of the United States Postal Service addressed as follows:

If to CITY: City Manager's Office
 P.O. Box 1152
 Midland, Texas 79702

If to COMPANY: McGriff Insurance Services, Inc.
 5080 Spectrum Drive, Suite 900E
 Addison, Texas 75001

The parties hereto may change the above-designated addresses by giving notice pursuant to the terms of this Section.

D. Severability. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, this invalidity, illegality, or unenforceability shall not affect any other provision of the Agreement, and this Agreement shall be construed as if the invalid, illegal, or unenforceable provision had never been contained herein.

E. Use of Language. Words in the singular shall be held to include the plural, unless the context otherwise requires.

F. Amendments, Modifications, Alterations. No amendment, modification, or alteration of the terms of this Agreement shall be binding unless it is in writing, dated subsequent to the date of this Agreement, and duly executed by the parties to this Agreement.

G. Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed as original, and all of which shall constitute one and the same instrument.

H. Federal Wage Requirements. If applicable, the Davis-Bacon Act, 29 CFR 5.5, and any related acts or regulations are hereby incorporated by reference and made a part of this Agreement, and all terms and requirements under said laws, by such incorporation, are made terms and requirements of this Agreement, to which the parties to this Agreement have agreed to be bound.

I. Notice of Alleged Breach; Statutory Prerequisites. As a condition precedent to filing suit for alleged damages incurred by an alleged breach of an express or implied provision of this Agreement, COMPANY or his legal representative, shall give the City Manager, or any other reasonable official of CITY, notice in writing (consisting of one original and seven copies of notice attached to a copy of this Agreement) of such damages, duly verified, within one-hundred fifty (150) days after the same has been sustained. The discovery rule does not apply to the giving of this notice. The notice shall include when, where and how the damages occurred, the apparent extent thereof, the amount of damages sustained, the amount for which COMPANY will settle, the physical and mailing addresses of COMPANY at the time and date the claim was presented and the physical and mailing addresses of COMPANY for the six months immediately preceding the occurrence of such damages, and the names and addresses of the witnesses upon whom COMPANY relies to establish its claim; and a failure to so notify the City Manager within the time and manner provided herein shall exonerate, excuse and except CITY from any liability whatsoever. CITY is under no obligation to provide notice to COMPANY that COMPANY'S notice is insufficient. CITY reserves the right to request reasonable additional information regarding the claim. Said additional information shall be supplied within thirty (30) days after receipt of notice.

The statutory prerequisites outlined herein constitute jurisdictional requirements pursuant to Section 271.154 of the Texas Local Government Code and Section 311.034 of the Texas Government Code. Notwithstanding any other provision, COMPANY'S failure to comply with the requirements herein shall perpetually bar COMPANY'S claim for damages under Chapter 271 of the Texas Local Government Code, and Section 311.034 of the Texas Government Code, regardless if CITY has actual or constructive notice or knowledge of said claim or alleged damages. COMPANY agrees that the requirements of this entire Agreement are reasonable.

J. Prompt Pay Act - CITY and COMPANY agree that Texas Government Code, Chapter 2251, Payment for Goods and Services (the "Prompt Pay Act") does not waive governmental immunity.

K. Compliance. – Company agrees that it shall comply with Texas Government Code Section 2252.908, *et seq.*, as amended. Company agrees that it shall comply with Texas Local Government Code Section 176.006, *et seq.*, as amended.

L. To the extent that Tex. Gov't Code section 2270.002 applies to this Agreement, Company hereby verifies that Company does not boycott Israel and will not boycott Israel during the term of this Agreement. If Tex. Gov't Code section 2270.002 does not apply to this Agreement, such verification is not required, and Company shall be deemed to have not made such verification.

M. Records Retention and Production of Information. To the extent that this Agreement is a contract described by Section 552.371 of the Texas Government Code, Company shall (1) preserve all contracting information related to the Agreement as provided by the records retention requirements applicable to City for the duration of the contract, (2) promptly provide to City any contracting information related to the Agreement that is in the custody or possession of Company on request of City, and (3) on completion of the Agreement, either (i) provide at no cost to City all contracting information related to the Agreement that is in the custody or

possession of Company, or (ii) preserve the contracting information related to the Agreement as provided by the records retention requirements applicable to City.

N. Public Information. To the extent that this Agreement is a contract described by Section 552.371 of the Texas Government Code, Company agrees as follows in accordance with Section 552.372(b) of the Texas Government Code: The requirements of Subchapter J, Chapter 552, Government Code, may apply to this contract, and the contractor or vendor agrees that the contract can be terminated if the contractor or vendor knowingly or intentionally fails to comply with a requirement of that subchapter.

O. Conflict of Terms. If a conflict of terms or language exists between (i) any of the provisions of this Agreement and (ii) any of the provisions contained in Exhibit A, precedence shall be given to the provisions of this Agreement. For the avoidance of any doubt, the provisions contained in this Agreement shall supersede any and all conflicting provisions contained in Exhibit A

ARTICLE XV. INDEMNITY

THE COMPANY SHALL INDEMNIFY AND HOLD HARMLESS AND DEFEND THE CITY AND ALL OF THE CITY'S OFFICERS, AGENTS AND EMPLOYEES FROM ALL SUITS, ACTIONS, CLAIMS, DAMAGES, PERSONAL INJURIES, ACCIDENTAL DEATH, LOSSES, PROPERTY DAMAGE AND EXPENSES OF ANY CHARACTER WHATSOEVER, INCLUDING ATTORNEY'S FEES, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ON ACCOUNT OF ANY NEGLIGENT ACT OF THE COMPANY, THEIR AGENTS OR EMPLOYEES, OR ANY SUBCONTRACTOR, IN THE EXECUTION, SUPERVISION AND OPERATIONS GROWING OUT OF OR IN ANY WAY CONNECTED WITH THE PERFORMANCE OF THIS AGREEMENT, AND

COMPANY WILL BE REQUIRED TO PAY ANY JUDGMENT WITH COSTS WHICH MAY BE OBTAINED AGAINST THE CITY OR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING ATTORNEY'S FEES.

THE COMPANY SHALL INDEMNIFY AND HOLD HARMLESS AND DEFEND THE CITY AND ALL OF THE CITY'S OFFICERS, AGENTS AND EMPLOYEES FROM ALL SUITS, ACTIONS, CLAIMS, DAMAGES, PERSONAL INJURIES, ACCIDENTAL DEATH, PROPERTY DAMAGE, LOSSES, AND EXPENSES OF ANY CHARACTER WHATSOEVER INCLUDING ATTORNEY'S FEES, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ON ACCOUNT OF ANY NEGLIGENT ACT OF THE CITY, THE CITY'S OFFICERS, AGENTS AND EMPLOYEES, WHETHER SUCH NEGLIGENT ACT WAS THE SOLE PROXIMATE CAUSE OF THE INJURY OR DAMAGE OR A PROXIMATE CAUSE JOINTLY AND CONCURRENTLY WITH THE COMPANY OR THE COMPANY'S EMPLOYEES, AGENTS OR SUBCONTRACTORS NEGLIGENCE IN THE EXECUTION, SUPERVISION AND OPERATIONS GROWING OUT OF OR IN ANY WAY CONNECTED WITH THE PERFORMANCE OF THIS AGREEMENT, AND COMPANY WILL BE REQUIRED TO PAY ANY JUDGMENT WITH COSTS WHICH MAY BE OBTAINED AGAINST THE CITY OR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING ATTORNEY'S FEES.

THE COMPANY AGREES THAT IT WILL INDEMNIFY AND SAVE THE CITY HARMLESS FROM ALL CLAIMS GROWING OUT OF ANY DEMANDS OF SUBCONTRACTORS, LABORERS, WORKMEN, MECHANICS, MATERIALMEN, AND FURNISHERS OF MACHINERY AND PARTS THEREOF, EQUIPMENT, POWER TOOLS AND ALL SUPPLIES, INCURRED IN THE FURTHERANCE OF THE PERFORMANCE OF THIS AGREEMENT. WHEN CITY SO DESIRES, THE COMPANY SHALL FURNISH SATISFACTORY EVIDENCE THAT ALL OBLIGATIONS OF THE NATURE HEREINABOVE DESIGNATED HAVE BEEN PAID, DISCHARGED OR WAIVED. THE COMPANY, ITS SURETIES AND INSURANCE CARRIERS SHALL DEFEND, INDEMNIFY AND SAVE HARMLESS THE CITY AND ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM ALL SUITS, ACTIONS, OR CLAIMS OF ANY CHARACTER WHATSOEVER, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING FROM ANY ACT OF THE COMPANY OR ANY SUBCONTRACTOR, THEIR AGENTS OR EMPLOYEES, IN THE EXECUTION AND SUPERVISION OF THIS AGREEMENT, AND WILL BE REQUIRED TO PAY ANY JUDGMENT

**WITH COSTS WHICH MAY BE OBTAINED AGAINST THE CITY OR ANY OF ITS OFFICERS,
AGENTS, OR EMPLOYEES INCLUDING ATTORNEY'S FEES.**

EXECUTED IN DUPLICATE the day and year first above mentioned.
THE CITY OF MIDLAND, TEXAS

By: _____
Robert Patrick, Interim City Manager

ATTEST

Amy M. Turner, City Secretary

APPROVED ONLY AS TO FORM

John Ohnemiller, City Attorney

COMPANY:

By: _____

Name: _____

Title: _____

STATE OF _____ §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this ____ day of _____, 20____ personally appeared,
_____, an officer of McGriff Insurance Services, Inc., known to me to be the person
and official whose name is subscribed to the forgoing instrument, and acknowledged to me that he executed the
same as the act and deed of said corporation, for the purposes and consideration therein expressed, and in the
capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ____ day of _____, 20____.

Notary Public, State of _____

Request for Proposal

Bid # 21002083 – Medical Benefits Consultant

McGriff Insurance Services, Inc.
5080 Spectrum Drive, Suite 900E
Addison, TX 75001
McGriff.com



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February 24, 2021

Ms. Erika Martinez, Purchasing Manager
City of Midland
Purchasing Division
300 N. Loraine
Midland, Texas 79701

Re: RFP 2100-2083 – Health Benefit Consultant

Ms. Martinez:

McGriff is pleased to present our partnership proposal for Health Benefit Consultant services to the City of Midland.

For almost 100 years, McGriff has served with distinction employers and plan sponsors across Texas and the nation providing leading edge employee benefit management, actuarial and consulting services. Our teams have worked diligently to serve the diverse needs public entities who seek comprehensive support and resources to manage their employee benefit plans. McGriff serves dozens of public entity employers in Texas and McGriff has earned its reputation for excellent service and trusted advice. We encourage the City to speak with our references during the due diligence process.

McGriff has proposed the following comprehensive consulting and brokerage services for the City of Midland:

- Employee Benefits Strategic Consulting
- Plan, Vendor and RFP Management Support
- Underwriting, Actuarial and Analytic Services
- Pharmacy Consulting Services
- Wellness Consulting Services
- Human Resources and Compliance Consulting
- Employee Engagement and Communications Consulting
- Benefits Administration Services Consulting
- Retirement Advisory Services (GASB 75)

The City of Midland remains a vibrant community; constantly changing and with needs becoming more multifaceted. We are excited about a potential partnership and believe the City will benefit from McGriff's services - a client centric approach, broad and comprehensive capabilities and very experienced people willing to support City's requirements now and in the future based on a fair and competitive fee arrangement.

We seek to enter into a long-term relationship to work in conjunction with the City of Midland to negotiate, implement, and service all of the contractual arrangements for your benefits program.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Scott Gibbs'.

Scott Gibbs
Senior Vice President
sgibbs@mcgriff.com
(469) 232-2188

A handwritten signature in blue ink, appearing to read 'John D. Bass'.

John D. Bass, CEBS
Vice President
john.bass@mcgriff.com
(210) 339-2481

Proposal Requirements / Scope of Services



31.0 Proposal Requirements

Firms interested in submitting proposals should file detailed responses to proposal requirements.

COMPANY INFORMATION

31.0.1 Please provide the address of your company's home office as well as the location of any regional or local office which would be responsible for the services proposed. Include the name, telephone number, fax number and e-mail address of the contact person for this proposal.

McGriff Insurance Services (Corporate Office)
2211 7th Ave S.
Birmingham, Alabama 35233

McGriff Insurance Services (Primary Serving Office)
5080 Spectrum Drive, Suite 900E
Addison, Texas 75001

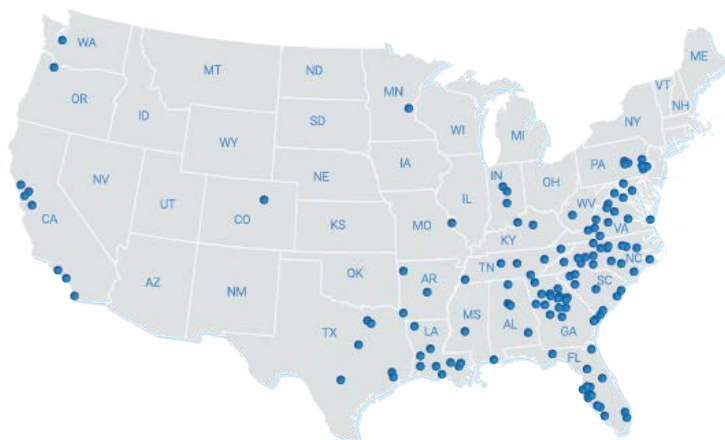
John D. Bass, CEBS
Phone: (o) 210-339-2481 (c) 210 596-8639
Fax: 469-232-2101
Email: john.bass@mcgriff.com

31.0.2 Please provide your Federal Identification Number.

Our Federal Identification Number is 56-1623293

31.0.3 Give a brief description of your company and its history of benefit consulting to the public sector.

McGriff Insurance Services, Inc. (McGriff) is a subsidiary of Truist Insurance Holdings, the sixth largest insurance broker in the United States. Truist Insurance Holdings is owned by Charlotte, N.C.-based Truist Financial Corporation (NYSE: TFC), one of the nation's largest and best managed financial institutions with assets approaching \$500 billion. Truist was formed by the merger of equals SunTrust Banks and BB&T, completed in December 2019.



**6th Largest Risk and Benefits Consulting
Firm in the US and
7th Largest in the world**



Founded in 1922, McGriff provides highly consultative risk management and insurance brokerage services for nearly all types of coverages serving the employer market. With offices across the United States, our growth is attributable to a client-centric approach to serving our customers. With 2020 revenue of \$2.3 billion, McGriff's national insurance operation includes over 250 locations and more than 7,500 teammates that meet our client's needs each and every day.

As part of the sixth largest broker in the U.S., McGriff leverages our market position, intellectual capital, and excellent industry relationships to deliver the best possible pricing, terms, and service delivery from all insurance carrier and vendor partners. The data below includes information specifically about our employee benefits book of business:

- More than 65 employee benefits offices across the United States
- Over 10,000 employer clients and over 2,000 public entity clients across our risk and benefits platform
- Approximately 2,600 self-insured clients
- Clients range from 2 employees to 55,000 employees
- Employee benefits retention rates between 95% and 98% since 2008
- Diversity of business operations and specialized practices allows for unique perspectives on the industry and stability of performance across multiple markets
- Broad infrastructure with resources and capabilities in key areas to support our local teams and their clients, including: actuaries, attorneys, clinical professionals and other subject matter experts
- Full-service third-party administration, including ERISA compliance support
- Full-service benefits administration services
- Access to world-class vendors for additional services in technology, analytics, population health management, employee engagement, and other key capabilities
- We are members of the National Advisory Council with over 15 carriers

The work we perform for our clients is based up our Mission and Promise.

McGriff's Mission – To protect and improve the financial security and well-being of our clients and their employees while supporting our community and each other.

The McGriff Promise: We will....

- Listen first
- Invest in our clients and employees
- Deliver innovative solutions
- Act with integrity
- Do all that we say we will do
- Champion Certainty

McGriff is known throughout the industry as accessible to our clients. With an entrepreneurial spirit, we operate with minimal bureaucracy, allowing us to quickly respond to customer requests. We believe that our clients always come first, and it shows in everything we do. We are dedicated to and sensitive to our clients' needs. We strive to make every business relationship a long-term partnership that continues to grow in value. We understand that our viability as a company depends solely on our ability to meet your needs. The entire organization is structured to fit you, the customer, because customer satisfaction is our most important objective.

Our Dallas office, located at 5080 Spectrum Drive, Suite 900E, Addison, Texas 75001 will be the primary office serving the City.



McGriff has been servicing public entity accounts for over 30 years and our Public Entity practice is one of the strongest industry verticals within McGriff. McGriff has over 2,000 public entity clients nationally across our risk and benefits platform. Through our tenure, experience and seasoned account teams, we have become well versed with navigating the different intricacies that separate public entity clients from the private sector. Our public entity clients look to McGriff for “next trends” – those ideas and innovations that require thoughtful assessment, research and review to determine acceptability and alignment with a client’s culture, total rewards package and plan objectives.

We also understand the importance of accurate and timely financial reporting that helps municipal governments meet budgeting requirements; aiding in the design and implementation of RFPs for vendor services through procurement departments, while adhering to fair practice, compliance and ethics requirements; and assisting HR and financial staff in presenting findings and recommendations to City Council.

Our proposed services are comprehensive and customized for each client. Our dedicated team approach ensures that the City will have a close relationship with those who are working on your group’s behalf. Your dedicated McGriff team will have a complete understanding of your culture and goals for your employees and their benefits. The City’s Account will be serviced by select team members from our Dallas Office as well as our National Public Entity Benefits Practice. The proposed service team brings many years of combined benefits experience with strong backgrounds working with public entities.

Choosing the right partner to support your entire benefit consulting needs is important to maximize efficiency of City resources and improve the consistency of service.

31.0.4 Describe any pending agreements to merge or sell your company.

McGriff is a wholly owned subsidiary of Truist and there are no pending agreement to merge or sell our company.

32.0 Scope of Services and Personnel

32.1 Describe the experience, size, and resources of your firm in establishing and maintaining a project which would include re-bidding health care for the City of Midland.

McGriff combines a full array of brokerage and consulting services (for Medical, Pharmacy, Dental, Vision, Disability, Life, Communications, HR, Employee Advocacy, Actuarial and Underwriting, Benefit Administration, COBRA, FMLA, Cafeteria Plans, ERISA, Compliance and more) with exceptional market expertise and industry knowledge to deliver comprehensive insurance programs designed specifically for each client. To that end, we are well position to re-bid and market the City’s health care plan and all other benefit plans.

To maximize the value of the products and services offered, technical expertise available, and the security of accurate compliance advisory, McGriff delivers through our unique shared services platform, we call our Specialty Practices. Our in-house, consultative team helps our clients manage costs, drive employee engagement and allow Human Resources and Benefits more time for strategic initiatives. Our specialty practices include:

- **Financial Analytics** - Actuarial and underwriting resources to help make data driven decisions about plan design and contribution strategies, costs and risk
- **Retirement Services** - Retirement consulting services for pension plans and post-retirement medical actuarial valuation
- **Human Resources Advisory** - Advice, best practices and insights on a wide range of HR issues across the employee life cycle
- **Compliance** - Legislative alerts, webinars, white papers, and other resources from our team of law-degreed advisors to keep you current on compliance issues

- **Clinical Wellness** – Leadership to promote better employee health with the goal of reducing future health risk
- **Pharmacy Benefit Consulting** - Expertise to help elect the best pharmacy benefit partner for your organization and your employees with skill to maintain partner compliance and financial competitiveness
- **Communications** - Strategies that build awareness, educate employees and drive engagement in your benefits
- **Benefits Administration Technology** - Knowledge and experience to help select the best technology solution to meet your needs and the guidance to ensure a successful implementation Clinical Wellness - Industry insights, solutions and thought leadership to promote better employee health, reduce future health risks, and improve productivity
- **Flexible Benefit Services** - The full suite of administrative services for FSAs, HSAs, HRAs, Transportation Spending Accounts (TSAs), COBRA, and retiree billing
- **Voluntary Employee Benefits** – Leadership in the design and administration of voluntary benefits to enrich the core benefit offerings that meet their diverse and unique needs of a changing workforce

Key members of the specialty practice account team who will support (or may support) the City of Midland are:

Compliance	Clinical Wellness / Wellbeing
Anne Hensley, JD, ERISA & Employee Benefits Consultant	Tom Lerche, Director of Health Management Katie O'Neill, DC, BS Practice Leader
Actuarial/Retirement	Voluntary Benefits
R. Edward Johnson, ASA, MAAA, ACA, SVP, Healthcare Consulting Actuary Steven Bull, MSPA, MAAA, FCA, EA, Chief Actuary for Retirement Services	Cole Rodgers
Flex & COBRA Services	Employee Benefit Communications
Ryan Peterson, Practice Leader	David Meckle, Practice Leader
Ben Admin & Technology	HR Advisory
Kisha Moliere, Practice Leader	Jamie Warner, Practice Leader
	Pharmacy
	Denise Cabrera

A key component of McGriff's work prior to release of an RFP is benchmarking against similar organizations, as well as regional and national norms. We will consider the strengths of the existing programs, identify any weaknesses and determine cost effectiveness, competitiveness and the administration efficiency of each program.

We follow a comprehensive process that allows for collaboration with you to review, compare, make recommendations on, and decide upon appropriate plan designs, medical management, wellness and employer and employee funding levels that meet the needs of the City. A plan is then constructed to support the 3 to 5 year goals and strategies.

As we prepare for an RFP, we want to spend time to discuss what considerations are most important to you in areas such as quality of care, cost efficiency, administrative ease and employee reaction. We will discuss your tolerance for risk as it relates to financial strategy. We will also discuss new plan design strategies and options, value based design etc. and other innovative approaches to healthcare.

These discussions allow us to build a comprehensive plan. We will work jointly with you to identify potential markets that serve your needs and assist you with analyzing carrier networks for adequate physicians and hospitals in the areas where your employees live. Vendors will also be selected for their quality of service, available funding options, level of claim detail they will provide and their willingness to implement performance guarantees. Working with the City's Purchasing Department, your McGriff team will formulate an RFP based around your objectives and performance expectations.

Your McGriff team will meet with you to review the responses to the RFP and share our initial thoughts to each vendor's response. This candid discussion allows us to identify which vendors should be brought in for a finalist meeting. These interviews will be jointly conducted with your McGriff team and will allow you and each vendor to clarify any issues regarding your plans. This process provides an opportunity for you to learn which of the vendors may be the best fit for your needs, objectives and corporate culture.

32.2 Describe the experience, size, and resources of your firm in establishing and maintaining ongoing services including:

32.3 Performance of Actuarial Services.

32.4 Rate projections for annual budgets.

32.5 Rates to be charged to participants for dependent coverage and possible individual contributions.

32.6 Methods of charging participants for dependent coverage (i.e. employee, employee & spouse, employee & children, etc.

32.7 Allocation of charges where applicable between the City and participants;

32.8 On-going review of emerging financial results.

32.9 Evaluation of premiums and fees for services.

RESPONSE TO 32.3 THROUGH 32.9

Financial Analytics – Actuarial and underwriting resources to help make data driven decisions about plan design and contribution strategies, costs and risk. McGriff houses our own team of underwriters and actuarial experts that handle group risk assessment, claims analysis, renewal projections, trend analysis, and plan design recommendations; we have experience in both fully insured and self-insured environments. Our analytical services include, but are not limited to:

- Forecasting of self-funded plan costs (annual) including annual benchmarking
- Rolling three to five (3 to 5) year forecasting including historical look backs
- Review and establishment of self-funded Incurred but Not Reported (IBNR) reserves
- Analysis of impact of cost changes and employee contribution strategies
- Monthly review of financial performance against budgets and target for self-funded plans
- Establishment of accrual / premium equivalent and COBRA rates for self-funded
- Coronavirus Impact Analysis Key Findings for McGriff Book of Business

McGriff has extensive experience in various forms of health plan funding types: from fully insured to fully unbundled Third Party Administrator (TPA) and standalone stop loss insurance to fully bundled Administrative Services Only (ASO). As part of the overall process, evaluating appropriate funding arrangements is just one step in achieving your strategy. We work hard to meet your short and long term benefits strategy, budgeting requirements and risk tolerance.

Our seasoned benefit professionals are available to provide insight and guidance by identifying emerging trends and managing risk when developing valuations and financial projections. We can assist you in:

- Pricing plan design changes and budgeting by assessing the financial impact of changes in benefit plan design, enrollment migration, administration and funding. McGriff underwriters can provide an objective evaluation of a carrier's renewal terms given your demographics, experience and business conditions.

- Matching our underwriting talent against that of the carrier's to put you in a better position to negotiate favorable terms. You will know what is driving your costs, if these factors will continue next year and whether they should have a bearing on renewal rates.
- Setting Reserves (IBNR) and liability estimates and will provide an actuarial certification for medical, dental and disability plans and other plans requiring reserve estimates

Further, McGriff utilizes the Claros Analytics Actuarial software platform with over 10 million enrolled lives and \$100+ Billion of charged claims for assistance in determining fiscal years health plan funding levels by benefit plan and tier. Claros allows the McGriff team to provide detailed health plan modeling, sophisticated analysis of the risk / reward trade-offs in stop loss structures as well as a migration tool that allows the client to set budget rates based on a consistent and actuarially sound methodology to accurately determine employee migration between plans.

The Claros Actuarial suite includes a Plan Migration modeler and takes information from the most recent three plan years to evaluate how changes in plan designs affect future costs. This tool takes into account a multitude of parameters including:

- Enrollment (by plan and tier)
- Demographics of subscribers and dependents (age, gender, etc.)
- Trend by service category
- Location of employees (zip codes)
- Carrier discounts
- Plan designs
- Plan utilization

The tools is used to:

- Determine savings/increases for certain plan design changes
- Determine an expected number of large claimants
- Estimate the cost of Specific stop loss, if applicable
- Estimate the cost of Aggregate stop loss, if applicable
- Estimate the likelihood of an aggregate claims, if applicable
- Run up to 100,000 trial scenarios to simulate claims
- Provide a rate development

McGriff uses a variety of other modeling tools depending on the structure and complexity of the underlying program. Others tools and resources commonly used include: Cotiviti, Pharmacy analytics, and industry standard aggregate trend projections, various underwriting models, and proprietary forecasting and planning model tools managed within our actuary services.

Throughout the plan year, McGriff monitors plan performance to goals as well as tracks and measures operational results, cost performance, clinical outcomes, financial controls, claim / member services, and best practices / quality of services among other key areas. Outcome measurements provide evidence against baseline trends, costs, and other indicators to compare improvements. Client reports are provided on a monthly basis (depending on data availability). These reports assist us in monitoring the plans performance and highlight any areas that need to be monitored / reviewed in the coming months or year.

Traditional reports included in our financial analysis / reporting services include:

Monthly

- Monitor / Analyze and Report based on vendor-provided monthly claim, premium, large claims, & enrollment reports

- Monitor large claim and coordinate with stop loss for possible reimbursement
- Assimilate all historical claims, fees/premium & enrollment data and continuously update to track plan trends

Quarterly

- Review plan utilization to target potential plan design modifications and educational opportunities

Semi-Annual

- Renewal projections
- Update multi-year forecasts

Annually

- Compare plan results against normative benchmarking data
- Development of funding rates
- Review of Fees
- Assist with contribution modeling
- ACA compliance contribution modeling
- COBRA Rate Projections

City Specific Needs

- Custom reports and reviewed on an agreed upon frequency.

When negotiating renewals, we use a three-part approach to negotiating with carriers. Led by our consulting and financial team, the process includes:

- Comprehensive financial analysis of propose renewal rates and a thorough review of all required underwriting worksheets and formulas and our analytic software and programs. This is the empirical part of our negotiation strategy. Errors, inconsistencies, inappropriate items, unreasonable cost, and trend factors are scrutinized and negotiated. Our underwriters often conduct this analysis and negotiation directly with the carriers' underwriters, whereas most of our competitors negotiate through the sales representatives.
- Following the comprehensive financial analysis, we will reveal to carriers their competitiveness ranking based on overall cost and value. Leveraging market forces to the full extent results in price movement; this motivates serious carriers to evaluate their proposals to ensure the best possible financial offer, conditions, and projected renewal
- In a few instances, the comprehensive financial analysis and market forces fail to deliver the results we expect for our clients. This is when we exercise our book of business membership and relationship leverage with a client's carrier(s) to obtain the best overall cost / value. A member of our senior executive team will negotiate directly with a carrier's senior executives to meet your financial objectives.

Finally, McGriff Retirement Advisory services are proposed as an optional service. We have more than 150 clients that utilize our services for strategic advice and measuring liabilities pursuant to GASB 75. Our experience with actuarial liabilities related to other post-employment benefits predates GASB 75. Our experience with these kinds of valuations began in the late 1980's. We have helped clients adopt and transition to GASB 45. We continued to help our clients manage these obligations according to the measurement and reporting requirements of GASB 75. We have completed 1,000's of OPEB analyses over the past 30 years.

The preparation of GASB cost and liabilities reporting require an annual review of employee and plan information. Generally, a valuation must be performed every year for GASB 75. Each project begins with a discovery meeting with your Consulting Actuary, and other appropriate members of your McGriff Client Service Team. Client service needs are documented and the project commences.

McGriff will provide you with a detailed data request letter and sample letters to send to the insurance carrier(s). With your authorization, we will eliminate the burden of most data collection duties by gathering much of the necessary information internally from your McGriff Client Service Team.

The project steps include:

- Confirmation of the annual Client Service needs for GASB 75 valuation.
- Participant data is reconciled and updated on our database.
- Our actuaries regularly evaluate the plan's demographic and economic experience and make recommendations for periodic changes to keep assumptions in line with plan experience.
 - For this initial valuation our team will work with you to establish a reasonable set of assumptions.
 - We would not want the assumptions to over or under-state the plan obligations.
- Valuation software coding is completed and validated through quality control processes.
- In the future, plan changes are coded into our software and the effect of the plan change is determined.
- Valuation liabilities are completed by the Valuation Analyst and are checked by the Plan Actuary.
- The Consulting Actuary, along with any additional McGriff staff that may be necessary, reviews the results with you and addresses any questions.
- Presentation of results to City of Midland typically via a Webcast.
- McGriff will review with you our understanding of plan provisions, benefits provided and eligibility rules. It is critical that we understand the details of the promised benefits. Our understanding is committed to writing and placed in our report as a summary of the substantive plan provisions.
- Completion of an actuarial valuation report following GASB standards (We also provide the detailed information suggested by the GFOA.) The following information is included:
 - actuarial accrued liability
 - actuarial value of assets, if any
 - the unfunded actuarial accrued liability
 - normal cost
 - annual required contribution (ARC) of the employer(s)
 - annual OPEB cost
 - net OPEB obligation (i.e. the balance sheet liability)

Details will be provided by status (active and inactive) and by pre and post Medicare. This will enable you to gain a better understanding of the sources of the Employer liabilities.

32.10 Preparation and evaluation of bids when required, including written analysis and negotiation of bids received and recommendation.

Our scope of work includes preparation and evaluation of bids received from an RFP including written analysis from your McGriff team of bids received and recommendations based on the evaluation criteria set forth by the City.

Our team of underwriters creates a customized renewal request for a client's incumbent vendor(s) and pre-qualified prospective TPA's/carriers. We will conduct a market test of prospective plan TPA's/carriers to ensure clients receive the best value year after year. McGriff marketing approach for selection of TPA/ASO services typically consists of the following:

- Create an underwriting summary of the client's risk profile based on most current census data.
- Review current health conditions and work with our clinical teams to determine possible future health claims activity.
- Invite prospective TPA's/carriers to compete against incumbent TPA's/carriers. Develop a renewal and RFP request customized for each client in a package uniquely designed by our underwriters specifically for the TPA/carrier underwriters. This has resulted in quicker underwriting reviews and responses, and more favorable bids.

- Conduct a financial analysis of all responses received from incumbent and prospective TPA's/carriers.
- Responses to the RFPs will be analyzed in the following areas:
 - Breadth of network
 - Disruption analysis (as applicable)
 - Depth of discounts and Total Cost of Care Analysis
 - Medical management programs
 - Efficacy of administration systems/processes
 - Member and provider satisfaction ratings
 - Customer Service performance
 - Integration with other City vendors / Direct Provider Contracts / Employee Clinic
 - Reporting and Analytics
 - Reference Responses
 - Plan design adherence
 - Underwriting worksheets in development of premium rates
 - TPA/Carrier financial viability and rating analysis
 - Adherence to Minimum RFP Standards, or material Deviations (if applicable)
- Conduct Best and Final Offers.
- Participate in final negotiations
- Prepare final summary of finding and recommendation(s) for City

Once a vendor has been selected, we will begin implementing the selected programs. During this process your McGriff team will develop an implementation calendar and will work closely with each vendor to make certain the programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup, reporting structure and data requirements. We will help you complete the carrier application, review carrier takeover issues, ensure the eligibility file is transferred and request all required documents (contract agreement, SPD / Plan document, and administrative manual and performance agreements) prior to the effective date.

An important step throughout the plan year is to monitor plan performance to goals. We will track and measure operational results, clinical outcomes, financial controls, claim / member services, and best practices / quality of services among other key areas. Some of the measurements will come from external sources, although most can be obtained from your data. Additionally, to ensure the vendors are providing the highest levels of customer service, we propose surveying the employee population.

32.11 Claims consultation as needed on specific claims.

Our account team is available to support the city on every issues related to the management of the employee benefit plan including consultation of specific claims requiring consideration due to improper payment, high cost, and provider access or quality concerns. Once identified, McGriff will get to work and provide solutions and options.

Our first course of action is to listen and understand the issues.

- Is the claim pending for additional information or incorrect billing codes?
- Is the claim progressing to breach the individual stop-loss deductible?
- Does the claimant's condition and treatment plan require services not covered by the City's SPD?
- Is there another alternative to lower cost and maintain/improve claimant's condition?

Once we understand the issues, we seek resolution in consultation with the City, vendor partners and other McGriff personnel. As an example, below is a recent example of the innovations from McGriff.

Recently, McGriff had a large public entity client who had a 43% increase in pharmacy spend from 2018 to 2019 due to the addition of two high-cost specialty pharmaceuticals. This increase was roughly \$1,000,000 in pharmacy spend.



McGriff was tasked by Leadership to develop innovative solution to reduce the increase and improve the care of affected members. McGriff analyzed several options to help mitigate the cost.

McGriff identified a wholesale vendor who could provide the drugs directly to the member at a 30% reduction. We also developed a program for the client's top thirteen most expensive drugs to incent the members to obtain their drugs from another outside vendor, ElectRX. ElectRX works with the member to obtain the drugs through distributors in Canada resulting in a savings of 40% to 60% per drug. The client utilizes the savings to provide the employee with cash incentive to work with ElectRX. The estimated potential savings to the plan was \$710,000 or 21% reduction in specialty drugs costs.

Our team has significant experience consulting with our clients including:

- Resolving escalated claims issues as a result of eligibility, billing or coverage issues.
- Monitoring the Risk/Benefits satisfaction with each vendor partner's client service team
- Interfacing with Stop-Loss carriers for quick claim resolution and timely reimbursement.

32.12 Liaison between insurers, HMOs and service providers to assist in service performance problems.

Performance issues with vendors are a big concern for us and should an issue arise, McGriff will do everything we can to remedy the situation as soon as it is brought to our attention. It is always our goal both personally and professionally to maintain quality business relationships with carriers and other health services companies which are based on honesty and integrity. It is important to note that our allegiance is to the client first, and we will always represent and advocate for you in the most prudent and ethical manner.

Our first course of action is to seek resolution with our day to day contact and to inform them that their performance is subpar. We thoroughly explain the issues based on clear facts and actual results. If the performance does not improve, we will escalate the issue to the vendor's senior management. We have business with every carrier in the marketplace, and the volume and breadth of our accounts enables us to request that our vendors deliver exceptional service to our clients.

In addition, McGriff serves on a number of vendor advisory boards (15 unique carriers) which helps strengthen our relationships at the senior level. If performance is not corrected to the satisfaction of the City, our final recourse will be to work with the City's Purchasing Department and send an RFP to other vendors that can provide a higher level of service.

32.13 General assistance on benefit plan administration.

Our proposed five member account team (two Consultants, an Account Executive, an Account Manager and Financial Analyst) possesses over 75 years of direct experience in the employee benefit administration industry – almost all serving the public entity. Our team will work closely with the City to complement the current benefit staff; providing the desired and optimal resources to support the City's benefit plan administration needs. Additionally, our expertise allows us to provide educational training and transfer of knowledge to HR and Benefits staffs, elected officials and senior leadership; helping make the complex simple yet highly informative; grounded in best practices, sound advice and exceptional service.

Our client management approach is personal for each group. Our dedicated team approach ensures that the City will have a close relationship with those who are working on your account. Your dedicated McGriff team will have a complete understanding of your culture and goals for your employees and their benefits.



We believe our high client retention is a reflection of how we interact and provide service to our clients. We strive to exceed our clients' expectations each and every day. We stay in close communication with all of our clients and their decision makers to make sure they are satisfied with the partnership and our services. Once we get involved in an issue, we "own" it until it is completely resolved.

This philosophy is reflected in how we structure our consulting teams. The City of Midland would be assigned a five person strategic/core consulting team consisting of:

- (2) Lead Consultants - Relationship Managers:** Overall responsibility for the account; leads strategic oversight, program design and relationship management
- (1) Account Executive:** Responsible for project management; coordinates and works with all involved internal and external parties
- (1) Account Manager:** The day to day contact for responsible vendor execution, compliance, enrollment and communications.
- (1) Account Manager/Financial:** Supports the City with financial data and analysis including custom reports and budget projections.

In conjunction with our core consulting team, the City will have access to McGriff Specialty practices the areas of Compliance, Actuarial and Financial Analytics, Communications, Benefits Administration Technology, Pharmacy, HR Advisory, Clinical Wellness, Retirement Advisory Services, Flexible Benefits and Voluntary Benefits.

Our team prides itself on delivering the perfect client experience and we achieve that by being reliable, responsive, competent, and empathetic to any service or support issue. We have a staff that provides expertise in human resources as well as benefit administration consulting. With hands-on experience, they assist with the overall strategy to meet the City's expectations.

32.14 General consultation and information on legislation, regulations and other relevant forces.

With the vast number of benefits-related rules and regulations from both the Federal and State level, you need a trusted partner who can help manage the risks associated with providing employee benefits. To assist City staff with annual audits to ensure compliance with all mandated reporting and posting/notice requirements for its benefit plans, McGriff utilize its team of in-house compliance experts that operate through our McGriff platform. Our compliance team of legally-trained advisors and seasoned HR professionals proactively monitor changes in regulations that may impact your benefits including ACA, ERISA, HIPAA, COBRA, ADA and GINA, - then provide timely and actionable guidance. They are also available on a daily basis to assist our consultants in resolving the complex issues and problems that our clients face and to answer benefits related questions for our clients. While our team is a valuable resource to provide our consultants and clients prompt, reliable and articulate responses – insurance brokers/consultants, including McGriff, are not authorized to practice law and recommend that clients continue to use independent counsel for legal opinions.

In addition to our in-house legal counsel, McGriff has Haynes & Boone on retainer and maintains a relationship with The Ogletree Deakins Law Firm to provide legal services that exceed our scope or requires a legal opinion. This is a value-added benefit included in our scope of services.

Our compliance team also advises our Consultants and Account Executives and Managers on the growing legal obligations and regulatory requirements that our clients face with respect to their benefit plans. Our compliance resources track and report on federal and state legislative activity, highlighting important topics through:

- **Compliance Alerts:** published as needed to provide timely information, which our senior consultants review, interpret, and communicate to clients as appropriate.
- **McGriff Newsletters:** published weekly and monthly to communicate industry trends, corporate wellness information, and legislative and compliance updates. These updates not only provide a thorough review of the upcoming changes, but also detail out the steps you can take to address them in your organization.

- **Webinars:** provided to clients and staff with in-depth information on the laws, regulations, and topics affecting employee benefits.

Ongoing Service Support for Plan Management & Compliance

- Review all vendor contracts for compliance on a continuing basis to ensure federal compliance
- Review and maintain copies of current plan Certificate of Coverage and SPDs
- Participate in ongoing benefits strategy meetings with the City
- Continually work to identify issues and exposures to the City benefit offerings
- Provide updates and commentary on impact of legislative and regulatory changes
- Evaluate vendor-provided monthly reports on claims, premiums and enrollments and provide summary of findings each month
- Provide support for understanding and implementing changes in plans and administration required under Health Care Reform legislation including affordability and minimum value.
- Act as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.)
- Ongoing invitations to McGriff / Truist's compliance seminar series
- Provide annual compliance guide

McGriff also provides support to clients for their internal HIPAA compliance needs, ACA Reporting, Form 5500 and Summary Annual Report. Annual reporting compliance is part of our standard engagement.

Services provided at no additional cost include:

- ACA Reporting Consulting
- Signature ready IRS Form 5500s
- PCORI
- 6055 / 6056 Reporting (assistance)
- Wrap documents
- Summary Annual Report (SAR)
- Required participant notices

Services that would require an additional fee include:

- ACA Reporting Administration
- Discrimination testing
- Dependent Eligibility Audit
- DOL audit preparation
- Medical/Pharmacy Claim Audits
- Other actuarial projects outside of proposed Scope of Services

32.15 Attendance at management and employee meetings, if requested.

McGriff is known throughout the industry as accessible to our clients. Our senior consultants remain actively involved throughout the term of the contract. We are able to attend management and employee meetings, including budget work sessions, workshops and City Council meetings.

In the beginning of our engagement, we would prefer establish weekly or bi-weekly meetings (conference call, Web-ex) for the early portion of our relationship until both the City and McGriff feel our working partnership has solidified and of course, frequency of interactions are dependent on scope and calendar of services.

We understand the ongoing pandemic has disrupted normal and routine in-person interactions. We are flexible on how best to meet whether by video, phone conference or in-person. It is our desire, however to meet in person at least initially and as frequently as possible following all state and federal COVID protocols and City work-site rules and regulations.

Further, client calls and emails take priority in our daily activities. Clients will have all direct lines to McGriff's employee benefits team members responsible for day-to-day service. The City Benefits team will have cell phone numbers and email addresses to all primary representatives for questions before and after business hours.

Standardly, all calls and emails received before 1:00 p.m. will be returned same business day. After 1:00 p.m. they will be returned no later than the following business day. Urgent requests are handled immediately or within an agreed upon timeframe.

Note: our proposed fee is all inclusive of travel expenses and materials for in-person meetings at the City offices.

32.16 Benefits information and other publications the Proposer produces and provides to customers.

We provide an annual in-depth compliance disclosure and reporting document for all of our clients. We meet one-on-one to determine what areas of both ACA-related compliance as well as general welfare benefit plan compliance need to be addressed. Once we determine those issues, we will work with our compliance services team to update each area of concern. If there are any issues we cannot correct internally, we will recommend other options.

In addition to the compliance review, we also provide a HIPAA tool kit, and a COBRA procedure manual. We provide a comprehensive suite of ERISA and employee benefit compliance services. Administrative services include: Wrap Plan Documents / SPD creation and review, Section 125 plan documents, 5500 completion and filing support, required benefit plan notices, HIPAA tool kit, and COBRA administration services at no additional cost.

Our compliance team track and report on federal and state legislative activity, highlighting important topics through notification of our clients by providing:

- **Compliance alerts:** Our compliance alerts provide our clients with the latest news regarding employee benefits. Alerts are published as needed to provide timely information and are all reviewed and interpreted by our senior consultants before they are communicated to clients.
- **Compliance newsletters:** Our monthly and quarterly newsletters provide concise, attorney-reviewed summaries of legislative and compliance updates to keep you informed of the latest regulations. Our easy to read articles will help you find answers to your common COBRA, FMLA, health care reform, HIPAA, Medicare Part D and Section 125 questions. Our newsletters not only provide a thorough review of the upcoming changes, but also detail the steps you can take to address them within your organization.
- **Webinars and seminars:** As a McGriff client, you are invited to participate in educational webinars and seminars conducted by a national law firm that represents employers in all aspects of labor and employment law, employment litigation and employee benefits. Our sessions also offer professional continuing education credits for approved meetings.
- **Compliance checklists:** Each year our compliance team prepares a comprehensive compliance checklist that your Account Managers will review with you. In addition to the full compliance checklist, we also provide you with an abbreviated checklist with items that are specifically relevant to open enrollment.

McGriff also strives to keep our staff abreast of industry and legislative changes. In addition to the continuing education requirements for licensing, we also encourage our staff to obtain professional designations, elevating their creditability as a professional in employee benefits. Many of the staff that would be working directly on your account hold professional designations that allow them to better analyze your group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, plan designs, cost containment and alternate funding methods.

32.17 Five-year budget and plan reserve projections.

Our Financial Analytics team will guide the City to make sound data driven decisions about plan design and contribution strategies, costs and risk. McGriff houses our own team of underwriters and actuarial experts that handle group risk assessment, claims analysis, renewal projections, trend analysis, and plan design recommendations, plan reserve (IBNR) calculations and five year budget projections. We have experience in both fully insured and self-insured environments. Our analytical services include, but are not limited to:

- Forecasting of self-funded plan costs (annual) including annual benchmarking
- Rolling three to five (3 to 5) year forecasting including historical look backs
- Review and establishment of self-funded Incurred but Not Reported (IBNR) reserves
- Analysis of impact of cost changes and employee contribution strategies
- Monthly review of financial performance against budgets and target for self-funded plans
- Establishment of accrual / premium equivalent and COBRA rates for self-funded
- Coronavirus Impact Analysis Key Findings for McGriff Book of Business

32.18 Describe any educational services your firm could offer to the Health and Wellness Committee members or staff; e.g., newsletters, client roundtables, seminars, etc.

We offer educational webinars on HR and benefits related topics that provide CE credits for attendance. These seminars are offered on a regular basis. Additional sessions are provided as needed based on breaking news that could impact clients. Additionally, we offer ongoing education sessions on Health Care Reform hosted by our in-house attorneys and The Ogletree Deakins Law Firm, which are communicated separately via e-mails.

In addition to webinars, we communicate with clients at least weekly with newsletters on the most relevant topics for that week. We use our routine calls and face-to-face meetings as a means to keep clients notified, and we provide updated health care reform analysis specific to client plans during renewals.

Our team will traditionally conduct an environmental assessment of City's policies and worksite issues relating to wellness and its impact on the City's claim experience. We will work hand in hand with all stakeholders – the City's HR, Benefits and Wellness teams and City Leadership to see that all important issues are addressed. Routinely, all current wellness strategies – both in-house and external vendors are analyzed for:

- Cost effectiveness and measurement of key performance indicators
- Proper design and programing based on City culture
- Alignment with City's strategic vision regarding employee health, wellness and total rewards
- Together, we will develop multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support and counsel in the following key areas:
 - **Program Assessment** – We help with data collection and review, historical analysis, defining goals, understanding cultural considerations and implement consistent performance standard to measure outcomes and each program's quantitative and qualitative value.
 - **Consultative Support and Stewardship** – Developing and maintaining an effective clinical wellness program requires a multi-faceted approach that evolves with your employees. We work with you for the long-term as a trusted advisor providing support for strategic initiatives and helping to address challenges.
 - **Thought Leadership** – Stay up to date on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

Additional Commentary

Clinical wellness solutions can help clients manage financial risk by positively impacting employee health, morale, and retention. We integrate well-being with other appropriate resources in data analytics, human resource consulting, risk management, and technology to provide comprehensive, long-term solutions. By providing on-going support and identifying unique population considerations and goals, we develop multi-faceted strategic initiatives that allow employees to lead healthier lives.

To measure the performance of a program, we use a combination of data sources to determine and monitor Key Performance Indicators (KPIs, such as preventive care, gaps in care compliance, and ER visits) and Value-on-Investment metrics (VOI; such as measurements of employee satisfaction and engagement, risk migration, recruitment, and retention). This allows us to advise on plan changes, partner with best in class solutions, and refine communications as needed to improve results.

Because daily behaviors and environment have been shown to exert more of an influence on health than clinical services alone, employers are uniquely poised to influence the health of their team through smart programming and delivery of consumer centric services (convenience care, food sourcing, gyms, walking trails, digital applications), and building a culture that supports health by making the healthy choice the easier choice.

To create a true culture of health, McGriff believes these factors must be present:

- **Trust** - promotion of total employee health as an organizational value and meaningful use of information collected
- **Communications** - on-going, targeted and strategic using multiple channels to support programs and engagement based on identified employee needs and interests surveys
- **Environmental and Social Support** - healthy options visible on-site, commitment to work/life balance, peer support and inclusion of family unit (e.g. spouses)
- **Leadership Support** - all levels of management and leadership support initiatives and policies implemented that support health initiatives

Resumes of Key Personnel



33.0 Resumes of Key Personnel Who Will Provide Services to the City

Provide resumes of the people who will be doing the actual work.

It is our belief we have an indisputable competitive advantage over our competitors and it is namely our people. We have some of the most knowledgeable, experienced and passionate people in this industry – especially working with the government buyer. We recruit talent with unique backgrounds, experience and perspectives. Our team consists of former underwriters and senior leaders from large insurance carriers, account managers from competitors, and leaders from within and outside our industry.

All Key personnel are based in Texas and the City will be served by our national public entity client team and dedicated resources.



John Bass, CEBS, Vice President, is a senior consultant and will serve as lead consultant for the City. He is a Certified Employee Benefit Specialist (CEBS). John has over 35 years in employee benefits administration and client facing leadership roles within the health and benefits industry including serving as the National Practice Lead for Public Sector and Labor markets for a major managed care organization. John is an industry expert on health strategy, managed care and clinical applications and has extensive knowledge of benefit plan design and management. In his career, he has served many public plan sponsors including state and local governments and public educational institutions.



Scott Gibbs, Senior Vice President is McGriff's National Public Entity Benefits Practice Leader. Scott will provide senior consulting and financial analysis support to the City. Scott has been with McGriff for over 18 years and 22 years in the industry. Scott serves on the McGriff Executive Team and holds a Life and Health Insurance Counselor's License. In addition, he holds the certification of Certified Government Benefits Administrator through State and Local Government Benefits Association (SALGBA), SALGBA is one of the largest professional organizations providing government entities with educational and collaborative support. He also serves on the SALGBA Board and is a frequent speaker at regional and national conferences. Scott currently works with over 20 different public entity clients providing creative solutions for all aspects of their health and welfare benefit plans.



Cristina Palacios, Account Executive, will be the lead service team member on the City's account. Cristina has been with McGriff for eight years. In addition, she holds the certification of Certified Government Benefits Administrator through State and Local Government Benefits Association (SALGBA), SALGBA is one of the largest professional organizations providing government entities with educational and collaborative support. Cristina has worked for 10 years in the employee benefits arena. Fluent in Spanish, Cristina provides expertise in helping clients develop innovative solutions managing their entire health and welfare benefit programs, has a servant spirit and aligns closely to help her client's achieve both their short and long term goals.



Niki Ross, Account Manager will provide additional client service support (day to day) to the City working closely with Cristina. Niki has been with McGriff for four years. In addition, she holds the certification of Certified Government Benefits Administrator through State and Local Government Benefits Association (SALGBA), SALGBA is one of the largest professional organizations providing government entities with educational and collaborative support. Prior to joining McGriff, Niki held Benefits and Wellness Program Management positions for two other municipal governments in Texas. Niki has a strong employee benefit communication background, is grounded in HR and Compliance issues

and help her clients strategically assess annual enrollment strategies and communications. Niki fully understands a HR and Benefit professional's daily work schedule and the pressure of working within a public entity having served in these roles prior to joining McGriff.



Jordan Nixon, Account Manager/Financial Analyst is the assigned financial data and reporting analyst for the City. Jordan has been with McGriff for four years and provides all standard reporting and data analytics to the City. Jordan is highly engaged in his clients' data needs working to customize data reports and analytics for the benefit of the client. Jordan is responsible for all monthly, quarterly and annual reporting including budget projections, financial forecasts, IBNR calculations and annual benefit benchmarking. Jordan serves as a member of McGriff's National Financial Analytics and Reporting Team.



JOHN D. BASS, CEBS
Vice President – Employee Benefits

Direct: 210.339.2481
Email: john.bass@mcgriff.com

EDUCATION

Bachelor of Arts (Economics), Austin College, Sherman, Texas

LICENSES/CERTIFICATIONS

Texas General Agent – Life, Accident, Health and HMO

Certified Employee Benefit Specialist (CEBS) – The Wharton School, University of Pennsylvania

AREAS OF EXPERTISE

- Broad experience in health and benefit strategy and expert in managed care and clinical applications.
- Extensive knowledge of architecture for benefit design and emerging strategies
- Member of McGriff’s National Public and Educational Entity Consulting Practice
- Expert in understanding hospital and provider network configurations: ACOs, PCMHs, Direct Primary Care models and the applicable payment methodologies to assess overall financial performance and care improvement
- Skilled at long-term strategic planning using plan data, peer benchmarking and insight analytics for process improvement.
- Experienced with Vendor Management and Procurement Strategies
- Expert with Retiree strategies using Group Medicare / Medicare Advantage to reduce OPEB liability

EXPERIENCE HISTORY

McGriff Insurance Services
Vice President

2020 to Present

UnitedHealthcare
*Various roles including Regional Vice President
& National Practice Lead for Public Sector / Labor & Trust*

1995 - 2020

The Travelers Insurance Company
Sales Leader- Commercial Markets

1983 – 1995



SCOTT GIBBS

**Senior Vice President/Employee Benefits
Public Entity Practice Leader**

Direct: 469.232.2188
Email: sgibbs@mcgriff.com

EDUCATION

Bachelor of Arts in Sociology, Baylor University
Master of Science in Health Care Administration, Trinity University

LICENSES/CERTIFICATIONS

Texas General Agent
Texas Life, Accident, Health & HMO
Texas Life & Health Insurance Counselor
Non-Resident Life & Health License in Multiple States
Certified Government Benefits Administrator (CGBA) through State and Local Government Benefits Association (SALGBA)

AREAS OF EXPERTISE

- Servicing all health and welfare benefits plans for large employers
- Primary focus large public entities
- Long term strategic planning with employers allowing them to develop an overall corporate benefits plan that is consistent with the company's future goals and budget
- Evaluating carrier underwriting on both fully-insured and self-funded plans
- Evaluating risk and funding arrangements for both new business and renewals
- Evaluating provider network access and discounts
- Associate Board Member State and Local Government Benefits Association (SALGBA)

EXPERIENCE HISTORY

McGriff Insurance Services	2002 – Present
<i>Senior Vice President/Employee Benefits National Practice Leader</i>	
Benefit Partners	2000 – 2002
<i>Principal</i>	
Humana	1999 - 2000
<i>Sales Manager</i>	



CRISTINA PALACIOS
Account Executive

Direct: 469.232.2153
Email: cpalacios@mcgriff.com

EDUCATION

M.B.A., Strategic Business – Universidad Internacional del Ecuador

LICENSES / CERTIFICATIONS

General Lines Agent License, Life, Accident, Health and HMO
Certified Government Benefits Administrator (CGBA)

AREAS OF EXPERTISE

- Develop strategies to achieve long-term employee benefit goals that help with recruiting and retention.
- Help to meet client needs on a daily basis by assisting with escalated claims, billing issues and plan questions
- Guide clients at renewal by finding the most attractive plans for their employees while negotiating the most competitive rates with multiple year rate guarantees
- Available for open enrollment meetings in English or Spanish and can create communication materials in both languages
- Wellness and Health programs
- Navigating through the compliance issues surrounding HealthCare Reform

EXPERIENCE HISTORY

McGriff Insurance Services, Inc.
Account Executive

2012 - Present

IMA Waldman Bros.
Marketing Representative, Benefits Division

2010 - 2012



NIKI ROSS
Account Manager

Direct: 469-232-2198
Email: nross@mcgriff.com

EDUCATION

B.A. Corporate Communication, West Texas A&M University
M.A. in Public Administration, University of North Texas

LICENSES / CERTIFICATIONS

General Lines Agent, Life, Accident, Health and HMO
CGBA - Certified Government Benefits Administrator

AREAS OF EXPERTISE

- Tracking and analysis of benefit plan performance
- Marketing, proposal comparison and analysis
- Benefits administration, including benefit plan
- Implementation and transfer of eligibility data to vendors
- Strong wellness and health background

EXPERIENCE HISTORY

McGriff Insurance Services, Inc.
Account Service Representative

2018 - Present

Authority of Georgetown
Benefits & Wellness Program Administrator

2015 – 2018

Authority of Grapevine
Benefits & Wellness Coordinator

2014 - 2015



JORDAN NIXON

Account Manager / Financial Analyst

Direct: 469-232-2134
Email: jnixon@mcgriff.com

EDUCATION

Bachelor of Arts in Mathematics with Biblical Studies Minor, Ouachita Baptist University

LICENSES / CERTIFICATIONS

General Lines Agent, Life Accident & Health & HMO

AREAS OF EXPERTISE

- Tracking and analysis of benefit plan performance
- Proposal comparison and analysis
- Benefits administration, including transfer of eligibility data to vendors
- Benchmarking analysis
- Stop Loss threshold analysis
- Data Analytics platform specialist

EXPERIENCE HISTORY

McGriff Insurance Services, Inc.
Financial Analyst

2017 - Present

References



34.0 References

- 34.1 Please provide a list the names of at least five (5) organizations similar in size to the City's group for which your firm has served as the benefit consultant responsible for RFP development, evaluation, etc. Give address, telephone number and title of person to be contacted for reference.**

City of Arlington

Name/Title: Robert Warren; Risk and Benefits Manager, Human Resources

Address: 101 S. Mesquite Street Suite 790, Arlington, Texas 76010

Phone Number: 817-575-8992

Lubbock County

Name/Title: Greg George; Director of Human Resources

Address: 916 Main Street, Lubbock, Texas 79408

Phone Number: 806-775-7690

City of Mesquite

Name/Title: Rick French; Human Resource Director

Address: 1515 North Galloway Avenue, Mesquite, Texas 75149

Phone Number: 972-216-6399

City of Albuquerque

Name/Title: Mark A. Saiz; Insurance and Benefits Manager

Address: 400 Marquette N.W. - City Hall 7th Floor, Room 702, Albuquerque, New Mexico 87103

Phone Number: 505-768-2927

City of Harlingen

Name/Title: Efren Hernandez, Director of Human Resources, Risk Management and Civil Service

Address: 118 E. Tyler, Harlingen, Texas 78550

Phone Number: 956-216-5024

- 34.2 Provide the same information for three (3) clients that have terminated your firm in the last two years.**

City of Bryan

Name/Title: Cindy Kirk; Risk Manager

Address: 300 S. Texas #213, Bryan, TX 77803

Phone Number: 979-209-5054

Tom Green County

Name/Title: Nate Southard; Director of Human Resources

Address: 113 W. Beauregard Street 2nd Floor, San Angelo, Texas 76903

Phone Number: 325-659-3248

Harlingen Consolidated ISD

Name/Title: Julio Cavazos; Assistant Superintendent for Business Services

Address: 407 N. 77 Sunshine Strip, Harlingen, TX 78552

Phone Number: 956-430-9730

34.3 The City of Midland reserves the right to contact those clients to determine the scope of the work you performed and their evaluation of your services. By responding to the questionnaire, you are authorizing the City of Midland to contact such persons.

Confirmed

Work Samples and Additional Information



35.0 Work Samples

35.1 A sample "blind" medical Request for Proposal that your firm prepared for another client.

Client RFPs are proprietary and customized for each particular customer based on the exact needs and services requested. We are able to provide specific information in how McGriff works with our clients' in the RFP process.

In designing a competitive program, a key element will be benchmarking against similar organizations, as well as regional and national norms. We will consider the strengths of the existing programs, identify any weaknesses and determine cost effectiveness, competitiveness and the administration efficiency of each program.

We will discuss what considerations are most important to you in areas such as quality of care, cost efficiency, administrative ease and employee reaction. We will discuss your tolerance for risk as it relates to financial strategy. We will also discuss newer style plans and networks and other innovative approaches to healthcare deliver and cost management.

Using these guidelines, your McGriff team will prepare a RFP based on timely research and strategies which allows you to gauge different options in the marketplace and ultimately, implement a solution that is most appropriate for you. Your McGriff team will ensure all proposed programs address legislation, compliance and regulation constraints.

Once you have reviewed our proposed draft, we're ready to go to market working closely with the City's purchasing department. We will work jointly with you to identify potential markets that serve your needs and assist you with analyzing carrier networks for a adequate physicians and hospitals in the areas where your employees live.

Vendors will be asked to complete a general questionnaire about their firm and provide specific responses to areas most important to the City including network design, client management, innovations, cost management strategies, pharmacy administration, account administration, consumer tools and resources. Vendors will be measured for their quality of service, available funding options, level of claim detail they will provide and their willingness to implement performance guarantees. Your McGriff team will formulate an RFP based around your objectives and your performance expectations.

Your McGriff team will meet with you to review the responses to the RFP and share our initial thoughts to each vendor's response. This candid discussion allows us to identify which vendors should be brought in for a finalist meeting. These interviews will be jointly conducted with your McGriff team and will allow you and each vendor to clarify any issues regarding your plans. This process provides an opportunity for you to learn which of the vendors may be the best fit for your needs, objectives and corporate culture.

Once a vendor has been selected and contract awarded, we will begin implementing the selected programs. During this process your McGriff team will develop an implementation calendar and will work closely with each vendor to make certain the programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup, reporting structure and data requirements. We will help you complete the carrier application, review carrier takeover issues, ensure the eligibility file is transferred and request all required documents (contract agreement, SPD / Plan document, and administrative manual and performance agreements) prior to the effective date.

35.2 A sample of as many items listed in Section 34.0 SCOPE OF SERVICES AND PERSONNEL

An inventory of our sample work—reports, charts, compliance services, etc. are listed as a separate attachment to the RFP. Below is a brief snapshot of the samples.



Benefits Guides



Posters &
Email Blasts



Flyers



Brochures



Newsletters



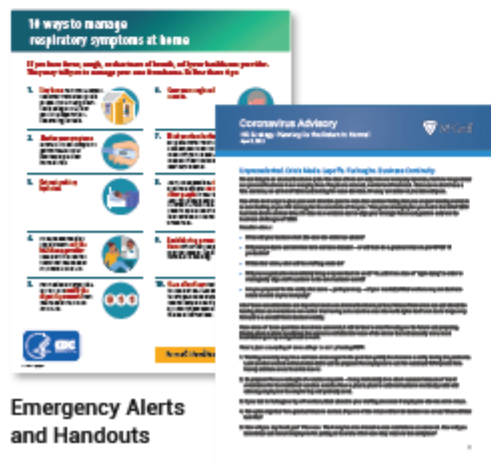
Market Updates



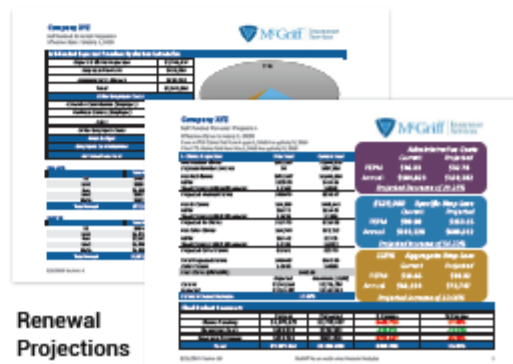
Compliance Alerts



Claims Report



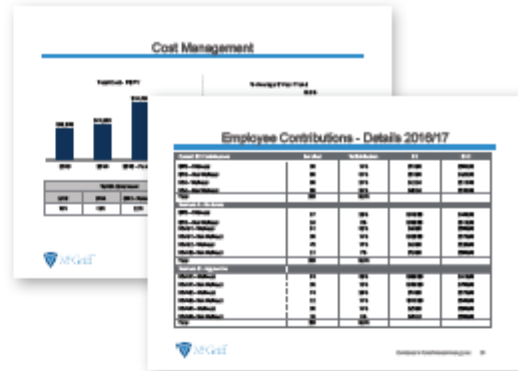
Emergency Alerts and Handouts



Renewal Projections



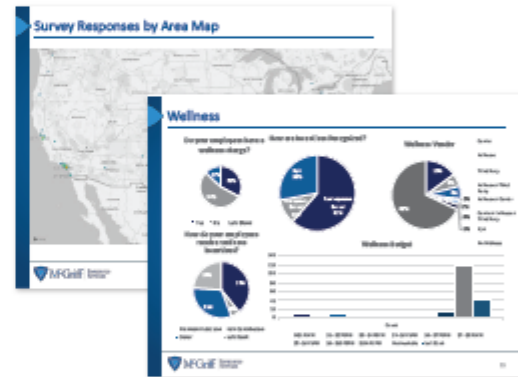
Plan Performance Report



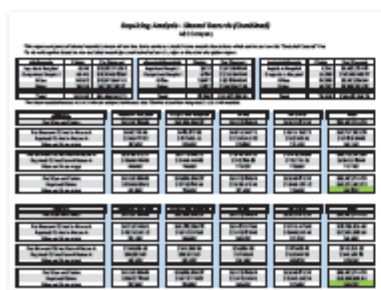
Program Strategies



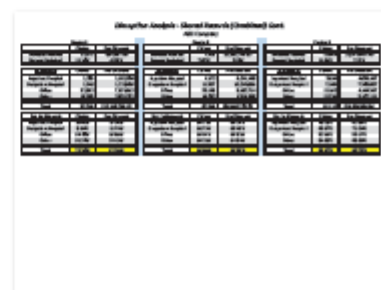
Data Analytics



Benchmarking Report



Reprice Analysis



Disruption Analysis

35.3 Please describe the consulting services that your firm would provide on any technical, policy or administrative issues that would improve plan administration or maintain plan compliance due to regulatory changes. Include how you would measure plan administration vs. “best practices”.

McGriff is a full service brokerage and consulting firm and provide our clients with a comprehensive portfolio of services. This is a distinguishing feature compared to other proposers. To that end, we wish to highlight several specific consulting services that are included in our fee would improve the city’s plan administration, compliance and likely reduce overall plan costs.

Human Resources Advisory – McGriff will provide advice, best practices and insights on a wide range of HR issues across the employee life cycle including direct access to McGriff’s in-house HR Advisory team led by Janie Warner. We are here to assist our clients, help train their staff and address employers’ most critical concerns. People risk is inevitable for an organization and reducing it is no small feat given the potential risks, ever-changing legislation and the need for high impact expertise in the moment. McGriff recognizes these significant risks center around an organization’s people. To that end, we also provide our clients no-cost access to **Think HR** – a robust resource with live advisor, reliable content and interactive technology solutions that provides an end-to end People Risk Management Section. We can produce an annual “cost impact” report showing how much the City has saved in plan administration expenses by using Think HR.

McGriff can provide your HR team with guidance on practically every HR topic, issue or concern. If you’re like most human resources professionals, you probably have more work than time. Let us give you more time back in your day by providing timely research, information and thought leadership to help you with your HR strategy.

Compliance – Legislative alerts, webinars, white papers, and other resources from our team of law-degreed advisors to keep you current on compliance issues. McGriff has a team of in-house attorneys and legal advisors that operate through our McGriff platform. They serve many purposes; internally, they advise our consultants on the growing legal obligations and regulatory requirements that our clients face with respect to their benefit plans, including ERISA and ACA compliance. They are also available on a daily basis to assist our consultants in resolving the complex issues and problems that our clients face and to answer benefits related questions for our clients.

In addition to our in-house legal counsel, McGriff has Haynes & Boone on retainer and maintains a relationship with The Ogletree Deakins Law Firm to provide legal services that exceed our scope or requires a legal opinion. This is a value-added benefit included in our scope of services.

Lastly, the cost impact can be significant since this service is included in our core fees saving the City time and expenses from securing compliance resources from a third party.

Communications – Strategies that build awareness, educate employees and drive engagement in your benefits. For years, benefit communications have largely focused on plan attributes – “what is my deductible, co-payment, and out of pocket maximum” and basics such as choosing a network provider vs. out of network provider. There is plenty of research to suggest that health literacy and sub-optimal health care decision making remains an area for great improvement.

McGriff has continued to build out our digital capabilities to enhance your “virtual communication” tools and resources to help you communicate more effectively with your employees about benefits, open enrollment, financial-related issues, and other HR-related topics. McGriff has licensed Flimp’s standard video library for you to use to educate employees about benefits. The library consists of 60 videos (1:30-2:00 minutes in length), in both English and Spanish, that provide an overview of the benefits and other topics in 4 main categories – Medical and Pharmacy, Voluntary and Specialty, Financial and Other HR Topics. There is no additional cost for the City to access our digital video library.

Benefits Administration Technology – Knowledge and experience to help select the best technology solution to meet your needs and the guidance to ensure a successful implementation. McGriff has the expertise to help you make the

best technology decisions for you, your employees and your organization. Since we live and breathe benefits every day, you can rely on us to provide unbiased advice to identify the best partner to meet your needs.

Our team can help identify a solution that could eliminate the need to make repetitive entries into multiple sites to add, term or change employee coverage – or into payroll to make appropriate payroll deductions. By choosing and implementing the right technology, you can more easily audit and monitor insurance eligibility to ensure billing is accurate and benefits are administered correctly and timely – saving the City precious time, resources and money.

36.0 Other

36.1 Include an affirmative statement to the effect that Proposer Company's retention, if selected, shall not result in a conflict of interest with any party which may be affected under this agreement.

To the best of our knowledge, McGriff Insurance Services, Inc., should it be awarded the contract for Health Benefit Consultant – RFP 21002083, shall not result in a conflict of interest with any party which may be affected under this agreement.

36.2 A Statement certifying that your company agrees that, if selected, it would be prohibited from receiving any brokerage fees or any form of commission from those providers who might respond to your prospective medical Request for Proposal.

McGriff will not accept commissions, overrides or any form of remuneration from the City's vendors in connection with a medical Request for Proposal.

36.3 If Proposer or any company(s) affiliated with Proposer has or recently (within the last 24 months) had a financial arrangement, including but not limited to a brokerage relationship, with any medical benefit providers, please disclose all such associations.

McGriff Insurance Services, Inc. has no financial arrangement or brokerage relationship with any medical benefit providers.

36.4 Litigation against the firm during the last five years.

McGriff Insurance Services, Inc. may from time to time and in the course of normal business find itself involved in litigation, arbitration or regulatory proceedings. As a wholly owned subsidiary of Truist Insurance Holdings, Inc., which is a wholly owned subsidiary of Truist Financial Corporation (NYSE: TFC), information regarding matters of this nature and deemed to be pertinent will be disclosed within quarterly and annual regulatory filings. Additional information is available at <https://ir.truist.com/>.

Further, within the past five (5 years), McGriff is not involved in any matter that should affect our ability to provide the services being requested by the City of Midland.

Core Brokerage & Consulting Services

Strategic Planning		
<ul style="list-style-type: none"> Executive management meetings and benefits philosophy development Development of 3-5 year strategy Benchmark plan design, costs and cost sharing 	<ul style="list-style-type: none"> Employee contribution strategies Development of prototype plan designs provide to bring in additional members support 	\$50,000 McGriff Core Consulting
Underwriting & Actuarial		
<ul style="list-style-type: none"> Budget development, tracking, variance analysis COBRA rate development Multi-year cost projections and renewal forecasting Large claim tracking - stop loss management (If Applicable) Plan design modeling 	<ul style="list-style-type: none"> Experience monitoring (according to data availability), including: <ul style="list-style-type: none"> Trend analysis Claim utilization analysis Pharmacy utilization analysis Contribution modeling Workforce demographic analysis and profiling Review of medical network usage 	Included in Fee
Benefit Plan Renewal Process		
<ul style="list-style-type: none"> Evaluate alternatives to current plan strategy and funding options that may better support your company's long-term needs Prepare alternative funding analysis and actuarial analysis of claim reserves Develop a multi-year strategy and objectives for benefit plans focused on reducing and preventing health risks Conduct renewal negotiations with insurance carriers and vendors Evaluate and make recommendations on employee cost-sharing strategies 	<ul style="list-style-type: none"> Produce renewal projections Work with vendors to review performance of medical and Rx programs in areas including large claims, network utilization, provider discounts, drug utilization, etc. Provide recommendations for improving cost-management performance Analyze employee demographics to identify trends, pattern and potential cost drivers Recommend new programs that increase plan value and support plan objectives 	Included in Fee
Vendor Marketing Review & Vendor Management		
<ul style="list-style-type: none"> Develop requests to solicit proposals from medical, pharmacy and ancillary vendors Request proposals and analyze vendor submissions to assess product capability and fit, network access and quality, health management capabilities and tools, employee resources and tools, reporting and analytics and overall costs Summarize results and provide recommendation for selecting a vendor that will best support your company's objectives going forward 	<ul style="list-style-type: none"> Assist with changes to vendors, processes and programs Negotiate performance guarantees with vendors Assist with ongoing vendor management and resolution to problems as they occur 	Included in Fee

Plan Communications & Open Enrollment Service and Support		
<ul style="list-style-type: none"> • Coordinate open enrollment and develop communication strategy • Design and develop customized benefits enrollment guide for new hires and open enrollments that can be distributed electronically • Develop customized open enrollment presentation for your company employees and conduct enrollment meetings, conference calls or webinars as necessary 	<ul style="list-style-type: none"> • Coordinate and communicate renewal decisions with all vendors to ensure accuracy of systems and benefit information • Provide support for administrative system updates and file fees. • Coordinate enrollment meetings. 	Included in Fee
Ongoing Service Support for Plan Management & Compliance		
<ul style="list-style-type: none"> • Review all vendor contracts for compliance on a continuing basis to ensure federal compliance • Review and maintain copies of current plan SPDs • Participate in ongoing benefits strategy meetings with your company • Continually work to identify issues and exposures to your company benefit offerings • Provide updates and commentary on impact of legislative and regulatory changes • Evaluate vendor-provided reports on claims, premiums and enrollments and provide summary of findings (As data is available) 	<ul style="list-style-type: none"> • Provide support for understanding and implementing changes in plans and administration required under Health Care Reform legislation including affordability and minimum value. • Act as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.) • Ongoing invitations to McGriff/Truist's compliance seminar series • Provide annual compliance guide 	Included in Fee
Wellness Consulting Services		
<ul style="list-style-type: none"> • Wellness Vendor RFP • Review of claims, demographics, and utilization data to identify key health issues and cost drivers in your company's population and provide recommendations for improving performance • Provide recommendation for developing a corporate wellness strategy based on key clinical and cost issues identified in your company's population • Provide recommendations for implementing online health risk assessments, on-site biometric screenings and other programs that can be used to augment current wellness initiatives 	<ul style="list-style-type: none"> • Review health plan benefits to assess potential integration with wellness initiatives • Manage and administer wellness marketing and communications • Supervise the performance of the program overall • Analyze results and recommend wellness program activities and modifications • Provide wellness communications • Flu Shot Clinic coordination and oversight 	Included in Fee

HR Support Services (HR Training – Provided By McGriff)	
<ul style="list-style-type: none"> • Monthly HR educational webinars on a broad range of HR topics • SHRM approved for CE credit • Think HR – robust on-line resource with live advisor, reliable content and interactive technology solutions that provides an end-to end People Risk Management Section. 	Included in Fee
Retirement Advisory Services (Optional – See Proposed Scope of Work)	
<ul style="list-style-type: none"> • Actuarial Services – GASB 75 Valuation and disclosures • Fee is based on annual valuation and disclosures • Additional fees outside scope billed on a per hourly basis unless other arrangements are made 	\$18,000

- Annual Consulting Fees guaranteed for four years - \$55,000 for years five and six.
- The fee is inclusive of materials and supplies, travel expense and other administrative costs.
- We will apply any existing commissions as an offset to our proposed fee or apply toward additional services.
- We wish to work together to choose the best billing frequency that works best for the City of Midland.
- Further, we will place 75% of our fees at risk as a sign of good faith. We are confident the City will be pleased with our services and the financial impact on your overall cost structure.

Performance Guarantees

McGriff is willing to place 75% of core consulting fees at risk annually based on the following metrics:
(Scoring criteria and methods to be mutually agreed upon)

Category	Guarantee	Fees at Risk
Account Management		
Overall Account Management	<ul style="list-style-type: none"> 24-Hour response on urgent requests 3-Hour telephone, text, in-person or email response on sensitive or time-sensitive issues 	25%
Renewal Management		
Financial and Methodological Review of Renewal Assumptions	<ul style="list-style-type: none"> Validate/compare City's annual medical/prescription costs to annual industry trend methodology to ensure City's annual trend is below industry standards Identify and prioritize City's needs and preferences prior to benefits renewal or placement 	25%
Cost Mitigation Strategies	<ul style="list-style-type: none"> Present alternative solutions to maintain existing cost basis on medical benefits such as alternative plan options and include projected savings, benefits and financial impact Provide alternative(s) for pharmaceutical cost reduction from price structure to include projecting savings or discounts 	25%
Innovation		
Solutions	<ul style="list-style-type: none"> Introduce innovative emerging cost saving marketplace solutions specific to City that add quantifiable value and provide its impact(s) 	25%
Total		100%

City of Midland, TX Retirement Consulting – GASB 75



Retirement Consulting
Steve Bull – Business Development Officer
(m) 336.971.5106
sbull@mcgriff.com
linkedin.com/in/stevebullretirementconsultant

1 EXPERIENCE

We have more than 150 clients that utilize our services for strategic advice and measuring liabilities pursuant to GASB 75. Our experience with actuarial liabilities related to other post-employment benefits predates GASB 75. Our experience with these kinds of valuations began in the late 1980's. We have helped clients adopt and transition to GASB 45. We continued to help our clients manage these obligations according to the measurement and reporting requirements of GASB 75. We have completed 1,000's of OPEB analyses over the past 30 years.

2 FEES

Proposed fees for: **City of Midland, TX**

<u>Service Description</u>	<u>Total Fees</u>
Actuarial Services – GASB 75 Valuation and disclosures	\$18,000

McGriff Employee Benefit Solutions Retirement Consulting is a fee for service consulting firm:

Resources

- Access to experienced and professional advisors current on recent legislation
- Benefit professionals all in good standing with their respective organizations and current on continuing education requirements
- Valuation and participant databases that are updated for enhanced member experience
- Safety and security protected with the same level of security as a bank or brokerage account

Fees

- Are based on the time involved to complete the service using the most efficient and competent resource at the lowest possible billing rate
- Fees are based on the scope of services

3 OTHER

The McGriff Process

The preparation of GASB cost and liabilities reporting require an annual review of employee and plan information. Generally, a valuation must be performed every year for GASB 75.

Each project begins with a discovery meeting with your Consulting Actuary, and other appropriate members of your McGriff Client Service Team. Client service needs are documented and the project commences.

McGriff will provide you with a detailed data request letter and sample letters to send to the insurance carrier(s). With your authorization, we will eliminate the burden of most data collection duties by gathering much of the necessary information internally from your McGriff broker.

The project steps include:

- Confirmation of the annual Client Service needs for GASB 75 valuation.
- Participant data is reconciled and updated on our database.
- Our actuaries regularly evaluate the plan's demographic and economic experience and make recommendations for periodic changes to keep assumptions in line with plan experience.
 - For this initial valuation our team will work with you to establish a reasonable set of assumptions.
 - We would not want the assumptions to over or under-state the plan obligations.
- Valuation software coding is completed and validated through quality control processes.
- In the future, plan changes are coded into our software and the effect of the plan change is determined.
- Valuation liabilities are completed by the Valuation Analyst and are checked by the Plan Actuary.
- The Consulting Actuary, along with any additional McGriff staff that may be necessary, reviews the results with you and addresses any questions.
- Presentation of results to City of Midland, TX, typically via a Webcast.
- McGriff will review with you our understanding of plan provisions, benefits provided and eligibility rules. It is critical that we understand the details of the promised benefits. Our understanding is committed to writing and placed in our report as a summary of the substantive plan provisions.
- Completion of an actuarial valuation report following GASB standards (We also provide the detailed information suggested by the GFOA.) The following information is included:
 - a. actuarial accrued liability
 - b. actuarial value of assets, if any
 - c. the unfunded actuarial accrued liability
 - d. normal cost
 - e. annual required contribution (ARC) of the employer(s)
 - f. annual OPEB cost
 - g. net OPEB obligation (i.e. the balance sheet liability)

Details will be provided by status (active and inactive) and by pre and post Medicare. This will enable you to gain a better understanding of the sources of the Employer liabilities.

4 OTHER

In addition, items not included in the scope of regular valuation services above will be billed on an hourly basis in addition to the services listed. These items may include, but are not limited to:

- revisions to work products caused by errors or omissions in information submitted to the Firm
- data or assets having errors, omissions, or formatting problems beyond reasonable tolerances, which require additional screening, research, clean-up, or reconciliation, either with respect to on-going work or to initial set-up
- apportioning results among employees, divisions, or departments
- additional time related to changes in assumptions, methods, plan provisions, or applicable regulations
- additional time related to situations, events, or information unknown to the Firm at the time of estimating fees, either with respect to ongoing work or to initial set-up

Out-Of-Scope Services (Retirement Advisory Services Only)

We are a full-service actuarial consultant and administrative service provider. We offer a full range of services in addition to those for which the employer has contracted above. These services are available at hourly rates, and we can provide fee estimates in advance for approval before beginning any out-of-scope projects. In all cases, we work with clients to identify cost-effective alternatives, and to have the work completed at the lowest feasible billing rate.

Typical out-of-scope services include:

- Quantifying contribution levels, accounting expense, and other items, needed to evaluate changes to plan provisions.

- Implementation services for new or take-over plans. Consulting and advisement outside the normal scope of services.
- Multi-year or single-year projections of plan contribution requirements, accounting expense, and other measures for strategic planning and budgeting purposes.
- Support to the plan attorney and sponsor on plan amendments and restatements, and Summary Plan Descriptions.
- Support for audits, as well as support for regular ongoing plan and employer audits.
- Employee group or individual meetings, and other communications, as requested.
- Plan termination services, including feasibility studies, accounting, participant notifications, and coordination of the termination with other service providers.
- Consulting, advisement and implementation on risk reduction strategies, including asset-liability matching, glide-path strategies, annuity purchases, and lump sum buyouts.
- Preparation of disclosures for special financial reporting purposes such as plan terminations, settlements, and curtailments.

Fee Structure

For services outside our proposed scope of work (or unless agreed to in a separate fee arrangement), our hourly rates are as follows:

<u>Level</u>	<u>Hourly Billing Rate Range</u>
Senior Consultant / Actuary	\$425 - \$550
Consultant / Actuary	\$325 - \$425
Actuarial manager / senior analyst	\$175 - \$325
Analyst	\$125 - \$175
Administrative	\$100 - \$125

All information in this response to the request for proposal is proprietary and confidential. The Employer, its agents, and assigns, may not disclose any information contained herein without the express written consent of the Firm.

Exhibit A: Addendums



Exhibit A: Addendums

CITY OF MIDLAND ADDENDUM *BID # 21002083*

TO ALL BIDDERS ON THE SUBJECT BID:

ADDENDUM # 1

DATE: February 8, 2021

The following questions were raised by one or more of the proposers. The answers are provided as a matter of clarification for all proposers as follows:

Q1. We understand that the initial contract awarded with be for 3 years. What are the RFP cycles for medical, pharmacy, stop, loss, dental/vision, voluntary benefits (i.e., when is the next RFP needed for them)? We are trying to understand when we would need to work on these RFPs on behalf of The City.

A1. Most likely year 2 or 3 of the initial contract.

Q2. What is the current commissions being paid for the same services requested? Does that fee include the following actuarial services - GASB valuation? OPEB evaluation? Does the fee include Pharmacy consulting during PBM RFPs and PBM and Rebate audits? CBIZ has all of these services in-house. Just determining for fee recommendation.

A2. No commissions are being paid to the Consultant.

Q3. Who is the current Medical Benefit Consultant.

A3. Smith & Associates Consulting
Eric Smith
PO Box 92398
Southlake, TX 76092

Q4. Section 35.2 requests samples of as many items listed in Section 34. Section 34 is References. Outside of providing reference information, what exactly is The City looking for regarding samples?

A4. Section 34 incorrect should be Section 32 Scope of Services and Personnel

Q5. Who currently provides the GASB valuation services to the City and may we obtain a copy of the GASB 75 valuation reports covering FY 2019 and FY 2020.

A5. The valuation services are provided by MHBT and yes the copies of the GASB 75 for 2019 is available, 2020 isn't available until January 2022.

Q6. Does the City have full valuations done every year, or does the City utilize interim year valuations (when no material changes) during the "off" years?

A6. Yes, every year.

Q7. Our understanding is the next GASB 75 valuation will apply for fiscal year ending September 30, 2021. What is the approximate due date timeframe for this report?

A7. The next GASB 75 that will be completed is for the fiscal year 2020, it will be completed in January 2022.

Q8. Please confirm a qualifying, irrevocable OPEB Trust, as per GASB 74 standards, does not apply.

A8. Does not apply.

Q9. May we obtain a copy of your current contracts for Stop-Loss, Pharmacy and Third Party Administrative Services, as well as a current census?

A9. A public records request will need to be made.

Q10. In regards to the overall direction of your Health and Welfare Plans is cost more or less important than disruption?

A10. We are looking for what is best for the City and our employees. Both cost and disruption are important factors.

Q11. Any past experience where disruption, surprise out-of-network charges, or additional hassle factors (Noise) led to employee turn-over?

A11. Unknown.

Q12. Is it the experience of the City that high cost claimants are traveling outside of your local area network to more expensive settings in DFW and Houston and What % of your aggregate claims are associated with these services?

A12. A small percentage of aggregate claims are associated with this. Those traveling outside of the area is due to lack of availability of treatment locally.

Q13. Is current leadership receptive to paying more for consulting services with the understanding of a greater return on their investment?

A13. The City of Midland is looking for what is best for the City and our employees.

Q14. On a scale of 1-10 (10 being very motivated) is the City motivated to change?

A14. Unknown.

Q15. On a scale of 1-10 (10 being very engaged), how engaged are your employees in your wellness / total rewards programs?

A15. 4.

Q16. Are there any current provisions that allow excess revenue net of commissions to off-set your consultant's annual fee?

A16. No provisions.

Q17. Does the current consultant provide an integrated data warehouse solution at no cost, no connection fee and/or with no monthly maintenance fee?

A17. No intense data warehouse is being offered.

Q18. Is the current data warehouse and analytic service manually uploaded or automatically fed medical, pharmacy, disability, wellness, biometric and absentee data at no cost to the client?

A18. From the provider and TPA auto upload.

Q19. Please confirm if the proposal submission format should follow the Proposal requirements as described in Section 31.0 through 36.4.

a. Does the City requirement or prefer commentary to Sections 27.0 through Section 30.0?

A19. No requirement.

Q20. Does the City require a signature of Attachment A and submission with our response?

A20. No attachment A is for reference, if awarded Attachment A is required as written.

Q21. Signatures are required on the Cover Page and Conflict of Interest Questionnaire. Are these the only two documents requiring a proposer's signature?

A21. Two signatures required.

Q22. In the current Health Benefits Consultant contract, are commissions paid to the current consultant, if any from the City's non-medical programs? If yes, please describe.

A22. No commissions paid.



PLEASE RETURN THIS ADDENDUM WITH YOUR BID BY THE CLOSING DATE.

All other terms and conditions shall remain the same.

McGriff Insurance Services, Inc.	
Company Name	
	2/11/2021
Bidder Authorized Signature	Date
John D. Bass	210-339-2481
Please Print Above Name	Phone

CITY OF MIDLAND

ADDENDUM

BID # 21002083

TO ALL BIDDERS ON THE SUBJECT BID:

ADDENDUM # 2

DATE: February 11, 2021

The following questions were raised by one or more of the proposers. The answers are provided as a matter of clarification for all proposers as follows:

Q1. A question is posed on the cover page about Cooperative Agreements and references Section 27, page 7. Under Section 27 Scope of Services, I see no information about a Cooperative Agreement. What is The City's intentions/expectations surrounding Cooperative Agreements?

A1. Attachment A on page 14 in the RFP is a sample of the City's Agreement.

Q2. What are the current fees paid to current Consultant?

A2. \$48,000 annually billed monthly plus travel expenses.

Q3. Are the costs for Section 29.1 included in the current fee or charged separately? How often are dependent eligibility verification, financial and/or programmatic audits requested?

A3. Cost are included in the current fee.

Q4. What is the effective date of the Benefits Plan? July 1st?

A4. The City of Midland Benefit Plan Year is calendar year.

Q5. How is the current health plan running?

A5. On a scale of 1 to 10, with one as poorly. Our plan is an 8 or 9

Q6. Is the City seeking a significant overhaul on their benefits plan or looking for more long term solutions?

A6. The City is looking at long-term solutions which are best for the Employees and the City.

PLEASE RETURN THIS ADDENDUM WITH YOUR BID BY THE CLOSING DATE.

All other terms and conditions shall remain the same.

McGriff Insurance Services, Inc.	
Company Name	
	2/11/2021
Bidder Authorized Signature	Date
John D. Bass	210-339-2481
Please Print Above Name	Phone



CITY OF MIDLAND
ADDENDUM
BID # 21002083

TO ALL BIDDERS ON THE SUBJECT BID:

ADDENDUM # 3

DATE: February 18, 2021

The following changes have been made to the specifications.

Bid opening date has been extended to Monday, March 1, 2020 at 1:30 p.m.

PLEASE RETURN THIS ADDENDUM WITH YOUR BID BY THE CLOSING DATE.


All other terms and conditions shall remain the same.

McGriff Insurance Services, Inc.	
Company Name	
	2/18/2021
Bidder Authorized Signature	Date
John D. Bass	210-339-2481
Please Print Above Name	Phone

Exhibit B: Required Forms, Sample Materials, and Reports



Exhibit B: Required Forms, Sample Materials, and Reports

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	<div style="border: 1px solid black; padding: 2px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received</div>	
1 Name of vendor who has a business relationship with local governmental entity. <div style="border: 1px solid black; padding: 2px; text-align: center;">McGriff Insurance Services, Inc.</div>		
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
3 Name of local government officer about whom the information is being disclosed. <div style="text-align: center;">N/A</div> <div style="text-align: center; font-size: small;">Name of Officer</div>		
4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. <div style="margin-left: 40px;"> <p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. <div style="text-align: center;">N/A</div>		
6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> 7 <div style="text-align: center; margin-top: 10px;">  Signature of vendor doing business with the governmental entity </div> </div> <div style="width: 45%; text-align: right;"> <div style="margin-top: 10px;">2/11/2021</div> <div style="text-align: center; font-size: small;">Date</div> </div> </div>		

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;

or

- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

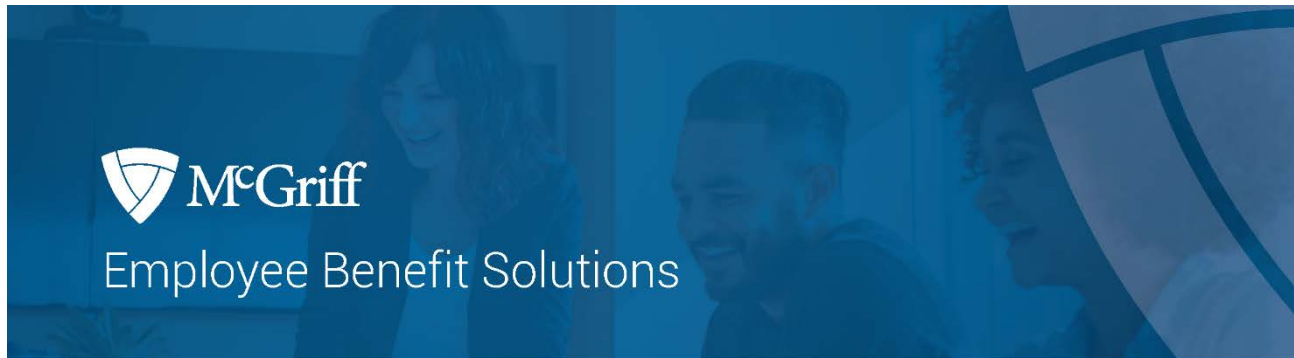
(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.



Sample Communication and Report Materials



Benefits Guides



Posters & Email Blasts



Flyers



Brochures



Newsletters



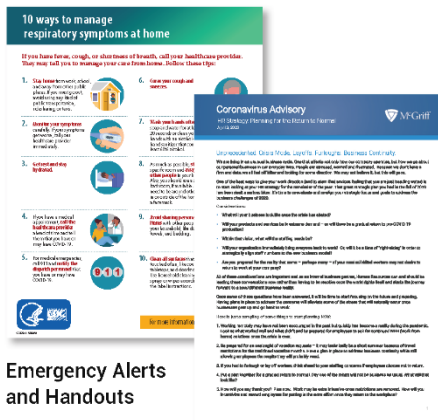
Market Updates



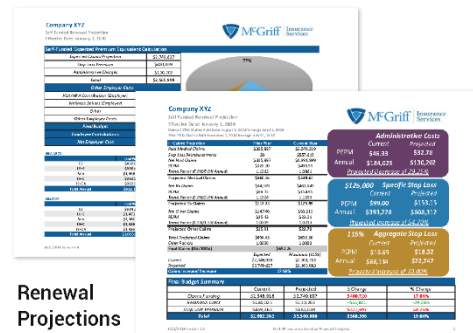
Compliance Alerts



Claims Report



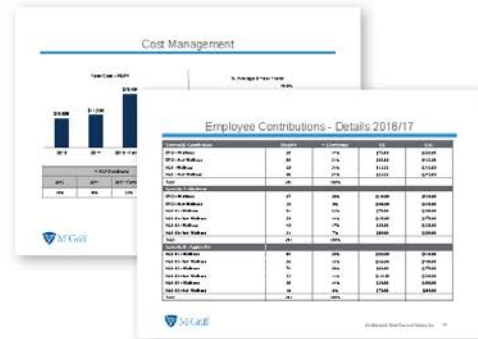
Emergency Alerts and Handouts



Renewal Projections



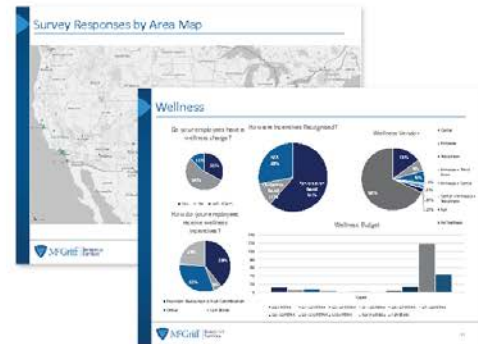
Plan Performance Report



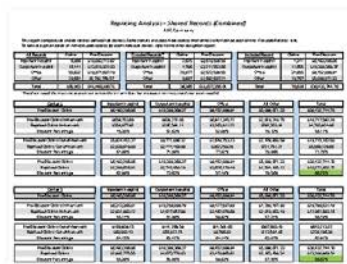
Program Strategies



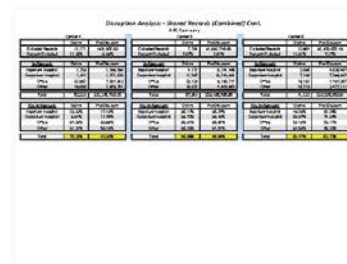
Data Analytics



Benchmarking Report

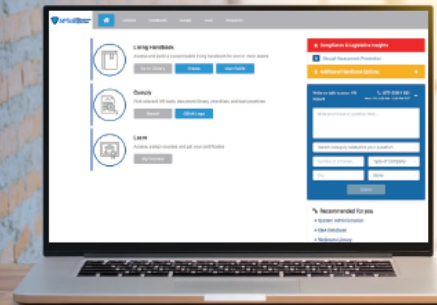


Reprice Analysis



Disruption Analysis

Protect Your Business, Reduce Risk with ThinkHR



People risk is inevitable for an organization, and reducing it is no small feat given the array of potential risks, ever-changing legislation and the need for high impact expertise in the moment. McGriff recognizes these significant risks center around an organization's people. To that end, we are excited to offer our clients **ThinkHR** – a robust resource with live advisors, reliable content and interactive technology solutions that provides an end-to-end People Risk Management solution.



Live

Certified HR Experts answer questions, render advice and follow up with research to resolve issues. These live advisors help research and explain situational fact patterns, instead of just reciting complex regulations. Accessible 8 a.m. to 8 p.m. ET each business day by phone and/or email.



Comply

Comprehensive resource center with all the forms, checklists and tools needed to maintain compliance, as well as a compliance calendar to remind HR of important deadlines and help avoid risk of regulatory penalties.



Learn

More than 250 online web-based courses to help ensure compliance, reduce risk and drive employee engagement. Assign employees courses from a broad menu of training solutions for both proactive and reactive risk management, including harassment prevention, leadership, risk & safety and much more.



Insight

All the news and analysis HR Professionals need to stay current and compliant with changing regulations and industry trends. Monthly webinars providing HRCI/SHRM credits on valuable HR topics. Access to robust webinar library.



Living Handbook

A customizable Living Handbook builder with federal and state-specific content and policy update alerts. Allows employers to create, maintain and manage their employee handbook with ease.



Mobile App

Employers and HR professionals can access the resources of the ThinkHR People Risk Management tools from anywhere through the user-friendly mobile app.

Login at <http://mcgriffinsurance.myhrworkplace.com> or call the ThinkHR Live Advisors team at 877-225-1101.



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Disruption Analysis - Shared Records (Combined)

ABC Company

This report compares all shared records between all carriers. Some carriers excluded more records than others which can be seen on the "Excluded Records" line.
To view disruption based on non-excluded records for each individual carrier, refer to the other disruption report.

All Records	Claims	Pre-Discount	Excluded Records*	Claims	Pre-Discount	Included Record	Claims	Pre-Discount
Inpatient Hospital	6,966	10,093,713	Inpatient Hospital	2,625	3,610,507	Inpatient Hospital	4,341	6,483,206
Outpatient Hospital	16,441	13,610,922	Outpatient Hospital	4,786	3,211,554	Outpatient Hospital	11,655	10,399,368
Office	55,832	10,974,697	Office	20,977	2,522,599	Office	34,855	8,452,099
Other	29,664	6,780,769	Other	9,897	1,682,697	Other	19,767	5,098,071
Total	108,903	\$41,460,100.71	Total	38,285	\$11,027,356.01	Total	70,618	\$30,432,744.70

*Records are excluded to ensure that all carriers are compared on the same data. Take into account how many records each carrier excluded.

Carrier 1			Carrier 2			Carrier 3		
	Claims	Pre-Discount		Claims	Pre-Discount		Claims	Pre-Discount
Excluded Records	1,146	\$32,981.78	Excluded Records	2,188	\$106,566.44	Excluded Records	11,739	\$106,566.44
Percent Excluded	1.05%	0.08%	Percent Excluded	2.01%	0.26%	Percent Excluded	10.78%	0.26%
In-Network	Claims	Pre-Discount	In-Network	Claims	Pre-Discount	In-Network	Claims	Pre-Discount
Inpatient Hospital	754	658,754	Inpatient Hospital	4,213	6,313,367	Inpatient Hospital	2,878	3,586,005
Outpatient Hospital	530	628,272	Outpatient Hospital	11,354	10,258,099	Outpatient Hospital	6,331	4,323,588
Office	30,995	6,811,346	Office	34,623	8,427,598	Office	25,351	7,034,017
Other	17,268	2,619,211	Other	19,466	4,790,468	Other	18,369	3,506,075
Total	49,547	\$10,717,582.20	Total	69,656	\$29,789,531.48	Total	52,929	\$18,449,685.31
Pct. In-Network	Claims	Pre-Discount	Pct. In-Network	Claims	Pre-Discount	Pct. In-Network	Claims	Pre-Discount
Inpatient Hospital	17.37%	10.16%	Inpatient Hospital	97.05%	97.38%	Inpatient Hospital	66.30%	55.31%
Outpatient Hospital	4.55%	6.04%	Outpatient Hospital	97.42%	98.64%	Outpatient Hospital	54.32%	41.58%
Office	88.93%	80.59%	Office	99.33%	99.71%	Office	72.73%	83.22%
Other	87.36%	51.38%	Other	98.48%	93.97%	Other	92.93%	68.77%
Total	70.16%	35.22%	Total	98.64%	97.89%	Total	74.95%	60.62%
Carrier 4			Carrier 5			Carrier 6		
	Claims	Pre-Discount		Claims	Pre-Discount		Claims	Pre-Discount
Excluded Records	12,171	-\$34,957.03	Excluded Records	7,701	\$1,092,746.83	Excluded Records	12,864	\$2,970,657.40
Percent Excluded	11.18%	-0.08%	Percent Excluded	7.07%	2.64%	Percent Excluded	11.81%	7.17%
In-Network	Claims	Pre-Discount	In-Network	Claims	Pre-Discount	In-Network	Claims	Pre-Discount
Inpatient Hospital	1,259	1,108,580	Inpatient Hospital	4,172	6,241,468	Inpatient Hospital	2,096	4,036,467
Outpatient Hospital	1,042	1,222,635	Outpatient Hospital	11,507	10,240,801	Outpatient Hospital	7,106	7,388,007
Office	32,862	7,934,813	Office	33,138	8,183,714	Office	18,192	4,494,367
Other	18,056	2,879,761	Other	19,032	4,819,803	Other	16,719	3,477,111
Total	53,219	\$13,145,790.15	Total	67,849	\$29,485,785.85	Total	44,113	\$19,395,950.84
Pct. In-Network	Claims	Pre-Discount	Pct. In-Network	Claims	Pre-Discount	Pct. In-Network	Claims	Pre-Discount
Inpatient Hospital	29.00%	17.10%	Inpatient Hospital	96.11%	96.27%	Inpatient Hospital	48.28%	62.26%
Outpatient Hospital	8.94%	11.76%	Outpatient Hospital	98.73%	98.48%	Outpatient Hospital	60.97%	71.04%
Office	94.28%	93.88%	Office	95.07%	96.82%	Office	52.19%	53.17%
Other	91.34%	56.49%	Other	96.28%	94.54%	Other	84.58%	68.20%
Total	75.36%	43.20%	Total	96.08%	96.89%	Total	62.47%	63.73%



**EMPLOYEE BENEFIT PLAN REPORTING AND
DISCLOSURE GUIDE**
JAN. 1 – DEC. 31, 2021



Managing Your Compliance Risks

Appropriate and timely disclosures to your employees reduce your risks and improve your employees' satisfaction with their benefit plans.

Our Reporting and Disclosure Guide outlines many of your disclosure requirements relative to ERISA, COBRA, HIPAA, the Affordable Care Act (ACA) and other federal laws.

The Reporting and Disclosure Guide looks at each requirement and summarizes:

- When action must be taken
- The options for delivery
- Whether the requirement affects government employers
- Who the requirement affects (e.g., recipients)
- The impact on Small Groups (e.g., groups with 50 or fewer employees)

Using our Reporting and Disclosure Guide and working with your Compliance Services professionals at McGriff you can identify whether you're taking the steps needed to stay in compliance with the federal regulations discussed in this Guide.

Note: Hyperlinks within this document have been shortened for readability. They will be active if the Reporting and Disclosure Guide is viewed electronically.

Contents

ACA (Affordable Care Act).....	3-4
ADA (Americans With Disabilities Act)	4
COBRA (Consolidated Omnibus Budget Reconciliation Act).....	5
ERISA (Employee Retirement Income Security Act)	6
GINA (Genetic Information Nondiscrimination Act).....	6
HIPAA (Health Insurance Portability & Accountability Act).....	7
HIPAA Privacy.....	7
Other Federal Laws	7-8

ACA (Affordable Care Act)

IRS Forms 1095-B & 1094-B

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> 6055 (minimum essential coverage) reporting obligation <ul style="list-style-type: none"> Applies to small employers that offer self-insured health coverage (applicable large employers file Forms 1095-C and 1094-C) May also apply to fully insured small employers with HRAs in certain instances Insurer files for fully insured plan 	<ul style="list-style-type: none"> Form 1095-B due to employees/covered individuals: Mar. 2, 2021 Forms 1094-B and 1095-B due to IRS: Mar. 1, 2021, or Mar. 31, 2021 if filing electronically. (must file electronically if 250+ returns) 	Recipients <ul style="list-style-type: none"> Those enrolled in coverage (employees, former employees, non-employees): 1095-B IRS: Forms 1094-B and 1095-B Small Group²: Yes* Government Employers²: Yes	Delivery System¹: <ul style="list-style-type: none"> Employees: Same as W-2; note consent to electronic delivery of a W-2 does not constitute consent to electronic delivery of a 1095-B IRS: Electronically if over 250+ returns; electronically or mail if fewer than 250 returns
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* Yes, if health coverage is self-insured and in certain instances for HRAs. Otherwise carrier is responsible for reporting. For this purpose, a small employer is one who is not an Applicable Large Employer (ALE) for a calendar year. ALE status is determined based on a specific calculation of whether the employer averaged at least 50 full-time employees (including full-time equivalent employees) on business days during the preceding calendar year. All controlled group members, affiliated service group members and entities under common control (ALE Members) are considered as a single employer (Aggregated ALE Group) in determining ALE status.

IRS Forms 1095-C & 1094-C

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> 6056 – ALE reporting obligation Applies to single entity ALEs and to each ALE member in an Aggregated ALE Group <ul style="list-style-type: none"> Self-insured – complete all three parts of Form 1095-C (to satisfy reporting obligations under Sections 6055 and 6056 of the Code) Fully insured – complete parts I and II of Form 1095-C (carrier responsible for 6055 reporting) Form 1095-C due to employees/covered individuals: Mar. 2, 2021 Forms 1094-C and 1095-C due to IRS: Mar. 1, 2021, or Mar. 31, 2021 if filing electronically. (must file electronically if 250+ returns) 	Recipients <ul style="list-style-type: none"> Individuals: Form 1095-C <ul style="list-style-type: none"> Employees or former employees who were full-time employees under one of the two permitted ACA measurement methods for one or more calendar months during the calendar year; and Even if not a full-time employee under the ACA, employees, former employees or non-employees who were enrolled in self-insured coverage offered by the employer on any day in the calendar year IRS: Forms 1094-C and 1095-C 	Delivery System¹: <ul style="list-style-type: none"> Individuals/Employees – Same as W-2; note consent to electronic delivery of a W-2 does not constitute consent to electronic delivery of a 1095-C IRS – Electronically if over 250+ returns; electronic delivery or mail if fewer than 250 returns Small Group²: No, if employer is not an ALE for a calendar year; see the definition of ALE in the Small Group Notes for Forms 1095-B and 1094-B Government Employers²: Yes
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Summary of Benefits and Coverage (SBC)

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Initial Enrollment <ul style="list-style-type: none"> As part of enrollment materials All benefit package options If there are no written enrollment materials, distribute by first day of eligibility to enroll If change to SBC during enrollment, revised SBC before first day of enrollment HIPAA Special Enrollees <ul style="list-style-type: none"> Within 90 days following enrollment 	<ul style="list-style-type: none"> Upon request by a participant, but not later than seven business days following receipt of request Annual Enrollment – same as initial enrollment except: <ul style="list-style-type: none"> Only need to provide SBC for benefit package option in which participant is enrolled; and If automatic reenrollment, provide SBC no later than 30 days prior to first day of plan year (if insurance policy not issued 30 days in advance, provide no later than seven days after policy issued) Exception – does not apply to HIPAA-excepted benefits 	Delivery System¹: <ul style="list-style-type: none"> U.S. Mail Electronic delivery: <ol style="list-style-type: none"> Include in online enrollment; or If no online enrollment, electronic delivery is permitted as follows depending upon enrollment status of individual: <ul style="list-style-type: none"> Eligible but not enrolled – electronic delivery that is “readily accessible” including internet posting if email or postcard is provided with information on how to access SBC; Enrolled – general (DOL) electronic delivery rules apply*
Recipients: Employees eligible for coverage and beneficiaries including COBRA	Government Employers²: Yes	Small Group²: Yes

* SBC templates can be found here: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/summary-of-benefits>

Advance Notice of Change to SBC Terms

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> 60 days prior to effective date of a material change to terms of plan that affects content of the SBC, other than in connection with renewal of coverage 	Small Group²: Yes Government Employers²: Yes	Recipients: Participants and beneficiaries including COBRA	Delivery System¹: <ul style="list-style-type: none"> U.S. Mail Electronic delivery (see preceding SBC section on special rule for employees who are eligible but not enrolled)
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Form W-2 Cost of Employer-Sponsored Health Coverage

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> On or before Jan. 31 Exception – currently does not apply to employers who issued less than 250 W-2s in preceding calendar year 	Recipients: Employees Small Group²: Yes, but currently only applies to employers who issued 250 W-2s in preceding calendar year	Delivery System¹: <ul style="list-style-type: none"> IRS delivery standards Government Employers²: Yes
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ACA

Patient-Centered Outcomes Research Trust (PCORI) Fee

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Fee is due the July 31st following the last day of the plan year Fee applies to self-insured health plans for plan years ending after Oct. 1, 2012, and before Oct. 1, 2029 (carriers remit fee for fully insured plans) Fee is \$2.54 per covered life for plan years ending Oct. 1, 2019-Sept. 30, 2020. Fee for plan years ending Oct. 1, 2020-Sept. 30, 2021 (including 2020 calendar year plans) has not yet been released. 	Recipients: IRS Small Group²: Yes [*]	Delivery System¹: <ul style="list-style-type: none"> IRS Form 720 Government Employers²: Yes [*]
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^{*} Yes, if health coverage is self-insured; otherwise, carrier is responsible for IRS Form 720 filing and required fee.

Exchange Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> To newly hired employees within 14 days of start date 	Recipients: All employees regardless of benefit eligibility/enrollment or part/full-time status <ul style="list-style-type: none"> Model notice available at: www.dol.gov/ebsa/coverageoptionsnotice.doc 	Delivery System¹: <ul style="list-style-type: none"> U.S. Mail (First Class) Electronic delivery 	Small Group²: Yes Government Employers²: Yes
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Grandfathered Plan Status Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> For as long as the plan remains grandfathered, whenever a summary of the benefits under the plan is provided to a participant or beneficiary; for example, in SPDs or other summaries of coverage distributed upon initial eligibility, during an open enrollment period or upon other opportunities to enroll in, renew or change coverage 	Recipients: Participants and beneficiaries receiving benefits including COBRA <ul style="list-style-type: none"> Model disclosure available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-health-plans-model-notice.doc 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Small Group²: Yes Government Employers²: Yes
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Patient Protection Notice (non-grandfathered plans)

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Whenever the plan provides an SPD or similar description of benefits Exception – only applies to group health plans that require designation of a primary care provider 	Recipients: Participants and beneficiaries receiving benefits including COBRA <ul style="list-style-type: none"> Model DOL notice available at Page 150 of this link: www.dol.gov/ebsa/compliance-assistance-guide.pdf 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Small Group²: Yes Government Employers²: Yes
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Notice of Rescission

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> 30 days before retroactive termination of coverage due to fraud or intentional misrepresentation of material fact Should coordinate notices related to rescissions and appeal procedures to the extent possible. Rescission is an adverse benefit determination subject to appeal procedures 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Recipients: Participants and beneficiaries affected by rescission Small Group²: Yes Government Employers²: Yes
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ADA (Americans With Disabilities Act)

ADA Notice for Wellness Programs that Include a Medical Examination or a Disability Related Inquiry

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Notice must be provided before employee provides any health information and with enough time to decide whether to participate in the wellness program 	Recipients: Any employee eligible for an ADA-covered wellness program Small Group²: Generally Yes [*] Government Employers²: Yes	Delivery System¹: <ul style="list-style-type: none"> Current HIPAA Notice <i>may</i> suffice if it includes the required content No specified delivery system but must be "effective in reaching employees" being offered wellness program (e.g., Notices distributed electronically should be formatted so employees who use screen reading programs can access them) Sample Notice: www1.eeoc.gov/laws/regulations/ada-wellness-notice.cfm?renderforprint=1
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^{*} Title I of the ADA applies to employers with 15 or more employees for each working day in at least 20 calendar weeks in the current or preceding calendar year.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

General COBRA Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within 90 days of becoming covered under group health plan Exception: Not required if COBRA Election Notice is required within first 90 days Note: When a new spouse is added to group health coverage, must mail General COBRA Notice to the spouse 	Delivery System¹: <ul style="list-style-type: none"> Must be included in SPD DOL Model Notice Available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-general-notice.docx If separate notice (in addition to SPD) is provided: <ul style="list-style-type: none"> Hand delivery (need separate mailing to spouse) U.S. Mail addressed to all at same household or separately if at different addresses 	Recipients: Each participant and each covered spouse Small Group²: Yes* Government Employers³: Yes
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* Applies if 20 or more employees in employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

Qualifying Event Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> If employer is not the plan administrator, employer must notify plan administrator within 30 days of following qualifying events: <ul style="list-style-type: none"> Termination or reduction in hours Death Medicare entitlement Bankruptcy of employer 	Recipients <ul style="list-style-type: none"> Plan Administrator
Delivery System¹: Not specified (any reasonable method)	Small Group²: Yes* Government Employers³: Yes

* Applies if 20 or more employees in employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

COBRA Election Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none">■ If employer is plan administrator, employer must provide COBRA Election Notice:<ul style="list-style-type: none">– Within 44 days after the date on which the following qualifying events occurred■ Termination or reduction in hours	<ul style="list-style-type: none">■ Death■ Medicare entitlement■ Divorce■ Loss of dependent status■ Bankruptcy of employer	<ul style="list-style-type: none">■ If employer is not plan administrator, plan administrator must provide COBRA Election Notice within 14 days after employer or participant notifies plan administrator of COBRA qualifying event**	Delivery System¹: <ul style="list-style-type: none">■ Hand delivery (need separate mailing to spouse)■ U.S. Mail addressed to all at same household or separately if at different addresses■ Electronic delivery <i>DOL Model Notice Available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-election-notice.docx</i>
Recipients: Covered employees, spouses and dependent children	Small Group²: Yes*	Government Employers³: Yes	

* Applies if 20 or more employees in employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

** NOTE: If plan provides for COBRA coverage periods to be measured from the date coverage is lost (instead of date of qualifying event), COBRA election notice to be provided within 44 (or 14, if applicable) days of loss of coverage.

Notice of Unavailability of COBRA

Provided ☐

When Must Action be Taken <ul style="list-style-type: none">Within 14 days of the event that would otherwise be a qualifying event	Recipients <ul style="list-style-type: none">Each participant and beneficiary who would otherwise be eligible for coverageAny other individual who submits notice of qualifying event or disability determination	Delivery System¹: <ul style="list-style-type: none">Hand delivery (need separate mailing to spouse)Electronic deliveryU.S. Mail addressed to all at same household or separately if at different addresses
Small Group²: Yes*	Government Employers³: No**	

* Applies if 20 or more employees in employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

** Technically, this is a Department of Labor (DOL) requirement that does not apply to government employers. Nevertheless, conservative employers may choose to comply.

Notification of Early Termination of COBRA Coverage

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> As soon as possible after determination that COBRA coverage will terminate early (before otherwise applicable maximum coverage period) 	<ul style="list-style-type: none"> Insufficient premium payments: COBRA coverage cannot be terminated for "insignificant" premium shortfalls UNLESS a notice is provided allowing the COBRA participant 30 days to remit the shortfall. Premium shortage will be "insignificant" if it is 10 percent less than the required payment (for COBRA premiums under \$500) or \$50 less than the required payment (for COBRA premiums equal to or greater than \$500) 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery (need separate mailing to spouse) Electronic delivery U.S. Mail to all at same household or separately if at different addresses
Recipients: COBRA qualified beneficiaries whose COBRA coverage will terminate early	Small Group²: Yes*	Government Employers³: No**

* Applies if 20 or more employees in employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

** Technically, this is a Department of Labor (DOL) requirement that does not apply to government employers. Nevertheless, conservative employers may choose to comply.

ERISA (Employee Retirement Income Security Act)

Summary Plan Description (SPD)

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within 90 days of becoming covered under plan Within 120 days after plan first subject to ERISA Every five years, if changes made; otherwise every 10 years Within 30 days of request 	Recipients <ul style="list-style-type: none"> Each participant, including COBRA beneficiaries and retirees Beneficiaries (e.g., spouse) upon written request DOL upon request 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery
	Small Group²: Yes	Government Employers³: No*

* No, but under general contract principles, "ERISA-like" plan document and SPD may be used to define employer's benefit program.

Summary of Material Modification (SMM)

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within 210 days after the end of the plan year in which the change is adopted Within 30 days of request* 	Recipients <ul style="list-style-type: none"> Each participant, including COBRA beneficiaries and retirees Beneficiaries (e.g., spouse) upon written request DOL upon request 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery
	Small Group²: Yes	Government Employers³: No

* See Advance Notice of "Change to SBC Terms" under Affordable Care Act section for circumstances in which material modification requires 60 day advance notice.

Summary of Material Reduction in Covered Services or Benefits for Group Health Plan

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within 60 days after adoption of material reduction in group health plan services or benefits 	Recipients <ul style="list-style-type: none"> Each participant, including COBRA beneficiaries and retirees Beneficiaries (e.g., spouse) upon written request DOL upon request 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery
	Small Group²: Yes	Government Employers³: No

Plan Documents

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within 30 days after a request 	Recipients <ul style="list-style-type: none"> Each participant, including COBRA beneficiaries and retirees Beneficiaries (e.g., spouse) upon written request DOL upon request 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery
Small Group²: Yes	Government Employers³: No*	Make available for examination at specified company location

* No, but under general contract principles, "ERISA-like" plan document and SPD may be used to define employer's benefit program.

Form 5500

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> By last day of seventh month after end of plan year unless two-and-a-half month extension has been granted 	Recipients: DOL	Delivery System¹: <ul style="list-style-type: none"> Electronically on DOL website
<ul style="list-style-type: none"> Plans with less than 100 participants at beginning of plan year are exempt unless plan is funded (e.g., a trust) or a MEWA. 	Government Employers³: No	Small Group²: No unless plan is funded (e.g., a trust) or a MEWA

Form 5558

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> By last day of seventh month after end of plan year to obtain extension to file Form 5500 	Recipients: IRS	Delivery System¹: <ul style="list-style-type: none"> Mail to IRS 	Small Group²: No unless plan is funded (e.g., a trust) or a MEWA	Government Employers³: No
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Summary Annual Reports (SAR)

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Within nine months after end of plan year or if Form 5500 filing due date was extended, two months after extended due date to file Form 5500 Within 30 days of request Exception – not required for most self-insured plans 	Recipients <ul style="list-style-type: none"> Each participant, including COBRA beneficiaries and retirees Beneficiaries (e.g., spouse) upon written request DOL upon request 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Small Group²: No (unless plan is funded)	Government Employers³: No
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GINA (Genetic Information Nondiscrimination Act)

Spousal Authorization for Wellness Programs that Offer an Incentive for Information on a Spouse's Current or Past Health Status

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> The authorization must be obtained before the spouse provides any health status information 	Recipients: Any spouse of an employee where an incentive is offered in return for provision of information on the spouse's current or past health status	Small Group²: Generally Yes* Government Employers³: Yes	Delivery System¹: Not specified, but authorization request must: be written so the spouse can reasonably understand the request, describe the type of information to be obtained, describe the purpose for which the information will be used and state restrictions on the disclosure of the information. Spouse must affirmatively consent. Notice is not enough.
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* GINA Title II applies to employers with 15 or more employees for each working day in at least 20 calendar weeks in the current or preceding calendar year.

HIPAA (Health Insurance Portability & Accountability Act)

Wellness Program Notice of Reasonable Alternative Standard

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> In all plan materials that describe the terms of the wellness program (but only if the wellness program requires individuals to meet a standard related to a health factor to obtain a reward) Notice must describe the availability of a reasonable alternative standard to qualify for the reward 	Recipients: Participants and beneficiaries eligible to participate in a wellness program Small Group²: Yes Government Employers³: Yes	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery Model DOL language is available at Page 139 at this link: www.dol.gov/ebsa/compliance-assistance-guide.pdf
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Notice of Special Enrollment Rights

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> At or before initial enrollment (required) With annual enrollment materials (recommended) Exception – not applicable to HIPAA-excepted benefits 	Recipients: Each employee who is eligible to enroll Small Group²: Yes Government Employers³: Yes	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery Model notice language can be found in the regulations at page 772 at this link: www.gpo.gov/enrollmentrights.pdf Can be included in orientation and annual enrollment materials
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HIPAA Privacy

Notice of Privacy Practices

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> At enrollment Every three years – reminder of the availability of the notice and how to obtain it If material change to the notice: <ul style="list-style-type: none"> Within 60 days of material change to notice (for employers that do not maintain benefits website), or Post on website by effective date of change AND provide in next annual mailing Upon request Exception – not required for fully insured plan that limits access to PHI to summary health and enrollment information; other fully insured plans (that do not limit access to PHI) need only “maintain” notice to be provided upon request 	Delivery System¹: <ul style="list-style-type: none"> Employers that maintain benefits website must post to website AND deliver to enrollees Employers that do not maintain a benefits website must deliver to enrollees No specified method of delivery except that email can only be used if employee has consented to receive by email Acceptable methods: <ul style="list-style-type: none"> Email (must provide paper copy upon request or if email delivery fails) Hand delivery – U.S. Mail 	<ul style="list-style-type: none"> Delivery to the enrolled participant (employee) is deemed to be delivery to all of his/her dependents HHS model notices available: <ul style="list-style-type: none"> Booklet: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/nppbooklet_health_plan.pdf Full Page: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_fullpg_healthplan.pdf Layered: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_layered_healthplan.pdf Text: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_health_plan-text_version.doc
Recipients <ul style="list-style-type: none"> Automatically to all participants and beneficiaries Upon request to anyone else 	Small Group²: Yes, but see “When Must Action be Taken” for exception/special rule for fully insured plans	Government Employers³: Yes

Notification of Breach of Unsecured Protected Health Information

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Without unreasonable delay – maximum 60 days after discovery of a breach of unsecured protected health information Annually by Mar. 1 (or Feb. 29 when applicable) for HHS notice for breaches involving fewer than 500 individuals 	Recipients <ul style="list-style-type: none"> Affected individuals (substitute notice process applies when insufficient contact data for individual) HHS (differing timing for breaches involving less than 500 individuals) Media (for breaches involving 500 or more individuals in one state or jurisdiction) 	Delivery System¹: <ul style="list-style-type: none"> U.S. Mail (First Class) Email (if consent) Telephone or other alternative if urgent (but must be followed with First Class Mail) HHS (online filing)
Small Group²: Yes	Government Employers³: Yes	

Other Federal Laws

Medicare Part D Notice of Creditable/Non-creditable Prescription Drug Coverage

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Annually before Oct. 15* Prior to the initial effective date of coverage under the employer plan (for any Medicare eligible individual) Upon request When prescription drug coverage ceases to be offered under employer's health plan or there is a change in the creditable or non-creditable status of health plan's prescription drug coverage 	Recipients <ul style="list-style-type: none"> Participants and beneficiaries eligible for Part D (includes participants and beneficiaries who are eligible but not enrolled in employer's plan) Employer might find it easier to send Notice to all participants and beneficiaries since eligibility for Part D may not be known 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery CMS model disclosures available at www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html
	Small Group²: Yes	Government Employers³: Yes

* As long as the recipient has been provided the Disclosure Notice within the prior 12 months, this annual distribution requirement is deemed satisfied; so, some employers may prefer to include with annual enrollment materials.

Other Federal Laws

Medicare Part D Creditable/Non-creditable Disclosure to CMS

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> Annually within 60 days after start of the plan year Within 30 days of change in creditable coverage status Within 30 days after termination of the prescription drug plan 	Recipients: CMS	Delivery System¹: <ul style="list-style-type: none"> Online form: www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html
	Small Group²: Yes	Government Employers³: Yes

Children's Health Insurance Program (CHIP) Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none">Annually, before beginning of plan year	Delivery System¹: <ul style="list-style-type: none">Hand deliveryU.S. MailElectronic delivery <ul style="list-style-type: none">Can be provided to employees with enrollment materialsModel notice available at: www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf		
Recipients: Employees	Small Group²: Yes		Government Employers³: Yes

Women's Health and Cancer Rights Act

Provided ☐

When Must Action be Taken <ul style="list-style-type: none">■ Upon enrollment■ Annually	Government Employers³: Yes, but self-insured government plans may opt out by following CMS procedure: <ul style="list-style-type: none">– Requires annual filing with CMS www.cms.gov/CCIIO/Resources/Files/Downloads/model_exemption_election_letter_04072011.pdf– Requires annual notice to enrollees www.cms.gov/CCIIO/Resources/Files/Downloads/model_enrollee_notice_04072011.pdf	
Delivery System¹: <ul style="list-style-type: none">■ Hand delivery■ U.S. Mail■ Electronic delivery	Recipients: Participants and beneficiaries	
	Small Group²: Yes	

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> In SPD Recipients: Each participant and each beneficiary including COBRA, retirees, etc.	Small Group²: Yes	Government Employers³: Yes, but self-insured government plans may opt out by following CMS procedure (same as above – WHCRA opt-out process)
		Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery
		Model DOL language available at Page 140 of this link: www.dol.gov/ebsa/compliance-assistance-guide.pdf

Michelle's Law Disclosure

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> With any notice regarding a requirement for certification of student status for coverage, such as in the SPD Only applicable to plans that provide coverage for adult children who are 26 or older and use student status to determine eligibility 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Small Group²: Yes
	Recipients: Participants	Government Employers³: Yes, but self-insured government plans may opt out by following CMS procedure (same as above – WHCRA opt-out process)

Medical Child Support Order (MCSO) Notice

Provided ☐

When Must Action be Taken <ul style="list-style-type: none"> SPD (must include MCSO procedures or a statement that procedures are available free of charge) Upon receipt of a MCSO Upon determination of whether MCSO is qualified (QMCSO) 	Recipients <ul style="list-style-type: none"> Each participant and each beneficiary including COBRA, retirees, etc. Participants, any child named in an MCSO and his/her representative 	Delivery System¹: <ul style="list-style-type: none"> Hand delivery U.S. Mail Electronic delivery 	Small Group²: Yes
			Government Employers³: No (but must comply with National Medical Support Notice)

¹ Where electronic delivery is indicated, electronic notice is permitted, subject to compliance with the DOL's comprehensive regulations for the provision of electronic notices. Email is generally permitted to an employee if computer access is an integral part of the employee's job. Otherwise, employee must consent to email delivery. Read receipts are required so a paper copy can be provided when delivery fails, and participants always have the right to receive a paper copy upon request and free of charge. Where U.S. Mail is indicated, first-, second- or third-class mail is generally allowed, unless otherwise indicated. However, distribution by second- or third-class mail is acceptable only if return and forwarding postage is guaranteed and address correction is requested. Unless otherwise noted, delivery to employee suffices as delivery to spouse and dependents unless the employer knows spouse is at different address.

² "Small group" generally refers to "small groups" within the meaning of applicable state insurance law (usually the under 50 market). In some states small group may have been expanded to the under 100 market. Those states which expanded their small group definition may, or may not, revert to under 50 because of the PACE Act. In some cases, group size to which a particular disclosure requirement applies may vary and is noted accordingly (e.g., COBRA and Form W-2 Cost of Employer-Sponsored Health Coverage). Also reporting under Code 6056 of the Code (Forms 1094-C and 1094-C) will be determined on whether the employer is an Applicable Large Employer (ALE).

³ A "government employer" generally means a non-federal governmental employer – e.g., any state that receives funds under the Public Health Service Act, any political subdivision of such a state, or any agency or instrumentality of such a state or political subdivision.

This list is not intended to be all-inclusive; other requirements may also be applicable to the particular group health and welfare plan.

The information provided should not be considered tax or legal advice. Please consult with your individual tax advisor and/or attorney regarding your individual circumstances.

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Top Considerations for Selecting the Right Benefits Administration Technology

Don't know what you need? Confused by the terminology? This checklist is provided as a starting point. But don't worry, McGriff Insurance Services is here to guide you on your benefits-tech journey. Let's get started:



PLATFORM CAPABILITIES

- ☐ Can the platform accommodate your company and benefit structure (including classes, eligibility rules and deduction schedule(s))?
- ☐ Do employees have the ability to "Self-Service" in the platform? Meaning, do they have the ability to update personal information, create qualifying life events and view their elected benefits with Admin approval where applicable?
- ☐ Can employees enroll in and view their benefit information from any device at any time? Meaning, is the platform "mobile responsive" and/or do they have a comprehensive app for employees to download?



INTEGRATION, CONNECTIVITY AND SERVICES

- ☐ What Software-as-a-Service (SaaS) Applications do you currently have and which ones do you want to keep? (These could include Payroll, Human Capital Management, Benefits Administration and Compliance.) Going forward, are you looking for an "all-in-one" solution through the same vendor or a "best-in-class" solution, which includes various platforms which would integrate with one another? If the latter, will you require bi-directional payroll feeds or do you plan to regularly audit your data?
- ☐ Are you interested in exploring any additional services which could streamline administrative tasks or eliminate burdens, such as Consolidated Billing, ACA Management, COBRA Administration, HSA/FSA Administration, Total Comp Statements, etc.?
- ☐ Do you need a platform that has API/Single-Sign-On (SSO) capabilities with a variety of vendors and carriers? This would be ideal if you're looking for a solution that streamlines the enrollment and management of Voluntary/Worksite products.



ACCESSIBILITY AND EASE OF USE

- ☐ How comfortable is your employee population with using technology? Is the platform and employee experience intuitive enough for all employees to use? Would employees require additional training or ongoing support (via a call center for instance) to make the transition from your current process?
- ☐ How user friendly and robust is the Administrative side of the platform? Is it efficient, yet still intuitive for Administrators?



EMPLOYEE EDUCATION, COMMUNICATION AND ENGAGEMENT

- ☐ Do you feel your employees fully understand all offered benefits and the value of those benefits (including how they work and what limits to select to meet their or their family's needs)? If not, look for a platform with educational videos built into the election process. Or more importantly, look for a platform with good decision support to assist employees in making the best elections for their needs. These support tools can take the form of a simple calculator, an interactive chatbot, AI technology or a demographic algorithm – so it's important to ask the vendor about key decision drivers.
-
- ☐ Ask if the platform has the ability to send out targeted and customized communications via email/text or both? If so, what metrics are available to measure employee engagement using these tools (either through opens, page redirects, etc.)?



TRAINING, EXPECTATIONS AND SUPPORT

- ☐ What kind and level of training would you expect from your vendor partner - Online, in person, written, interactive via the platform? One-time or on-going? What about post-implementation training and troubleshooting? Are you looking for a dedicated team or are you satisfied with a 1-800 number and general service team?
-
- ☐ And what about level of support? Are you looking for a technology solution that will enable you (your team) to better manage common HR/benefit tasks or are you looking for a platform AND vendor partner you can outsource all of those common tasks to?
-
- ☐ How heavily involved are you planning or wanting to be in the pre-implementation and implementation of a new platform? Do you expect to be responsible for common data clean-up (such as payroll), eligibility rule set up, file structure setup, attending weekly calls, etc. or are you looking for a vendor partner and implementation process with low time commitment?



SECURITY

- ☐ Have you asked about their platform information security processes and if they currently hold any security certifications/designations? It's important that the vendor partner you choose takes data protection as seriously as you do.



PRICING

- ☐ Have you asked for specific, transparent pricing for both basic services/functionalities and any desired additional services? Have you asked for a formal proposal outlining all ongoing costs, one-time costs, and costs contingent upon employee enrollment or bundled services? If not, make sure you ask not only for transparent pricing but also that they outline the specific service level/responsibilities they'll provide to you for that pricing. This will help set expectations and better ensure you select the right platform that accommodate and grow with your company's needs.

Payroll Connectivity and HR Bandwidth Considerations Prior to Initiating a Ben Admin Vendor Search

By KISHA MOLIERE

With over 300 technology providers in the market place, the search for a benefits administration ("ben admin") solution can be quite a daunting task. One often neglected step in making this process more palatable is first assessing your organization's current payroll platform connectivity capabilities and HR bandwidth. Committing to this initial appraisal will help make the search more streamlined and assist your benefits consultant in directing you to the most appropriate solutions.

Payroll/HRIS Platform Connectivity

Outside of eliminating manual processes of reporting benefits eligibility to your carriers, two of the most essential features of a good ben admin solution are benefits data accuracy and efficiency. Ideally, employee demographic and benefit election information should have one point of manual entry, resulting in data being synchronized across your payroll, ben admin and carrier systems. This is important in order to ensure that carrier eligibility is accurate, thereby eliminating access to care issues. It also reduces the thousands of dollars per year employers spend erroneously on benefits errors when, for example, an employee has been terminated in payroll, but due to discrepancies caused by inefficiencies in the data processing flow, the carrier is not notified and continues billing.

An employer can address these concerns by asking itself the below critical questions:

Do we want a ben admin solution encompassed within one product that includes applicant tracking, onboarding, time keeping and payroll? Or, do we want "best in class" platforms in each of those areas that can communicate with one another? Theoretically, it would be great to have all of these functions in one platform - and there are indeed companies that offer them. However, in practice it is rare to see these all-inclusive products perform each of the functions *well*. For example, many companies with proven track records in payroll have struggled to develop benefit admin modules that rise to the same level as their core product. As a result, the current market trend is that many top tier payroll vendors are developing API (Application Programming Interface) connectivity with leading ben admin vendors, resulting in clients having access to excellent solutions from different vendors that have near real time connectivity with one another.

Can our current payroll/HRIS system communicate with a separate ben admin system? If your current system accepts deduction imports from a ben admin vendor (via import files, EDI file feeds, etc) there will be a significant savings in time for your payroll processing, as well as a reduction in data entry errors. Likewise, if your current payroll system can generate an export file of new hires, status changes and demographic changes in a ben admin vendor's format, most ben admin platforms can accept that information and eliminate manual entry of these type transactions in their system. And as mentioned above, some

payroll and ben admin companies have developed near real-time API connections, which eliminate duplicate data entry imports or EDI files all together. If your current system doesn't have these features, it may be time to consider a change, or at least have the understanding that this will leave in place the potential for costly discrepancies between your payroll, ben admin and carriers systems.

HR Capabilities and Bandwidth

Does our staff possess the skill to produce the typical data requirements to implement a new ben admin platform? You should honestly assess whether (1) your employees can efficiently and accurately compile the demographic and current election data - in the vendor's specified format - that will be required to populate the ben admin system, *and* (2) whether they can conduct an audit of the current benefit payroll deductions versus the eligibility data of each of your carrier partners to ensure that your eligibility and billing are accurate *prior* to populating a new system. These are essential steps for smooth implementation of a new ben admin platform. The last thing you want to experience is the result of loading a new system with errant data that can then corrupt the information in your carrier system once EDI files begin. Fixing this type of faux pas is truly a monstrous task that can go on for months. If your staff is not capable, due to skillset or bandwidth, of performing the above, be sure to ask prospective partners if they can perform these tasks on your company's behalf, and if they charge additional fees to do so.

Does our HR staff have the bandwidth to effectively administer the daily tasks of ongoing benefits administration? Genuinely assess whether your employees have the ability and/or capacity to audit payroll vs carrier bills on a monthly basis - as well as process new hire enrollments and benefit changes due to changes in employment status and/or Qualifying Life events. If the answer is no, consider partners that provide ben admin technology *and* outsourcing of these tasks in their service model. Although there will be costs involved, it is often offset by the savings of no longer over paying on premiums.

While there are a myriad of other considerations when evaluating which vendor to eventually select (cost, security, configuration flexibility, platform accessibility via mobile devices and apps, decision support tools, communication modules, etc.) this critical self-evaluation will help you establish realistic goals so that your consultant can direct you to partners that will make implementation and ongoing benefit administration pain free for your HR staff and employees.

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Pre-Search Internal Capabilities Assessment

After reading the attached "Payroll Connectivity and HR Bandwidth Considerations Prior to Initiating a Ben Admin Vendor Search" article, have an internal discussion and record your findings for each section in the checklist below.



TYPE OF BEN ADMIN TECHNOLOGY SOLUTION DESIRED

- ☐ "All-In-One" Ben Admin solution. We want a solution encompassed within one vendor's product line that includes applicant tracking, onboarding, time-keeping and payroll.
- ☐ "Stand-Alone" Ben Admin solution with payroll connectivity capabilities. We want a solution that is "best in class" and capable of communicating with other vendor's payroll/HRIS system(s).



BEN ADMIN TO PAYROLL CONNECTIVITY

- ☐ Our current payroll/HRIS system can send data electronically (via a scheduled report, EDI file or API connection) to a ben admin vendor to load new hires as well as demographic and status changes automatically.
- ☐ Our current payroll/HRIS system can accept data electronically (via a scheduled report, EDI file or API connection) from a ben admin vendor to load employee benefit deductions automatically.
- ☐ Our current payroll/HRIS system can not send or receive data electronically with a ben admin platform via a scheduled report, EDI file or API connection.



HR STAFF DATA SKILLSET

- ☐ Our staff possesses the skill to efficiently and accurately compile the employee, dependent and current election data - in a ben admin vendor's specified format - that will be required to populate a new system.
- ☐ Our staff possesses the skill to audit our current benefit payroll deductions & ben admin system reports against our carrier data to ensure accurate information is used to populate a new system.
- ☐ We would need to have a 3rd party to build the required employee, dependent and benefit loaders for a new system, and audit our data prior to loading a new system.



HR STAFF BANDWIDTH

- ☐ Our staff has the ability/capacity to reconcile carrier bills on a monthly basis.
- ☐ Our staff has the ability/capacity to manage New Hire Enrollments, Qualifying Life Events and EOI year round.
- ☐ Our staff does not have the ability/capacity to reconcile bills and/or manage New Hire Enrollments, Qualifying Life Events and EOI on a monthly basis year round.



Executive Summary

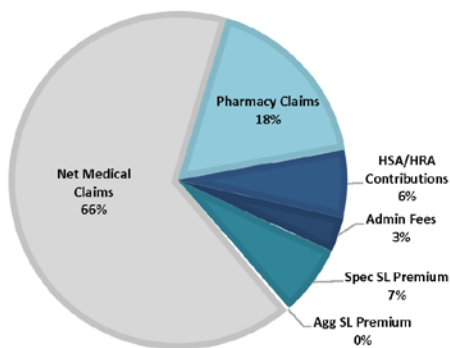
ABC Company

January 1, 2020 - June 30, 2020

Average Monthly Covered Employees:	1148	Average Monthly Covered Employees:	1151
Average Monthly Covered Members:	2552	Average Monthly Covered Members:	2573

Current Year				Prior Year			
Expense	Plan Year-To-Date	PEPM	Pct	Prior Year-To-Date	PEPM	Pct	Change
Gross Medical Claims	\$2,994,565.96	\$434.88		\$2,763,803.66	\$400.23		8.7% ▲
Stop Loss Reimb.	\$0.00	\$0.00		\$0.00	\$0.00		
Net Medical Claims	\$2,994,565.96	\$434.88	65.7%	\$2,763,803.66	\$400.23	62.8%	8.7% ▲
Pharmacy Claims	\$796,463.08	\$115.66	17.5%	\$875,904.11	\$126.84	19.9%	8.8% ▼
HSA/HRA Contributions	\$294,566.67	\$42.78	6.5%	\$402,950.00	\$58.35	9.1%	26.7% ▼
Admin Fees	\$152,524.90	\$22.15	3.3%	\$149,188.50	\$21.60	3.4%	2.5% ▲
Spec SL Premium	\$305,118.66	\$44.31	6.7%	\$209,904.75	\$30.40	4.8%	45.8% ▲
Agg SL Premium	\$12,532.52	\$1.82	0.3%	\$10,547.28	\$1.53	0.2%	19.2% ▲
Total Expenses	\$4,555,771.79	\$661.60	100.0%	\$4,412,298.30	\$638.95	100.0%	3.5% ▲
Current Funding (Est)	\$6,424,800.18	\$933.02		\$5,630,722.66	\$815.40		
Surplus/Deficit	\$1,869,028.39			\$1,218,424.36			

CURRENT YEAR EXPENSES



Contribution Breakdown

YTD Associate Contributions	\$2,827,785.14
YTD Employer Contributions	\$3,597,015.04
Associate/Employer Split	44%/56%

High Cost Claimants Summary

# of Claimants > Specific	1
\$ of Claimants > Specific	\$361,973.66
# of Claimants > 50% of Specific	2
\$ of Claimants > 50% of Specific	\$560,672.59



Medical & Pharmacy Review - Plan Year
ABC Company

Jan 1, 2020 - Jun 30, 2020

	HSA			EPO HSA 5000			HMO 5000		
	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess
January	\$ 26,200	\$ 1,510	\$ -	\$ 61,364	\$ 30,871	\$ -	\$ 174,660	\$ 26,182	\$ -
February	9,126	555	-	110,624	33,031	-	185,384	23,382	-
March	(1,175)	49	-	207,759	43,149	-	64,527	43,204	-
April	3,030	407	-	68,895	47,570	-	196,954	28,662	-
May	841	709	-	62,259	76,308	-	46,911	44,387	-
June	(6,577)	894	-	185,989	49,024	-	72,615	31,960	-
July	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-
Total	\$ 31,445	\$ 4,125	\$ -	\$ 696,890	\$ 279,952	\$ -	\$ 741,053	\$ 197,777	\$ -
Net Claims	\$35,569			\$976,842			\$938,829		
Avg Subscribers	9			712			144		
Total Net Claims PEPM	\$697.44			\$228.77			\$1,090.39		
Total Net Claims PMPM	\$624.02			\$99.33			\$693.89		

	HMO 3000			HMO 1000			EPO 3000		
	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess
January	\$ 42,886	\$ 1,630	\$ -	\$ -	\$ 32	\$ -	\$ 20,378	\$ 34,681	\$ -
February	17,478	2,943	-	2,924	2,908	-	153,470	22,857	-
March	14,299	3,541	-	1,946	1,938	-	100,371	74,668	-
April	11,962	3,701	-	8,000	4,010	-	163,095	30,843	-
May	4,635	4,677	-	11,526	2,827	-	119,429	83,050	-
June	679	3,202	-	3,157	1,512	-	246,089	35,591	-
July	-	-	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-
Total	\$ 91,938	\$ 19,694	\$ -	\$ 27,553	\$ 13,226	\$ -	\$ 802,832	\$ 281,690	\$ -
Net Claims	\$111,631			\$40,779			\$1,084,522		
Avg Subscribers	8			30			246		
Total Net Claims PEPM	\$2,375.13			\$226.55			\$734.27		
Total Net Claims PMPM	\$1,572.27			\$99.22			\$302.69		



Active & Retiree Breakdown - Plan Year ABC Company

Jan 1, 2020 - Jun 30, 2020

Active/COBRA					
	Subs	Mbrs	Medical	Pharmacy	ISL Excess
January	999	2,311	\$ 343,899	\$ 103,371	\$ -
February	991	2,301	408,133	61,906	-
March	997	2,317	354,809	126,715	-
April	1,001	2,325	266,713	89,565	-
May	1,005	2,336	560,062	167,138	11,973.66
June	1,002	2,336	444,402	92,874	-
July	-	-	-	-	-
August	-	-	-	-	-
September	-	-	-	-	-
October	-	-	-	-	-
November	-	-	-	-	-
December	-	-	-	-	-
Total	5,995	13,926	\$ 2,378,017	\$ 641,568	\$ 11,974

Gross Claims	\$3,019,585
ISL Excess	\$11,973.66
Net Claims	\$3,007,611
Avg Members Per EE	2.32
Avg Employees Per Month	999
Total Net Claims PEPM	\$501.69
Avg Members Per Month	2321
Total Net Claims PMPM	\$216.97

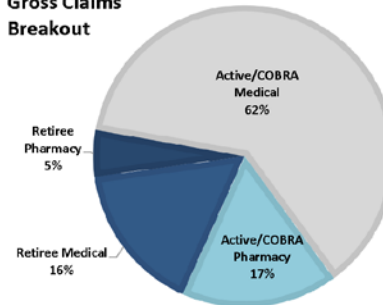
All Plans	
Gross Claims	\$3,825,024
ISL Excess	\$11,973.66
Net Claims	\$3,813,051
Avg Members Per EE	2.22
Avg Employees Per Month	1148
Total Net Claims PEPM	\$553.74
Avg Members Per Month	2552
Total Net Claims PMPM	\$249.07

Notes:

Retiree					
	Subs	Mbrs	Medical	Pharmacy	ISL Excess
January	144	223	\$ 106,571	\$ 25,531	\$ -
February	147	227	144,035	23,769	-
March	150	233	47,983	39,835	-
April	149	232	196,818	25,627	-
May	151	235	54,461	44,819	-
June	150	233	66,682	29,310	-
July	-	-	-	-	-
August	-	-	-	-	-
September	-	-	-	-	-
October	-	-	-	-	-
November	-	-	-	-	-
December	-	-	-	-	-
Total	891	1,383	\$ 616,549	\$ 188,891	\$ -

Gross Claims	\$805,439
ISL Excess	\$0.00
Net Claims	\$805,439
Avg Members Per EE	1.55
Avg Employees Per Month	149
Total Net Claims PEPM	\$903.97
Avg Members Per Month	231
Total Net Claims PMPM	\$582.39

Gross Claims Breakout



Active & Retiree Breakdown - Fiscal Year
ABC Company

Jan 1, 2020 - Jun 30, 2020

	Active/COBRA				
	Subs	Mbrs	Medical	Pharmacy	ISL Excess
October	989	2,316	\$ 634,699	\$ 130,426	\$ 7,347.81
November	986	2,302	1,480,210	146,619	713,615.03
December	989	2,300	1,202,099	130,750	280,488.64
January	999	2,311	343,899	103,371	-
February	991	2,301	408,133	61,906	-
March	997	2,317	354,809	126,715	-
April	1,001	2,325	266,713	89,565	-
May	1,005	2,335	560,062	167,138	11,973.66
June	1,002	2,335	444,402	92,874	-
July	-	-	-	-	-
August	-	-	-	-	-
September	-	-	-	-	-
Total	8,959	20,844	\$ 5,695,025	\$ 1,049,364	\$ 1,013,425

Gross Claims	\$6,744,388
ISL Excess	\$1,013,425.14
Net Claims	\$5,730,963.24
Avg Members Per EE	2.33
Avg Employees Per Month	995
Total Net Claims PEPM	\$639.69
Avg Members Per Month	2316
Total Net Claims PMPM	\$274.95

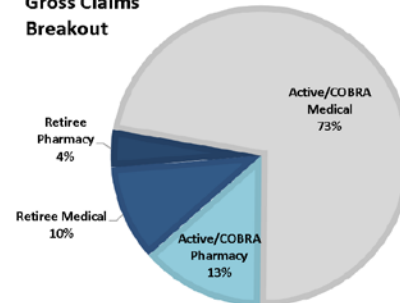
All Plans	
Gross Claims	\$7,870,599
ISL Excess	\$1,013,425.14
Net Claims	\$6,857,174.20
Avg Members Per EE	2.23
Avg Employees Per Month	1145
Total Net Claims PEPM	\$665.36
Avg Members Per Month	2549
Total Net Claims PMPM	\$298.85

Notes:

Retiree				
Subs	Mbrs	Medical	Pharmacy	ISL Excess
153	241	\$ 75,918	\$ 32,439	\$ -
152	239	48,277	44,439	-
151	238	70,020	49,679	-
144	223	106,571	25,531	-
147	227	144,035	23,769	-
150	233	47,983	39,835	-
149	232	196,818	25,627	-
151	235	54,461	44,819	-
150	233	66,682	29,310	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
Total	1,347	\$ 810,764	\$ 315,447	\$ -

Gross Claims	\$1,126,211
ISL Excess	\$0.00
Net Claims	\$1,126,210.96
Avg Members Per EE	1.56
Avg Employees Per Month	150
Total Net Claims PEPM	\$836.09
Avg Members Per Month	233
Total Net Claims PMPM	\$536.04

Gross Claims Breakout



Active & Retiree Breakdown - Rolling 12 ABC Company

Jan 1, 2020 - Jun 30, 2020

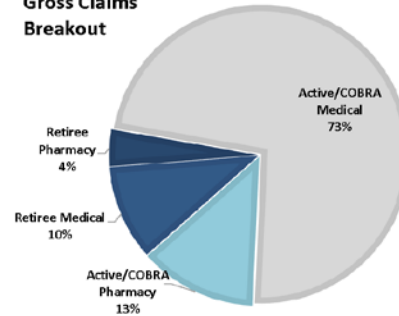
Active/COBRA						Retiree					
	Subs	Mbrs	Medical	Pharmacy	ISL Excess		Subs	Mbrs	Medical	Pharmacy	ISL Excess
July	995	2,337	\$ 548,372	\$ 100,632	\$ -	158	246	\$ 117,605	\$ 28,850	\$ -	-
August	993	2,334	1,112,304	162,210	116,443.35	160	251	104,705	46,279	-	-
September	990	2,323	712,203	97,308	49,165.39	156	244	108,558	52,847	-	-
October	989	2,316	634,699	130,426	7,347.81	153	241	75,918	32,439	-	-
November	986	2,302	1,480,210	146,619	713,615.03	152	239	48,277	44,439	-	-
December	989	2,300	1,202,099	130,750	280,488.64	151	238	70,020	49,679	-	-
January	999	2,311	343,899	103,371	-	144	223	106,571	25,531	-	-
February	991	2,301	408,133	61,906	-	147	227	144,035	23,769	-	-
March	997	2,317	354,809	126,715	-	150	233	47,983	39,835	-	-
April	1,001	2,325	266,713	89,565	-	149	232	196,818	25,627	-	-
May	1,005	2,336	560,062	167,138	11,973.66	151	235	54,461	44,819	-	-
June	1,002	2,336	444,402	92,874	-	150	233	66,682	29,310	-	-
Total	11,937	27,838	\$ 8,067,903	\$ 1,409,513	\$ 1,179,034	1,821	2,842	\$ 1,141,633	\$ 443,423	\$ -	-

Gross Claims	\$9,477,417
ISL Excess	\$1,179,033.88
Net Claims	\$8,298,382.80
Avg Members Per EE	2.33
Avg Employees Per Month	995
Total Net Claims PEPM	\$695.18
Avg Members Per Month	2320
Total Net Claims PMPM	\$298.10

Gross Claims	\$1,585,056
ISL Excess	\$0.00
Net Claims	\$1,585,055.82
Avg Members Per EE	1.56
Avg Employees Per Month	152
Total Net Claims PEPM	\$870.43
Avg Members Per Month	237
Total Net Claims PMPM	\$557.73

All Plans	
Gross Claims	\$11,062,473
ISL Excess	\$1,179,033.88
Net Claims	\$9,883,438.62
Avg Members Per EE	2.23
Avg Employees Per Month	1147
Total Net Claims PEPM	\$718.38
Avg Members Per Month	2557
Total Net Claims PMPM	\$322.15

Gross Claims Breakout



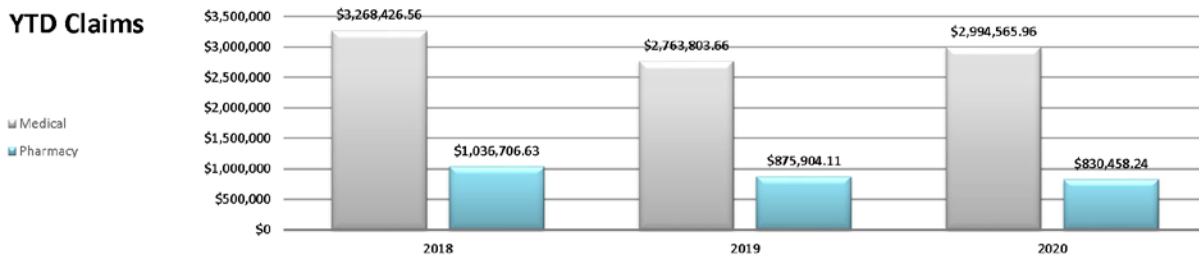
Notes:

Medical & Pharmacy Historic - Plan Year
ABC Company

Jan 1, 2020 - Jun 30, 2020

	2018			2019			2020		
	Medical Carrier			Medical Carrier			Medical Carrier		
	\$300,000			\$300,000			\$350,000		
	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess
January	\$ 699,546	\$ 145,439	\$ -	\$ 520,680	\$ 139,297	\$ -	\$ 450,470	\$ 128,902	\$ -
February	429,533	133,636	-	276,110	79,490	-	552,168	85,675	-
March	751,419	222,557	-	575,763	207,203	-	402,791	166,549	-
April	409,237	165,748	-	437,984	122,656	-	463,531	115,192	-
May	603,486	170,797	-	455,244	192,037	-	614,523	211,957	11,974
June	375,205	198,531	-	498,022	135,222	-	511,084	122,183	-
July	939,106	169,823	-	665,977	129,482	-	-	-	-
August	566,439	271,562	19,236	1,217,009	208,489	116,443	-	-	-
September	464,316	180,711	6,123	820,762	150,155	49,165	-	-	-
October	1,038,941	243,131	17,907	710,617	162,865	7,348	-	-	-
November	844,813	245,701	1,900	1,528,487	191,058	713,615	-	-	-
December	1,692,307	241,087	723,161	1,272,119	180,430	280,489	-	-	-
Total	\$ 8,814,349	\$ 2,388,721	\$ 768,327	\$ 8,978,774	\$ 1,898,382	\$ 1,167,060	\$ 2,994,566	\$ 830,458	\$ 11,974
Gross Claims	\$11,203,071			\$10,877,156			\$3,825,024		
ISL Excess	\$768,327			\$1,167,060			\$11,974		
Net Claims	\$10,434,744			\$9,710,096			\$3,813,051		
Avg Subs per Month	1139			1151			1148		
Total Net Claims PEPM	\$763.67			\$703.07			\$553.74		
Percent Over Prior	N/A			7.9% ▼			21.2% ▼		
Average Mbrs Per Month	2584			2573			2552		
Total Net Claims PMPM	\$336.53			\$314.49			\$249.07		
Percent Over Prior	N/A			6.5% ▼			20.8% ▼		

YTD Claims

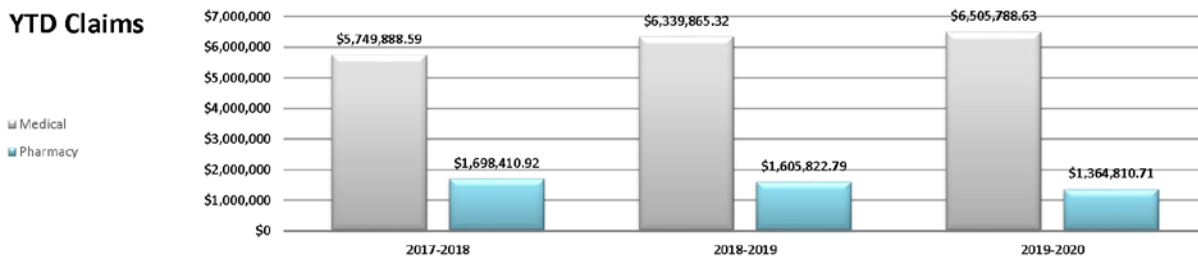


Medical & Pharmacy Historic - Fiscal Year ABC Company

Oct 1, 2019 - Jun 30, 2020

	2017-2018			2018-2019			2019-2020		
	Medical Carrier			Medical Carrier			Medical Carrier		
	Self Funded			Self Funded			Self Funded		
	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess
October	\$ 775,293	\$ 185,987	\$ -	\$ 1,038,941	\$ 243,131	\$ 17,907	\$ 710,617	\$ 162,865	\$ 7,348
November	795,289	209,786	(15,267)	844,813	245,701	1,900	1,528,487	191,058	713,615
December	910,880	265,931	(1,500)	1,692,307	241,087	723,161	1,272,119	180,430	280,489
January	699,546	145,439	-	520,680	139,297	-	450,470	128,902	-
February	429,533	133,636	-	276,110	79,490	-	552,168	85,675	-
March	751,419	222,557	-	575,763	207,203	-	402,791	166,549	-
April	409,237	165,748	-	437,984	122,656	-	463,531	115,192	-
May	603,486	170,797	-	455,244	192,037	-	614,523	211,957	11,974
June	375,205	198,531	-	498,022	135,222	-	511,084	122,183	-
July	939,106	169,823	-	665,977	129,482	-	-	-	-
August	566,439	271,562	19,236	1,217,009	208,489	116,443	-	-	-
September	464,316	180,711	6,123	820,762	150,155	49,165	-	-	-
Total	\$ 7,719,750	\$ 2,320,507	\$ 6,592	\$ 9,043,613	\$ 2,093,948	\$ 908,577	\$ 6,505,789	\$ 1,364,811	\$ 1,013,425
Gross Claims	\$10,040,257			\$11,137,561			\$7,870,599		
ISL Excess	\$8,592			\$908,577			\$1,013,425		
Net Claims	\$10,031,665			\$10,228,985			\$6,857,174		
Avg Subs per Month	1132			1153			1145		
Total Net Claims PEPM	\$738.38			\$739.25			\$665.36		
Percent Over Prior	N/A			0.1% ▲			10.0% ▼		
Average Mbrs Per Month	2575			2588			2549		
Total Net Claims PMPM	\$324.63			\$329.69			\$298.85		
Percent Over Prior	N/A			1.6% ▲			9.4% ▼		

YTD Claims



Medical & Pharmacy Historic - Rolling 12

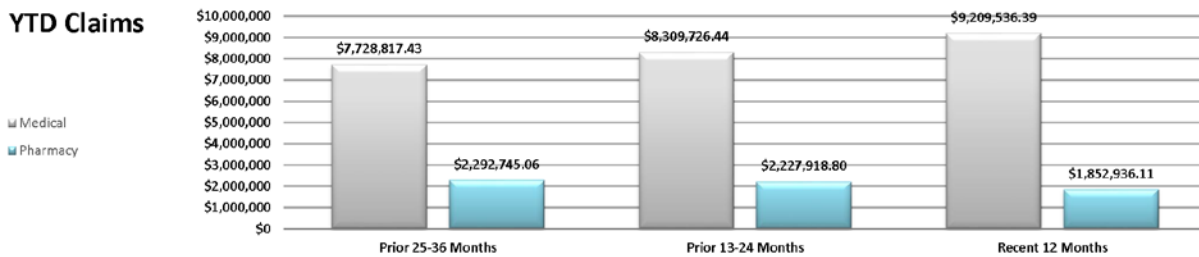
ABC Company

Jul 1, 2019 - Jun 30, 2020

	Prior 25-36 Months			Prior 13-24 Months			Recent 12 Months		
	Medical Carrier			Medical Carrier			Medical Carrier		
	Self Funded			Self Funded			Self Funded		
	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess	Medical	Pharmacy	ISL Excess
July	\$ 560,542	\$ 201,176	\$ 47,518	\$ 939,106	\$ 169,823	\$ -	\$ 665,977	\$ 129,482	\$ -
August	828,349	190,499	98,069	566,439	271,562	19,236	1,217,009	208,489	116,443
September	590,038	202,660	9,517	464,316	180,711	6,123	820,762	150,155	49,165
October	775,293	185,987	-	1,038,941	243,131	17,907	710,617	162,865	7,348
November	795,289	209,786	(15,267)	844,813	245,701	1,900	1,528,487	191,058	713,615
December	910,880	265,931	(1,500)	1,692,307	241,087	723,161	1,272,119	180,430	280,489
January	699,546	145,439	-	520,680	139,297	-	450,470	128,902	-
February	429,533	133,636	-	276,110	79,490	-	552,168	85,675	-
March	751,419	222,557	-	575,763	207,203	-	402,791	166,549	-
April	409,237	165,748	-	437,984	122,656	-	463,531	115,192	-
May	603,486	170,797	-	455,244	192,037	-	614,523	211,957	11,974
June	375,205	198,531	-	498,022	135,222	-	511,084	122,183	-
Total	\$ 7,728,817	\$ 2,292,745	\$ 138,336	\$ 8,309,726	\$ 2,227,919	\$ 768,327	\$ 9,209,536	\$ 1,852,936	\$ 1,179,034

Gross Claims	\$10,021,562	\$10,537,645	\$11,062,473
ISL Excess	\$138,336	\$768,327	\$1,179,034
Net Claims	\$9,883,226	\$9,769,318	\$9,883,439
Avg Subs per Month	1125	1151	1147
Total Net Claims PEPM	\$731.98	\$707.36	\$718.38
Percent Over Prior	N/A	3.4% ▼	1.6% ▲
Average Mbrs Per Month	2564	2588	2557
Total Net Claims PMPM	\$321.21	\$314.59	\$322.15
Percent Over Prior	N/A	2.1% ▼	2.4% ▲

YTD Claims

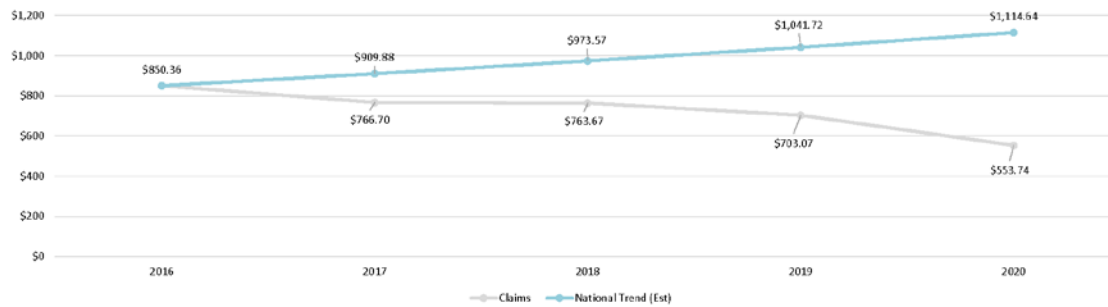


Medical & Pharmacy 5-Year Review ABC Company

Jan 1, 2020 - Jun 30, 2020		2016		2017		2018		2019		2020	
		Medical Carrier \$300,000		Medical Carrier \$300,000		Medical Carrier \$300,000		Medical Carrier \$300,000		Medical Carrier \$350,000	
		Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess
January		\$ 796,806	\$ -	\$ 617,833	\$ -	\$ 944,985	\$ -	\$ 659,977	\$ -	\$ 579,372	\$ -
February		1,129,245	-	573,944	-	563,169	-	355,600	-	637,842	-
March		854,601	-	606,430	-	973,076	-	782,065	-	560,341	-
April		813,310	-	744,915	-	574,985	-	500,040	-	578,723	-
May		1,053,071	-	702,387	-	774,283	-	647,281	-	826,479	11,974
June		864,740	-	1,204,932	-	573,736	-	633,244	-	633,287	-
July		944,702	-	761,718	47,518	1,108,929	-	795,458	-	-	-
August		875,189	-	1,018,848	98,069	838,001	19,236	1,425,498	116,443	-	-
September		789,591	-	752,697	9,517	645,027	6,123	970,917	49,165	-	-
October		899,954	-	961,281	-	1,282,072	17,907	873,482	7,348	-	-
November		1,226,472	-	1,006,075	(15,287)	1,090,515	1,900	1,719,545	713,615	-	-
December		1,171,763	-	1,176,811	(1,500)	1,933,394	723,161	1,452,549	280,489	-	-
Total		\$ 11,419,444	\$ -	\$ 10,366,871	\$ 138,336	\$ 11,203,071	\$ 768,327	\$ 10,877,156	\$ 1,167,060	\$ 3,825,024	\$ 11,974
Gross Claims		\$11,419,444		\$10,366,871		\$11,203,071		\$10,877,156		\$3,825,024	
Reimbursements		\$0.00		\$138,336.40		\$768,326.69		\$1,167,060.22		\$11,973.66	
Net Claims		\$11,419,444		\$10,228,534		\$10,434,744		\$9,710,096		\$3,813,051	
Average Subscribers		1119		1112		1139		1151		1148	
Total Net Claims PMPM		\$850.36		\$766.70		\$763.67		\$703.07		\$553.74	
Percent Over Prior		N/A		9.8% ▼		0.4% ▼		7.9% ▼		21.2% ▼	
Average Mhrs Per Month		2864		2551		2584		2573		2552	
Total Net Claims PMPM		\$357.16		\$334.15		\$336.53		\$314.49		\$249.07	
Percent Over Prior		N/A		6.4% ▼		0.7% ▲		6.5% ▼		20.8% ▼	

- Over the past 5 years, ABC Company's Medical and Pharmacy PMPM has decreased -34.88%.
- According to National Trend, Medical and Pharmacy claims should expect to see a 26% to 40% increase over 5 years.

Actual Claims vs. National Trend

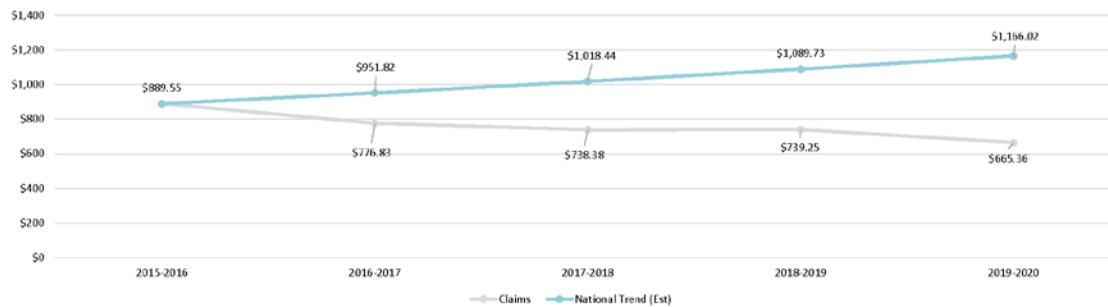


Medical & Pharmacy 5-Year Review ABC Company

Oct 1, 2019 - Jun 30, 2020		2015-2016 Medical Carrier \$300,000		2016-2017 Medical Carrier \$300,000		2017-2018 Medical Carrier \$300,000		2018-2019 Medical Carrier \$300,000		2019-2020 Medical Carrier \$350,000	
		Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess	Med/Rx	ISL Excess
October		\$ 957,168	\$ -	\$ 698,964	\$ -	\$ 961,261	\$ -	\$ 1,282,072	\$ 17,907	\$ 873,482	\$ 7,348
November		947,580	-	1,226,472	-	1,005,075	(15,267)	1,090,515	1,900	1,719,545	713,615
December		1,915,302	-	1,171,763	-	1,178,811	(1,500)	1,933,394	723,161	1,452,549	280,480
January		796,808	-	617,833	-	844,985	-	659,977	-	578,372	-
February		1,129,245	-	573,944	-	563,169	-	355,600	-	637,842	-
March		854,601	-	606,430	-	973,976	-	782,965	-	566,341	-
April		813,310	-	744,915	-	574,985	-	560,640	-	578,723	-
May		1,053,071	-	702,387	-	774,283	-	647,281	-	826,479	11,974
June		864,740	-	1,204,932	-	573,736	-	633,244	-	633,267	-
July		944,702	-	761,718	47,518	1,108,929	-	795,458	-	-	-
August		875,190	-	1,016,848	98,069	838,001	16,236	1,425,409	116,443	-	-
September		789,581	-	752,697	9,517	645,027	6,123	970,917	49,165	-	-
Total		\$ 11,941,295	\$ -	\$ 10,521,902	\$ 155,103	\$ 10,040,257	\$ 8,592	\$ 11,137,561	\$ 908,577	\$ 7,870,599	\$ 1,013,425
Gross Claims		\$11,941,294.65		\$10,521,902.47		\$10,040,256.64		\$11,137,561.27		\$7,870,599.34	
ISL Excess		\$0.00		\$155,103.42		\$8,592.03		\$908,576.88		\$1,013,425.14	
Net Claims		\$11,941,294.65		\$10,366,799.05		\$10,031,664.61		\$10,228,984.59		\$6,857,174.20	
Average Subscribers		1118.67		1112.08		1132.17		1153.08		1145.11	
Total Net Claims PMPM		\$989.55		\$776.83		\$738.38		\$739.25		\$665.36	
Percent Over Prior		N/A		12.7%▼		4.9%▼		0.1%▲		10.0%▼	
Average Mbrs Per Month		2853		2579		2575		2586		2549	
Total Net Claims PMPM		\$373.67		\$334.98		\$324.63		\$329.69		\$298.85	
Percent Over Prior		N/A		10.4%▼		3.1%▼		1.6%▲		9.4%▼	

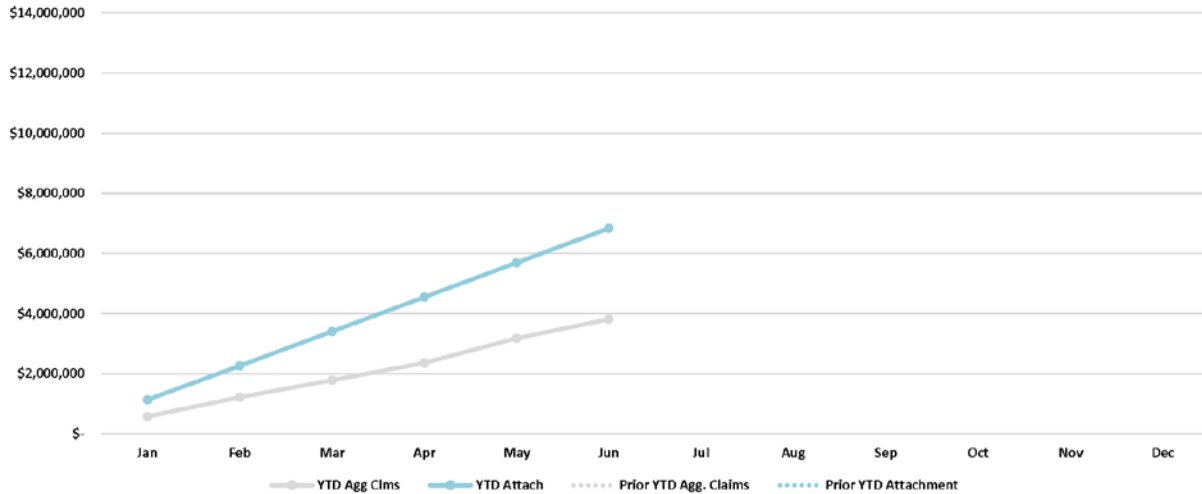
- Over the past 5 years, ABC Company's Medical and Pharmacy PMPM has decreased -25.20%.
- According to National Trend, Medical and Pharmacy claims should expect to see a at least a 25% to 35% increase over 5 years.

Actual Claims vs. National Trend



Aggregate Claims Vs. Attachment ABC Company

Jan 1, 2020 - Jun 30, 2020



Month	Enroll	Agg Claims	Attachment	YTD Agg Clms	YTD Attach	Balance	Prior YTD Clms	Prior YTD Att.	Prior Balance	Diff.
Jan-20	1,143	\$ 579,371.97	\$ 1,135,181.88	\$ 579,371.97	\$ 1,135,181.88	\$ 555,809.91	\$ -	\$ -	\$ -	-
Feb-20	1,138	637,842.42	1,130,216.08	1,217,214.39	2,265,397.96	1,048,183.57	-	-	-	-
Mar-20	1,147	569,340.53	1,139,154.52	1,786,554.92	3,404,552.48	1,617,997.56	-	-	-	-
Apr-20	1,150	578,722.67	1,142,134.00	2,365,277.59	4,546,686.48	2,181,408.89	-	-	-	-
May-20	1,156	814,505.67	1,148,092.96	3,179,783.26	5,694,779.44	2,514,996.18	-	-	-	-
Jun-20	1,152	633,267.26	1,144,120.32	3,813,050.54	6,838,899.76	3,025,849.22	-	-	-	-
Jul-20	-	-	-	-	-	-	-	-	-	-
Aug-20	-	-	-	-	-	-	-	-	-	-
Sep-20	-	-	-	-	-	-	-	-	-	-
Oct-20	-	-	-	-	-	-	-	-	-	-
Nov-20	-	-	-	-	-	-	-	-	-	-
Dec-20	-	-	-	-	-	-	-	-	-	-





High Cost Claims Summary - Current Year ABC Company

January 1, 2020 - June 30, 2020

								Claimants over \$100k	
Rank	Prior	Class	Plan	Gender	Relationship	Age	Diagnosis	Amount	Over Spec
1	4	Active	HSA HMO	Male	Dep. Child	<1-19	Liveborn birth	\$ 361,974	\$ 11,974
2	-	Retiree	HMO 5000	Male	Subscriber	50-59	Arterial embolism and thrombosis	\$ 198,699	\$ -
3	2	Active	HMO 5000	Male	Spouse	60-64	Other diseases of intestine	\$ 157,406	\$ -
4	13	Active	EPO HSA 5000	Female	Dep. Child	<1-19	Increased heart rate	\$ 100,812	\$ -
5	-	-	-	-	-	-	-	\$ -	\$ -
6	-	-	-	-	-	-	-	\$ -	\$ -
7	-	-	-	-	-	-	-	\$ -	\$ -
8	-	-	-	-	-	-	-	\$ -	\$ -
9	-	-	-	-	-	-	-	\$ -	\$ -
10	-	-	-	-	-	-	-	\$ -	\$ -
11	-	-	-	-	-	-	-	\$ -	\$ -
12	-	-	-	-	-	-	-	\$ -	\$ -
13	-	-	-	-	-	-	-	\$ -	\$ -
14	-	-	-	-	-	-	-	\$ -	\$ -
15	-	-	-	-	-	-	-	\$ -	\$ -
Total								\$ 818,890	\$ 11,974

High Cost Claims by Month

Rank	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Amount	Reimburs.
1	699	35	-	-	361,239	-	-	-	-	-	-	-	\$ 361,974	\$ 11,974
2	-	1,932	13,478	158,651	10,159	14,479	-	-	-	-	-	-	\$ 198,699	\$ -
3	75,940	48,344	23,102	5,376	2,334	2,310	-	-	-	-	-	-	\$ 157,406	\$ -
4	12,179	58,933	27,138	735	1,606	221	-	-	-	-	-	-	\$ 100,812	\$ -
5	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
6	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
7	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
8	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
9	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
10	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
11	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
12	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
13	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
14	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
15	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -
Total	88,818	109,244	63,718	164,761	375,338	17,010	-	-	-	-	-	-	\$ 818,890	\$ 11,974





High Cost Claims Summary - Prior Year ABC Company

January 1, 2019 - December 1, 2019

Rank	Prior	Class	Plan	Gender	Relationship	Diagnosis	Amount	Over Spec	
1		Active	HSA HMO	Male	Dep. Child	<1-19	Liveborn birth	\$ 821,939	\$ 521,939
2		Active	HMO 5000	Male	Spouse	60-64	Intestinal obstruction	\$ 542,722	\$ 242,722
3		Active	HSA HMO	Male	Dep. Child	<1-19	Complication of unspecified infection (sepsis)	\$ 515,236	\$ 215,236
4		Active	HSA HMO	Male	Dep. Child	<1-19	Liveborn birth	\$ 449,231	\$ 149,231
5		Active	HMO 3000	Female	Spouse	40-49	Organ or tissue transplant	\$ 337,932	\$ 37,932
6		Active	HSA	Male	Dep. Child	<1-19	Congenital heart defect	\$ 256,437	\$ -
7		Active	HSA HMO	Male	Dep. Child	20-29	Congenital heart defect	\$ 209,058	\$ -
8		Active	HSA HMO	Male	Dep. Child	<1-19	Q07 - Other congenital malformations of nervous system	\$ 183,142	\$ -
9		Active	HSA HMO	Male	Subscriber	60-64	Unspecified pain	\$ 178,025	\$ -
10		Active	HSA	Male	Subscriber	60-64	Irregular heartbeat	\$ 160,382	\$ -
11		Active	HSA	Male	Subscriber	30-39	Abscess of anal and rectal regions	\$ 129,849	\$ -
12		Retiree	HMO 5000	Male	Subscriber	60-64	Osteoarthritis of knee	\$ 116,367	\$ -
13		Active	HSA HMO	Female	Dep. Child	<1-19	Increased heart rate	\$ 105,371	\$ -
14		Active	HMO 3000	Male	Subscriber	65+	Aftereffects of cerebrovascular disease	\$ 100,443	\$ -
15		Active	HSA HMO	Female	Subscriber	65+	Abdominal hernia	\$ 98,480	\$ -
Total							\$ 4,204,615	\$ 1,167,060	

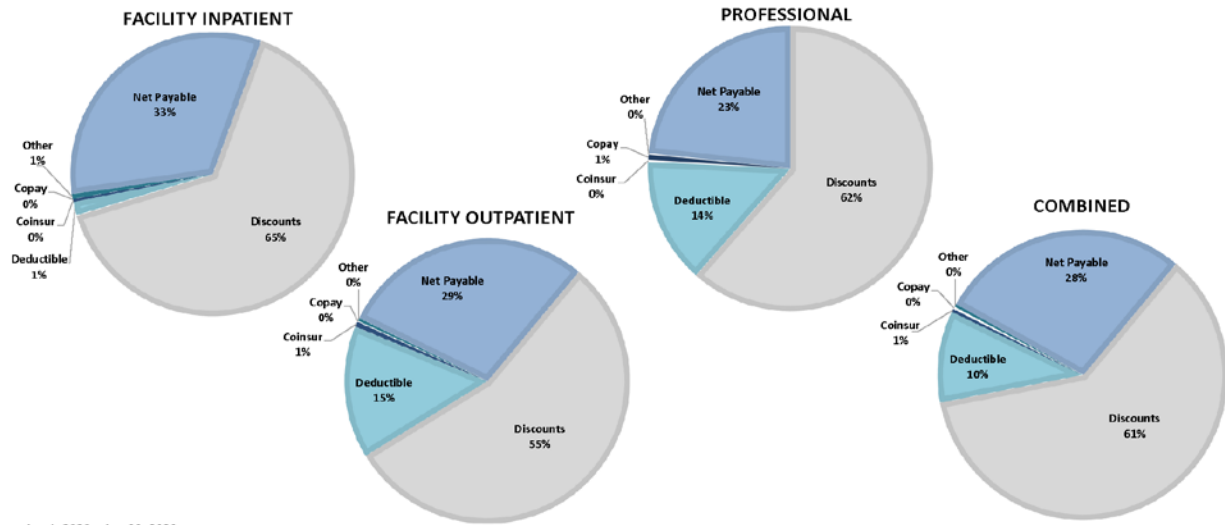
High Cost Claims by Month

Rank	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Amount	Over Spec
1	-	-	-	-	-	-	51,994	47,939	4,426	72,058	642,182	3,340	\$ 821,939	\$ 521,939
2	21,044	40,979	156,925	5,276	7,784	17,806	13,214	153,415	49,165	7,348	25,669	44,096	\$ 542,722	\$ 242,722
3	-	-	-	-	32,272	12,735	5,686	12,329	3,989	396	1,179	446,650	\$ 515,236	\$ 215,236
4	-	-	-	-	-	-	55,019	67,924	11,826	32,554	281,387	520	\$ 449,231	\$ 149,231
5	4,222	78	115,815	10,047	22,732	15,030	17,566	33,803	14,901	47,124	39,319	17,295	\$ 337,932	\$ 37,932
6	91	3,197	24,850	329	10,225	2,559	13,456	45,807	152,407	4,371	413	(1,268)	\$ 256,437	\$ -
7	15	-	18,429	116,085	2,686	3,650	4,560	12,372	253	324	-	50,684	\$ 209,058	\$ -
8	-	-	-	-	-	4,078	3,203	170,153	3,228	515	927	1,037	\$ 183,142	\$ -
9	921	2,814	7,815	5,842	7,251	4,256	2,705	25,033	116,802	156	2,832	1,597	\$ 178,025	\$ -
10	57,069	2,716	218	852	774	208	705	25,461	8,248	48,332	11,256	4,543	\$ 160,382	\$ -
11	17,264	2,203	21,878	68	21,856	141	22,089	507	-	21,947	131	21,766	\$ 129,849	\$ -
12	1,798	6,680	9,358	10,365	9,867	9,738	8,836	13,071	20,783	3,239	6,663	15,969	\$ 116,367	\$ -
13	9	6,241	1,313	593	9,129	62,759	161	2,186	554	2,107	5,823	14,497	\$ 105,371	\$ -
14	14	158	180	44	105	38	-	-	23	162	94,742	4,978	\$ 100,443	\$ -
15	42	-	-	1,913	2,860	11,489	2,462	13,518	8,322	15,308	10	42,555	\$ 98,480	\$ -
Total	102,489	65,085	358,781	151,415	127,542	144,487	201,655	623,518	394,929	255,940	1,112,534	688,280	\$ 4,204,615	\$ 1,167,060





Medical Distribution and Savings
ABC Company



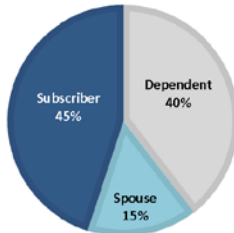
Jan 1, 2020 - Jun 30, 2020

All Plans	Billed	Ineligible	Eligible	Discounts	Covered	Deductible	Coinsur	Copay	Total OOP	Other	Net Payable
Facility Inpatient	\$ 10,449,167	\$ 6,987,647	\$ 3,561,540	\$ 2,306,149	\$ 1,255,391	\$ 54,740	\$ 11,393	\$ -	\$ 66,133	\$ 20,832	\$ 1,168,427
Facility Outpatient	\$ 3,484,740	\$ 523,884	\$ 2,960,856	\$ 1,631,932	\$ 1,328,923	\$ 444,749	\$ 17,459	\$ 3,757	\$ 465,966	\$ 9,750	\$ 853,208
Professional	\$ 5,202,166	\$ 1,024,088	\$ 4,178,077	\$ 2,570,858	\$ 1,607,219	\$ 593,359	\$ 9,728	\$ 25,114	\$ 628,201	\$ 6,086	\$ 972,932
Total	\$ 19,136,092	\$ 8,435,619	\$ 10,700,473	\$ 6,508,939	\$ 4,191,534	\$ 1,092,848	\$ 38,580	\$ 28,872	\$ 1,160,300	\$ 36,668	\$ 2,994,568

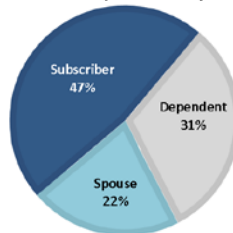
Medical by Relationship ABC Company

Current Year To Date

Enrollment by Relationship



Claims by Relationship



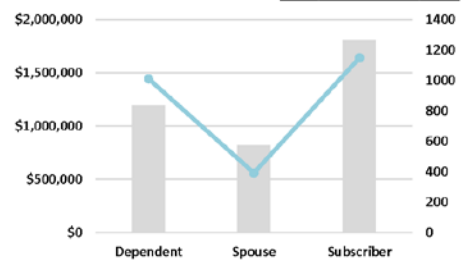
Enrollment
Paid Claims
Paid Per Utilizing Member
PMPM
Change

Subscriber
1148
\$1,809,608.70
\$1,576.77
\$282.80
16.2% ▲

Spouse
393
\$818,634.82
\$2,063.55
\$347.26
30.0% ▼

Dependent
1011
\$1,196,580.68
\$1,183.76
\$197.29
37.1% ▲

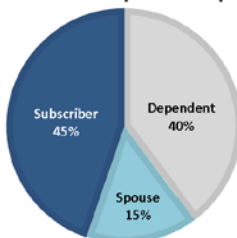
Total
2552
\$3,825,024.20
\$1,498.13
\$249.85
6.3% ▲



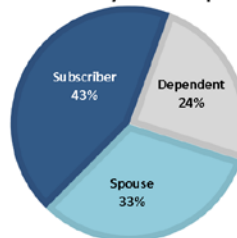
- Overall enrollment is down 1.2%
- Dependent's saw the largest decrease in enrollment at 1.7%
- Spouse's saw the largest decrease in claims at -30.0%

Prior Year To Date

Enrollment by Relationship



Claims by Relationship



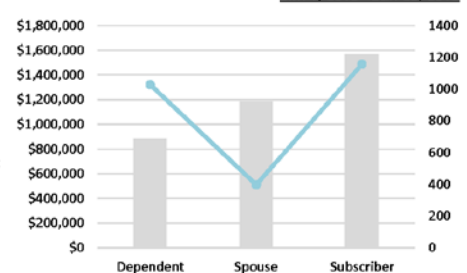
Enrollment
Paid Claims
Paid Per Utilizing Member
PMPM

Subscriber
1157
\$1,569,918.07
\$1,357.47
\$226.25

Spouse
397
\$1,182,372.49
\$2,975.77
\$495.96

Dependent
1028
\$887,417.21
\$863.25
\$143.87

Total
2582
\$3,639,707.77
\$1,408.74
\$234.86

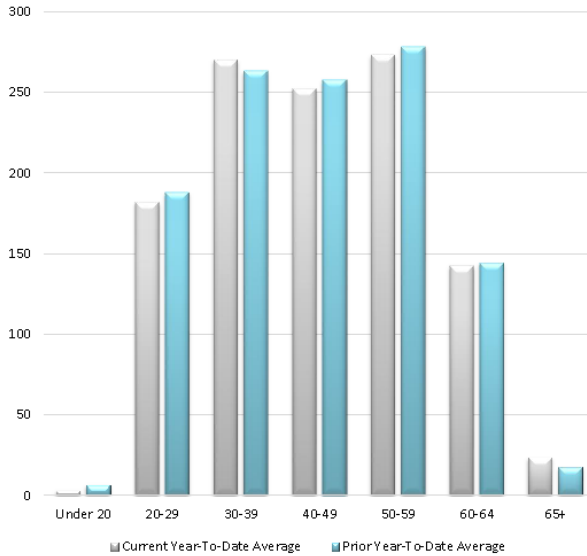


Notes:

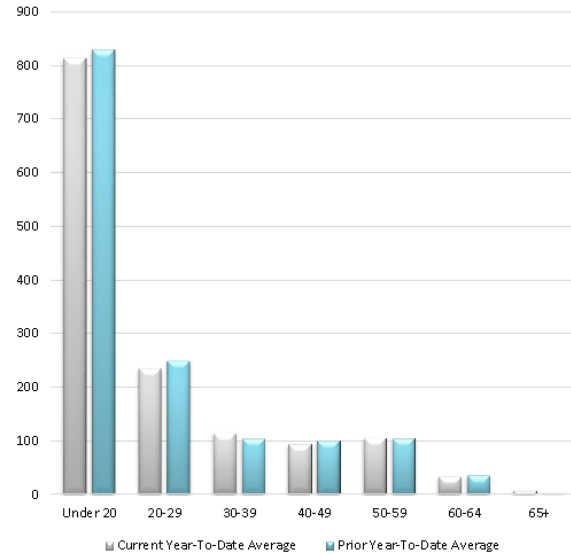
Member Distribution
ABC Company

Jan 1, 2020 - Jun 30, 2020

Subscriber Distribution by Age



Dependent Distribution by Age

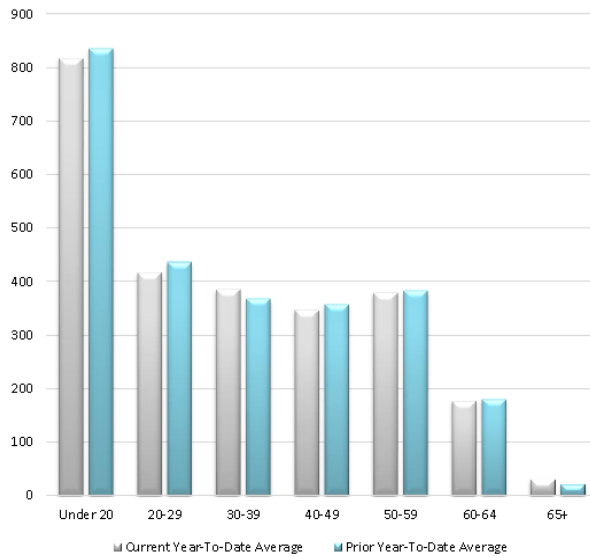


Current Year-To-Date Average			Prior Year-To-Date Average			Diff. in	
Age	Subscriber	Dependent	Subscriber	Dependent		Membership	
Under 20	3	814	7	830		2.4%	▼
20-29	182	235	188	249		4.6%	▼
30-39	270	115	264	104		4.6%	▲
40-49	253	94	258	100		3.1%	▼
50-59	273	106	279	104		1.0%	▼
60-64	143	34	144	36		1.7%	▼
65+	24	7	18	3		47.6%	▲

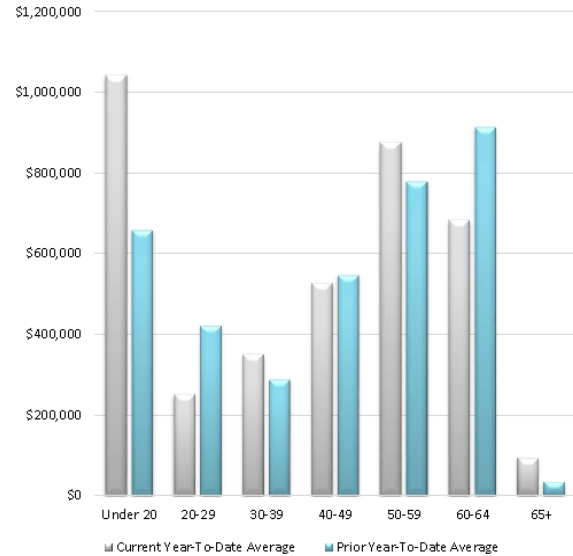
Member Distribution
ABC Company

Jan 1, 2020 - Jun 30, 2020

All Member Distribution by Age



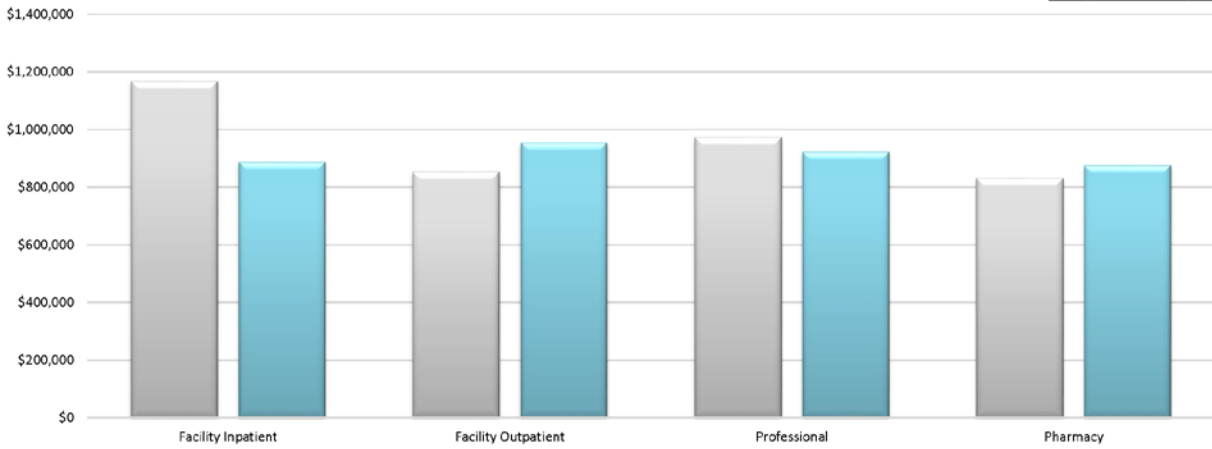
Claims Distribution by Age



Current Year-To-Date Average			Prior Year-To-Date Average			Diff. in	
Age	Average Mbrs	Paid Claims	Average Mbrs	Paid Claims		Claims	
Under 20	817	\$1,042,003.69	836	\$658,347.77		58.3%	▲
20-29	417	\$251,561.49	437	\$420,373.31		40.2%	▼
30-39	385	\$350,410.61	368	\$287,604.06		21.8%	▲
40-49	347	\$528,005.87	358	\$546,094.40		3.3%	▼
50-59	379	\$875,795.11	383	\$778,686.90		12.5%	▲
60-64	177	\$683,595.50	180	\$914,136.77		25.2%	▼
65+	30	\$93,651.93	21	\$34,464.56		171.7%	▲

Utilization by Service Category ABC Company

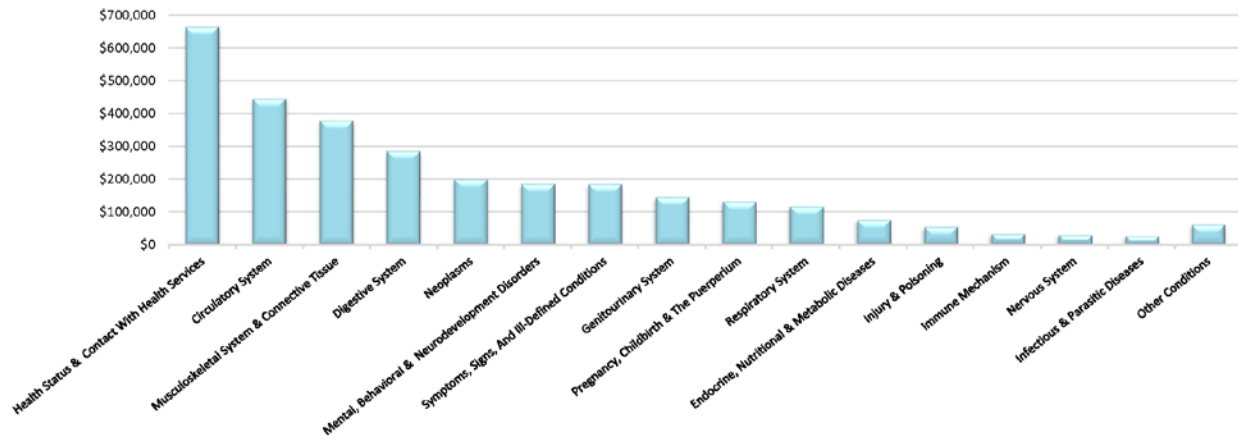
Jan 1, 2020 - Jun 30, 2020



	Current Year		Prior Year	
Current Year	Facility Inpatient	Facility Outpatient	Professional	Pharmacy
Claimants	51	349	1991	1578
Claims	70	777	11354	10225
Paid	\$1,168,428.57	\$853,207.56	\$972,931.83	\$830,458.24
Total Paid PMPM	\$76.32	\$55.73	\$63.55	\$54.25
Prior Year	Facility Inpatient	Facility Outpatient	Professional	Pharmacy
Claimants	46	428	2078	1750
Claims	78	1047	11834	11803
Paid	\$886,993.82	\$954,138.28	\$922,671.56	\$875,904.11
Total Paid PMPM	\$57.26	\$61.59	\$59.56	\$56.54
Increase/Decrease	Facility Inpatient	Facility Outpatient	Professional	Pharmacy
Claimants	+5	-79	-87	-172
Claims	-8	-270	-480	-1,578
Paid	+\$281,432.75	-\$100,930.72	+\$50,260.27	-\$45,445.87
Total Paid PMPM	+\$19.06	-\$5.86	+\$3.99	-\$2.30

Utilization by Diagnostic Category ABC Company

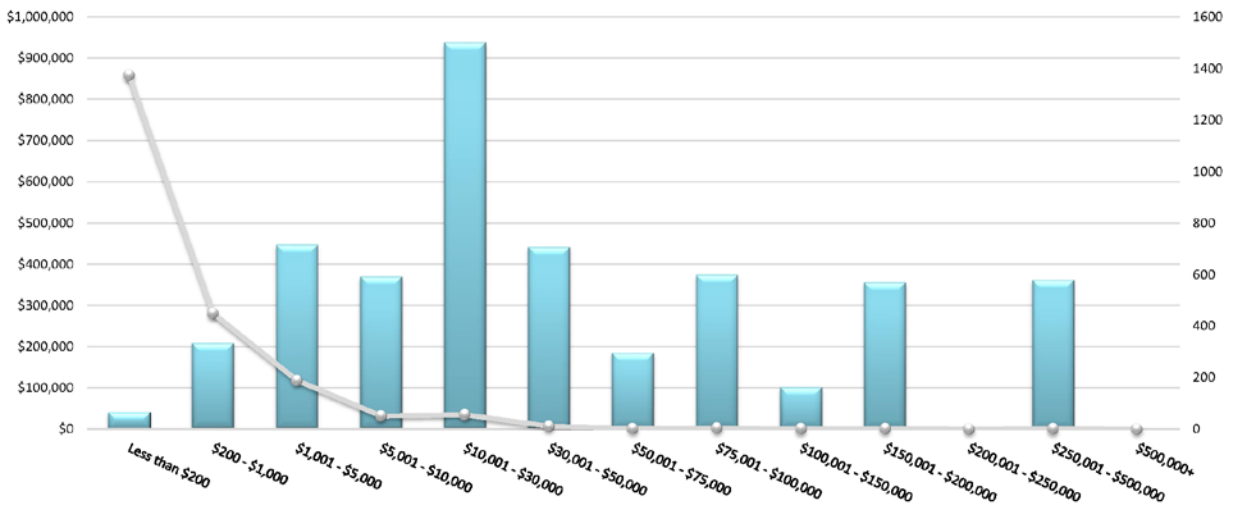
Jan 1, 2020 - Jun 30, 2020



Diagnostic Category	Num. Claimants	Num. Claims	Paid Claims	YTD PEPM	Prior YTD PEPM	Difference
Health Status & Contact With Health Services	1853	2779	\$662,935.71	\$96.27	\$52.06	84.94% ▲
Circulatory System	263	600	\$444,490.26	\$64.55	\$19.72	227.25% ▲
Musculoskeletal System & Connective Tissue	717	1559	\$377,497.34	\$54.82	\$61.57	10.95% ▼
Digestive System	212	490	\$283,653.52	\$41.19	\$68.51	39.87% ▼
Neoplasms	170	378	\$198,128.65	\$28.77	\$25.30	13.71% ▲
Mental, Behavioral & Neurodevelopment Disorders	251	1056	\$183,902.22	\$26.71	\$11.77	126.98% ▲
Symptoms, Signs, And Ill-Defined Conditions	909	1523	\$183,338.37	\$26.62	\$29.06	8.39% ▼
Genitourinary System	293	448	\$143,328.48	\$20.81	\$11.44	82.00% ▲
Pregnancy, Childbirth & The Puerperium	93	166	\$130,030.43	\$18.88	\$11.43	65.14% ▲
Respiratory System	1091	1536	\$114,474.63	\$16.62	\$16.98	2.07% ▼
Endocrine, Nutritional & Metabolic Diseases	489	1091	\$74,208.13	\$10.78	\$9.73	10.79% ▲
Injury & Poisoning	244	383	\$53,622.64	\$7.79	\$15.66	50.28% ▼
Immune Mechanism	6	25	\$31,540.30	\$4.58	\$3.41	34.20% ▲
Nervous System	122	254	\$28,622.84	\$4.16	\$15.44	73.08% ▼
Infectious & Parasitic Diseases	111	173	\$24,695.77	\$3.59	\$5.40	33.53% ▼
Other Conditions	-	-	\$60,098.67	\$8.73	\$40.82	78.62% ▼
All Categories	2003	12201	\$2,994,565.96	\$434.68	\$398.30	9.18% ▲

Paid Band Summary
ABC Company

Jan 1, 2020 - Jun 30, 2020

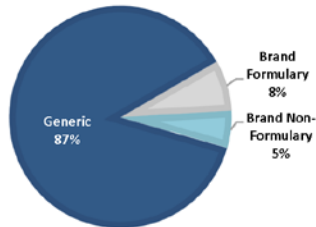


Paid Per Member	Claimants	Paid Claims	% of Claimants	% of Paid Claims	Paid Per Claimant
Less than \$200	1373	\$41,327.56	64.16%	1.08%	\$30.10
\$200 - \$1,000	449	\$208,454.91	20.98%	5.45%	\$464.26
\$1,001 - \$5,000	189	\$447,782.80	8.83%	11.71%	\$2,369.22
\$5,001 - \$10,000	51	\$370,045.87	2.38%	9.67%	\$7,255.80
\$10,001 - \$30,000	56	\$937,458.48	2.62%	24.51%	\$16,740.33
\$30,001 - \$50,000	11	\$442,281.85	0.51%	11.56%	\$40,207.44
\$50,001 - \$75,000	3	\$184,834.12	0.14%	4.83%	\$61,611.37
\$75,001 - \$100,000	4	\$373,948.15	0.19%	9.78%	\$93,487.04
\$100,001 - \$150,000	1	\$100,812.37	0.05%	2.64%	\$100,812.37
\$150,001 - \$200,000	2	\$356,104.43	0.09%	9.31%	\$178,052.22
\$200,001 - \$250,000	-	-	-	-	-
\$250,001 - \$500,000	1	\$361,973.66	0.05%	9.46%	\$361,973.66
\$500,000+	-	-	-	-	-

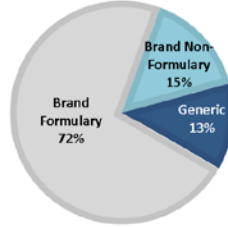
Pharmacy Cost by Source ABC Company

Jan 1, 2020 - Jun 30, 2020

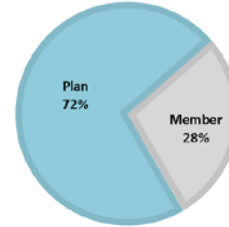
Tier Breakdown - No. of Scripts



Tier Breakdown - Plan Cost



Member vs. Plan - Cost Sharing



Current Year-To-Date

Number of Scripts

	Retail	Mail	Total RX
Brand Formulary	701	6	707
Brand Non-Formulary	510	2	512
Generic	8305	16	8321
Total	9516	24	9540

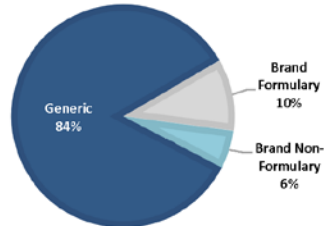
Plan Cost

	Retail	Mail	Total RX
Brand Formulary	\$596,395	\$3,795	\$600,190
Brand Non-Formulary	\$122,883	\$2,893	\$125,775
Generic	\$104,402	\$91	\$104,493
Total	\$823,680	\$6,778	\$830,458

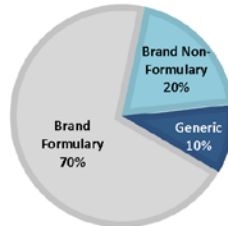
Cost Sharing

	Member	Plan	Total RX
Brand Formulary	\$82,827	\$600,190	\$683,018
Brand Non-Formulary	\$90,607	\$125,775	\$216,382
Generic	\$150,320	\$104,493	\$254,812
Total	\$323,754	\$830,458	\$1,154,212

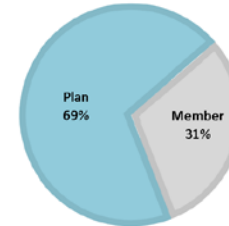
Brand vs. Generic - No. of Scripts



Brand vs. Generic - Plan Cost



Member vs. Plan - Cost Sharing



Prior Year-To-Date

Number of Scripts

	Retail	Mail	Total RX
Brand Formulary	1180	0	1180
Brand Non-Formulary	625	0	625
Generic	9338	31	9369
Total	11123	31	11154

Plan Cost

	Retail	Mail	Total RX
Brand Formulary	\$613,008	\$0	\$613,008
Brand Non-Formulary	\$174,918	\$0	\$174,918
Generic	\$87,611	\$367	\$87,978
Total	\$875,537	\$367	\$875,904

Cost Sharing

	Member	Plan	Total RX
Brand Formulary	\$118,619	\$613,008	\$731,627
Brand Non-Formulary	\$96,303	\$174,918	\$271,222
Generic	\$169,719	\$87,978	\$257,697
Total	\$384,641	\$875,904	\$1,260,546

Top Drugs by Paid Amount
ABC Company

Jan 1, 2020 - Jun 30, 2020

Rank	Drug Name	Usage/Indication	Tier	Cmts	Script Count	Days Supply	Net Paid	Paid Per Script
1	STELARA*	Treatment of plaque psoriasis	Brand Formulary	1	3	30.0	\$65,214.06	\$21,738.02
2	HUMIRA*	Treatment of rheumatoid arthritis and other conditions	Brand Formulary	1	5	28.0	\$51,355.45	\$10,271.09
3	TRULICITY	Treatment of type 2 diabetes	Brand Formulary	14	27	66.7	\$49,115.66	\$1,819.10
4	GLYXAMBI	Treatment of type 2 diabetes	Brand Formulary	17	29	82.8	\$41,675.44	\$1,437.08
5	JANUVIA	Treatment of type 2 diabetes	Brand Formulary	14	24	85.0	\$31,067.24	\$1,294.47
6	OTEZLA*	Treatment of moderate to severe plaque psoriasis	Brand Formulary	2	10	30.0	\$23,650.01	\$2,365.00
7	ORENCIA CLICK*	Treatment of rheumatoid arthritis	Brand Non-Formulary	1	6	29.0	\$22,333.92	\$3,722.32
8	ENBREL SURECLICK*	Treatment of psoriasis and rheumatoid arthritis	Brand Formulary	1	4	28.0	\$21,741.44	\$5,435.36
9	TREMFYA*	Treatment for plaque psoriasis	Brand Formulary	1	3	29.3	\$21,024.88	\$7,008.29
10	TRESIBA FLEX	Treatment for type 1 and type 2 diabetes	Brand Formulary	9	22	51.7	\$20,889.95	\$949.54
11	LANTUS SOLOS	Treatment for Diabetes	Brand Formulary	10	20	60.8	\$19,694.12	\$984.71
12	VICTOZA	Treatment of type 2 diabetes	Brand Formulary	7	11	53.2	\$17,011.52	\$1,546.50
13	SYMBICORT	Treatment of asthma, COPD	Brand Formulary	21	38	40.2	\$16,486.05	\$433.84
14	OZEMPIC	Treatment for Type 2 Diabetes	Brand Formulary	5	14	40.1	\$15,771.65	\$1,126.56
15	JARDIANCE	Treatment of type 2 diabetes	Brand Formulary	8	14	64.3	\$13,639.90	\$974.28
16	NOVOLOG	Treatment of type 1 diabetes	Brand Formulary	9	12	52.4	\$11,412.99	\$951.08
17	UNDISCLOSED	Undisclosed due to privacy considerations	Brand Formulary	1	5	30.0	\$10,936.50	\$2,187.30
18	XIFAXAN	Treatment of hepatic encephalopathy (brain effects from liver failure)	Brand Formulary	1	6	30.0	\$10,527.91	\$1,754.65
19	ELIQUIS	Reduces risk of stroke and blood clots	Brand Formulary	5	12	57.5	\$10,455.10	\$871.26
20	BRILINTA	Prevention of stroke, heart attacks and other circulatory/heart issues	Brand Formulary	6	11	73.6	\$10,065.65	\$915.08
21	ENBREL*	Treatment of psoriasis and rheumatoid arthritis	Brand Formulary	2	8	28.5	\$9,485.67	\$1,185.71
22	JANUMET	Treatment of type 2 diabetes	Brand Formulary	4	12	50.0	\$9,104.31	\$758.69
23	LEVEMIR	Treatment of type 1 diabetes	Brand Formulary	5	6	68.7	\$9,021.04	\$1,503.51
24	HUMIRA PEN*	Treatment of rheumatoid arthritis and other conditions	Brand Formulary	1	2	28.0	\$8,140.37	\$4,070.19
25	CONTOUR	Blood glucose test strip	Brand Formulary	24	30	69.3	\$7,932.60	\$264.42
Total of Top 25 Drugs				—	334	56.6	\$527,753.93	\$1,580.10
All Other				—	9,206	43.4	\$302,704.41	\$32.88
All Prescriptions Drugs				1,578	9,540	43.9	\$830,458.24	\$87.05

*Indicated Specialty

Top Drugs by Number of Prescriptions
ABC Company

Jan 1, 2020 - Jun 30, 2020

Rank	Drug Name	Usage/Indication	Tier	Cmts	Script Count	Days Supply	Net Paid	Paid Per Script
1	LEVOTHYROXIN	Treatment of thyroid conditions	Generic	118	216	65.2	\$671.46	\$3.11
2	ROSUVASTATIN	Treatment of high cholesterol, triglycerides (Crestor generic)	Generic	119	200	78.8	\$176.32	\$0.88
3	BROM/PSE/DM	Cough suppressant, decongestant, antihistamine	Generic	191	190	4.6	\$173.27	\$0.91
4	FLUTICASONE	Treatment of asthma and hay fever	Generic	166	183	40.8	\$184.24	\$1.01
5	ATORVASTATIN	Treatment of high cholesterol	Generic	111	179	81.3	\$401.09	\$2.24
6	AZITHROMYCIN	Treatment of bacterial infections	Generic	172	177	6.1	\$199.09	\$1.12
7	AMOXICILLIN	Treatment of bacterial infections	Generic	162	168	8.9	\$120.96	\$0.72
8	ESCITALOPRAM	Treatment of depression & bipolar disorder	Generic	82	163	52.9	\$379.88	\$2.33
9	LISINAPRIL	Treatment of high blood pressure	Generic	101	157	74.5	\$148.44	\$0.95
10	MONTELUKAST	Treatment and prevention of asthma attacks	Generic	100	150	65.9	\$210.15	\$1.40
11	AMLODIPINE	Treatment of high blood pressure	Generic	99	148	71.6	\$166.17	\$1.12
12	AMOXICILLIN/CLAVULANIC ACID	Treatment of bacterial infections	Generic	143	147	9.7	\$258.50	\$1.76
13	METFORMIN	Treatment of type 2 diabetes	Generic	84	144	71.7	\$248.44	\$1.73
14	SERTRALINE	Treatment of depression	Generic	77	142	53.1	\$318.91	\$2.25
15	LOSARTAN POTASSIUM	Treatment of hypertension	Generic	81	115	70.7	\$211.40	\$1.84
16	GABAPENTIN	Treatment of seizures, restless leg syndrome, pain	Generic	53	114	40.2	\$405.96	\$3.56
17	METHYLPREDNISOLONE	Treatment of allergies, lupus, ulcerative colitis	Generic	103	103	5.9	\$209.24	\$2.03
18	OSELTAMIVIR	Treatment and prevention of influenza	Generic	110	101	5.9	\$899.88	\$8.91
19	ZOLPIDEM	Treatment of insomnia	Generic	32	100	33.4	\$53.33	\$0.53
20	PREDNISONE	Treatment of ulcerative colitis, psoriasis, arthritis, other disorders	Generic	86	97	9.2	\$73.66	\$0.76
21	PANTOPRAZOLE	Treatment of gastric reflux disorder	Generic	47	96	50.8	\$191.27	\$1.99
22	CYCLOBENZAPRINE	Treatment of pain and stiffness from muscle spasms	Generic	69	93	23.8	\$113.29	\$1.22
23	HYDROCHLOROTHIAZIDE	Treatment of high blood pressure and water retention	Generic	55	90	72.9	\$94.93	\$1.05
24	HYDROCODONE/PARACETAMOL	Treatment of mild to moderate pain	Generic	49	86	14.6	\$875.34	\$10.18
25	PROAIR HFA	Treatment of breathing difficulties due to asthma and COPD	Brand Formulary	74	85	28.2	\$5,304.60	\$62.41
Total of Top 25 Drugs				—	3,444	43.8	\$12,089.62	\$3.51
All Other				—	6,096	44.0	\$818,368.62	\$134.25
All Prescriptions Drugs				1,578	9,540	43.9	\$830,458.24	\$87.05

*Indicated Specialty

Top Drug Classes by Paid
ABC Company

Jan 1, 2020 - Jun 30, 2020

Rank	Drug Class	Cmts	Script Count	Days Supply	Net Paid	Percent of Paid	Generic %	Formulary %	Specialty %
1	Insulin	52	95	53.7	\$88,950.26	10.7%	0.0%	77.9%	0.0%
2	Antipsoriatcs	4	6	19.7	\$86,238.94	10.4%	0.0%	100.0%	100.0%
3	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	26	52	56.7	\$81,899.03	9.9%	0.0%	100.0%	0.0%
4	Antidiabetic Combinations	36	77	62.1	\$68,164.25	8.2%	1.3%	72.7%	0.0%
5	Anti-TNF-alpha - Monoclonal Antibodies	2	7	28.0	\$59,495.82	7.2%	0.0%	100.0%	100.0%
6	Sympathomimetics	202	269	28.7	\$48,139.51	5.8%	24.2%	97.4%	0.0%
7	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	18	31	82.3	\$38,590.57	4.6%	0.0%	90.3%	0.0%
8	Soluble Tumor Necrosis Factor Receptor Agents	3	12	28.3	\$31,227.11	3.8%	0.0%	100.0%	100.0%
9	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	16	24	71.3	\$24,083.47	2.9%	0.0%	83.3%	0.0%
10	Phosphodiesterase 4 (PDE4) Inhibitors	2	10	30.0	\$23,650.01	2.8%	0.0%	100.0%	100.0%
11	Selective Costimulation Modulators	1	6	29.0	\$22,333.92	2.7%	0.0%	0.0%	100.0%
12	Opioid Agonists	53	108	19.0	\$11,982.92	1.4%	87.0%	94.4%	0.0%
13	Direct Factor Xa Inhibitors	6	13	60.0	\$11,813.15	1.4%	0.0%	100.0%	0.0%
14	Steroid Inhalants	31	48	36.6	\$10,971.39	1.3%	47.9%	89.6%	0.0%
15	0000 - Not Available	1	5	30.0	\$10,936.50	1.3%	0.0%	100.0%	0.0%
16	Anti-infective Agents - Misc.	25	30	11.3	\$10,551.61	1.3%	80.0%	100.0%	0.0%
17	Platelet Aggregation Inhibitors	14	26	78.5	\$10,083.97	1.2%	57.7%	100.0%	0.0%
18	Diagnostic Tests	31	37	64.1	\$9,258.75	1.1%	0.0%	81.1%	0.0%
19	Combination Contraceptives - Oral	122	226	58.3	\$9,175.72	1.1%	97.3%	97.3%	0.0%
20	Combination Contraceptives - Vaginal	16	30	60.7	\$8,952.00	1.1%	80.0%	100.0%	0.0%
21	Antihypertensive Combinations	145	221	70.5	\$7,456.67	0.9%	96.8%	96.8%	0.0%
22	Amphetamines	61	125	33.4	\$7,339.38	0.9%	57.6%	94.4%	0.0%
23	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	223	282	35.8	\$6,978.89	0.8%	98.6%	98.6%	0.0%
24	Smoking Deterrents	21	23	29.7	\$6,932.70	0.8%	43.5%	100.0%	0.0%
25	Anticonvulsants - Misc.	110	229	41.8	\$6,184.76	0.7%	95.2%	95.2%	0.0%
Total of Top 25 Drugs		—	1,992	45.5	\$701,391.30	84.5%	63.2%	94.2%	2.1%
All Other		—	7,548	43.5	\$129,066.94	15.5%	93.6%	94.8%	0.1%
All Prescriptions Drugs		1,578	9,540	43.9	\$830,458.24	100.0%	87.3%	94.7%	0.47%



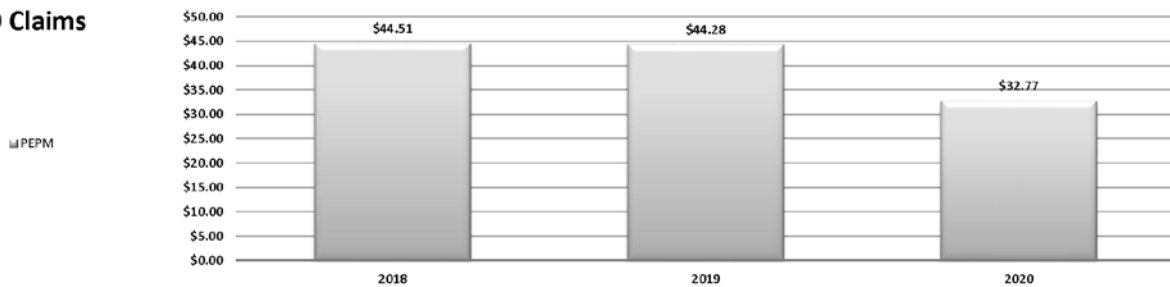


Dental Historic - Plan Year ABC Company

Jan 1, 2020 - Jun 30, 2020

	2018				2019				2020			
	Dental Carrier				Dental Carrier				Dental Carrier			
	Fully Insured				Fully Insured				Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
January	4,693	10,365	\$ 225,849	\$ 222,057	4,808	10,461	\$ 219,622	\$ 239,124	4,954	10,637	\$ 239,781	\$ 240,603
February	4,706	10,414	206,547	223,068	4,823	10,469	196,196	239,135	4,950	10,618	205,800	240,250
March	4,715	10,441	253,271	223,523	4,805	10,409	257,383	238,051	4,938	10,593	198,567	238,882
April	4,675	10,355	223,627	221,895	4,777	10,363	220,625	236,875	4,943	10,604	56,891	240,069
May	4,706	10,379	195,208	222,397	4,778	10,333	204,374	236,032	4,913	10,554	90,860	527
June	4,707	10,361	196,143	222,083	4,766	10,309	209,799	235,229	4,874	10,465	177,068	237,212
July	4,688	10,227	205,649	219,832	4,764	10,283	229,972	234,585	-	-	-	-
August	4,665	10,161	217,397	217,846	4,801	10,297	224,308	234,387	-	-	-	-
September	4,675	10,192	172,816	218,423	4,762	10,252	174,474	233,485	-	-	-	-
October	4,686	10,209	202,797	218,769	4,791	10,267	206,987	233,446	-	-	-	-
November	4,691	10,174	187,050	218,249	4,793	10,250	190,252	233,413	-	-	-	-
December	4,639	10,053	217,008	215,420	4,783	10,190	210,125	231,783	-	-	-	-
Total	56,246	123,331	\$ 2,503,364	\$ 2,643,582	57,451	123,883	\$ 2,544,118	\$ 2,825,545	29,572	63,471	\$ 968,967	\$ 1,198,543
Gross Claims	\$2,503,363.77				\$2,544,117.77				\$968,967.18			
Premium	\$2,643,562.10				\$2,825,545.16				\$1,198,542.72			
Loss Ratio	94.70%				90.04%				80.85%			
Average EE's Per Month	4687				4788				4929			
Total Net Claims PEPM	\$44.51				\$44.28				\$32.77			
Percent Over Prior	N/A				0.5%▼				26.0%▼			

YTD Claims



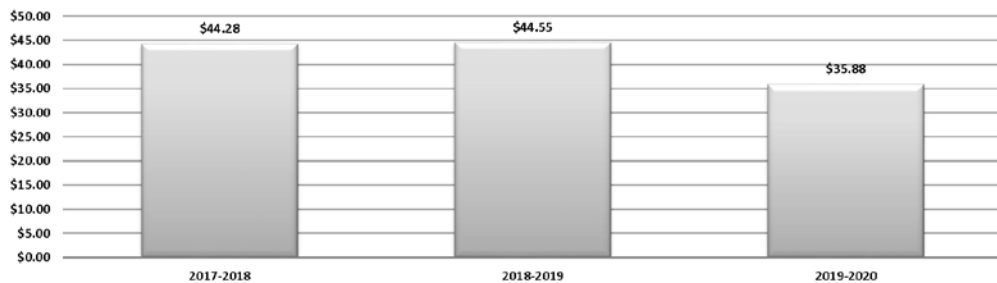
Dental Historic - Fiscal Year ABC Company

Oct 1, 2019 - Jun 30, 2020

	2017-2018				2018-2019				2019-2020			
	Dental Carrier				Dental Carrier				Dental Carrier			
	Fully Insured				Fully Insured				Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
October	4,563	9,898	\$ 181,484	\$ 213,007	4,686	10,209	\$ 202,797	\$ 218,769	4,791	10,267	\$ 206,987	\$ 233,446
November	4,529	9,847	193,135	211,948	4,691	10,174	187,050	218,249	4,793	10,260	190,252	233,413
December	4,499	9,778	200,593	210,624	4,639	10,053	217,008	215,420	4,783	10,190	210,125	231,783
January	4,693	10,365	225,849	222,057	4,808	10,461	219,622	239,124	4,954	10,637	239,781	240,603
February	4,706	10,414	206,547	223,068	4,823	10,469	196,196	239,135	4,950	10,618	205,800	240,250
March	4,715	10,441	253,271	223,523	4,805	10,409	257,383	238,051	4,938	10,593	198,567	238,882
April	4,675	10,355	223,627	221,895	4,777	10,363	220,625	236,875	4,943	10,604	56,891	240,069
May	4,706	10,379	195,208	222,397	4,778	10,333	204,374	236,032	4,913	10,554	90,860	527
June	4,707	10,361	196,143	222,083	4,766	10,309	209,799	235,229	4,874	10,465	177,068	237,212
July	4,688	10,227	205,649	219,832	4,764	10,283	229,972	234,585	-	-	-	-
August	4,665	10,161	217,397	217,846	4,801	10,297	224,308	234,387	-	-	-	-
September	4,675	10,192	172,816	218,423	4,762	10,252	174,474	233,485	-	-	-	-
Total	55,821	122,418	\$ 2,471,720	\$ 2,626,703	57,100	123,612	\$ 2,543,810	\$ 2,779,340	43,939	94,178	\$ 1,576,331	\$ 1,897,185
Gross Claims	\$2,471,719.64				\$2,543,610.33				\$1,576,330.80			
Premium	\$2,626,702.90				\$2,779,340.18				\$1,897,185.16			
Loss Ratio	94.10%				91.52%				83.09%			
Average EE's Per Month	4652				4758				4982			
Total Net Claims PEPM	\$44.28				\$44.55				\$35.88			
Percent Over Prior	N/A				0.6%▲				19.5%▼			

YTD Claims

PEPM





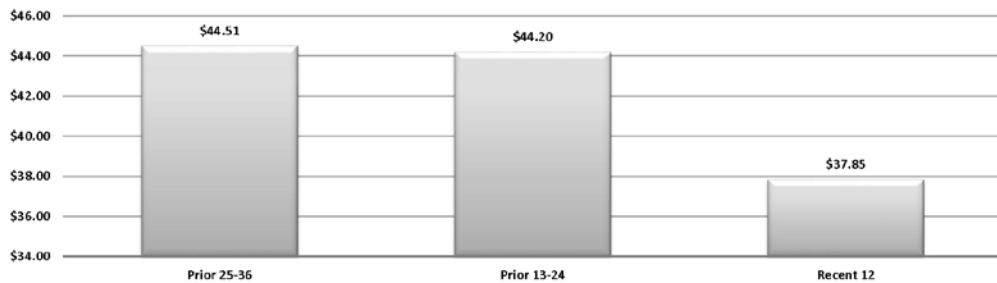
Dental Historic - Rolling 12 ABC Company

Jan 1, 2020 - Jun 30, 2020

	Prior 25-36				Prior 13-24				Recent 12			
	Dental Carrier				Dental Carrier				Dental Carrier			
	Fully Insured				Fully Insured				Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
July	4,581	9,942	\$ 187,802	\$ 213,566	4,688	10,227	\$ 205,649	\$ 219,832	4,764	10,283	\$ 229,972	\$ 234,585
August	4,571	9,910	217,148	213,126	4,665	10,161	217,397	217,846	4,801	10,297	224,308	234,387
September	4,575	9,932	190,586	213,807	4,675	10,192	172,816	218,423	4,762	10,252	174,474	233,485
October	4,563	9,898	181,484	213,007	4,686	10,209	202,797	218,769	4,791	10,267	206,987	233,446
November	4,529	9,847	193,135	211,948	4,691	10,174	187,050	218,249	4,793	10,250	190,252	233,413
December	4,499	9,778	200,593	210,624	4,639	10,053	217,008	215,420	4,783	10,190	210,125	231,783
January	4,693	10,365	225,849	222,057	4,808	10,461	219,622	239,124	4,954	10,637	239,781	240,603
February	4,706	10,414	206,547	223,068	4,823	10,469	196,196	239,135	4,950	10,618	205,800	240,250
March	4,715	10,441	263,271	223,523	4,805	10,409	257,383	238,051	4,938	10,593	198,567	239,882
April	4,675	10,355	223,627	221,895	4,777	10,363	220,625	236,875	4,943	10,604	56,891	240,069
May	4,706	10,379	195,208	222,397	4,778	10,333	204,374	236,032	4,913	10,554	90,860	527
June	4,707	10,361	196,143	222,083	4,766	10,309	209,799	235,229	4,874	10,465	177,068	237,212
Total	55,520	121,622	\$ 2,471,394	\$ 2,611,101	56,801	123,360	\$ 2,510,718	\$ 2,732,984	58,266	125,010	\$ 2,205,085	\$ 2,599,643
Gross Claims	\$2,471,393.53				\$2,510,718.16				\$2,205,085.02			
Premium	\$2,611,101.04				\$2,732,984.25				\$2,599,642.64			
Loss Ratio	94.65%				91.87%				84.82%			
Average EE's Per Month	4627				4733				4956			
Total Net Claims PEPM	\$44.51				\$44.20				\$37.85			
Percent Over Prior	N/A				0.7%▼				14.4%▼			

YTD Claims

PEPM



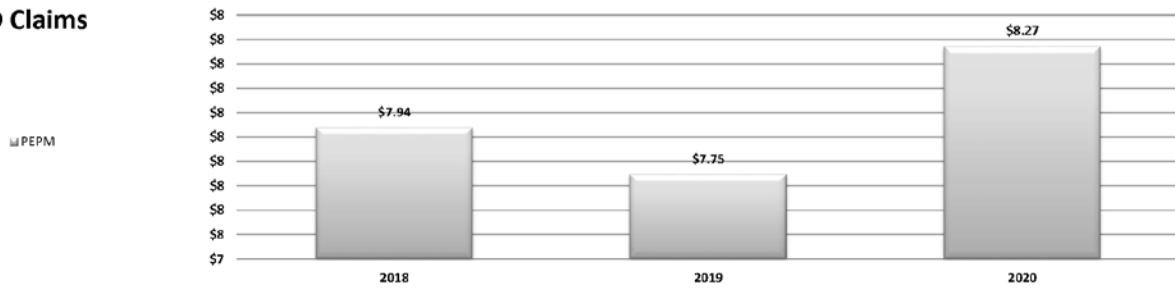


Vision Historic - Plan Year ABC Company

Jan 1, 2020 - Jun 30, 2020

	2018				2019				2020			
	Vision Carrier Fully Insured				Vision Carrier Fully Insured				Vision Carrier Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
January	369	892	\$ 6,890	\$ 3,629	383	889	\$ 4,848	\$ 3,707	378	840	\$ 3,968	\$ 3,766
February	369	889	3,477	3,624	371	872	3,077	3,616	376	832	3,691	3,739
March	363	871	2,793	3,565	370	868	3,377	3,608	378	836	1,705	3,770
April	359	860	2,619	3,521	375	879	3,723	3,651	-	-	-	-
May	362	866	2,996	3,555	374	864	2,610	3,613	-	-	-	-
June	368	867	1,529	3,569	373	856	1,267	3,585	-	-	-	-
July	367	863	1,890	3,563	369	846	2,001	3,545	-	-	-	-
August	363	848	3,312	3,509	370	847	2,516	3,551	-	-	-	-
September	364	851	2,364	3,533	367	835	2,919	3,489	-	-	-	-
October	366	851	2,760	3,535	374	836	2,931	3,512	-	-	-	-
November	367	857	2,287	3,563	373	826	2,012	3,489	-	-	-	-
December	367	852	1,893	3,554	364	801	3,300	3,377	-	-	-	-
Total	4384	10,367	\$ 34,810	\$ 42,721	4463	10,219	\$ 34,580	\$ 42,742	1132	2,608	\$ 9,364	\$ 11,276
Gross Claims	\$34,810.11				\$34,580.48				\$9,364.49			
Premium	\$42,720.95				\$42,741.60				\$11,275.04			
Loss Ratio	81.48%				80.91%				83.06%			
Average EE's Per Month	365				372				377			
Total Net Claims PEPM	\$7.94				\$7.75				\$8.27			
Percent Over Prior	N/A				2.4% ▼				6.8% ▲			

YTD Claims

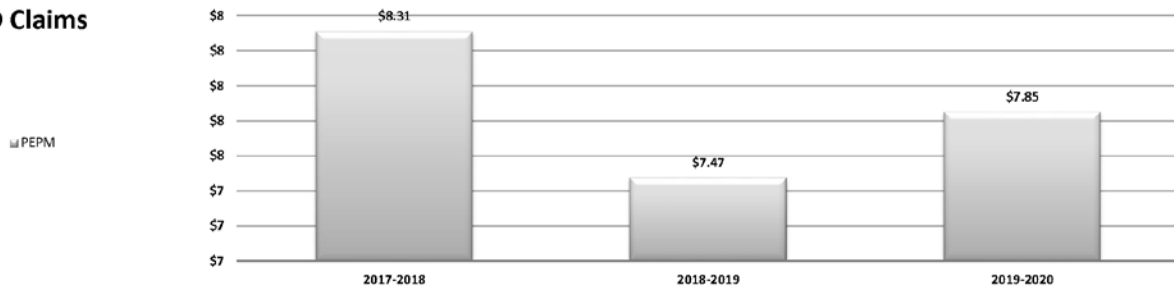


Vision Historic - Fiscal Year ABC Company

Oct 1, 2019 - Jun 30, 2020

	2017-2018				2018-2019				2019-2020			
	Vision Carrier				Vision Carrier				Vision Carrier			
	Fully Insured				Fully Insured				Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
October	358	831	\$ 2,301	\$ 3,451	366	851	\$ 2,760	\$ 3,535	374	836	\$ 2,931	\$ 3,512
November	355	826	2,607	3,445	367	857	2,287	3,563	373	826	2,012	3,489
December	354	827	3,375	3,426	367	852	1,893	3,554	364	801	3,300	3,377
January	369	892	6,890	3,629	383	889	4,848	3,707	378	840	3,968	3,766
February	369	889	3,477	3,624	371	872	3,077	3,616	376	832	3,691	3,739
March	363	871	2,793	3,565	370	868	3,377	3,606	378	836	1,706	3,770
April	359	860	2,619	3,521	375	879	3,723	3,651	-	-	-	-
May	362	866	2,996	3,555	374	864	2,610	3,613	-	-	-	-
June	368	867	1,529	3,569	373	856	1,267	3,585	-	-	-	-
July	367	863	1,890	3,563	369	846	2,001	3,545	-	-	-	-
August	363	848	3,312	3,509	370	847	2,516	3,551	-	-	-	-
September	364	851	2,364	3,533	367	835	2,919	3,489	-	-	-	-
Total	4351	10,291	\$ 36,162	\$ 42,391	4452	10,316	\$ 33,277	\$ 43,018	2243	4,971	\$ 17,608	\$ 21,653
Gross Claims	\$36,152.15				\$33,276.88				\$17,608.40			
Premium	\$42,390.55				\$43,016.00				\$21,652.74			
Loss Ratio	85.28%				77.36%				81.32%			
Average EE's Per Month	363				371				374			
Total Net Claims PEPM	\$8.31				\$7.47				\$7.85			
Percent Over Prior	N/A				10.0% ▼				5.0% ▲			

YTD Claims

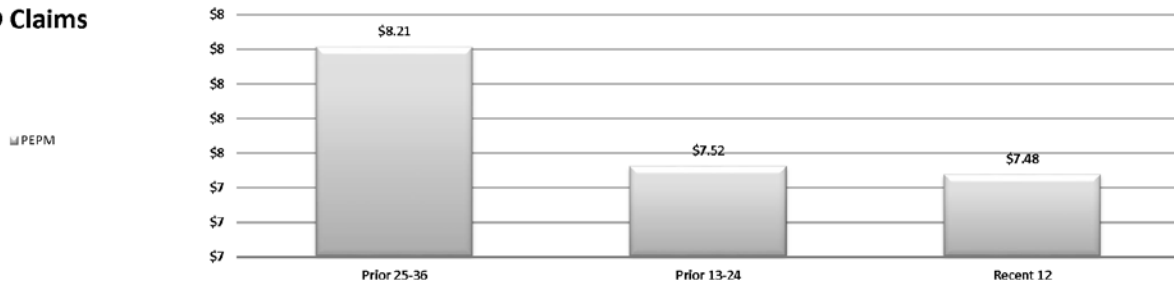


Vision Historic - Rolling 12 ABC Company

Jan 1, 2020 - Jun 30, 2020

	Prior 25-36 Vision Carrier Fully Insured				Prior 13-24 Vision Carrier Fully Insured				Recent 12 Vision Carrier Fully Insured			
	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium	Subs	Mbrs	Paid	Premium
July	371	866	\$ 2,674	\$ 3,616	367	863	\$ 1,890	\$ 3,563	369	846	\$ 2,001	\$ 3,545
August	358	840	1,998	3,488	363	848	3,312	3,509	370	847	2,516	3,551
September	358	834	2,426	3,470	364	851	2,364	3,533	367	835	2,919	3,489
October	358	831	2,301	3,451	366	851	2,760	3,535	374	836	2,931	3,512
November	355	826	2,607	3,445	367	857	2,287	3,563	373	826	2,012	3,489
December	354	827	3,375	3,426	367	852	1,893	3,554	364	801	3,300	3,377
January	369	892	6,890	3,629	383	889	4,848	3,707	378	840	3,968	3,766
February	369	889	3,477	3,624	371	872	3,077	3,616	376	832	3,691	3,739
March	363	871	2,793	3,565	370	868	3,377	3,606	378	836	1,708	3,770
April	359	860	2,619	3,521	375	879	3,723	3,651	-	-	-	-
May	362	866	2,996	3,555	374	864	2,610	3,613	-	-	-	-
June	368	867	1,529	3,569	373	856	1,267	3,585	-	-	-	-
Total	4344	10,289	\$ 35,684	\$ 42,358	4440	10,350	\$ 33,407	\$ 43,038	3349	7,499	\$ 25,044	\$ 32,238
Gross Claims	\$35,684.29				\$33,406.83				\$25,043.95			
Premium	\$42,358.20				\$43,036.10				\$32,238.09			
Loss Ratio	84.24%				77.63%				77.68%			
Average EE's Per Month	362				370				372			
Total Net Claims PEPM	\$8.21				\$7.52				\$7.48			
Percent Over Prior	N/A				8.4% ▼				0.6% ▼			

YTD Claims





ACA Fees
ABC Company

PCORI Fee Plan Year Start	Plan Year End	Fee (PMPY)	Date Due		Quarterly Actual	Monthly Actual	Quarterly Factor	Monthly Factor
1/1/2015	12/31/2015	\$2.17	7/31/2016	Members	2,683	2,682	2,033	2,033
				Amount Due	\$5,822.11	\$5,819.94	\$4,411.61	\$4,411.61
1/1/2016	12/31/2016	\$2.26	7/31/2017	Members	2,667	2,664	2,026	2,024
				Amount Due	\$6,027.42	\$6,020.64	\$4,578.76	\$4,574.24
1/1/2017	12/31/2017	\$2.39	7/31/2018	Members	2,550	2,551	1,970	1,971
				Amount Due	\$6,094.50	\$6,096.89	\$4,708.30	\$4,710.69
1/1/2018	12/31/2018	\$2.45	7/31/2019	Members	2,580	2,584	2,018	2,022
				Amount Due	\$6,321.00	\$6,330.80	\$4,944.10	\$4,953.90
1/1/2019	12/31/2019	\$2.54	7/31/2020	Members	2,576	2,573	2,023	2,023
				Amount Due	\$6,543.04	\$6,535.42	\$5,138.42	\$5,138.42
1/1/2020	12/31/2020	\$2.69 *	7/31/2021	Members	2,546	2,552	1,993	1,966
				Amount Due	\$6,854.85	\$6,871.00	\$5,365.95	\$5,374.03

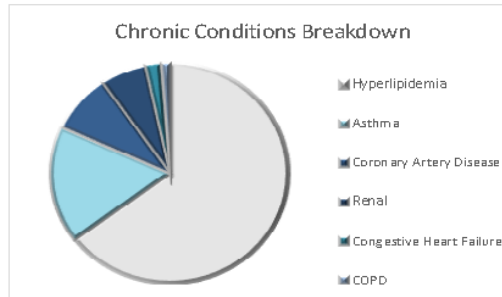
*Based on 6% trend

COVID-19 Analysis ABC Company

Legend

	Elevated Risk
	High Risk
	Highest Risk

Age Band	Subs	Mbrs
<1-19	11	1648
20-29	366	854
30-39	529	745
40-49	516	706
50-59	547	759
60-64	286	354
65+	42	52



According to the CDC, the following individuals are at high risk for severe illness:

- Individuals above the age of 65
- Individuals in nursing homes
- Individuals with chronic lung Disease or moderate to severe asthma.
- Individuals who are immunocompromised
- Individuals with severe obesity
- Individuals with diabetes
- Individuals with chronic kidney disease undergoing dialysis
- Individuals with liver disease

- COVID-19 has a fatality rate between .3% and 1.5% according to WHO. By comparison, SARS was 7%-15% and MERS was 43%.
- COVID-19 is more infectious than the Flu, SARS and MERS.
- 80%-85% of those are infected are asymptomatic or have mild symptoms.
- However, more than a third of those who are hospitalized will require breathing support.
- While estimating potential cost impact is very difficult, we do know that virtually all routine and non-essential surgeries have been postponed.
- If the number of infected stay low and/or they have mild symptoms, the lack of non-essential procedures could help offset the potential costs of COVID-19.

Chronic Conditions Across Population

Chronic Condition	Members
Asthma	100
Coronary Artery Disease	50
Congestive Heart Failure	12
COPD	7
Hyperlipidemia	378
Renal	37

Members w/ Multiple Conditions

Members w/ Chronic Condition	% of Pop
None	4569
1 Condition	403
2 Conditions	109
3 Conditions	27
4 Conditions	9
5+ Conditions	1

Chemotherapy/Radiotherapy

Age Band	Cmnts	Svcs	IP Days
1-19	0	0	0
20-29	0	0	0
30-39	0	0	0
40-49	1	28	0
50-59	1	2	0
60-64	0	0	0
65+	0	0	0

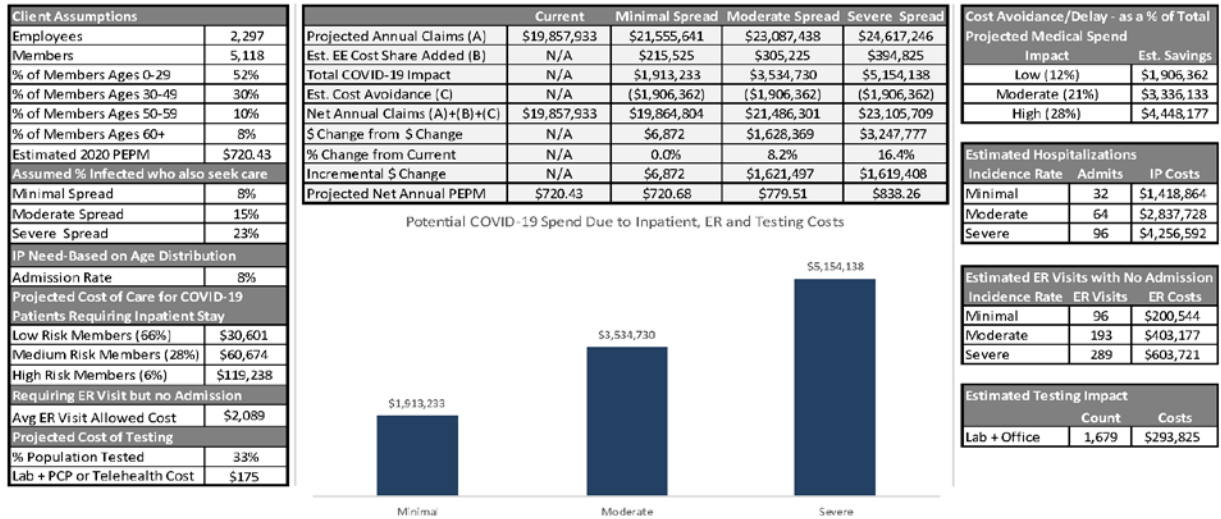
Chronic Condition by Age Band

Chronic Condition	50-59	60-64	65+
Asthma	16	11	2
Coronary Artery Disease	21	17	3
Congestive Heart Failure	5	3	0
COPD	1	4	1
Hyperlipidemia	131	117	22
Renal	9	11	3

Coronavirus Plan Cost Estimator

Estimated Impact for ABC Company

Version 2.0 released
April 8, 2020



Sources:

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Covered California, "The Potential National Health Cost Impacts to Consumers, Employers and Insurers Due to the Coronavirus (COVID-19)" <https://hbx.coveredca.com/data-research/library/COVID-19-National-Cost-Impacts03-21-20.pdf>

FAIR Health, "The Projected Economic Impact of the COVID-19 Pandemic on the US Healthcare System" <https://3.amazonaws.com/media2.fairhealth.org/brief/asset/COVID-19%20-%20The%20Projected%20Economic%20Impact%20-%20The%20COVID-19%20Pandemic%20on%20the%20US%20Healthcare%20System.pdf>

Peterson-KFF Health System Tracker, Matthew Roe, Gary Claxton, Nisha Kurani, Daniel McDermott, and Cynthia Cox, "Potential costs of coronavirus treatment for people with employer coverage" <https://www.healthsystemtracker.org/brief/potential-costs-of-coronavirus-treatment-for-people-with-employer-coverage/>

Any information, analyses, opinions and/or recommendations contained herein relating to the impact or the potential impact of coronavirus/COVID-19 on insurance coverage or any insurance policy is not a legal opinion, warranty or guarantee, and should not be relied upon as such. As insurance agents, we do not have the authority to render legal advice or to make coverage decisions, and you should submit all claims to your insurance carrier for evaluation as they will make the final determination. Given the on-going and constantly changing situation with respect to the coronavirus/COVID-19 pandemic, this communication does not necessarily reflect the latest information regarding recently enacted, pending or proposed legislation or guidance that could override, alter or otherwise affect existing insurance coverage. At your discretion, please consult with an attorney at your own expense for specific advice in this regard.



ABC Company
2020 Plan Year Projections
Based on the Most Recent 30 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total
Medical		1152	\$543.15	\$625,707.33	\$7,508,487.97	67.58%
Pharmacy		1152	\$149.34	\$172,039.09	\$2,064,469.11	18.58%
Total Claims		1152	\$692.49	\$797,746.42	\$9,572,957.08	86.16%

Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.69%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.35%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.61%	
Total Administration			6026	\$4.23	\$25,516.80	\$306,201.60	2.76%
Stop Loss Premium							
Specific	0.00%	1152	\$44.31	\$51,045.12	\$612,541.44	5.51%	
Aggregate	0.00%	1152	\$1.82	\$2,096.64	\$25,159.68	0.23%	
Total Stop Loss Premium			1152	\$46.13	\$53,141.76	\$637,701.12	5.74%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	5.30%
Total Fixed Costs			1152	\$111.28	\$128,190.82	\$1,538,289.78	13.84%
Total Plan Costs			1152	\$803.76	\$925,937.24	\$11,111,246.86	100.00%

Runout Analysis		Other Budgeted Items	\$0.00
		*See budget sheet for details	
2 Months Medical/ .5 Months Rx	\$1,337,434.21		
2.5 Months Medical/ .5 Months Rx	\$1,650,287.87		
3 Months Medical/ .5 Months Rx	\$1,963,141.54		
		Grand Total	\$11,111,246.86
		Est Funding @ Current Rates	\$12,849,600.36

Possible Scenarios Adjusted for COVID-19	
Minimal Spread	\$11,500,970.10
Moderate Spread	\$12,314,236.02
Severe Spread	\$13,126,396.02





ABC Company
2020 Plan Year Projections
Based on the Most Recent 12 Months

<i>Trended Claims</i>	Enrollment	PEPM	Monthly	Annual	% of Total
Medical	1152	\$599.19	\$690,271.13	\$8,283,253.52	70.46%
Pharmacy	1152	\$139.96	\$161,238.76	\$1,934,865.33	16.46%
Total Claims	1152	\$739.16	\$851,509.90	\$10,218,118.85	86.92%

<i>Fixed Costs</i>	% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration						
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.60%
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.33%
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.58%
Total Administration		6026	\$4.23	\$25,516.80	\$306,201.60	2.60%
Stop Loss Premium						
Specific	0.00%	1152	\$44.31	\$51,045.12	\$612,541.44	5.21%
Aggregate	0.00%	1152	\$1.82	\$2,096.64	\$25,159.68	0.21%
Total Stop Loss Premium		1152	\$46.13	\$53,141.76	\$637,701.12	5.42%
HSA Contributions	0.00%	714	\$68.76	\$49,094.44	\$589,133.33	5.01%
Total Fixed Costs		1152	\$111.28	\$128,190.82	\$1,538,289.78	13.08%
Total Plan Costs		1152	\$850.43	\$979,700.72	\$11,756,408.63	100.00%

Runout Analysis	
2 Months Medical/ .5 Months Rx	\$1,461,161.64
2.5 Months Medical/ .5 Months Rx	\$1,806,297.21
3 Months Medical/ .5 Months Rx	\$2,151,432.77

Possible Scenarios Adjusted for COVID-19	
Minimal Spread	\$12,146,131.87
Moderate Spread	\$12,959,397.79
Severe Spread	\$13,771,557.79

Other Budgeted Items \$0.00

*See budget sheet for details

Grand Total	\$11,756,408.63
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2021 Plan Year Projections
 Based on the Most Recent 30 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total	
Medical		1152	\$572.40	\$659,399.77	\$7,912,797.25	67.21%	
Pharmacy		1152	\$161.29	\$185,802.22	\$2,229,626.64	18.94%	
Total Claims		1152	\$733.68	\$845,201.99	\$10,142,423.89	86.14%	
Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.59%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.33%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.58%	
Total Administration			8026	\$4.23	\$25,516.80	\$306,201.60	2.60%
Stop Loss Premium							
Specific	15.00%	1152	\$50.96	\$58,701.89	\$704,422.66	5.98%	
Aggregate	5.00%	1152	\$1.91	\$2,201.47	\$26,417.66	0.22%	
Total Stop Loss Premium			1152	\$52.87	\$60,903.36	\$730,840.32	6.21%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	5.00%
Total Fixed Costs			1152	\$118.01	\$135,952.42	\$1,631,428.98	13.86%
Total Plan Costs			1152	\$851.70	\$981,154.41	\$11,773,852.87	100.00%

Other Budgeted Items **\$0.00**
**See budget sheet for details*

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,411,700.65
2.5 Months Medical/ 5 Months Rx	\$1,741,400.54
3 Months Medical/ 5 Months Rx	\$2,071,100.42

Grand Total	\$11,773,852.87
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2021 Plan Year Projections
 Based on the Most Recent 12 Months

<i>Trended Claims</i>	Enrollment	PEPM	Monthly	Annual	% of Total
Medical	1152	\$629.07	\$724,687.39	\$8,696,248.73	70.03%
Pharmacy	1152	\$151.16	\$174,137.86	\$2,089,654.56	16.83%
Total Claims	1152	\$780.23	\$898,825.27	\$10,785,903.29	86.86%

<i>Fixed Costs</i>	% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration						
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.51%
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.31%
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.01%
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.55%
Total Administration		6026	\$4.23	\$25,516.80	\$306,201.60	2.47%
Stop Loss Premium						
Specific	15.00%	1152	\$50.96	\$58,701.89	\$704,422.66	5.67%
Aggregate	5.00%	1152	\$1.91	\$2,201.47	\$26,417.66	0.21%
Total Stop Loss Premium		1152	\$52.87	\$60,903.36	\$730,840.32	5.89%
HSA Contributions	0.00%	714	\$68.76	\$49,094.44	\$589,133.33	4.74%
Total Fixed Costs		1152	\$118.01	\$135,952.42	\$1,631,428.98	13.14%
Total Plan Costs		1152	\$898.24	\$1,034,777.69	\$12,417,332.27	100.00%

Other Budgeted Items \$0.00
 *See budget sheet for details

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,536,443.73
2.5 Months Medical/ 5 Months Rx	\$1,898,787.43
3 Months Medical/ 5 Months Rx	\$2,261,131.12

Grand Total	\$12,417,332.27
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2019-2020 Fiscal Year Projections
Based on the Most Recent 33 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total
Medical		1152	\$565.86	\$651,867.32	\$7,822,407.79	68.48%
Pharmacy		1152	\$149.18	\$171,853.52	\$2,062,242.18	18.05%
Total Claims		1152	\$715.04	\$823,720.83	\$9,884,649.97	86.53%

Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.64%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.34%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.59%	
Total Administration			8026	\$4.23	\$25,516.80	\$306,201.60	2.68%
Stop Loss Premium							
Specific	0.00%	1152	\$44.31	\$51,045.12	\$612,541.44	5.36%	
Aggregate	0.00%	1152	\$1.82	\$2,096.64	\$25,159.68	0.22%	
Total Stop Loss Premium			1152	\$46.13	\$53,141.76	\$637,701.12	5.58%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	5.16%
Total Fixed Costs			1152	\$111.28	\$128,190.82	\$1,538,289.78	13.47%
Total Plan Costs			1152	\$826.31	\$951,911.65	\$11,422,939.75	100.00%

Other Budgeted Items **\$0.00**
**See budget sheet for details*

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,389,661.39
2.5 Months Medical/ 5 Months Rx	\$1,715,595.05
3 Months Medical/ 5 Months Rx	\$2,041,528.70

Grand Total	\$11,422,939.75
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2019-2020 Fiscal Year Projections
Based on the Most Recent 12 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total
Medical		1152	\$591.99	\$681,975.87	\$8,183,710.40	70.43%
Pharmacy		1152	\$137.30	\$158,166.16	\$1,897,993.86	16.33%
Total Claims		1152	\$729.29	\$840,142.02	\$10,081,704.26	86.76%

Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.61%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.33%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.58%	
Total Administration			8026	\$35.74	\$25,516.80	\$306,201.60	2.64%
Stop Loss Premium							
Specific	0.00%	1152	\$44.31	\$51,045.12	\$612,541.44	5.27%	
Aggregate	0.00%	1152	\$1.82	\$2,096.64	\$25,159.68	0.22%	
Total Stop Loss Premium			1152	\$46.13	\$53,141.76	\$637,701.12	5.49%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	5.07%
Total Fixed Costs			1152	\$111.28	\$128,190.82	\$1,538,289.78	13.24%
Total Plan Costs			1152	\$840.57	\$968,332.84	\$11,619,994.04	100.00%

Other Budgeted Items **\$0.00**
**See budget sheet for details*

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,443,034.81
2.5 Months Medical/ 5 Months Rx	\$1,784,022.74
3 Months Medical/ 5 Months Rx	\$2,125,010.68

Grand Total	\$11,619,994.04
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2020-2021 Fiscal Year Projections
Based on the Most Recent 33 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total
Medical		1152	\$596.62	\$687,304.35	\$8,247,652.25	68.13%
Pharmacy		1152	\$161.11	\$185,601.80	\$2,227,221.56	18.40%
Total Claims		1152	\$757.73	\$872,906.15	\$10,474,873.81	86.52%

Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.55%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.32%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.56%	
Total Administration			8026	\$4.23	\$25,516.80	\$306,201.60	2.53%
Stop Loss Premium							
Specific	15.00%	1152	\$50.96	\$58,701.89	\$704,422.66	5.82%	
Aggregate	5.00%	1152	\$1.91	\$2,201.47	\$26,417.66	0.22%	
Total Stop Loss Premium			1152	\$52.87	\$60,903.36	\$730,840.32	6.04%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	4.87%
Total Fixed Costs			1152	\$118.01	\$135,952.42	\$1,631,428.98	13.48%
Total Plan Costs			1152	\$875.75	\$1,008,858.57	\$12,106,302.79	100.00%

Other Budgeted Items **\$0.00**
**See budget sheet for details*

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,467,409.61
2.5 Months Medical/ 5 Months Rx	\$1,811,061.78
3 Months Medical/ 5 Months Rx	\$2,154,713.96

Grand Total	\$12,106,302.79
Est Funding @ Current Rates	\$12,849,600.36





ABC Company
2020-2021 Fiscal Year Projections
Based on the Most Recent 12 Months

Trended Claims		Enrollment	PEPM	Monthly	Annual	% of Total
Medical		1152	\$621.44	\$715,894.42	\$8,590,733.02	70.00%
Pharmacy		1152	\$148.28	\$170,819.45	\$2,049,833.37	16.70%
Total Claims		1152	\$769.72	\$886,713.87	\$10,640,566.39	86.71%

Fixed Costs		% Change	Enrollment	PEPM	Monthly	Annual	% of Total
Administration							
HSA	0.00%	8	\$22.15	\$177.20	\$2,126.40	0.02%	
EPO HSA 5000	0.00%	706	\$22.15	\$15,637.90	\$187,654.80	1.53%	
HMO 5000	0.00%	145	\$22.15	\$3,211.75	\$38,541.00	0.31%	
HMO 3000	0.00%	7	\$22.15	\$155.05	\$1,880.60	0.02%	
HMO 1000	0.00%	31	\$22.15	\$686.65	\$8,239.80	0.07%	
EPO 3000	0.00%	255	\$22.15	\$5,648.25	\$67,779.00	0.55%	
Total Administration			8026	\$35.74	\$25,516.80	\$306,201.60	2.50%
Stop Loss Premium							
Specific	15.00%	1152	\$50.96	\$58,701.89	\$704,422.66	5.74%	
Aggregate	5.00%	1152	\$1.91	\$2,201.47	\$26,417.66	0.22%	
Total Stop Loss Premium			1152	\$52.87	\$60,903.36	\$730,840.32	5.96%
HSA Contributions		0.00%	714	\$68.76	\$49,094.44	\$589,133.33	4.80%
Total Fixed Costs			1152	\$118.01	\$135,952.42	\$1,631,428.98	13.29%
Total Plan Costs			1152	\$887.73	\$1,022,666.28	\$12,271,995.38	100.00%

Other Budgeted Items **\$0.00**
**See budget sheet for details*

Runout Analysis	
2 Months Medical/ 5 Months Rx	\$1,517,198.56
2.5 Months Medical/ 5 Months Rx	\$1,875,145.77
3 Months Medical/ 5 Months Rx	\$2,233,092.98

Grand Total	\$12,271,995.38
Est Funding @ Current Rates	\$12,849,600.36





Employee Benefit Solutions

2019 Q4 McGriff Book of Business Benchmarking

for
Client Name



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Client Profile

Client Name

- Effective Date:
- Industry:
- Situs State:
- Medical Carrier:
- Plans Offered:

Benchmarks Included in Report

- Median Plan Benefits and Average Plan Costs for:
 - Group Size: All
 - Industry: Public Sector (County, City, Schools)

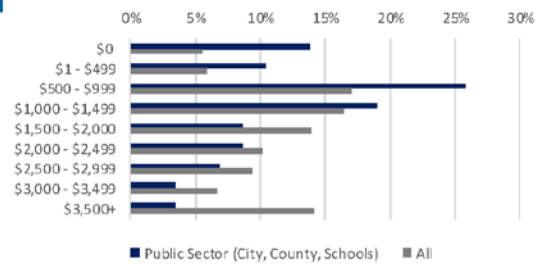


Medical Plans

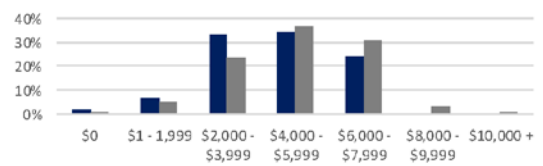
PPO/POS Plan Designs

	Client	Client	Industry	All
Enrollment				
% offer a PPO			60%	66%
% of EE's Enrolled in a PPO			48%	55%
Benefits				
Individual Deductible			\$875	\$1,500
Family Deductible			\$2,000	\$3,000
Individual MOOP			\$4,000	\$4,750
Family MOOP			\$8,000	\$10,000
Coinurance			80%	80%
PCP Visit Copay			\$25	\$25
Specialist Visit Copay			\$50	\$50
Emergency Room			\$250	\$250
Urgent Care			\$50	\$50
Rx Tier 1			\$10	\$10
Rx Tier 2			\$35	\$35
Rx Tier 3			\$60	\$60
Rx Tier 4			\$138	\$125
Mail Order			2.5x retail	2.5x retail
Actuarial Value			0.831	0.806

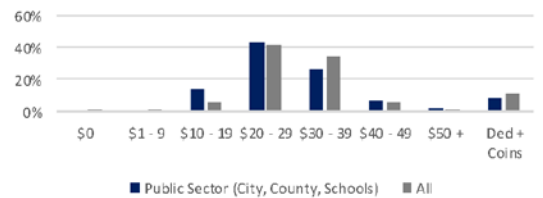
Individual In Network Deductible



Individual In Network Max OOP

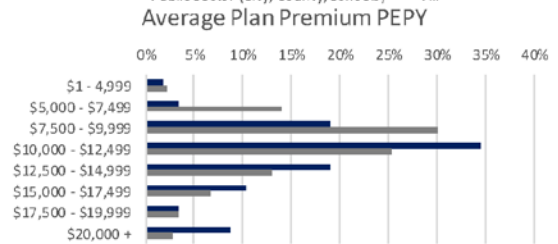
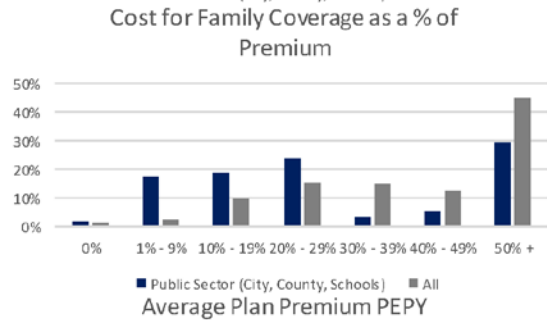
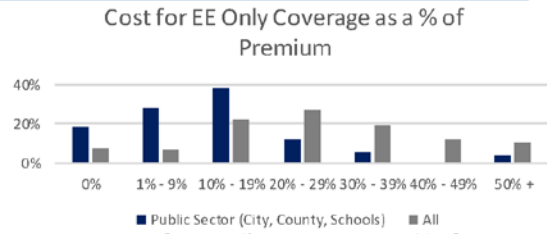


PCP Copay per Visit



PPO/POS Plan Premium and Contributions

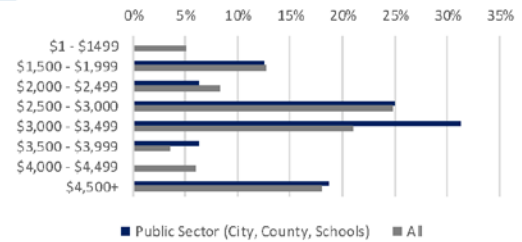
	Client	Client	Industry	All
Plan Cost				
Average PEPY			\$12,673	\$10,862
Plan Cost - Monthly Rate				
Employee Only			\$668	\$594
Employee + Spouse			\$1,318	\$1,257
Employee + Children			\$1,217	\$1,104
Family			\$1,868	\$1,737
Average Employee Cost - Monthly Contribution				
Employee Only Contribution			\$99	\$157
Employee + Spouse Contribution			\$413	\$558
Employee + Children Contribution			\$337	\$469
Family Contribution			\$589	\$815
Contribution % of Premium				
Employee Only			15%	26%
Employee + Spouse			31%	44%
Employee + Children			28%	43%
Family			32%	47%
% No Contribution Required - EE Only				
			17%	7%



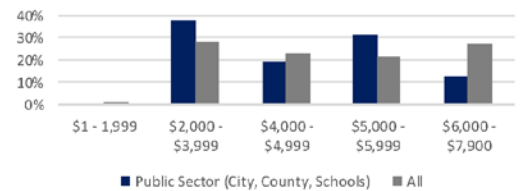
HSA Plan Designs

	Client	Client	Industry	All
Enrollment				
% of EE's enrolled in a CDHP			35%	46%
% of EE's enrolled in an HSA			16%	23%
Benefits				
Individual Deductible			\$3,000	\$2,800
Family Deductible			\$6,000	\$5,600
Coinsurance			100%	80%
Individual MOOP			\$4,000	\$4,500
Family MOOP			\$8,000	\$8,225
HSA Funding				
% Contributing			88%	56%
EE Account			\$735	\$500
Family Account			\$1,143	\$1,000
Actuarial Value w/o funding			0.773	0.729
Actuarial Value w/ funding			0.922	0.859

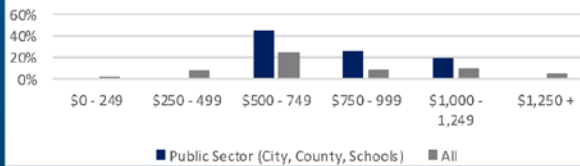
Individual In Network Deductible



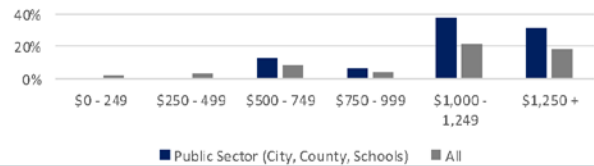
Individual In Network Max OOP



HSA Employer Funding - Individual



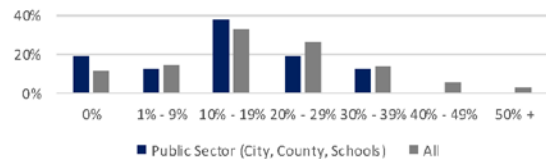
HSA Employer Funding - Family



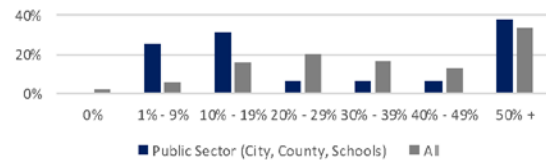
HSA Plan Premium and Contributions

	Client	Client	Industry	All
Plan Cost				
Average PEPY			\$10,347	\$9,551
Plan Cost - Monthly Rate				
Employee Only			\$592	\$498
Employee + Spouse			\$1,148	\$1,053
Employee + Children			\$980	\$915
Family			\$1,545	\$1,474
Average Employee Cost - Monthly				
Employee Only Contribution			\$74	\$95
Employee + Spouse Contribution			\$367	\$386
Employee + Children Contribution			\$278	\$305
Family Contribution			\$556	\$577
Contribution % of Premium				
Employee Only			13%	19%
Employee + Spouse			32%	37%
Employee + Children			28%	33%
Family			36%	39%
% No Contribution Required			19%	11%

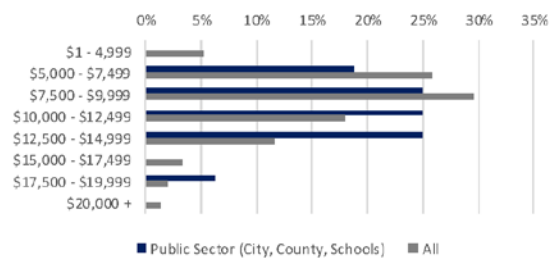
Cost for EE Only Coverage as a % of Premium



Cost for Family Coverage as a % of Premium

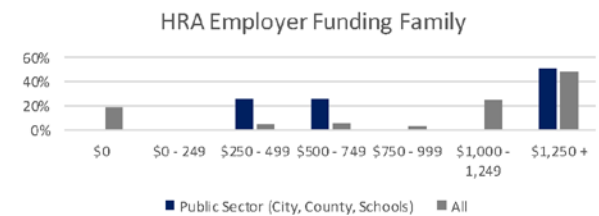
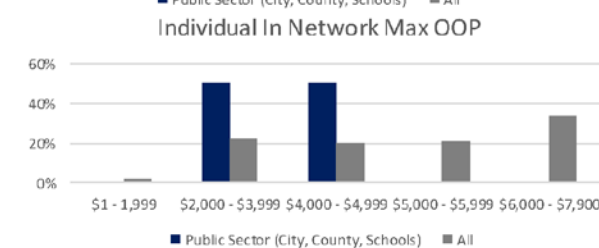
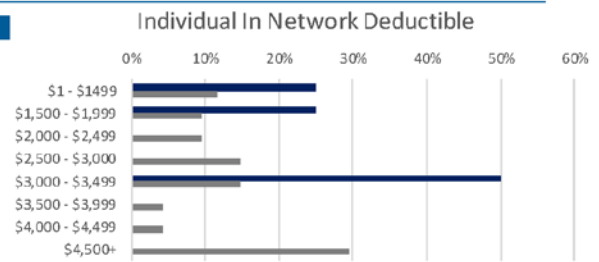
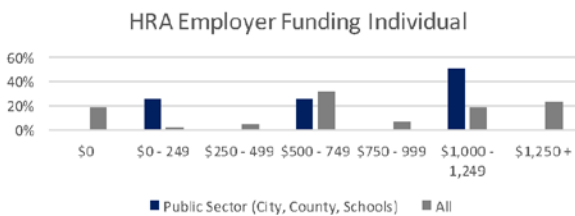


Average Plan Premium PEPY



HRA Plan Designs

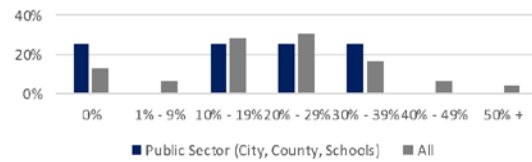
	Client	Client	Industry	All
Enrollment				
% offer a HRA			2%	6%
% of EE's enrolled in an HRA			14%	8%
Benefits				
Individual Deductible			\$2,400	\$3,000
Family Deductible			\$4,800	\$6,000
Coinsurance			90%	80%
Individual MOOP			\$3,800	\$5,000
Family MOOP			\$8,000	\$10,000
Rx Tier 1			\$10	\$10
Rx Tier 2			\$40	\$40
Rx Tier 3			\$60	\$70
Rx Tier 4			\$250	\$100
Mail Order			2.5x retail	2.5x retail
HRA Funding				
EE Account			\$750	\$775
Family Account			\$1,350	\$1,500
Actuarial Value w/o funding				
			0.774	0.735
Actuarial Value w/ funding				
			0.830	0.785



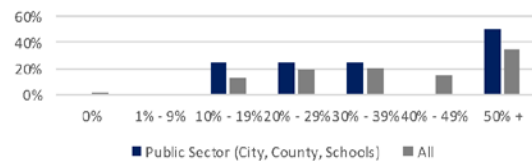
HRA Plan Premium and Contributions

	Client	Client	Industry	All
Plan Cost				
Average PEPY			\$6,638	\$9,788
Plan Cost - Monthly Rate				
Employee Only			\$434	\$528
Employee + Spouse			\$1,098	\$1,117
Employee + Children			\$666	\$963
Family			\$1,371	\$1,562
Average Employee Cost - Monthly				
Employee Only Contribution			\$171	\$113
Employee + Spouse Contribution			\$717	\$451
Employee + Children Contribution			\$364	\$344
Family Contribution			\$994	\$670
Contribution % of Premium				
Employee Only			39%	21%
Employee + Spouse			65%	40%
Employee + Children			55%	36%
Family			73%	43%
% No Contribution Required			0%	13%

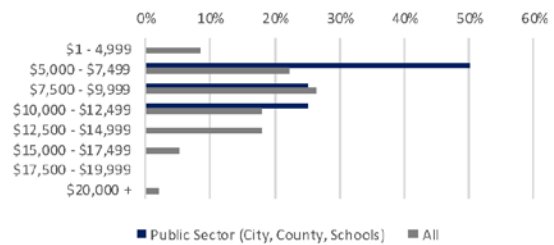
Cost for EE Only Coverage as a % of Premium



Cost for Family Coverage as a % of Premium



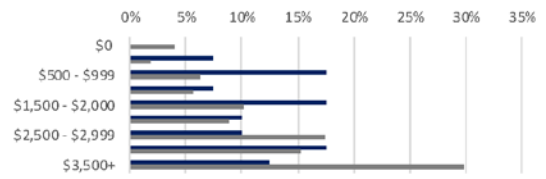
Average Plan Premium PEPY



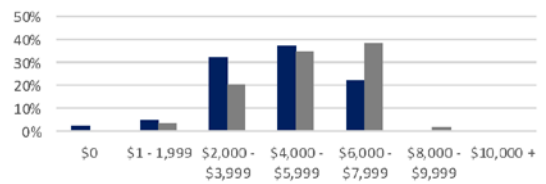
Lowest Cost Plan Designs

	Client	Client	Industry	All
Benefits				
Individual Deductible			\$1,900	\$2,700
Family Deductible			\$4,000	\$5,400
Individual MOOP			\$4,000	\$5,000
Family MOOP			\$8,000	\$10,000
Coinsurance			80%	80%
PCP Visit Copay			\$30	\$30
Specialist Visit Copay			\$50	\$50
Emergency Room			\$300	\$250
Urgent Care			\$50	\$50
Rx Tier 1			\$10	\$10
Rx Tier 2			\$35	\$35
Rx Tier 3			\$60	\$60
Rx Tier 4			\$150	\$125
Mail Order			2.5x retail	2.5x retail
Actuarial Value			0.78	0.745

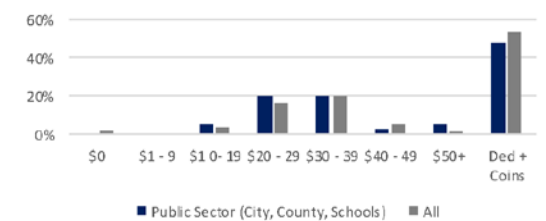
Individual In Network Deductible



Individual In Network Max OOP



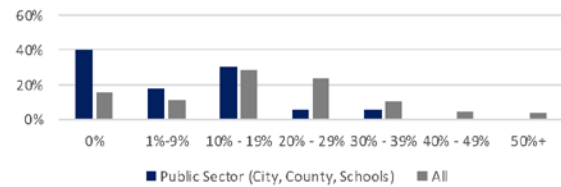
PCP Copay per Visit



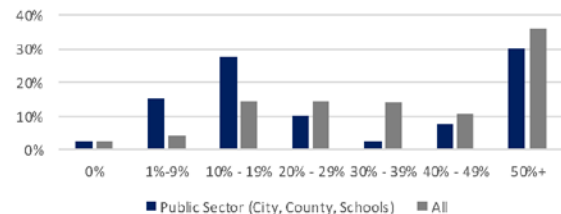
Lowest Cost Plan Premium and Contributions

	Client	Industry	All
Plan Cost			
Average PEPY		\$10,857	\$9,289
Plan Cost - Monthly Rate			
Employee Only		\$609	\$504
Employee + Spouse		\$1,165	\$1,065
Employee + Children		\$1,065	\$933
Family		\$1,621	\$1,480
Average Employee Cost - Monthly			
Employee Only Contribution		\$49	\$92
Employee + Spouse Contribution		\$349	\$410
Employee + Children Contribution		\$279	\$330
Family Contribution		\$544	\$612
Contribution % of Premium			
Employee Only		8%	18%
Employee + Spouse		30%	38%
Employee + Children		26%	35%
Family		34%	41%
% No Contribution Required		38%	15%

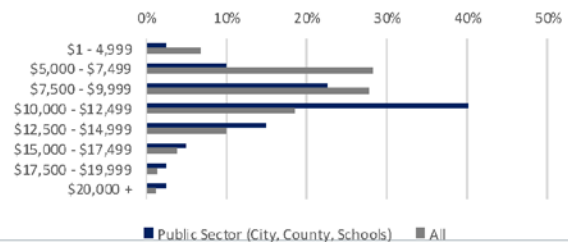
Cost for EE Only Coverage as a % of Premium



Cost for Family Coverage as a % of Premium



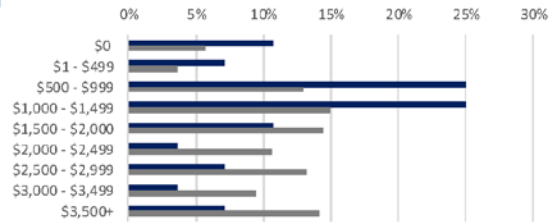
Average Plan Premium PEPY



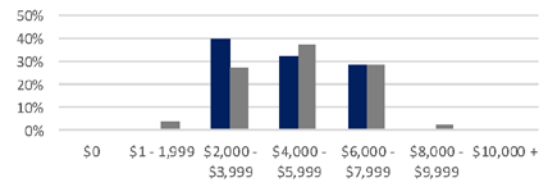
2nd Lowest Cost Plan Designs

	Client	Client	Industry	All
Benefits				
Individual Deductible			\$1,000	\$1,500
Family Deductible			\$2,225	\$3,900
Individual MOOP			\$4,500	\$4,500
Family MOOP			\$9,000	\$9,000
Coinurance			80%	80%
PCP Visit Copay			\$25	\$25
Specialist Visit Copay			\$40	\$50
Emergency Room			\$250	\$250
Urgent Care			\$60	\$50
Rx Tier 1			\$10	\$10
Rx Tier 2			\$35	\$35
Rx Tier 3			\$60	\$60
Rx Tier 4			\$150	\$125
Mail Order			2.5x retail	2.5x retail
Actuarial Value				
			0.824	0.808

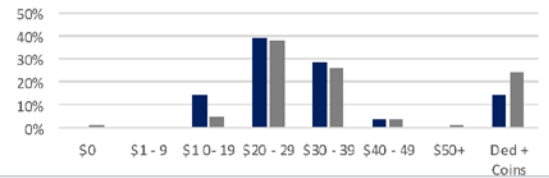
Individual In Network Deductible



Individual In Network Max OOP



PCP Copay per Visit

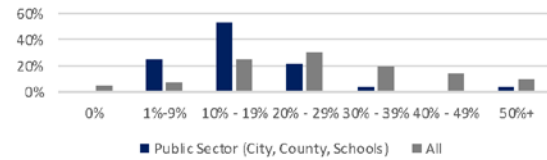


Public Sector (City, County, Schools) All

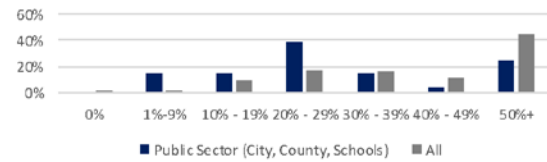
2nd Lowest Cost Plan Premium and Contributions

	Client	Industry	All
Plan Cost			
Average PEPY		\$13,098	\$10,646
Plan Cost - Monthly Rate			
Employee Only		\$697	\$569
Employee + Spouse		\$1,325	\$1,220
Employee + Children		\$1,211	\$1,061
Family		\$1,839	\$1,690
Average Employee Cost - Monthly			
Employee Only Contribution		\$120	\$148
Employee + Spouse Contribution		\$387	\$529
Employee + Children Contribution		\$338	\$442
Family Contribution		\$575	\$790
Contribution % of Premium			
Employee Only		17%	26%
Employee + Spouse		29%	43%
Employee + Children		28%	42%
Family		31%	47%
% No Contribution Required		0%	5%

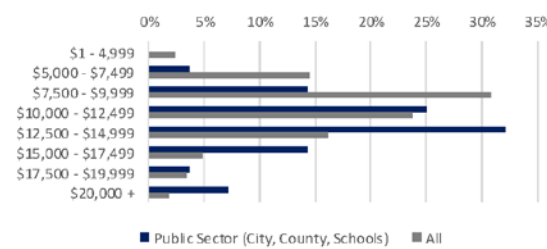
Cost for EE Only Coverage as a % of Premium



Cost for Family Coverage as a % of Premium



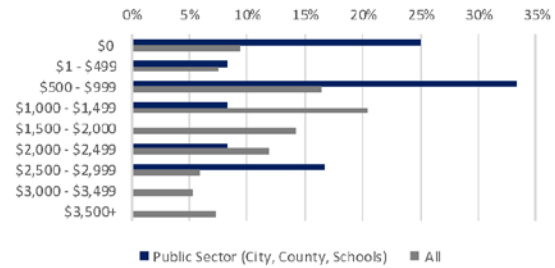
Average Plan Premium PEPY



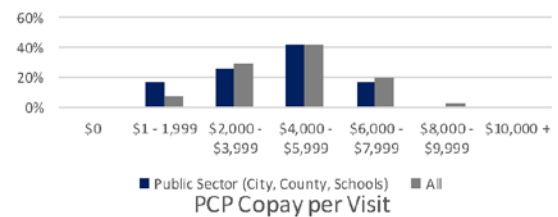
3rd Lowest Cost Plan Designs

	Client	Client	Industry	All
Benefits				
Individual Deductible			\$550	\$1,000
Family Deductible			\$1,000	\$3,000
Individual MOOP			\$4,000	\$4,250
Family MOOP			\$8,500	\$9,000
Coinsurance			80%	80%
PCP Visit Copay			\$25	\$25
Specialist Visit Copay			\$50	\$50
Emergency Room			\$250	\$250
Urgent Care			\$50	\$50
Rx Tier 1			\$10	\$10
Rx Tier 2			\$38	\$35
Rx Tier 3			\$60	\$60
Rx Tier 4			\$150	\$125
Mail Order			2.5x retail	2.5x retail
Actuarial Value			0.845	0.824

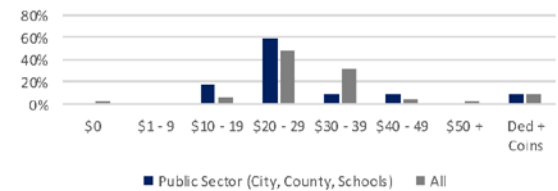
Individual In Network Deductible



Individual In Network Max OOP



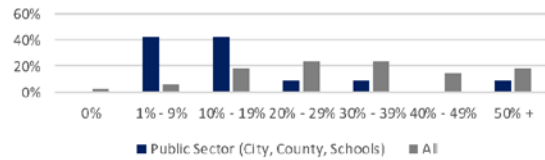
PCP Copay per Visit



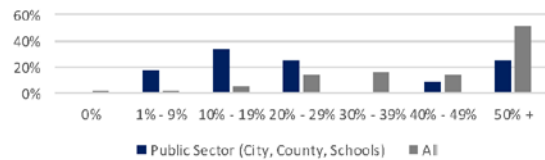
3rd Lowest Cost Plan Premium and Contributions

	Client	Industry	All
Plan Cost			
Average PEPY		\$13,185	\$11,595
Plan Cost - Monthly Rate			
Employee Only		\$698	\$636
Employee + Spouse		\$1,382	\$1,336
Employee + Children		\$1,273	\$1,170
Family		\$1,979	\$1,862
Average Employee Cost - Monthly			
Employee Only Contribution		\$137	\$203
Employee + Spouse Contribution		\$418	\$659
Employee + Children Contribution		\$331	\$559
Family Contribution		\$609	\$974
Contribution % of Premium			
Employee Only		20%	32%
Employee + Spouse		30%	49%
Employee + Children		26%	48%
Family		31%	52%
% No Contribution Required		0%	3%

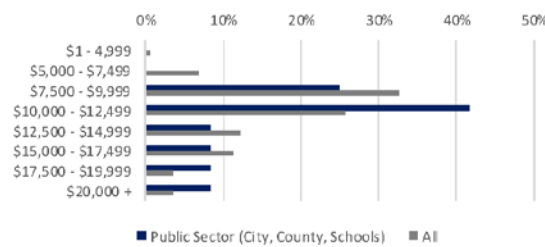
Cost for EE Only Coverage as a % of Premium



Cost for Family Coverage as a % of Premium



Average Plan Premium PEPY



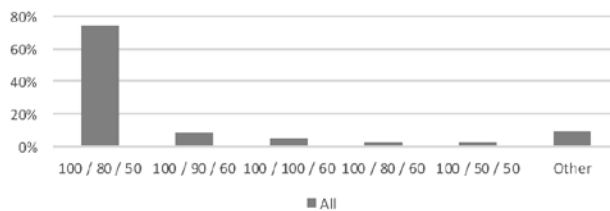


Ancillary Plans

Dental

	Client	All Clients		Client	All
Benefits			Contributions		
% requiring deductible	-	90%	Rates		
Employee Only deductible		\$50	Employee Only		\$30
Family deductible		\$150	Employee + Spouse		\$62
Max benefit		\$1,250	Employee + Children		\$70
			Family		\$101
Coinsurances			Employee Contributions		
Preventive		100%	Employee Only		\$18
Basic		80%	Employee + Spouse		\$42
Major		50%	Employee + Children		\$48
			Family		\$72
% Covering Orthodontics	-	79%	Employee Contribution % of Premium		
Orthodontics Children Only		45%	Employee Only		60%
Orthodontics Adults & Children		15%	Employee + Spouse		68%
Orthodontics Coinsurance		50%	Employee + Children		69%
Orthodontics Lifetime Benefit		\$1,000	Family		71%
			% No Contribution Required		10%

Coinsurance %s - Preventive / Basic / Major

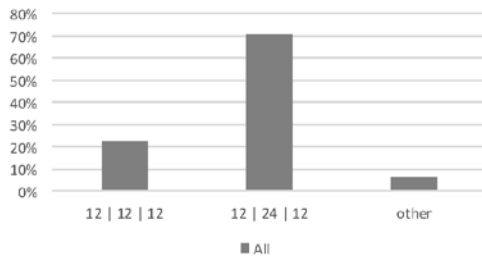


Vision and Life

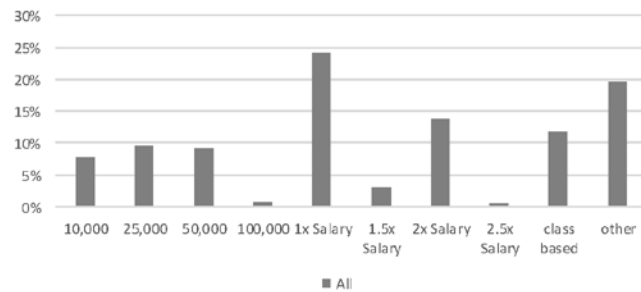
Vision	Client	All
Exam frequency		12
Lenses frequency		12
Frames frequency		24
Exam copay		\$20
Lenses allowance		\$130
Frames allowance		\$130
Offer Vision		87%
% with 100% Employer Paid		17%
Employee Only Rate		\$7.08
Family Rate		\$17.86

Life	Client	All
% Employers Offer Life		85%
% Voluntary		83%
Life PEPM cost per \$1,000		\$0.16
% with AD&D Included		73%
AD&D PEPM cost per \$1,000		\$0.03

Frequency (Months)
Exam | Frames | Lenses



Life Benefit Schedule

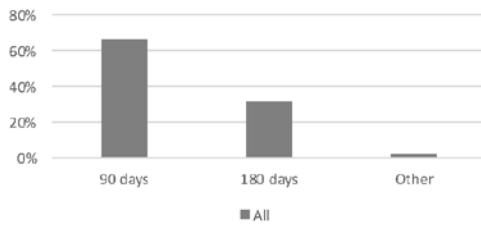


LTD and STD

LTD	Client	All
% ER Offer LTD		79%
% Voluntary		34%
LTD Rate Per 100		\$0.42
Monthly Benefit Amount		60%
Max Monthly Benefit		\$6,000

STD	Client	All
% ER Offer STD		71%
% Voluntary		45%
STD Rate Per 10		\$0.55
Weekly Benefit Amount		60%
Max Weekly Benefit		\$1,000

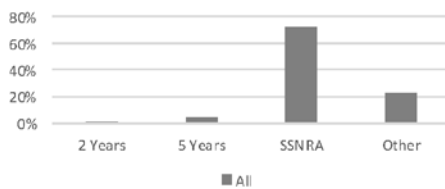
LTD Elimination Period



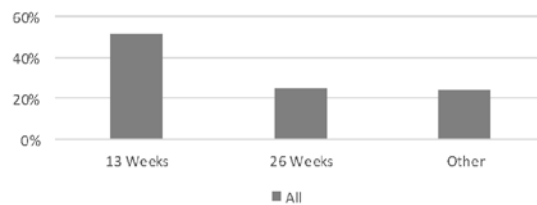
STD Elimination Period (Accident/Illness)



LTD Max Payment Period



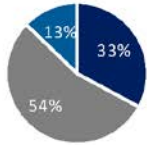
STD Max Payment Period





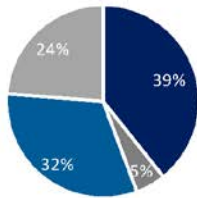
Wellness

Do your employees have a wellness charge?



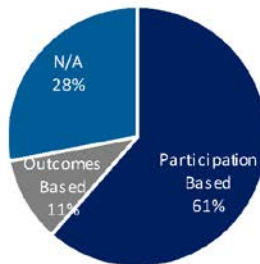
■ Yes ■ No ■ Left Blank

How do your employees receive wellness incentives?

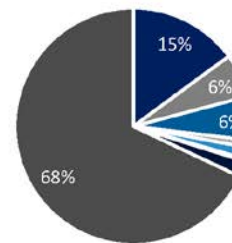


■ Premium Reduction ■ HSA Contribution
■ Other ■ Left Blank

How are Incentives Recognized?

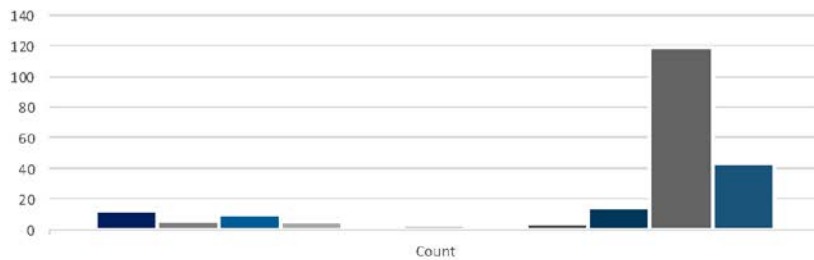


Wellness Vendor



■ Carrier
■ In-House
■ Third Party
■ In-House + Third Party
■ In-House + Carrier
■ Carrier + In-House + Third Party
■ N/A
■ No Wellness

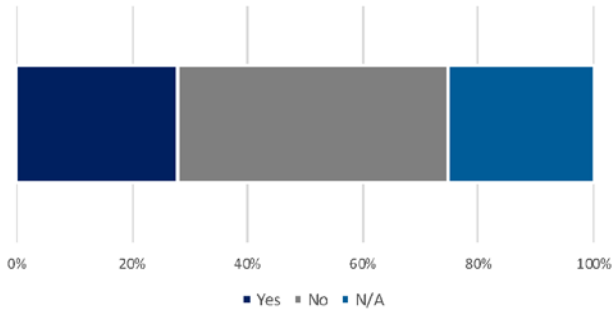
Wellness Budget



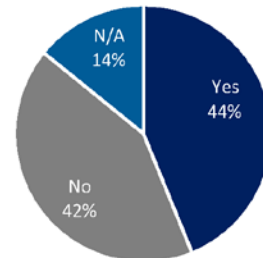
■ 0-\$1 PEPM ■ \$1-\$2 PEPM ■ \$2-\$3 PEPM ■ \$3-\$4 PEPM ■ \$4-\$5 PEPM ■ \$5-\$6 PEPM
■ \$6-\$7 PEPM ■ \$7-\$8 PEPM ■ \$8-\$9 PEPM ■ \$9-\$10 PEPM ■ \$10+ PEPM ■ Not Available ■ Left Blank

Wellness Limitations

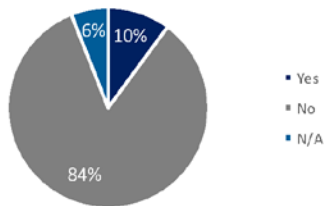
Are Spouses Allowed on Wellness?



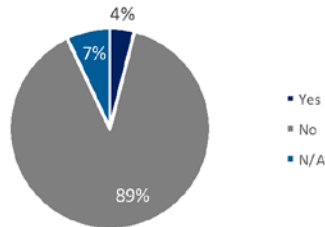
HRA Required?



Spousal Limitations?

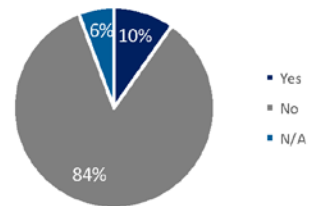


Spousal Surcharge?



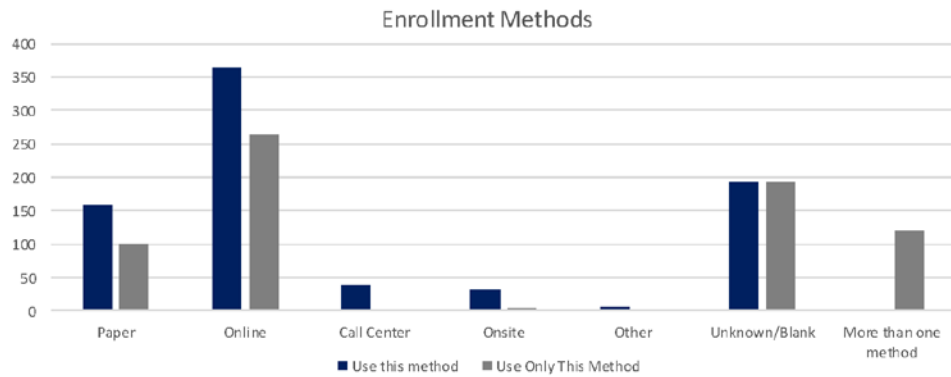
Average Spousal Surcharge: \$433.66

Tobacco Surcharge?

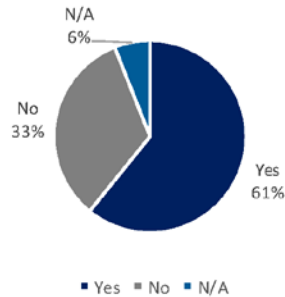


Average Tobacco Surcharge: \$143.90

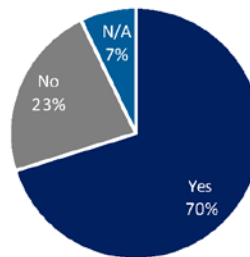
Benefits Administration and Enrollment



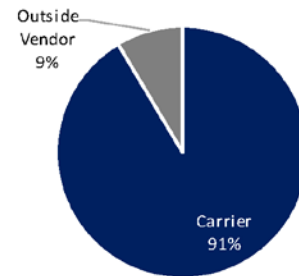
Does The Client Use a Benefits Administration Vendor?



Telemedicine Offered



Telemedicine Vendor

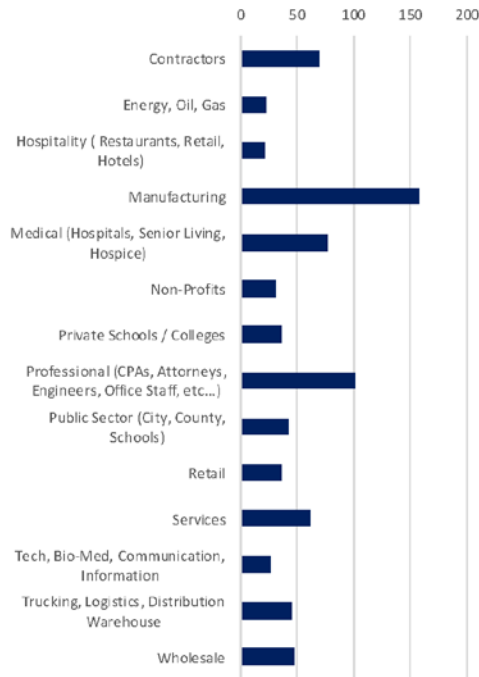


Appendix

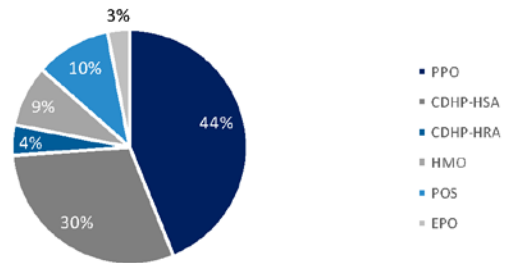


Survey Response Breakdown

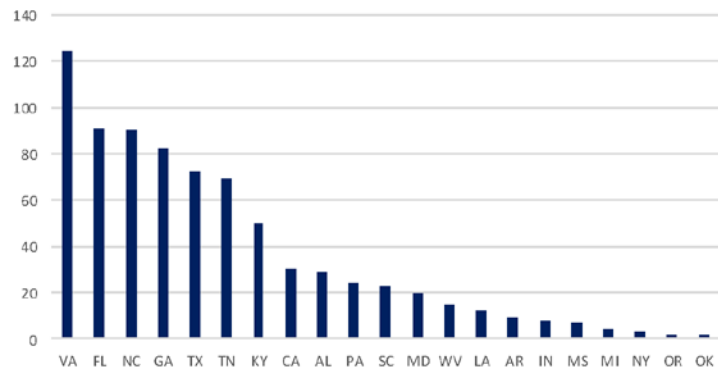
Responses by Industry



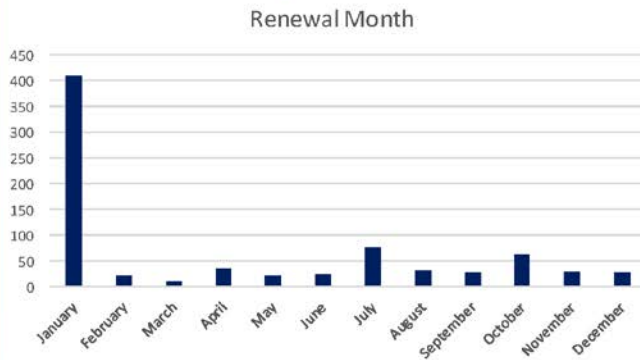
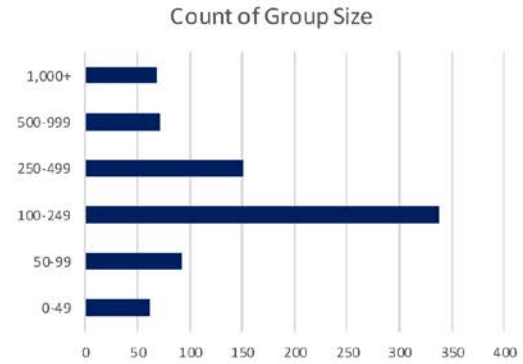
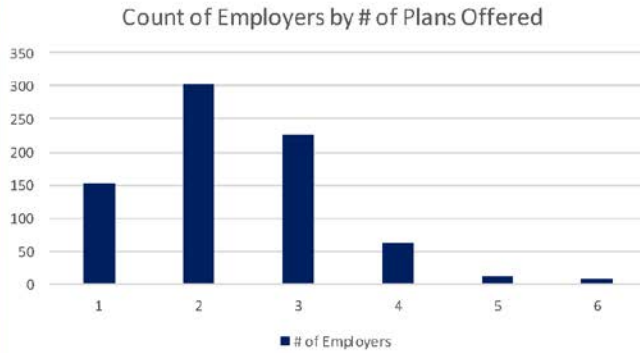
% of Plans by Type



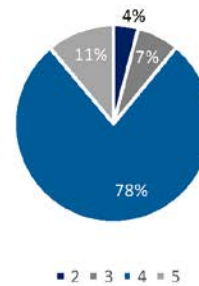
Responses by State



Survey Response Breakdown



Medical Tiers





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