



Employee Benefits Insurance Renewal Meeting

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Agenda

- Marketing Summary
- Executive Summary
- Benefits Review
 - Medical
 - Life/Disability
 - Voluntary Worksite
- Renewal Timeline and Next Steps



Marketing Summary

Medical	Carrier	Response	Comment
	Anthem	Declined	Participation Concerns
	Blue Shield	Quoted	Presented
	Health Net	Incumbent	Presented
	Kaiser	Incumbent	Presented

LADD	Carrier	Response	Comment
	Unum	Incumbent	Presented

Long Term Disability	Carrier	Response	Comment
	Unum	Incumbent	Presented

Short Term Disability	Carrier	Response	Comment
	Unum	Incumbent	Presented

Voluntary Life/AD&D	Carrier	Response	Comment
	Unum	Incumbent	Presented

Voluntary Critical Illness	Carrier	Response	Comment
	Unum	Incumbent	Presented

Voluntary Accident	Carrier	Response	Comment
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Voluntary Long Term Care	Carrier	Response	Comment
	Unum	Incumbent	Presented

Voluntary Whole Life	Carrier	Response	Comment
	Unum	Incumbent	Presented

Standalone EAP	Carrier	Response	Comment
	LifeWorks	Quoted	Presented
	Holman Group	Quoted	Presented
	Magellan	Quoted	Presented

Voluntary Legal/ID plan	Carrier	Response	Comment
	Legal Shield	Incumbent	Presented

Flexible Spending Account	Carrier	Response	Comment
	The Advantage Group	Quoted	Presented



Executive Summary

Current/Renewal	EE Count	Current Annual Premiums	Renewal Annual Premiums	Negotiated Annual Premiums	Option 1	Alternative Renewal Annual Premiums	Option 2	Alternative Renewal Annual Premiums
Medical					Medical		Medical	
Kaiser 20/250 Admit HMO	133	\$1,251,617	\$1,318,534	\$1,318,534	Kaiser 25/250 Admit HMO	\$1,308,692	Kaiser 20/250 Admit HMO	\$1,318,534
Health Net EOA 20/250	68	\$958,703	\$1,053,616	\$1,021,017	Health Net EOA 20/500	\$1,004,944	Blue Shield Trio HMO 20-250	\$798,178
Total Annual Premium	201	\$2,210,321	\$2,372,151	\$2,339,552	Total Annual Premium	\$2,313,636	Total Annual Premium	\$2,116,712
\$ Difference vs. Current			\$161,830	\$129,231	\$ Difference vs. Current	\$103,315	\$ Difference vs. Current	-\$93,609
% Difference vs. Current			7.32%	5.85%	% Difference vs. Current	4.67%	% Difference vs. Current	-4.24%
LADD					LADD		LADD	
UNUM	226	\$15,311	\$15,311	\$15,311	UNUM	\$15,311	UNUM	\$15,311
Total Annual Premium	226	\$15,311	\$15,311	\$15,311	Total Annual Premium	\$15,311	Total Annual Premium	\$15,311
\$ Difference vs. Current			\$0	\$0	\$ Difference vs. Current	\$0	\$ Difference vs. Current	\$0
% Difference vs. Current			0.00%	0.00%	% Difference vs. Current	0.00%	% Difference vs. Current	0.00%
LTD & STD					LTD & STD		LTD & STD	
UNUM STD	226	\$89,631	\$89,631	\$89,631	UNUM STD	\$89,631	UNUM STD	\$89,631
UNUM LTD	226	\$38,398	\$38,398	\$38,398	UNUM LTD	\$38,398	UNUM LTD	\$38,398
Total Annual Premium	226	\$128,029	\$128,029	\$128,029	UNUM Executive LTD	\$6,336	UNUM Executive LTD	\$6,336
\$ Difference vs. Current			\$0	\$0	Total Annual Premium	\$134,365	Total Annual Premium	\$134,365
% Difference vs. Current			0.00%	0.00%	\$ Difference vs. Current	\$6,336	\$ Difference vs. Current	\$6,336
					% Difference vs. Current	4.95%	% Difference vs. Current	4.95%
EAP					EAP		EAP	
Total Annual Premium					Lifeworks Clinically Appropriate EAP	\$3,110	Lifeworks Clinically Appropriate EAP	\$3,110
Benefits Annual Total		\$2,353,661	\$2,515,491	\$2,482,892	Total Annual Premium	\$3,110	Total Annual Premium	\$3,110
\$ Difference from Current			\$161,830	\$129,231	Benefits Annual Total	\$2,466,423	Benefits Annual Total	\$2,269,499
% Difference from Current			6.88%	5.49%	\$ Difference from Current	\$112,762	\$ Difference from Current	-\$84,162
					% Difference from Current	4.79%	% Difference from Current	-3.58%



Utilization Data/Large Claims

Medical Plans Utilization

Health Net:

- Non-experienced, pooled group. Detailed utilization is not available at this time.
- There is one large claim for \$146,618
- Trend Increase = +13.9%

Kaiser:

- Non-experienced, pooled group. Detailed utilization is not available at this time.
- Trend Increase = +8.4%

Participation:

- Overall medical enrollment = 89% (86% in 2020)
 - Kaiser enrollment = 66% (64% in 2020)
 - Health Net enrollment = 34% (36% in 2020)
- Medical Enrollment is currently more favorable towards Kaiser. Employee cost for Kaiser & Health Net is the same for EE Only. This causes adverse enrollment and creates challenges marketing organization to other non-Kaiser carriers.
 - Recommendation: charge more for Kaiser option versus non-Kaiser.



Medical Kaiser

	# EE's	Current	Renewal	Alternative	
		Kaiser Traditional HMO 20/250		Kaiser Traditional HMO 25/250	
Rates					
EE Only	103	\$586.16	\$617.50	\$612.89	\$608.51
EE + 1 Dependent	12	\$1,172.32	\$1,235.00	\$1,225.78	\$1,217.03
EE + 2 or more Dependents	18	\$1,658.84	\$1,747.52	\$1,734.48	\$1,722.10
	133				
Estimated Monthly Premium		\$104,301	\$109,878	\$109,058	\$108,279
Estimated Annual Premium		\$1,251,617	\$1,318,534	\$1,308,692	\$1,299,344
\$ Difference Vs. Current			\$66,917	\$57,075	\$47,727
% Difference Vs. Current			5.35%	4.56%	3.81%

Benefit Summary	Current	Renewal	Alternative
Calendar Year Deductible	None	None	None
Calendar Year Out-of-Pocket Maximum			
Individual	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000
Preventive Care	None	None	No Charge
Office Visit - Primary/Specialist	\$20	\$25	\$20
Diagnostic Lab & X-Ray	No Charge	No Charge	\$10
Advanced Imaging (CT, PET, MRI)	No Charge	No Charge	\$50
Hospitalization	\$250/admission	\$250/admission	\$500/admission
Outpatient Surgery	\$20	\$25	\$100
Urgent Care (co-pay waived if admitted)	\$20	\$25	\$20
Emergency Room (co-pay waived if admitted)	\$100	\$100	\$100
Ambulance	\$100	\$50	\$100
Prescription Drugs			
Retail Pharmacy (30-day supply) (Generic/Brand/Specialty)	\$10/\$20/20% up to \$150	\$10/ \$30 /20% up to \$200	\$15/\$35/30% up to \$200
Mail Order (90-day supply) (Generic/Brand/Specialty)	\$20/\$40/Not Covered	\$20/ \$60 /Not Covered	\$30/\$70/Not Covered



Medical Health Net

	# EE's	Current	Initial Renewal	Final Renewal	Alternative	Alternative
		Health Net EOA 20/250 (G51) 7/1/2020	Health Net EOA 20/250 (GZE) 7/1/2021	Health Net EOA 20/250 (GZF) 7/1/2021	Health Net EOA 30/250 (GZK) 7/1/2021	
Rates						
EE Only	44	\$748.05	\$822.11	\$796.67	\$784.13	\$769.74
EE + 1 dependent	10	\$1,608.31	\$1,767.53	\$1,712.85	\$1,685.88	\$1,654.95
EE + 2 or more dependents	14	\$2,206.76	\$2,425.23	\$2,350.20	\$2,313.20	\$2,270.76
	68					
Estimated Monthly Premium		\$79,892	\$87,801	\$85,085	\$83,745	\$82,209
Estimated Annual Premium		\$958,703	\$1,053,616	\$1,021,017	\$1,004,944	\$986,504
\$ Difference Vs. Current			\$94,913	\$62,314	\$46,241	\$27,801
% Difference Vs. Current			9.90%	6.50%	4.82%	2.90%

Benefit Summary	HMO-Network	PPO-Network	HMO-Network	PPO-Network	HMO-Network	PPO-Network	HMO-Network	PPO-Network
Calendar Year Deductible	None	None	None	None	None	None	None	None
Calendar Year Out-of-Pocket Maximum								
Individual	\$2,500	\$4,500	\$2,500	\$4,500	\$3,000	\$5,000	\$4,500	\$6,500
Family	\$7,500	\$9,000	\$7,500	\$9,000	\$9,000	\$10,000	\$9,000	\$13,000
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	Not Covered
Office Visit - Primary/Specialist/Access+ Specialist	\$20/\$20	\$40/\$40	\$20/\$40	\$40/\$40	\$20/\$40	\$40/\$40	\$30/\$50	\$50/\$50
Diagnostic Lab & X-Ray	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Advanced Imaging (CT, PET, MRI)	\$100	Not Covered	\$100	Not Covered	\$100	Not Covered	\$100	Not Covered
Hospitalization	\$250/admission	Not Covered	\$250/admission	Not Covered	\$500/admission	Not Covered	\$250/day (3 day max.)	Not Covered
Outpatient Surgery	\$250	Not Covered	Hospital: \$250/admission Ambulatory Surgery Center: \$100/admission	Not Covered	Hospital: \$500/admission Ambulatory Surgery Center: \$200/admission	Not Covered	Hospital: \$250/admission Ambulatory Surgery Center: \$100/admission	Not Covered
Urgent Care (co-pay waived if admitted)	\$20	\$20	\$40	\$40	\$40	\$40	\$50	\$50
Emergency Room (co-pay waived if admitted)	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Prescription Drugs								
Retail Pharmacy (30-day supply) (tier 1/tier 2/tier 3/tier 4)	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/Not Covered	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250
Mail Order (90-day supply) (tier 1/tier 2/tier 3/tier 4)	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered



Medical Health Net Continued

	# EE's	Current	Initial Renewal	Final Renewal	Alternative	Alternative
		Health Net EOA 20/250 (G51) 7/1/2020	Health Net EOA 20/250 (GZE) 7/1/2021	Health Net EOA 20/250 (GZE) 7/1/2021	Blue Shield Trio HMO 20-250 7/1/2021	Blue Shield Access+ HMO 10/250 7/1/2021
Rates						
EE Only	44	\$748.05	\$822.11	\$796.67	\$628.09	\$795.95
EE + 1 dependent	10	\$1,608.31	\$1,767.53	\$1,712.85	\$1,381.80	\$1,731.08
EE + 2 or more dependents	14	\$2,206.76	\$2,425.23	\$2,350.20	\$1,790.06	\$2,268.45
	68					
Estimated Monthly Premium		\$79,892	\$87,801	\$85,085	\$66,515	\$84,091
Estimated Annual Premium		\$958,703	\$1,053,616	\$1,021,017	\$798,178	\$1,009,091
\$ Difference Vs. Current			\$94,913	\$62,314	-\$160,526	\$50,388
% Difference Vs. Current			9.90%	6.50%	-16.74%	5.26%

Benefit Summary	HMO-Network	PPO-Network	HMO-Network	PPO-Network	HMO-Network	HMO-Network
Calendar Year Deductible	None	None	None	None	None	None
Calendar Year Out-of-Pocket Maximum						
Individual	\$2,500	\$4,500	\$2,500	\$4,500	\$2,000	\$1,500
Family	\$7,500	\$9,000	\$7,500	\$9,000	\$4,000	\$3,000
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit - Primary/Specialist/Access+ Specialist	\$20/\$20	\$40/\$40	\$20/ \$40	\$40/\$40	\$20/\$20	\$10/\$10/\$20
Diagnostic Lab & X-Ray	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Advanced Imaging (CT, PET, MRI)	\$100	Not Covered	\$100	Not Covered	No Charge	No Charge
Hospitalization	\$250/admission	Not Covered	\$250/admission	Not Covered	\$250/admission	\$250/admission
Outpatient Surgery	\$250	Not Covered	Hospital: \$250/admission Ambulatory Surgery Center: \$100 /admission	Not Covered	Hospital: \$200 /admission Ambulatory Surgery Center: \$50 /admission	Hospital: \$200 /admission Ambulatory Surgery Center: \$50 /admission
Urgent Care (co-pay waived if admitted)	\$20	\$20	\$40	\$40	\$20	\$10
Emergency Room (co-pay waived if admitted)	\$100	\$100	\$100	\$100	\$150	\$150
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100
Prescription Drugs						
Retail Pharmacy (30-day supply) (tier 1/tier 2/tier 3/tier 4)	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/Not Covered	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/30% up to \$250	\$10/\$30/\$50/ 20% up to \$250	\$10/\$30/\$50/ 20% up to \$250
Mail Order (90-day supply) (tier 1/tier 2/tier 3/tier 4)	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$75/\$125/Not Covered	\$20/\$60/\$100/ 20% up to \$500	\$20/\$60/\$100/ 20% up to \$500



Medical Plan Offers



Alternative: Blue Shield

- **Provider Disruption:**

- Access+ HMO: 14 out of 15 Medical Groups match
- TRIO HMO: 4 out of 15 Medical Groups match

Requirements to offer the plan:

- **Participation:** This proposal assumes an Active Open Enrollment for all employees. Minimum of 40% of employees must enroll in a Blue Cross Blue Shield plan.
 - Current Health Net participation: 34%
- **Employer Contribution:** Your contribution strategy must favor the Trio HMO plan over any Kaiser plan. This proposal assumes 100% contribution for the Trio ACO HMO single rate. A minimum employee contribution of \$20 per month will be required for any Kaiser plan.



Basic Life/AD&D

	Current	Renewal
	Unum	
Enrolled Employees	226	226
Current volume:	\$11,192,500	\$11,192,500
Life rate/1,000:	\$0.100	\$0.100
AD&D rate/1,000:	\$0.014	\$0.014
Estimated Monthly Premium	\$1,276	\$1,276
Estimated Annual Premium	\$15,311	\$15,311
\$ Difference Vs. Current		\$0
% Difference Vs. Current		0.00%
Rate Guarantee	1 Year	

Benefit Summary	
Benefit Amount	Flat \$50,000
Maximum	\$50,000
Guarantee Issue	\$50,000
Age Reduction	Reduce to 65% at Age 65 Reduce to 45% at Age 70



Voluntary Life/AD&D

	Current/Renewal	
	Unum	
Participation	21 Employees	
Coverage Amount (Employee)	Coverage in increments of \$10,000 up to the lesser of 5x Annual Salary up to \$500,000	
Coverage Amount (Spouse)	Coverage in increments of \$5,000 up to \$500,000 not to exceed 100% of employee's election.	
Coverage Amount (Child)	Birth to 6 Months: \$1,000 6 Months to Age 26: Coverage in increments of \$2,000 up to \$10,000	
Guaranteed Issue	Employee: \$150,000 Spouse: \$25,000 Child: \$10,000	
Rate Guarantee	1 Year	
Benefit Reduction:	Reduce to 65% at Age 65 Reduce to 45% at Age 70	
	Age Band	Monthly Rate per \$1,000 (Employee/Spouse)
	<25	\$0.057/\$0.069
	25-29	\$0.065/\$0.079
	30-34	\$0.080/\$0.100
	35-39	\$0.114/\$0.145
	40-44	\$0.164/\$0.208
	45-49	\$0.261/\$0.326
	50-54	\$0.415/\$0.507
	55-59	\$0.637/\$0.778
	60-64	\$0.994/\$1.330
	65-69	\$1.426/\$2.273
	70-74	\$3.079/\$4.049
	75-99	\$6.034/\$8.110
	Child(ren) Rate:	\$0.379
	Optional AD&D:	Employee: \$0.027 Spouse: \$0.028 Child: \$0.030



Short Term Disability

	Current	Renewal
	Unum	
Enrolled Employees:	226	226
Weekly Covered Payroll:	\$1,287,804	\$1,287,804
Rate/\$100 of weekly payroll:	\$0.580	\$0.580
Estimated Monthly Premium	\$7,469	\$7,469
Estimated Annual Premium	\$89,631	\$89,631
\$ Difference Vs. Current		\$0
% Difference Vs. Current		0.00%
Rate Guarantee	1 Year	

Benefit Summary	
Eligibility	All Full Time Employees
Percentage of Weekly Earnings	60%
Maximum Weekly Benefit	\$1,250
Elimination Period (illness/injury)	14 work days
Maximum Benefit Duration	24 weeks
State Disability Offset	No



Long Term Disability

	Current	Renewal
	Unum	
Enrolled Employees:	226	226
Monthly Covered Payroll:	\$1,279,940	\$1,279,940
Rate/\$100 monthly payroll:	\$0.250	\$0.250
Estimated Monthly Premium	\$3,200	\$3,200
Estimated Annual Premium	\$38,398	\$38,398
\$ Difference Vs. Current		\$0
% Difference Vs. Current		0.00%
Rate Guarantee	1 Year	

Benefit Summary	
Eligibility	All Full Time Employees
Percentage of Monthly Earnings	60%
Maximum Monthly Benefit	\$5,000
Elimination Period	180 day
Maximum Benefit Duration	Until age 65
Own Occupation	24 months
Pre-existing Condition	3/12
Employee Assistance Program?	Yes



Executive Long Term Disability

	Proposed
	Unum
Eligible Employees:	13
Estimated Monthly Premium	\$528
Estimated Annual Premium	\$6,336
Rate Guarantee	
Benefit Summary	
Eligibility	All newly hired / eligible full-time executives
Percentage of Monthly Earnings	60%
Maximum Monthly Benefit	\$5,000
Elimination Period	180 days
Own Occupation	2 Years
Maximum Benefit Duration	To age 65

Unum: plan is rated per individual (not pooled rated). Coverage is less than that paid by Group LTD plan.



Voluntary Accident

	Current		Renewal	
	Unum			
	Voluntary Accident			
Rates:	Low Plan	High Plan	Low Plan	High Plan
Employee only	\$12.56	\$17.14	\$12.56	\$17.14
Employee + Spouse	\$20.71	\$29.87	\$20.71	\$29.87
Employee + Child	\$23.62	\$33.16	\$23.62	\$33.16
Employee + Family	\$31.77	\$45.89	\$31.77	\$45.89
Rate Guarantee	1 Year			

Benefit Summary	
Participation	16 Employees
Coverage Type	Off the job
Wellness Benefit	\$50/person/calendar year
Hospital Confinement (Accident)	\$1,000/admit(hospital) + \$200/day (365 days max)
Hospital Confinement (Sickness)	High Plan Only \$1,000/admit(hospital) + \$200/day (365 days max)
Accident Coverage	Emergency Room: \$150 Ambulance: \$400 (ground) \$1,500 (air) Physical Therapy: \$25 Dislocation: up to \$6,000 Fracture: up to \$7,500 Laceration: up to \$600



Voluntary Critical Illness

		Current/Renewal	
		Unum	
		Voluntary Critical Illness	
Participation		13 Employees	
Coverage Amount (Employee)		\$10,000 or \$20,000	
Coverage Amount (Spouse)		\$10,000	
Coverage Amount (Child)		50% Employee Coverage	
Guaranteed Issue		Employee: \$20,000 Spouse: \$10,000	
Rate Guarantee		1 Year	
Additional Benefits:			
Wellness Benefit		\$50	
Pre-Existing Condition Period		12 months prior / 12 months insured	
Benefit Category		Cancer, Heart Attack, Blindness, Benign Brain Tumor, End-Stage Kidney Failure, Coronary Artery Bypass Surgery, Major Organ Failure, Coma that lasts at least 14 consecutive days, Stroke whose effects are confirmed at least 30 days after the event, Permanent paralysis of at least two limbs due to a covered accident, etc.	
	Age Band	Employee/Child Monthly Rate per \$1,000 Non-Tobacco/Tobacco	Spouse Monthly Rate per \$2,500 Non-Tobacco/Tobacco
	Under 25	\$0.42/\$0.61	\$0.42/\$0.61
	25-29	\$0.46/\$0.73	\$0.46/\$0.73
	30-34	\$0.67/\$1.09	\$0.67/\$1.09
	35-39	\$0.92/\$1.59	\$0.92/\$1.59
	40-44	\$1.30/\$2.33	\$1.30/\$2.33
	45-49	\$1.79/\$3.22	\$1.79/\$3.22
	50-54	\$2.36/\$4.30	\$2.36/\$4.30
	55-59	\$3.10/\$5.48	\$3.10/\$5.48
	60-64	\$3.97/\$6.56	\$3.97/\$6.56
	65-69	\$4.47/\$6.84	\$4.47/\$6.84
	70+	\$8.01/\$11.02	\$8.01/\$11.02
	Wellness Benefit Rates per \$50:	\$1.60	\$1.60



Whole Life

		Current/Renewal								
		Unum Whole Life								
Participation	4 employees									
Coverage Options	Employee: coverage available for \$26 or \$39 / month Spouse: coverage available for \$13 / month Child: coverage available for \$6 / year									
Rate Guarantee	2 Years									
Benefit Amounts:	Employee Face Amounts based on money purchase of \$26/month					Spouse Face Amounts based on money purchase of \$13/month				
Issue Age	Non-Tobacco		Tobacco		Issue Age	Non-Tobacco		Tobacco		
	Face Amount	Cash Value	Face Amount	Cash Value		Face Amount	Cash Value	Face Amount	Cash Value	
15	\$46,429	\$18,293	\$28,338	\$11,165	15	\$23,214	\$9,146	\$14,169	\$5,583	
20	\$41,992	\$15,060	\$24,130	\$10,758	20	\$20,996	\$7,530	\$12,065	\$5,379	
25	\$35,821	\$12,431	\$20,553	\$8,867	25	\$17,910	\$6,215	\$10,277	\$4,434	
30	\$29,186	\$9,678	\$17,647	\$7,281	30	\$14,593	\$4,839	\$8,824	\$3,641	
35	\$23,301	\$7,260	\$14,143	\$5,484	35	\$11,650	\$3,630	\$7,072	\$2,742	
40	\$18,150	\$5,204	\$10,871	\$3,870	40	\$9,075	\$2,602	\$5,436	\$1,935	
45	\$13,898	\$3,535	\$8,202	\$2,582	45	\$6,949	\$1,767	\$4,101	\$1,291	
50	\$10,307	\$2,170	\$6,223	\$1,613	50	\$5,154	\$1,085	\$3,111	\$806	
55	\$7,280	\$1,101	\$4,364	\$799	55	\$3,640	\$550	\$2,182	\$400	
60	\$5,217	\$998	\$3,207	\$672	60	\$2,609	\$499	N/A	N/A	
Employee Face Amounts based on money purchase of \$39/month					Child Coverage					
Issue Age	Non-Tobacco		Tobacco		\$6.00 Annually per \$1,000 up to a maximum of \$10,000					
	Face Amount	Cash Value	Face Amount	Cash Value						
15	\$69,643	\$27,439	\$42,507	\$16,748						
20	\$62,988	\$22,590	\$36,195	\$16,138						
25	\$53,731	\$18,646	\$30,830	\$13,301						
30	\$43,779	\$14,518	\$26,471	\$10,922						
35	\$34,951	\$10,890	\$21,215	\$8,226						
40	\$27,225	\$7,806	\$16,307	\$5,805						
45	\$20,846	\$5,302	\$12,303	\$3,873						
50	\$15,461	\$3,255	\$9,334	\$2,419						
55	\$10,919	\$1,651	\$6,545	\$1,199						
60	\$7,826	\$1,497	\$4,810	\$1,008						



Long Term Care

		Current/Renewal		
		UNUM Long Term Care		
Rates	# EE's			
Employee	13	\$893		
Spouse	4	\$168		
	17			
Estimated Monthly Premium		\$1,061		
Estimated Annual Premium		\$12,733		
\$ Difference Vs. Current		\$0		
% Difference Vs. Current		0.00%		
Benefit Summary				
Benefit Duration		3 Years	6 Years	Unlimited Duration
Elimination Period		90 days	90 days	90 days
Nursing Facility Benefit Amount		\$1,000	\$1,000	\$1,000
Home Monthly Benefit		\$500	\$500	\$500
Lifetime Maximum (Per \$1,000 Increments)		\$36,000	\$72,000	Unlimited
Home, Community-Based Care and Immediate		50%	50%	50%

Employee Assistance Plan



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	Proposed LifeWorks Clinically Appropriate EAP	Proposed Holman Group EAP 3 Sessions	Proposed Holman Group EAP 5 Sessions	Proposed Magellan EAP 3 Sessions	Proposed Magellan EAP 5 Sessions
No. Employees	216 Employees	216 Employees	216 Employees	216 Employees	216 Employees
Cost Per Employee Per Month (PEPM)	\$1.20	\$1.38	\$2.54	\$1.16	\$1.24
Estimated Monthly Premium	\$259	\$298	\$549	\$252	\$269
Estimated Annual Premium	\$3,110	\$3,577	\$6,584	\$3,019	\$3,225

Service Description					
Toll-free, 24/7 telephone consultation with a therapist and referral*	Yes	Yes	Yes	Yes	Yes
Face-to-face counseling visits per employee and household member per issue*	3 - 5 sessions	3 sessions	5 sessions	3 sessions	5 sessions
EAP website resources	Yes	Yes	Yes	Yes	Yes
Communication/Promotional Materials	Yes	Yes	Yes	Yes	Yes
Legal and financial referral and consultation	Yes (30 min. per issue)	Yes (30 min. per issue)	Yes (30 min. per issue)	Yes	Yes
Child and elder care referral and consultation	Yes	Yes	Yes	Yes	Yes
Identity Theft	Yes	Yes (additional cost)	Yes (additional cost)	Yes	Yes
Supervisor/manager consultation and resources	Yes	Yes	Yes	Yes	Yes
Job Performance Referrals	Yes	Yes	Yes	Yes	Yes
Critical Incident Resource	Yes (additional cost)	Yes (additional cost)	Yes (additional cost)	Yes (additional cost)	Yes (additional cost)
Educational workshops	Yes	Yes (additional cost)	Yes (additional cost)	Yes (additional cost)	Yes (additional cost)

Voluntary Legal/ID Shield



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Rates:	Current/Renewal		
	Legal Shield		
	Legal Shield & IDShield		
Employee only	Legal Plan \$18.95	ID Shield \$8.45	Combination Package \$27.40
Employee + Family	\$18.95	\$15.95	\$31.90

Benefit Summary	
Consultation & Advice	Unlimited phone calls and letters
Document Preparation	Covered
Will & Estate Planning	Covered
Family Law	Covered
Debt Matters	Covered
Real Estate Matters	Covered
Traffic & Criminal Matters	Covered
Civil Litigation Defense	Covered
24/7/365 Emergency Access	Covered
Dedicated Provider Law Firms (Nationwide-Closed Panel-Attorney Network)	Yes - Employees call their resident state, Dedicated Provider Law Firm directly and toll free with no gate-keeper. Dedicated Provider Law Firms are pre-paid on a per capita basis for each member in their state and they're paid whether the member uses the services or not. There are no claim forms and no reimbursement forms to fill out.
Identity Theft	Full Service Restoration Privacy Monitoring Security Monitoring (SSN, up to 10 credit cards, up to 10 bank accounts)

Legal Shield: Participation requirement is minimum 5 enrollees. Family Plan: • The member • The member's spouse/domestic partner • Never-married dependent children under age 26 living at home • Dependent children under age 18 for whom the member is legal guardian • Never married, dependent, children who are full-time college students up to age 26 • Physically or mentally disabled children living at home

Flex Spending



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FSA Administrator

COMPARISON OF FSA ADMINISTRATORS							
Vendor	Group Setup Fee	Annual Renewal Fee	Monthly Fee per Employee	Minimum Monthly Admin Fee	ATM Card	Online Access	Testing Included
The Advantage Group	No Charge	\$100	\$6.00	\$50	Included	Included	Included



Renewal Timeline and Next Steps

	Activity	Date Complete	Responsibility
1	Renewal Preparation		
	Identify Goals for Upcoming Plan Year	Completed	Fenton Charter + Gallagher
	Review Inputs Impacting Renewals	Completed	Fenton Charter + Gallagher
	Discuss Current Services Provided	Completed	Fenton Charter + Gallagher
2	Renewals/Claims Data Review		
	Request Renewal & Claims Data from Carriers	Completed	Gallagher
	Receive Renewal & Claims Data from Carriers	Completed	Gallagher
3	RFP		
	Census Update	Completed	Fenton Charter
	RFP to Marketplace	Completed	Gallagher
	Due Date for Carrier RFP Response	Completed	Gallagher
4	Renewal Proposal & Decisions		
	Develop Renewal Proposal with Carrier Finalists	Completed	Gallagher
	Renewal Proposal Meeting	3/30	Fenton Charter + Gallagher
	Final Decisions	Week of 4/5	Fenton Charter
5	Open Enrollment/Renewal Implementation		
	Carrier and Vendor Notification	Week of 4/12	Gallagher
	Notification to Employees	Week of 4/19	Fenton Charter + Gallagher
	Open Enrollment Guide Draft	Week of 4/26	Gallagher
	Open Enrollment Guide Approval	Week of 4/26	Fenton Charter
	Enrollment System Setup/Update	Week of 5/10	Fenton Charter + Gallagher
	Open Enrollment Meetings/Webinars	Week of 5/17	Fenton Charter + Gallagher
	Enrollment Submission to Carriers	Week of 5/31	ABC Company + Gallagher
6	New Plan Year		
	SPD Renewal & Update if Necessary	Week of 8/2	Gallagher



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Appendix



Compensation Disclosure

Fenton Charter Public Schools

Compensation Disclosure

Renewal Effective July 1, 2021

Presented by Gallagher Benefit Services - March 30, 2021

Along with the AM Best rating, this exhibit also serves as disclosure of our estimated fees and/or commissions related to Fenton Charter Public School's Group Health & Welfare Plan(s) and any relationships or agreements Gallagher Benefit Services, Inc. ("GBS") has with the insurance companies involved in this renewal. GBS, as agent of record, will receive the following estimated commissions expressed as a percentage of gross premium payments, or fees as agreed upon by Fenton Charter Public Schools.

Line of Coverage	Insurance Company	Commission ¹	Supplemental Commission ²	AM Best Rating
Medical	Blue Shield of California (06181)	5.26%	\$0 to \$110 PMPY	
Medical	Health Net of California Inc. (68507)	5%	0% to 0.25% of Premium	
Medical	Kaiser Permanente (use Kaiser Foundation Health Plan) (68528)	4.1%	\$0 to \$14 PMPY	
Employee Assistance Program	LifeWorks	0%	0%	NR
Employee Assistance Program	Magellan Behavioral Health (EAP) (64675)	0%	0%	NR
Employee Assistance Program	Holman Group	0%	0%	NR
Life/AD&D	Unum Life Insurance Company of America (06256)	10%	0% to 1.25% of Premium	A
Long Term Disability	Unum Life Insurance Company of America (06256)	10%	0% to 1.25% of Premium	A
Short Term Disability	Unum Life Insurance Company of America (06256)	10%	0% to 1.25% of Premium	A
Voluntary Life/AD&D	Unum Life Insurance Company of America (06256)	15%	0% to 6% of Premium	A
Voluntary Worksite Benefits	Unum Life Insurance Company of America (06256)	15%	0% to 6% of Premium	A

¹ Commissions include all commissions/fees paid to GBS that are attributable to a contract or policy between a plan and an insurance company, or insurance service. This includes indirect fees that are paid to GBS paid by a third party, and includes, among other things, the payment of "finders' fees" or other fees to GBS for a transaction or service involving the plan.

² Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.

A.M. BEST Rating Classifications

A++, A+	Superior	B, B-	Fair	X	\$500-750m	XIII	\$1.25-1.5b
A, A-	Excellent	C++, C+	Marginal	XI	\$750m-1b	XIV	\$1.5-2b
B++, B+	Good	C, C-	Weak	XII	\$1-1.25b	XV	\$2b +

The A.M. Best Guide is a resource the insurance industry uses to determine the financial stability of an insurance company. A copy of the Best's Guide report on the insurance companies quoted is available for your review. While we strive to be certain that your insurance is placed with a reputable, highly rated insurance company, we have no way of guaranteeing the financial accuracy of the Best's Guide or the financial stability of any insurance company. For these reasons, we recommend that you take into account the financial stability of all the insurance companies prior to making your selection as to who will write your insurance. For non-health insurance carriers or markets (such as Life, AD&D, STD, LTD, LTC, Universal Life, Term Life, Critical Illness, Cancer, Hospital Indemnity, Sickness, Accident, Mini-Med, Accident, Auto/Home, Legal, and Pet Insurance), the standard measure utilized by GBS to evaluate the financial condition of insurance markets is the ratings and financial size categories assigned by A.M. Best Company, Inc. A.M. Best is the oldest independent rating agency in the world to report on the financial strength of insurance companies.



Disclosure Notices

Fenton Charter Public Schools

Disclosure Notices

Renewal Effective July 1, 2021

Presented by Gallagher Benefit Services - March 30, 2021

IMPORTANT: This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request. This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations

This proposal [analysis, report, etc.] is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.



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