







Renewal Summary



Renewal Summary

Benefit	Current				Renewal		
	Carrier	Effective	Monthly Cost	Annual Cost	Monthly Cost	Annual Cost	% \$
Medical		01/01/2025	\$100,624	\$1,207,482	\$100,035	\$1,200,413	↓ -0.6% -\$7,068
Dental		09/01/2024	\$7,106	\$85,272	\$7,398	\$88,776	↑ 4.1% \$3,504
Vision*		09/01/2024	\$2,065	\$24,780	\$2,065	\$24,780	0.0% \$0
Short Term Disability		09/01/2024	\$1,911	\$22,922	\$1,927	\$23,113	↑ 0.8% \$192
Long Term Disability		09/01/2024	\$1,657	\$19,879	\$1,678	\$20,128	↑ 1.3% \$249
Accident		09/01/2024	\$1,869	\$22,420	\$1,869	\$22,420	0.0% \$0
Total			\$115,230	\$1,382,754	\$114,970	\$1,379,629	↓ -0.2% -\$3,125

Financial Analysis

Market Response



Carrier	Plan Group	Rating	Annual Total	% \$ From Current	Notes
Medical					
	Current Plan	A	\$1,207,482	0% \$0	Current
	Renewal Plan	A	\$1,200,413	↓ -0.6% -\$7,068	Renewal
	MotivHealth ALT 1	-	\$1,177,341	↓ -2.5% -\$30,141	
		-	\$1,078,723	↓ -10.7% -\$128,759	
	Felpe	A	\$1,101,840	↓ -8.7% -\$105,641	
		-			DTQ - Not Competitive
		-		↓ -100% -\$1,207,481	
		A		↓ -100% -\$1,207,481	
		A	\$732,851	↓ -39.3% -\$474,630	
Dental					
	Current Plan	A	\$85,272	0% \$0	5% Discount
	Renewal Plan	A	\$88,776	↑ 4.1% \$3,504	Renewal
		-	\$75,297	↓ -11.7% -\$9,975	
	Self FUnded	A+	\$54,000	↓ -36.7% -\$31,272	
		-			DTQ - Undesirable Risk
		A+	\$83,880	↓ -1.6% -\$1,392	
Vision					
	Current Plan	-	\$24,780	0% \$0	Current
	Renewal Plan	-	\$24,780	0% \$0	Renewal
		A+		↓ -100% -\$24,780	
Short Term Disability					
	Current Plan	A	\$22,922	0% \$0	Current

Carrier	Plan Group	Rating	Annual Total	% \$ From Current	Notes
Short Term Disability					
	Renewal Plan	A	\$23,113	↑ 0.8% \$192	Renewal
	E1K	A	\$22,922	0% \$0	
	Pre Ex	A+	\$22,922	0% \$0	
		B++	\$23,113	↑ 0.8% \$192	
		A+	\$23,304	↑ 1.7% \$383	
		A	\$24,542	↑ 7.1% \$1,620	
Plansight Demo / Training Only		-			DTQ - Not Competitive
Long Term Disability					
	Current Plan	A+	\$19,879	0% \$0	Current
	Renewal Plan	A+	\$20,128	↑ 1.3% \$249	Renewal
		A	\$19,579	↓ -1.5% -\$300	
		-	\$19,879	0% \$0	
		A+	\$19,879	0% \$0	
		A+	\$19,879	0% \$0	
Plansight Demo / Training Only		-			DTQ - Test
Accident					
	Current Plan	-	\$22,420	0% \$0	Current
	Renewal Plan	-	\$22,420	0% \$0	Renewal
	AIG	-	\$21,906	↓ -2.3% -\$513	
		A+	\$22,584	↑ 0.7% \$165	
		A	\$21,675	↓ -3.3% -\$744	
Plansight Demo / Training Only		-			DTQ - Test

Comparison of Benefits

Medical





Plan Name	1 - Helpside Plan 1 - 1.15		2 - 4000		1 - 1500 Class 1		2 - 4000R		1 - MotivNetwork Trad 1500		2 - MotivNetwork HSA 4000	
Funding Type	Level Funded		Level Funded		Level Funded		Level Funded		Level Funded		Level Funded	
Network	Care Plus		MotivNetwork		MotivNetwork		MotivNetwork		MotivHealth Network		MotivHealth Network	
HSA Eligible	No		QHDHP		No		QHDHP		No		QHDHP	
Deductible (Ind. / Fam.)	In	\$1,000 / \$2,500 EMB	In	\$4,000 / \$8,000 EMB	In	\$1,500 / \$3,000 EMB	In	\$4,000 / \$8,000 EMB	In	\$1,500 / \$3,000 EMB	In	\$4,000 / \$8,000 EMB
OOP Max. (Ind. / Fam.)	In	\$6,000 / \$12,000	In	\$5,000 / \$10,000	In	\$6,000 / \$12,000	In	\$5,000 / \$10,000	In	\$6,900 / \$13,800	In	\$5,000 / \$10,000
Deductible (Ind. / Fam.)	Out	\$3,000 / \$6,000 EMB	Out	\$8,000 / \$16,000 EMB	Out	\$3,000 / \$6,000 EMB	Out	\$8,000 / \$16,000 EMB	Out	\$3,000 / \$6,000 EMB	Out	\$8,000 / \$16,000 EMB
OOP Max. (Ind. / Fam.)	Out	\$13,800 / \$27,600	Out	\$10,000 / \$20,000	Out	\$14,000 / \$28,000	Out	\$10,000 / \$20,000	Out	\$13,800 / \$27,600	Out	\$10,000 / \$20,000
Coinsurance	Out	40%	Out	40%	Out	40%	Out	40%	Out	40%	Out	40%
Schedule of Benefits	In Network		In Network		In Network		In Network		In Network		In Network	
Primary Care Visit	\$25		20% AD		\$30		20% AD		\$25		20% AD	
Specialist Visit	\$40		20% AD		\$45		20% AD		\$40 AD		\$40 AD	
Telehealth	\$40		20% AD		\$40		20% AD		\$40		20% AD	
Chiropractic	\$25		20% AD		\$25		20% AD		\$25 AD		20% AD	
Preventive Care	Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%		\$0		\$0	
Diag. (X-Ray, Blood Work)	30% AD / 40% AD		20% AD		30% AD / 40% AD		20% AD		20% AD		20% AD	
Imaging (CT/PET Scans, MRIs)	(5)\$10 the \$30		20% AD		(5)\$10 the \$30		20% AD		20% AD		20% AD	
Outpatient Surgery	20% AD		20% AD		20% AD		20% AD		20% AD		20% AD	
Emergency Room	\$100 + 20% AD		20% AD		\$100 + 20% AD		20% AD		\$100 + 20% AD		20% AD	
Urgent Care	\$40		20% AD		\$40		20% AD		20% AD		20% AD	
Inpatient Hospital	20% AD		20% AD		20% AD		20% AD		20% AD		20% AD	
Outpatient Mental Health	20% AD		20% AD		20% AD		20% AD		\$25 AD		20% AD	
Inpatient Mental Health	20% AD		20% AD		20% AD		20% AD		20% AD		20% AD	
Rehabilitation Services	20% AD		20% AD		20% AD		20% AD		\$40 AD		\$40 AD	
Prescription Drugs	In Network		In Network		In Network		In Network		In Network		In Network	
Pharmacy Ded. (Ind. / Fam.)	None		Medical Ded. Applies		None		Medical Ded. Applies		None		Medical Ded. Applies	
Tier 1	Generic - \$20		Generic - 20% AD		Generic - \$20		Generic - 20% AD		Drug Tier... - \$20 AD		Drug Tier... - \$20 AD	
Tier 2	Brand - \$30 AD		Brand - 20% AD		Brand - \$30		Brand - 20% AD		Brand - \$30		Brand - 20% AD	
Tier 3	NP Brand - 20% AD		NP Brand - 20% AD		NP Brand - 20%		NP Brand - 20% AD		NP Brand - 20%		NP Brand - 20% AD	
Tier 4	Specialty - 50% AD		Specialty - 20% AD		Specialty - 50% AD		Specialty - 20% AD		Specialty - 50% AD		Specialty - 20% AD	
Costs	64 Enrolled		31 Enrolled		56 Enrolled		31 Enrolled		56 Enrolled		31 Enrolled	
Employee Only	25	\$556.12	15	\$434.37	10	\$595.00	11	\$464.78	10	\$595.05	11	\$434.37
Employee + Spouse	20	\$1,205.27	14	\$926.43	6	\$1,290.00	10	\$991.28	6	\$1,287.64	10	\$926.43
Employee + Child	13	\$942.66	10	\$742.57	3	\$1,005.00	10	\$794.55	3	\$1,008.65	10	\$724.57
Employee + Children	5	\$950.36	4	\$742.57	1	\$1,005.00	4	\$794.55	1	\$1,008.65	4	\$724.57
Employee + Family	32	\$1,673.98	21	\$1,286.70	11	\$1,795.25	21	\$1,367.77	11	\$1,791.16	21	\$1,286.70
Monthly Costs PEPM	95	\$73,597.20 \$1,149.96	95	\$27,026.26 \$871.82	95	\$71,215.25 \$1,271.71	95	\$28,819.15 \$929.65	95	\$71,157.41 \$1,270.67	95	\$26,954.26 \$869.50
Annual Costs PEY	95	\$883,166.40 \$13,799.48	95	\$324,315.12 \$10,461.78	95	\$854,583.00 \$15,260.42	95	\$345,829.80 \$11,155.80	95	\$853,888.92 \$15,248.02	95	\$323,451.12 \$10,433.91
% \$ From Current						↓ -3.2% -\$28,583.40		↑ 6.6% \$21,514.68		↓ -3.3% -\$29,277.48		↓ -0.3% -\$864.00
Combined Costs	95 Enrolled				87 Enrolled				87 Enrolled			
Comb. Monthly Costs PEPM	\$100,623.46 \$1,059.20				\$100,034.40 \$1,149.83				\$98,111.67 \$1,127.73			
Comb. Annual Costs PEY	\$1,207,481.52 \$12,710.34				\$1,200,412.80 \$13,797.85				\$1,177,340.04 \$13,532.65			
% \$ From Current						↓ -0.6% -\$7,068.72				↓ -2.5% -\$30,141.48		
Rate Guarantee	-				-				-			

This is a summary only. It does not include all terms, coverages, exclusions, limitations, and conditions of the actual contract language.

Cost Sharing

Medical Contribution



Employee - 90.00% | Dependent - 38.00% -- Based on Option 2

1 - 1500 Class 1		Quote Rates				Employer Contribution				Employee Contribution			
Tier	Count	Monthly	Ratio	%	\$	Monthly	Ratio	%	\$	Monthly	Ratio	%	\$
Employee Only	11	\$595.00	1.00	7.0%	\$38.88	\$418.30	1.00	-16.4%	-\$82.20	\$176.70	1.00	217.7%	\$121.09
Employee + Spouse	10	\$1,290.00	2.17	7.0%	\$84.73	\$618.37	1.48	-18.7%	-\$141.79	\$671.63	3.81	50.9%	\$226.53
Employee + Child	10	\$1,005.00	1.69	6.6%	\$62.34	\$543.61	1.30	-17.0%	-\$111.51	\$461.39	2.62	60.5%	\$173.86
Employee + Children	4	\$1,005.00	1.69	5.7%	\$54.64	\$543.61	1.30	-17.4%	-\$114.59	\$461.39	2.62	57.9%	\$169.24
Employee + Family	21	\$1,795.25	3.02	7.2%	\$121.27	\$761.43	1.83	-19.7%	-\$186.22	\$1,033.82	5.86	42.3%	\$307.50
Monthly Costs PEPM	56	\$71,215.25	\$1,271.71	↓ -3.2%	-\$2,381.95	\$34,385.57	\$614.03	↓ -27.2%	-\$12,849.15	\$36,829.68	\$657.68	↑ 39.7%	\$10,467.20
Annual Costs PEPY	56	\$854,583.00	\$15,260.42		-\$28,583.40	\$412,626.84	\$7,368.34		-\$154,189.80	\$441,956.16	\$7,892.08		\$125,606.40

Employee - 90.00% | Dependent - 38.00%

2 - 4000R		Quote Rates				Employer Contribution				Employee Contribution			
Tier	Count	Monthly	Ratio	%	\$	Monthly	Ratio	%	\$	Monthly	Ratio	%	\$
Employee Only	10	\$464.78	1.00	7.0%	\$30.41	\$418.30	1.00	7.0%	\$27.37	\$46.48	1.00	7.0%	\$3.05
Employee + Spouse	6	\$991.28	2.14	7.0%	\$64.85	\$618.37	1.48	5.2%	\$30.62	\$372.91	8.03	10.1%	\$34.24
Employee + Child	3	\$794.55	1.71	7.0%	\$51.98	\$543.61	1.30	5.7%	\$29.40	\$250.94	5.40	9.9%	\$22.58
Employee + Children	1	\$794.55	1.71	7.0%	\$51.98	\$543.61	1.30	5.7%	\$29.40	\$250.94	5.40	9.9%	\$22.58
Employee + Family	11	\$1,367.77	2.95	6.3%	\$81.07	\$761.43	1.83	4.0%	\$29.57	\$606.34	13.05	9.3%	\$51.50
Monthly Costs PEPM	31	\$28,819.15	\$929.65	↑ 6.6%	\$1,792.89	\$18,443.54	\$594.96	↑ 5.1%	\$900.30	\$10,375.62	\$334.70	↑ 9.4%	\$892.60
Annual Costs PEPY	31	\$345,829.80	\$11,155.80		\$21,514.68	\$221,322.37	\$7,139.44		\$10,803.50	\$124,507.44	\$4,016.37		\$10,711.19

Plan Totals													
Comb. Monthly Costs PEPM		\$100,034.40 \$1,149.83				\$52,829.11 \$607.24				\$47,205.30 \$542.59			
Comb. Annual Costs PEPY		\$1,200,412.80 \$13,797.85				\$633,949.21 \$7,286.78				\$566,463.60 \$6,511.08			
% \$ From Current		↓ -0.6% -\$7,068.72				↓ -18.4% -\$143,386.30				↑ 31.7% \$136,317.59			

Comparison of Benefits

Dental



Current - 09/01/24

Renewal

Self FUnDED



Plan Name	1 - Standard	1 - Standard	1 - B1 - Match	1 - Standard	1 - kdjflkdjflkdjflkdjflkdjflkdjflkdjflksdjsflkj
Funding Type	Fully Insured	Fully Insured	Fully Insured	Self Funded ●	Self Funded ●
Contribution Style	Employer Paid	Employer Paid	Voluntary ●	Employer Paid	Employer Paid
Participation Requirements	-	-	-	-	-
Plan Type	PPO	- ●	PPO	PPO	PPO
Schedule Of Benefits	Wide	Wide	Wide	Wide	Wide
Claim Payment Basis	Neg. Fee Schedule	Neg. Fee Schedule	Neg. Fee Schedule	Neg. Fee Schedule	Neg. Fee Schedule
Deductible (Ind. / Fam.)	\$50 / \$150 Cal. YR.	\$50 / \$150 Cal. YR.	\$50 / \$150 Cal. YR.	\$50 / \$150 Cal. YR.	\$50 / \$150 Cal. YR.
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Preventive (I)	100%	100%	- ●	100%	100%
Basic (II)	80% AD	80% AD	80% AD	80% AD	80% AD
Major (III)	-	- ●	-	-	-
Orthodontics (IV)	50% AD	50% AD	50% AD	50% AD	50% AD
Lifetime Ortho Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Periods I / II / III	None/None/	None/None/- ●	None/None/	None/None/	None/None/
Preventive (I) Excl. From Max	No	- ●	No	No	No
Additional Details	Wide	Wide	Wide	Wide	Wide
Exams	100%	100%	\$25 AD ●	100%	100%
Cleanings	100%	100%	100%	100%	100%
Preventive Frequency	-	-	-	-	-
X-Rays	100%	100%	100%	100%	100%
Basic Filling	80% AD	80% AD	80% AD	80% AD	80% AD
Oral Surgery	80% AD	80% AD	80% AD	80% AD	80% AD
Endodontics	80% AD	80% AD	80% AD	80% AD	80% AD
Periodontics	80% AD	80% AD	80% AD	80% AD	80% AD
Crowns	50% AD	50% AD	50% AD	50% AD	50% AD
Bridges	50% AD	50% AD	50% AD	50% AD	50% AD
Dentures	50% AD	50% AD	50% AD	50% AD	50% AD
Implants	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Rollover / Threshold / Limit	\$0 / \$0 / \$250	\$0 / \$0 / \$250	\$0 / \$0 / \$250	\$0 / \$0 / \$250	\$0 / \$0 / \$250
Ortho (IV) Wait Period	-	-	-	-	-
Orthodontics Age / Adult	Up to Age 19 / Not Covered	Up to Age 19 / Not Covered	Up to Age 19 / Not Covered	Up to Age 19 / Not Covered	Up to Age 19 / Not Covered
Cost / Fee	90 Enrolled	90 Enrolled	90 Enrolled	90 Enrolled	90 Enrolled
Employee Claims	\$30.00 25	\$32.00 25	\$31.18 25	\$40.00 \$10.00 25	\$20.00 \$25.00 25
Employee + Spouse Cl.	\$75.00 16	\$78.00 16	\$61.45 16	\$30.00 \$20.00 16	\$20.00 \$35.00 16
Employee + Child Cl.	\$68.00 13	\$70.00 13	\$67.71 13	\$20.00 \$30.00 13	\$20.00 \$45.00 13
Employee + Children Cl.	\$68.00 4	\$70.00 4	\$67.71 4	\$10.00 \$40.00 4	\$20.00 \$55.00 4
Employee + Family Cl.	\$125.00 32	\$130.00 32	\$105.03 32	\$0.00 \$50.00 32	\$20.00 \$100.00 32
Monthly Costs PEPM	\$7,106.00 \$78.96	\$7,398.00 \$82.20	\$6,274.73 \$69.72	\$4,500.00 \$50.00	\$6,990.00 \$77.67
Annual Costs PEPY	\$85,272.00 \$947.47	\$88,776.00 \$986.40	\$75,296.76 \$836.64	\$54,000.00 \$600.00	\$83,880.00 \$932.00
% \$ From Current		↑ 4.1% \$3,504.00	↓ -11.7% -\$9,975.24	↓ -36.7% -\$31,272.00	↓ -1.6% -\$1,392.00
Rate Guarantee	-	-	-	-	-

Comparison of Benefits

Vision



Current - 09/01/24

Renewal



Plan Name	1 - Great Eyes	1 - Great Eyes
Funding Type	Fully Insured	Fully Insured
Voluntary / Contributory	Contributory	Contributory
Benefit Frequency	EyeMed Select Network	EyeMed Select Network
Benefit Basis	Plan Year	Plan Year
Eye Exam	12 Months	12 Months
Frames	12 Months	12 Months
Lenses	12 Months	12 Months
Contacts (in Lieu of glasses)	12 Months	12 Months
Plan Provisions	EyeMed Select Network	EyeMed Select Network
Eye Exam	\$10 Copay	\$10 Copay
Retinal Imaging Exam	Not Covered	Not Covered
Single Vision Lenses	\$10 Copay	\$10 Copay
Bifocal Lenses	\$10 Copay	\$10 Copay
Trifocal Lenses	\$10 Copay	\$10 Copay
Basic Progressive Lenses	\$75 Copay	\$75 Copay
Materials	\$0 Copay	\$0 Copay
Premium Progressive Lenses	\$75- \$120 Copay; 20%	\$75- \$120 Copay; 20%
Contacts In Lieu Of Glasses	Yes	Yes
Contacts Allowance - Elective	\$120 Allowance	\$120 Allowance
Contacts - Visually Necessary	Covered In Full	Covered In Full
Contacts Above Allowance	15% discount	15% discount
Photochromic	NA	NA
Frames	EyeMed Select Network	EyeMed Select Network
Coverage Allowance	\$100 Copay	\$100 Copay
Coverage Above Allowance	20% Discount	20% Discount
Corrective Vision Services	EyeMed Select Network	EyeMed Select Network
Lasik Vision Correction	Average 15% Discount	Average 15% Discount
Cost / Fee	85 Enrolled	85 Enrolled
Employee	\$10.00 20	\$10.00 20
Employee + Spouse	\$20.00 16	\$20.00 16
Employee + Child	\$25.00 13	\$25.00 13
Employee + Children	\$25.00 4	\$25.00 4
Employee + Family	\$35.00 32	\$35.00 32
Monthly Costs PEPM	\$2,065.00 \$24.30	\$2,065.00 \$24.30
Annual Costs PEPY	\$24,780.00 \$291.53	\$24,780.00 \$291.53
% \$ From Current		0.0% \$0.00
Rate Guarantee	03/31/23 - 03/31/24	03/31/23 - 03/31/24

Comparison of Benefits

Short Term Disability



Short Term Disability

Current - 09/01/24

Renewal

E1K

Pre Ex



Plan Name	1 - Moo STD		1 - Moo STD		1 - E1		1 - New Qutoe		1 - L1	
Benefits										
Injury Elimination Period	14 Days		14 Days		14 Days		14 Days		21 Days	
Sickness Elimination Period	14 Days		14 Days		14 Days		14 Days		21 Days	
First Day Hospital	✔		✔		✔		✔		✔	
Benefit Percentage										
1 - All Employees	60%		60%		60%		60%		60%	
2 - MGMT	70%		70%		70%		70%		70%	
5 - cusom	0%		0%		-		0%		-	
Maximum Weekly Benefit										
1 - All Employees	\$2,500 - Tax Free		\$2,500 - Tax Free		\$2,500 - Tax Free		\$2,500 - Tax Free		\$2,500 - Tax Free	
2 - MGMT	\$4,500 - Tax Free		\$4,500 - Tax Free		\$4,500 - Tax Free		\$4,500 - Tax Free		\$4,500 - Tax Free	
5 - cusom	\$0 -		-		-		\$0 -		-	
Maximum Benefit Duration	26 Weeks		26 Weeks		26 Weeks		26 Weeks		26 Weeks	
Elimination Period Included	✔		✔		✔		✔		✔	
Pre Existing Limitations	6/12		None		None		None		None	
Definition Of Disability	Duties AND Income		Duties AND Income		Duties AND Income		Duties AND Income		Duties AND Income	
Partial Disability	✔		✔		✔		✔		⊗	
Contribution	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
Monthly Cost	\$1,910.13	\$0.00	\$1,926.05	\$0.00	\$1,910.13	\$0.00	\$0.00	\$1,910.13	\$1,941.96	\$0.00
Participation Required	100% or Enrolled		100% or Enrolled		100% or Enrolled		100% or Enrolled		100% or Enrolled	
Cost										
Rate Per \$10	\$0.120		\$0.121		\$0.120		\$0.120		\$0.122	
Employee Volume (Estimated)	\$159,177		\$159,177		\$159,177		\$159,177		\$159,177	
Monthly Costs PEPM	\$1,910.13 \$11.37		\$1,926.05 \$11.47		\$1,910.13 \$11.37		\$1,910.13 \$11.37		\$1,941.96 \$11.56	
Annual Costs PEPY	\$22,921.49 \$136.44		\$23,112.50 \$137.58		\$22,921.49 \$136.44		\$22,921.49 \$136.44		\$23,303.51 \$138.72	
% \$ From Current			↑ 0.8% \$191.02		0.0% \$0.00		0.0% \$0.00		↑ 1.7% \$382.03	
Rate Guarantee	-		-		-		-		-	

Short Term Disability Rates

Current - 09/01/24

Renewal

E1K

Pre Ex



Plan Name	1 - Moo STD			1 - Moo STD			1 - E1			1 - New Qutoe			1 - L1		
Definitions															
Routine Pregnancy Cesarean	Treated as regular illness No Base Earnings			Treated as regular illness No Base Earnings			Treated as regular illness No Base Earnings			Treated as regular illness No Base Earnings			Treated as regular illness No Base Earnings		
Earnings Definition															
Earnings Test During Elim. Per.	80%			-			-			80%			-		
Features															
Annual Open Enrollment	⊗			⊗			⊗			⊗			✔		
Portability	⊗			⊗			⊗			⊗			✔		
Zero Day Residual	⊗			⊗			⊗			⊗			✔		
FICA Match	⊗			⊗			⊗			⊗			✔		
W2 Prep	⊗			⊗			⊗			⊗			✔		
Monthly Rates (Per \$10)	Rate	Cost	Enrolled	Rate	Cost	Enrolled	Rate	Cost	Enrolled	Rate	Cost	Enrolled	Rate	Cost	Enrolled
Under 20	\$0.120	\$0.00	0	\$0.121	\$0.00	0	\$0.120	\$0.00	0	\$0.120	\$0.00	0	\$0.122	\$0.00	0
20 - 24 Years	\$0.120	\$137.67	12	\$0.121	\$138.82	12	\$0.120	\$137.67	12	\$0.120	\$137.67	12	\$0.122	\$139.97	12
25 - 29 Years	\$0.120	\$297.64	24	\$0.121	\$300.12	24	\$0.120	\$297.64	24	\$0.120	\$297.64	24	\$0.122	\$302.60	24
30 - 34 Years	\$0.120	\$79.48	6	\$0.121	\$80.14	6	\$0.120	\$79.48	6	\$0.120	\$79.48	6	\$0.122	\$80.81	6
35 - 39 Years	\$0.120	\$74.05	6	\$0.121	\$74.67	6	\$0.120	\$74.05	6	\$0.120	\$74.05	6	\$0.122	\$75.29	6
40 - 44 Years	\$0.120	\$233.85	23	\$0.121	\$235.80	23	\$0.120	\$233.85	23	\$0.120	\$233.85	23	\$0.122	\$237.74	23
45 - 49 Years	\$0.120	\$430.08	43	\$0.121	\$433.67	43	\$0.120	\$430.08	43	\$0.120	\$430.08	43	\$0.122	\$437.25	43
50 - 54 Years	\$0.120	\$126.06	12	\$0.121	\$127.11	12	\$0.120	\$126.06	12	\$0.120	\$126.06	12	\$0.122	\$128.16	12
55 - 59 Years	\$0.120	\$145.88	12	\$0.121	\$147.09	12	\$0.120	\$145.88	12	\$0.120	\$145.88	12	\$0.122	\$148.31	12
60 - 64 Years	\$0.120	\$244.82	18	\$0.121	\$246.86	18	\$0.120	\$244.82	18	\$0.120	\$244.82	18	\$0.122	\$248.90	18
65 - 69 Years	\$0.120	\$140.65	12	\$0.121	\$141.82	12	\$0.120	\$140.65	12	\$0.120	\$140.65	12	\$0.122	\$142.99	12
70+	\$0.120	\$0.00	0	\$0.121	\$0.00	0	\$0.120	\$0.00	0	\$0.120	\$0.00	0	\$0.122	\$0.00	0
Composite	\$0.120	\$0.00	168	\$0.121	\$0.00	168	\$0.120	\$0.00	168	\$0.120	\$0.00	168	\$0.122	\$0.00	168
ASO Claims															
Monthly Costs PEPM	\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168		
Annual Costs PEPY	\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168			\$0 \$0.00 168		
Run Out Claims	-			-			-			-			-		
Take Over Claims	-			-			-			-			-		
Monthly Costs PEPM	\$1,910.13 \$11.37			\$1,926.05 \$11.47			\$1,910.13 \$11.37			\$1,910.13 \$11.37			\$1,941.96 \$11.56		
Annual Costs PEPY	\$22,921.49 \$136.44			\$23,112.50 \$137.58			\$22,921.49 \$136.44			\$22,921.49 \$136.44			\$23,303.51 \$138.72		
% \$ From Current				↑ 0.8% \$191.02			0.0% \$0.00			0.0% \$0.00			↑ 1.7% \$382.03		
Rate Guarantee	-			-			-			-			-		

Comparison of Benefits

Long Term Disability



Long Term Disability

Current - 09/01/24

Renewal



Plan Name	1 - All		1 - All		1 - EQ		1 - BB. Match	
Benefits								
Elimination Period	90 Days		90 Days		90 Days		90 Days	
1 - All Employees	60% up to \$10,000 - Tax Free		60% up to \$10,000 - Tax Free		60% up to \$10,000 - Tax Free		60% up to \$10,000 - Tax Free	
2 - MGMT	65% up to \$15,000 - Tax Free		65% up to \$15,000 - Tax Free		70% up to \$15,000 - Tax Free		65% up to \$15,000 - Taxable	
1 - Own Occupation	24 Month		24 Month		Anything		24 Month	
2 - Own Occupation	24 Month		24 Month		24 Month		24 Month	
Guarantee Issue	Full Amount		Full Amount		Full Amount		Full Amount	
Benefit Duration	ADEA I		ADEA I		ADEA I		ADEA I	
Definitions								
Income Loss Req. Dur. Elim. Per.	-		-		-		-	
Pre Existing Limitations	12/12 - Prudent Person Lang.		12/12 - Prudent Person Lang.		12/12 - Prudent Person Lang.		12/12 - Prudent Person Lang.	
Earnings Definition	Basic Weekly Earnings includes commissions - does not include bonus,		Basic Weekly Earnings includes commissions - does not include bonus,		Basic Weekly Earnings includes commissions - does not include bonus,		Basic Weekly Earnings includes commissions - does not include bonus,	
Contribution	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
Monthly Cost	\$1,656.57	\$0.00	\$1,677.28	\$0.00	\$1,631.52	\$0.00	\$1,656.57	\$0.00
Participation Required	50% or 30 Enrolled		50% or 30 Enrolled		50% or 30 Enrolled		50% or 30 Enrolled	
Cost								
Rate Per \$100	See Rate Table		\$0.162		See Rate Table		\$0.160	
Employee Volume (Estimated)	\$1,035,352		\$1,035,352		\$1,035,352		\$1,035,352	
Monthly Costs PEPM	\$1,656.57 \$9.87		\$1,677.28 \$9.99		\$1,631.52 \$9.72		\$1,656.57 \$9.87	
Annual Costs PEPY	\$19,878.76 \$118.33		\$20,127.25 \$119.81		\$19,578.22 \$116.54		\$19,878.76 \$118.33	
% \$ From Current			↑ 1.3% \$248.49		↓ -1.5% -\$300.54		0.0% \$0.00	
Rate Guarantee	01/01/23 - 12/31/23		01/01/23 - 12/31/23		01/01/23 - 12/31/23		01/01/23 - 12/31/23	

Long Term Disability Rates

Current - 09/01/24

Renewal



Plan Name	1 - All			1 - All			1 - EQ			1 - BB. Match		
Additional Definitions												
Income Loss Req. Dur. Elim. Per.	-			-			-			-		
Pre Existing Limitations	12/12 - Prudent Person Lang.			12/12 - Prudent Person Lang.			12/12 - Prudent Person Lang.			12/12 - Prudent Person Lang.		
Alcohol / Drug	24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence			32 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence		
Mental Nervous	24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence		
Self Reported	24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence			24 Mo. Limitation - Per Occurrence		
Earnings Test	80% Own - 60% Any			80% Own - 60% Any			80% Own - 60% Any			80% Own - 60% Any		
Earnings Definition	Basic Weekly Earnings includes commissions - does not include bonus,			Basic Weekly Earnings includes commissions - does not include bonus,			Basic Weekly Earnings includes commissions - does not include bonus,			Basic Weekly Earnings includes commissions - does not include bonus,		
Recurrent Protection	24 Mo.			24 Mo.			24 Mo.			24 Mo.		
Features												
Waiver Of Premium	✔			✔			✔			✔		
Survivor Benefit	24 Mo. - Gross Description			24 Mo. - Gross Description			24 Mo. - Gross Description			24 Mo. - Gross Description		
100% Return To Work Incentive	12 Mo.			12 Mo.			12 Mo.			12 Mo.		
Eap - Face To Face Visits	Included - 0 Visit(s)			Included - 0 Visit(s)			Included - 0 Visit(s)			Included - 0 Visit(s)		
Income Protection	Up to \$10,000			Up to \$10,000			Up to \$10,000			Up to \$10,000		
Continuity Of Coverage	✔			✔			✔			✔		
Line Of Duty	✔			✔			✔			✔		
COLA	Description			Description			Description			Description		
FICA MATCH	✔			✔			✔			✔		
W2 PREP	✔			✔			✔			✔		
Monthly Rates (Per \$100)	Rate	Premium	Enrolled	Rate	Premium	Enrolled	Rate	Premium	Enrolled	Rate	Premium	Enrolled
Under 20	\$0.160	\$0.00	0	\$0.162	\$0.00	0	\$0.157	\$0.00	0	\$0.160	\$0.00	0
20 - 24 Years	\$0.160	\$121.83	12	\$0.162	\$123.35	12	\$0.157	\$119.54	12	\$0.160	\$121.83	12
25 - 29 Years	\$0.160	\$245.67	24	\$0.162	\$248.74	24	\$0.157	\$241.06	24	\$0.160	\$245.67	24
30 - 34 Years	\$0.160	\$65.60	6	\$0.162	\$66.42	6	\$0.160	\$65.60	6	\$0.160	\$65.60	6
35 - 39 Years	\$0.160	\$61.12	6	\$0.162	\$61.89	6	\$0.157	\$59.98	6	\$0.160	\$61.12	6
40 - 44 Years	\$0.160	\$200.25	23	\$0.162	\$202.75	23	\$0.157	\$196.49	23	\$0.160	\$200.25	23
45 - 49 Years	\$0.160	\$382.81	43	\$0.162	\$387.59	43	\$0.159	\$380.41	43	\$0.160	\$382.81	43
50 - 54 Years	\$0.160	\$113.02	12	\$0.162	\$114.43	12	\$0.157	\$110.90	12	\$0.160	\$113.02	12
55 - 59 Years	\$0.160	\$129.50	12	\$0.162	\$131.12	12	\$0.157	\$127.08	12	\$0.160	\$129.50	12
60 - 64 Years	\$0.160	\$210.84	18	\$0.162	\$213.48	18	\$0.157	\$206.89	18	\$0.160	\$210.84	18
65 - 69 Years	\$0.160	\$125.96	12	\$0.162	\$127.54	12	\$0.157	\$123.60	12	\$0.160	\$125.96	12
70+	\$0.160	\$0.00	0	\$0.162	\$0.00	0	\$0.157	\$0.00	0	\$0.160	\$0.00	0
Composite	\$0.160	\$0.00	168	\$0.162	\$0.00	168	\$0.157	\$0.00	168	\$0.160	\$0.00	168
Monthly Costs PEPM	\$1,656.57 \$9.87			\$1,677.28 \$9.99			\$1,631.52 \$9.72			\$1,656.57 \$9.87		
Annual Costs PEPY	\$19,878.76 \$118.33			\$20,127.25 \$119.81			\$19,578.22 \$116.54			\$19,878.76 \$118.33		
% \$ From Current				↑ 1.3% \$248.49			↓ -1.5% -\$300.54			0.0% \$0.00		
Rate Guarantee	01/01/23 - 12/31/23			01/01/23 - 12/31/23			01/01/23 - 12/31/23			01/01/23 - 12/31/23		

Comparison of Benefits

Accident



Accident

Current - 09/01/24

Renewal

AIG



Plan Name	1 - Current	1 - Current	1 - Current	1 - Current
Benefits	Minimum: 0% or 2 Enrolled	Minimum: 0% or 2 Enrolled	Minimum: 0% or 2 Enrolled	Minimum: 0% or 2 Enrolled
Reimbursement Method	Indemnity	Indemnity	Indemnity	Indemnity
Coverage Type	24 Hour	24 Hour	24 Hour	24 Hour
Emergency Medical Expense	\$200 ER / \$100 OV/ UC	\$200 ER / \$100 OV/ UC	\$200 ER / \$100 OV/ UC	\$200 ER / \$100 OV/ UC
Ambulance	☎ \$200 / ☎ \$600	☎ \$200 / ☎ \$600	☎ \$200 / ☎ \$600	☎ \$250 / ☎ \$600
Hospital Confinement Per Day	\$200 (365 Max Days)	\$200 (365 Max Days)	\$200 (365 Max Days)	\$200 (365 Max Days)
Initial Hospital Confinement	\$1,000	\$1,000	\$1,000	\$1,000
Organized Sport Benefit	+10% of Benefit	+10% of Benefit	+10% of Benefit	+10% of Benefit
Dislocations	Up to \$4,000	Up to \$4,000	Up to \$4,000	Up to \$4,000
Fractures	Up to \$4,000	Up to \$4,000	Up to \$4,000	Up to \$4,000
Wellness Benefit	\$50	\$50	\$50	\$50
Burn	Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$1,000
Coma	\$20,000	\$20,000	\$20,000	\$20,000
Concussion	\$50	\$50	\$50	\$50
Dental Injury	Up to \$200	Up to \$200	Up to \$200	Up to \$200
Eye injury w/surg. repair	\$200	\$200	\$200	\$200
Injuries not listed	\$0	\$0	\$0	\$0
Internal Injury	\$150	\$150	\$150	\$150
Tend., Lig., Rot. Cf., Kn. Cart. surg.	80%	80%	80%	80%
Ruptured disc w/surg. repair	\$1,000	\$1,000	\$1,000	\$1,000
Prosthesis	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$2,000
Rehab Unit (per day)	\$200 (60 Max Visits)	\$200 (60 Max Visits)	\$200 (60 Max Visits)	\$200 (60 Max Visits)
Physical Therapy (per vist)	\$60 (6 Max Visits)	\$60 (6 Max Visits)	\$60 (6 Max Visits)	\$60 (6 Max Visits)
Technology Credits	-	-	-	-
Benefit Reduction Schedule	-	-	-	-
AD&D Coverage EE SP CH	\$40,000 \$0 \$0	\$40,000 \$0 \$0	\$40,000 \$0 \$0	\$40,000 \$0 \$0
Portability	after 6 Moo	after 6 Moo	after 6 Moo	after 6 Moo
AD&D Coverage				
Employee	\$40,000	\$40,000	\$40,000	\$40,000
Spouse	\$0	\$0	\$0	\$0
Child(ren)	\$0	\$0	\$0	\$0
Cost / Fee	64 Enrolled	64 Enrolled	64 Enrolled	64 Enrolled
Employee	\$12.83 15	\$12.83 15	\$11.50 15	\$12.50 15
Employee + Spouse	\$22.34 15	\$22.34 15	\$20.25 15	\$22.00 15
Employee + Children	\$27.91 4	\$27.91 4	\$25.00 4	\$27.00 4
Employee + Family	\$40.97 30	\$40.97 30	\$41.00 30	\$40.00 30
Monthly Costs PEPM	\$1,868.29 \$29.20	\$1,868.29 \$29.20	\$1,806.25 \$28.23	\$1,825.50 \$28.53
Annual Costs PEPY	\$22,419.48 \$350.31	\$22,419.48 \$350.31	\$21,675.00 \$338.68	\$21,906.00 \$342.29
% \$ From Current		0.0% \$0.00	↓ -3.3% -\$744.48	↓ -2.3% -\$513.48
Rate Guarantee	-	-	-	-









Plan Name	1 - Current	
Benefits	Minimum: 0% or 2 Enrolled	
Reimbursement Method	Indemnity	
Coverage Type	24 Hour	
Emergency Medical Expense	\$200 ER / \$100 OV/ UC	
Ambulance	🚑 \$250 / 🚑 \$700 ●	
Hospital Confinement Per Day	\$250 (365 Max Days) ●	
Initial Hospital Confinement	\$1,000	
Organized Sport Benefit	+10% of Benefit	
Dislocations	Up to \$4,000	
Fractures	Up to \$4,000	
Wellness Benefit	\$50	
Burn	Up to \$1,000	
Coma	\$20,000	
Concussion	\$50	
Dental Injury	Up to \$200	
Eye injury w/surg. repair	\$200	
Injuries not listed	\$0	
Internal Injury	\$150	
Tend., Lig., Rot. Cf., Kn. Cart. surg.	80%	
Ruptured disc w/surg. repair	\$1,000	
Prosthesis	Up to \$2,000	
Rehab Unit (per day)	\$200 (60 Max Visits)	
Physical Therapy (per vist)	\$60 (6 Max Visits)	
Technology Credits		
Benefit Reduction Schedule	-	
AD&D Coverage EE SP CH	\$40,000 \$0 \$0	
Portability	after 6 Moo	
AD&D Coverage		
Employee	\$40,000	
Spouse	\$0	
Child(ren)	\$0	
Cost / Fee	64 Enrolled	
Employee	\$13.00	15
Employee + Spouse	\$23.00	15
Employee + Children	\$28.00	4
Employee + Family	\$41.00	30
Monthly Costs PEPM	\$1,882.00 \$29.41	
Annual Costs PEPY	\$22,584.00 \$352.88	
% \$ From Current	↑ 0.7% \$164.52	
Rate Guarantee	-	

Combined Costs

Analysis & Recommendations



Current

Benefit	Carrier	Annual Cost	Employer	Employee
Medical		\$1,207,482	\$777,336	\$430,147
Dental		\$85,272	\$42,636	\$42,636
Vision*		\$24,780	\$12,390	\$12,390
Short Term Disability		\$22,922	\$22,922	-
Long Term Disability		\$19,879	\$19,879	-
Accident		\$22,420	-	\$22,420
Annual Plan Costs		\$1,382,754	\$875,162	\$507,592

Renewal

Benefit	Carrier	Annual Cost	% \$	Employer	% \$	Employee	% \$
Medical		\$1,200,413	↓ -0.6% -\$7,068	\$633,950	↓ -18.4% -\$143,386	\$566,464	↑ 31.7% \$136,318
Dental		\$88,776	↑ 4.1% \$3,504	\$58,212	↑ 36.5% \$15,576	\$30,564	↓ -28.3% -\$12,072
Vision*		\$24,780	0.0% \$0	\$16,470	↑ 32.9% \$4,080	\$8,310	↓ -32.9% -\$4,080
Short Term Disability		\$23,113	↑ 0.8% \$192	\$23,113	↑ 0.8% \$192	-	0.0% \$0
Long Term Disability		\$20,128	↑ 1.3% \$249	\$20,128	↑ 1.3% \$249	-	0.0% \$0
Accident		\$22,420	0.0% \$0	-	0.0% \$0	\$22,420	0.0% \$0
Annual Plan Costs		\$1,379,629	↓ -0.2% -\$3,125	\$751,871	↓ -14.1% -\$123,290	\$627,758	↑ 23.7% \$120,166

Alternative 1

Benefit	Carrier	Plan Group	Annual Cost	% \$	Employer	% \$	Employee	% \$
Medical		MotivHealth ALT 1	\$1,177,341	↓ -2.5% -\$30,141	\$792,057	↑ 1.9% \$14,721	\$385,284	↓ -10.4% -\$44,862
Dental		B1 - Match	\$75,297	↓ -11.7% -\$9,975	-	↓ -100.0% -\$42,636	\$75,297	↑ 76.6% \$32,661
Vision*		Renewal Plan	\$24,780	0.0% \$0	\$16,470	↑ 32.9% \$4,080	\$8,310	↓ -32.9% -\$4,080
Short Term Disability		E1K	\$22,922	0.0% \$0	\$22,922	0.0% \$0	-	0.0% \$0
Long Term Disability		Match	\$19,879	0.0% \$0	\$19,879	0.0% \$0	-	0.0% \$0
Accident		AIG	\$21,906	↓ -2.3% -\$513	-	0.0% \$0	\$21,906	↓ -2.3% -\$513
Annual Plan Costs			\$1,342,124	↓ -2.9% -\$40,630	\$851,327	↓ -2.7% -\$23,835	\$490,797	↓ -3.3% -\$16,794

Combined Cost Analysis

Combined Cost Analysis



Combined Cost Analysis

	Current	Renewal	Alternative 1	Alternative 2
Medical Rate Guarantee	\$1,207,482 1 YR.	\$1,200,413 1 YR.	\$1,177,341 1 YR.	\$1,200,413 1 YR.
Dental Rate Guarantee	\$85,272 1 YR.	\$88,776 1 YR.	\$75,297 1 YR.	\$75,297 1 YR.
Vision Rate Guarantee	\$24,780 1 YR.	\$24,780 1 YR.	\$24,780 1 YR.	\$24,780 1 YR.
STD Rate Guarantee	\$22,922 1 YR.	\$23,113 1 YR.	\$22,922 1 YR.	\$22,922 1 YR.
LTD Rate Guarantee	\$19,879 1 YR.	\$20,128 1 YR.	\$19,879 1 YR.	\$19,879 1 YR.
Accident Rate Guarantee	\$22,420 1 YR.	\$22,420 1 YR.	\$21,906 1 YR.	\$21,906 1 YR.
Annual Plan Costs	\$1,382,754	\$1,379,629	\$1,342,124	\$1,365,196
Δ % From Current		↓ -0.2%	↓ -2.9%	↓ -1.3%
Δ \$ From Current		-\$3,125	-\$40,630	-\$17,557
Δ % From Renewal			↓ -2.7%	↓ -1.0%
Δ \$ From Renewal			-\$37,504	-\$14,432

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