

# Group Health Cost Illustration

## Cooperative Health

January 1, 2022



CLARKE & COMPANY  
BENEFITS LLC

### Health Plan Enrollment



|              | 2 tier     | 4 Tier     |
|--------------|------------|------------|
| Employee     | 285        | 285        |
| EE/SP        | 0          | 35         |
| EE/CH        | 0          | 23         |
| Emp/Family   | 122        | 64         |
| <b>Total</b> | <b>407</b> | <b>407</b> |

### Administration Fees

|                            | Current            | Renewal            | Option 1           | Option 2           | Option 3           | Option 4           |
|----------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Third Party Administrator  | TCC                | PAI                | PAI                | PAI                | PAI                | PAI                |
| ASO Fee                    | \$44.50            | \$44.50            | \$44.50            | \$44.50            | \$44.50            | \$44.50            |
| Commission                 | \$19.50            | \$19.50            | \$19.50            | \$19.50            | \$19.50            | \$19.50            |
| Disease Management         | \$2.00             | \$2.00             | \$2.00             | \$2.00             | \$2.00             | \$2.00             |
| Utilization Review         | \$2.00             | \$2.00             | \$2.00             | \$2.00             | \$2.00             | \$2.00             |
| <b>Monthly Admin/EE</b>    | <b>\$68.00</b>     | <b>\$68.00</b>     | <b>\$68.00</b>     | <b>\$68.00</b>     | <b>\$68.00</b>     | <b>\$68.00</b>     |
| PPO Fee                    | Included           | Included           | Included           | Included           | Included           | Included           |
| <b>Network Fee</b>         | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$0.00</b>      |
| <b>PPO</b>                 | <b>BCBS</b>        | <b>BCBS</b>        | <b>BCBS</b>        | <b>BCBS</b>        | <b>BCBS</b>        | <b>BCBS</b>        |
| <b>Total Monthly Admin</b> | <b>\$27,676.00</b> | <b>\$27,676.00</b> | <b>\$27,676.00</b> | <b>\$27,676.00</b> | <b>\$27,676.00</b> | <b>\$27,676.00</b> |
| <b>Annual Admin Fee</b>    | <b>\$332,112</b>   | <b>\$332,112</b>   | <b>\$332,112</b>   | <b>\$332,112</b>   | <b>\$332,112</b>   | <b>\$332,112</b>   |

### Alternate Stop-Loss Insurance Carriers

|                                    |                       |                           |                           |                           |                           |                           |                           |
|------------------------------------|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Contract basis                     | Specific<br>Aggregate | 12/18<br>12/18            | 12/18<br>12/18            | 12/18<br>12/18            | 12/18<br>12/18            | 12/18<br>12/18            | 12/18<br>12/18            |
| Benefits Covered                   | Specific<br>Aggregate | Med/Rx<br>Med/Rx          | Med/Rx<br>Med/Rx          | Med/Rx<br>Med/Rx          | Med/Rx<br>Med/Rx          | Med/Rx<br>Med/Rx          | Med/Rx<br>Med/Rx          |
| Aggregate Accomodation             |                       | Not Included              | Not Included              | Not Included              | Not Included              | Not Included              | Not Included              |
| Stop -Loss Underwriter             |                       | <b>Optum</b>              | <b>Optum</b>              | <b>Berkley</b>            | <b>Voya</b>               | <b>Symetra</b>            | <b>Sun Life</b>           |
| Third Party Administrator          |                       | <b>TCC</b>                | <b>PAI</b>                | <b>PAI</b>                | <b>PAI</b>                | <b>PAI</b>                | <b>PAI</b>                |
| Individual Deductible              |                       | Med/Rx<br><b>\$75,000</b> | Med/Rx<br><b>\$75,000</b> | Med/Rx<br><b>\$75,000</b> | Med/Rx<br><b>\$75,000</b> | Med/Rx<br><b>\$75,000</b> | Med/Rx<br><b>\$75,000</b> |
| Monthly Premium                    | Single Spec.          | \$118.14                  | \$196.96                  | \$152.48                  | \$131.07                  | \$144.49                  | \$113.86                  |
|                                    | ES Spec               | \$269.42                  | \$437.00                  | \$303.73                  | \$239.05                  | \$287.83                  | \$307.73                  |
|                                    | EC Spec.              | \$209.85                  | \$437.00                  | \$268.82                  | \$191.24                  | \$254.74                  | \$263.77                  |
|                                    | Family Spec.          | \$368.45                  | \$437.00                  | \$456.20                  | \$541.51                  | \$432.32                  | \$454.27                  |
|                                    | Aggregate             | \$4.27                    | \$4.60                    | \$2.26                    | \$3.63                    | \$2.29                    | \$3.16                    |
| <b>Annual Stop-Loss Premium</b>    |                       | <b>\$858,083</b>          | <b>\$1,313,371</b>        | <b>\$1,073,604</b>        | <b>\$1,017,322</b>        | <b>\$1,017,374</b>        | <b>\$940,328</b>          |
| Aggregate Factors                  | Single                | \$632.48                  | \$661.11                  | \$551.41                  | \$590.01                  | \$585.36                  | \$569.67                  |
|                                    | ES                    | \$1,329.28                | \$1,428.29                | \$1,098.42                | \$1,175.30                | \$1,166.03                | \$1,196.30                |
|                                    | EC                    | \$1,008.14                | \$1,116.92                | \$972.14                  | \$1,040.18                | \$1,031.98                | \$1,025.38                |
|                                    | Family                | \$1,852.30                | \$1,983.40                | \$1,649.83                | \$1,765.30                | \$1,751.39                | \$1,765.96                |
| <b>Annual Aggregate Liability</b>  |                       | <b>\$4,422,192</b>        | <b>\$4,692,399</b>        | <b>\$3,882,539</b>        | <b>\$4,154,300</b>        | <b>\$4,121,558</b>        | <b>\$4,089,978</b>        |
| <b>Annual Fixed Cost</b>           |                       | <b>\$1,190,195</b>        | <b>\$1,645,483</b>        | <b>\$1,405,716</b>        | <b>\$1,349,434</b>        | <b>\$1,349,486</b>        | <b>\$1,272,440</b>        |
| <b>Annual Expected Claims</b>      |                       | <b>\$3,537,754</b>        | <b>\$3,753,919</b>        | <b>\$3,106,031</b>        | <b>\$3,323,440</b>        | <b>\$3,297,246</b>        | <b>\$3,271,983</b>        |
| <b>Annual Expected Plan Cost</b>   |                       | <b>\$4,395,837</b>        | <b>\$5,067,290</b>        | <b>\$4,179,635</b>        | <b>\$4,340,763</b>        | <b>\$4,314,621</b>        | <b>\$4,212,310</b>        |
| <b>Maximum Total Laser Claims</b>  |                       | <b>\$0</b>                | <b>\$0</b>                | <b>\$0</b>                | <b>\$0</b>                | <b>\$0</b>                | <b>\$0</b>                |
| <b>Annual Maximum Liability</b>    |                       | <b>\$5,612,388</b>        | <b>\$6,337,882</b>        | <b>\$5,288,255</b>        | <b>\$5,503,735</b>        | <b>\$5,471,044</b>        | <b>\$5,362,418</b>        |
| <b>Max cost with all lasers</b>    |                       | <b>\$5,612,388</b>        | <b>\$6,337,882</b>        | <b>\$5,288,255</b>        | <b>\$5,503,735</b>        | <b>\$5,471,044</b>        | <b>\$5,362,418</b>        |
| <b>Maximum Plan Costs - Change</b> |                       |                           | <b>12.93%</b>             | <b>-5.78%</b>             | <b>-1.94%</b>             | <b>-2.52%</b>             | <b>-4.45%</b>             |

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Cooperative Health

January 1, 2021

Tiered Cost Analysis

| Tiered Cost Factors | Cigna PPO 2019 | Cigna HDHP 2019 | Cigna PPO 2020 | Cigna HDHP 2020 | BlueChoice PPO 2020 | BlueChoice HDHP 2020 |
|---------------------|----------------|-----------------|----------------|-----------------|---------------------|----------------------|
| Employee            | \$628.89       | \$569.94        | \$737.21       | \$666.35        | \$675.50            | \$626.25             |
| Employee/Spouse     | \$1,446.46     | \$1,310.20      | \$1,695.59     | \$1,531.82      | \$1,554.00          | \$1,440.25           |
| Employee Child(ren) | \$1,194.90     | \$1,082.34      | \$1,400.70     | \$1,265.42      | \$1,283.50          | \$1,189.50           |
| Employee/Family     | \$1,760.91     | \$1,595.02      | \$2,064.20     | \$1,864.82      | \$1,891.75          | \$1,753.25           |

Basic Plan

HDHP

|                |           |           |
|----------------|-----------|-----------|
| Employee       | 64        | 8         |
| Emp/Spouse     | 4         | 1         |
| Emp/Child(ren) | 2         | 0         |
| Emp/Family     | 7         | 3         |
| <b>Total</b>   | <b>77</b> | <b>12</b> |



CLARKE & COMPANY  
BENEFITS LLC

Total Cost & Benefit Analysis

|                            | Cigna Basic 2019   | Cigna HDHP 2019   | Cigna PPO 2020     | Cigna HDHP 2020   | BlueChoice PPO 2020 | BlueChoice HDHP 2020 |
|----------------------------|--------------------|-------------------|--------------------|-------------------|---------------------|----------------------|
| Deductible In net          | \$2,000/4,000      | \$3,500/7,000     | \$2,000/4,000      | \$3,500/7,000     | \$2,000/4,000       | \$3,500/7,000        |
| Deductible Out net         | \$15,000/30,000    | \$15,000/30,000   | \$15,000/30,000    | \$15,000/30,000   | \$4,000/8,000       | \$7,000/14,000       |
| Coinsurance %              | 70/50%             | 100/70%           | 70/50%             | 100/70%           | 70/50%              | 100/80%              |
| Out of pocket in net       | \$7,350/\$14,700   | \$6,650/\$13,300  | \$7,350/\$14,700   | \$6,650/\$13,300  | \$7,350/\$14,700    | \$3,500/7,000        |
| Out of pocket out net      | \$30,000/60,000    | \$30,000/60,000   | \$30,000/60,000    | \$30,000/60,000   | \$14,700/29,400     | \$14,000/28,000      |
| Inpatient Hospital         | Deductible, Coins  | Deductible, Coins | Deductible, Coins  | Deductible, Coins | Deductible, Coins   | Deductible, Coins    |
| Outpatient Hospital        | Deductible, Coins  | Deductible, Coins | Deductible, Coins  | Deductible, Coins | Deductible, Coins   | Deductible, Coins    |
| Emergency Room             | \$500 copay, Coins | \$250 copay/Coins | \$500 copay, Coins | \$250 copay/Coins | \$500 copay, Coins  | Deductible, Coins    |
| Office Copay               | \$35/75            | Ded/\$35/70       | \$35/75            | Ded/\$35/70       | \$35/70             | Deductible, Coins    |
| Prescription Copay         | \$20/50/80         | Ded/\$10/35/60    | \$20/50/80         | Ded/\$10/35/60    | \$8/25/45/70        | Deductible, Coins    |
| Plan Maximum               | Unlimited          | Unlimited         | Unlimited          | Unlimited         | Unlimited           | Unlimited            |
| <b>Monthly Cost</b>        | <b>\$60,751</b>    | <b>\$10,655</b>   | <b>\$71,215</b>    | <b>\$12,457</b>   | <b>\$65,257</b>     | <b>\$11,710</b>      |
| <b>Annual Cost</b>         | <b>\$729,012</b>   | <b>\$127,857</b>  | <b>\$854,575</b>   | <b>\$149,485</b>  | <b>\$783,087</b>    | <b>\$140,520</b>     |
| <b>Mthly Increase</b>      |                    |                   | <b>\$10,464</b>    | <b>\$1,802</b>    | <b>\$4,506</b>      | <b>\$1,055</b>       |
| <b>% Increase</b>          |                    |                   | <b>17%</b>         | <b>17%</b>        | <b>7%</b>           | <b>10%</b>           |
| <b>Total Annual</b>        | <b>\$856,869</b>   |                   | <b>\$1,004,060</b> |                   | <b>\$923,607</b>    |                      |
| <b>Admin Credit</b>        |                    |                   | <b>\$17,000</b>    |                   |                     |                      |
| <b>Net Annual</b>          |                    |                   | <b>987,060</b>     |                   |                     |                      |
| <b>Net Annual Increase</b> |                    |                   | <b>\$130,191</b>   |                   | <b>\$66,738</b>     |                      |
| <b>Net % Increase</b>      |                    |                   | <b>15%</b>         |                   | <b>8%</b>           |                      |

# Group Life & AD&D Comparison



CLARKE & COMPANY  
BENEFITS LLC

Cooperative Health  
January 1, 2022

## Life Enrollment

|       | Employees Eligible |
|-------|--------------------|
| Total | 114                |

## Carrier Benefits

| Life Insurance             | AUL 2020               | AUL 2021               | Mutual of Omaha 2021   | The Standard 2021      |  |
|----------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Benefit                    | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 |  |
| AD&D                       | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 | 3 x BAE/ Max \$350,000 |  |
| Conversion                 | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Portable                   | No                     | No                     | No                     | No                     |  |
| Waiver of Premium          | Yes                    | Yes                    | Yes                    | Yes                    |  |
| Rate Guarantee             | 1 year                 | 2 years                | 2 years                | 3 years                |  |
| <b>Tiered Cost Factors</b> |                        |                        |                        |                        |  |
| Volume                     | 24,674,950             | 24,674,950             | 24,674,950             | 24,674,950             |  |
| Life/Add Rate per 1000     | \$0.140                | \$0.140                | \$0.130                | \$0.130                |  |
| <b>Group Cost Factors</b>  |                        |                        |                        |                        |  |
| <b>Monthly Cost</b>        | <b>\$3,454.49</b>      | <b>\$3,454.49</b>      | <b>\$3,207.74</b>      | <b>\$3,207.74</b>      |  |
| <b>Annual Cost</b>         | <b>\$41,454</b>        | <b>\$41,454</b>        | <b>\$38,493</b>        | <b>\$38,493</b>        |  |
| <b>Annual Increase</b>     |                        | <b>\$0</b>             | <b>-\$2,961</b>        | <b>-\$2,961</b>        |  |

# Group Short Term Disability Comparison



CLARKE & COMPANY  
BENEFITS LLC

Cooperative Health  
January 1, 2022

## Disability Enrollment

|              |                           |
|--------------|---------------------------|
|              | <b>Employees Eligible</b> |
| <b>Total</b> | <b>140</b>                |

## Carrier Benefits

| Short Term Disability      | AUL 2020        | AUL 2021        | The Standard 2021 | Mutual of Omaha 2021 |  |
|----------------------------|-----------------|-----------------|-------------------|----------------------|--|
| Benefit %                  | 60%             | 60%             | 60%               | 60%                  |  |
| Elimination Period         | 14 days         | 14 days         | 14 days           | 14 days              |  |
| Max. Weekly Benefit        | \$1,250         | \$1,250         | \$1,250           | \$1,250              |  |
| Partial                    | Yes             | Yes             | Yes               | Yes                  |  |
| Benefit duration           | 11 weeks        | 11 weeks        | 11 weeks          | 11 weeks             |  |
| Pre-ex                     | 3/12            | 3/12            | 3/12              | 3/12                 |  |
| Rate guarantee             | 1 years         | 1 years         | 2 years           | 2 years              |  |
| <b>Tiered Cost Factors</b> |                 |                 |                   |                      |  |
| Volume                     | <b>\$46,124</b> | <b>\$46,124</b> | <b>\$46,124</b>   | <b>\$46,124</b>      |  |
| Rates/per \$10             | <b>\$0.31</b>   | <b>\$0.31</b>   | <b>\$0.28</b>     | <b>\$0.33</b>        |  |
| <b>Monthly Cost</b>        | <b>\$1,430</b>  | <b>\$1,430</b>  | <b>\$1,291</b>    | <b>\$1,522</b>       |  |
| <b>Yearly Cost</b>         | <b>\$17,158</b> | <b>\$17,158</b> | <b>\$15,498</b>   | <b>\$18,265</b>      |  |
| <b>Annual Increase</b>     |                 | <b>\$0</b>      | <b>-\$1,660</b>   | <b>\$1,107</b>       |  |
| <b>% difference</b>        |                 | <b>0%</b>       | <b>-10%</b>       | <b>6%</b>            |  |



# Group Long Term Disability Comparison



CLARKE & COMPANY  
BENEFITS LLC

Cooperative Health  
January 1, 2022

## Disability Enrollment

|              |                           |
|--------------|---------------------------|
|              | <b>Employees Eligible</b> |
| <b>Total</b> | <b>114</b>                |

## Carrier Benefits

| Long Term Disability       | AUL 2020         | AUL 2021         | Mutual of Omaha  | The Standard     | The Standard     |
|----------------------------|------------------|------------------|------------------|------------------|------------------|
| Benefit % Partners         | 60%              | 60%              | 60%              | <b>60%</b>       | 60%              |
| Benefit % all others       | 60%              | 60%              | 60%              | <b>66 2/3%</b>   | 60%              |
| Elimination Period         | 90 days          | 90 days          | 90 days          | 90 days          | 90 days          |
| Max. Monthly Partners      | \$10,000         | \$10,000         | \$10,000         | \$10,000         | \$10,000         |
| Max Monthly Others         | \$6,000          | \$6,000          | \$6,000          | \$6,000          | \$6,000          |
| Benefit Duration Class I   | SSNRA            | SSNRA            | SSNRA            | SSNRA            | SSNRA            |
| Benefit Duration Class II  | 2 years          | 2 years          | 2 years          | 2 years          | 2 years          |
| Definition of Disability   | own occ          | own occ          | own occ          | own occ          | own occ          |
| Survivor Benefit           | 3 months         | 3 months         | 3 months         | 3 months         | 3 months         |
| Pre Existing Conditions    | 3/12             | 3/12             | 3/12             | 3/12             | 3/12             |
| Waiver of Premium          | Yes              | Yes              | Yes              | Yes              | Yes              |
| Rate guarantee             | 1 year           | 2 years          | 2 years          | 3 years          | 3 years          |
| <b>Tiered Cost Factors</b> |                  |                  |                  |                  |                  |
| Volume                     | <b>\$786,748</b> | <b>\$786,748</b> | <b>\$786,748</b> | <b>\$786,748</b> | <b>\$786,748</b> |
| Rates/per \$100            | <b>\$0.34</b>    | <b>\$0.34</b>    | <b>\$0.29</b>    | <b>\$0.33</b>    | <b>\$0.29</b>    |
| <b>Monthly Cost</b>        | <b>\$2,675</b>   | <b>\$2,675</b>   | <b>\$2,282</b>   | <b>\$2,596</b>   | <b>\$2,282</b>   |
| <b>Yearly Cost</b>         | <b>\$32,099</b>  | <b>\$32,099</b>  | <b>\$27,379</b>  | <b>\$31,155</b>  | <b>\$27,379</b>  |
| <b>Annual Increase</b>     |                  | <b>\$0</b>       | <b>-\$4,720</b>  | <b>-\$944</b>    | <b>-\$4,720</b>  |
| <b>% difference</b>        |                  | <b>0%</b>        | <b>-15%</b>      | <b>-3%</b>       | <b>-15%</b>      |