

# Group Health Cost Illustration

Your Company

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 Aggregate	12/18 12/18	12/18 12/18	12/18 12/18	12/18 12/18	12/18 12/18	12/18 12/18
Benefits Covered	Specific Aggregate	Med/Rx Med/Rx	Med/Rx Med/Rx	Med/Rx Med/Rx	Med/Rx Med/Rx	Med/Rx Med/Rx	Med/Rx 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 <b>\$75,000</b>	Med/Rx <b>\$75,000</b>	Med/Rx <b>\$75,000</b>	Med/Rx <b>\$75,000</b>	Med/Rx <b>\$75,000</b>	Med/Rx <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>

## Group Health Cost Illustration

**Your Company**

**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>



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### 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



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## 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



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Your Company  
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



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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%	60%	60%
Benefit % all others	60%	60%	60%	66 2/3%	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	\$786,748	\$786,748	\$786,748	\$786,748	\$786,748
Rates/per \$100	\$0.34	\$0.34	\$0.29	\$0.33	\$0.29
<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>