

Small Employer

Benefit Package Review

Town of Woodbury

December 1, 2021

Corporate Overview

As one of the largest independent insurance and risk management agencies in the nation, Marshall & Sterling is a leader in group benefits, specializing in health, dental, life, disability and flex benefits. Our experienced professionals help clients advance the health, wealth and performance of their most vital resource - their people. Our firm also provides customized administration, technology and total benefit programs. Augmented by a broad spectrum of insurance, risk and wealth management, and financial planning offerings, Marshall & Sterling provides complete risk solutions for our clientele. This integrated, custom tailored approach, utilizing uniquely developed strategies and service models, allows Marshall & Sterling the ability to develop programs which provide superior excellence in coverage, care and cost effectiveness.



- **Founded in 1864**
- Total written premiums in excess of **\$560 million**
- **450 Insurance Specialists**
- **23 branch offices** across New York, California, Florida, Michigan, Virginia and the U.S. Virgin Islands
- Group Benefits executives **serve on the Advisory Boards** of all four major health insurance carriers
- **An employee-owned company**
- The **33rd largest*** independent insurance agency in the nation
- Nationally recognized for **outstanding service and Best Practices**

** Source: Insurance Journal Report*

Evaluating Needs. Delivering Solutions.

Marshall & Sterling strives to develop long-term, mutually beneficial partnerships with our employee benefit clients. We start by gaining an understanding of your organization, its history, competitive challenges, and future direction. We combine the perspectives and insights of your staff, human resources professionals, and executives, together with our decades of experience to find the best possible options for your organization. We don't push boxed solutions on our clients. Instead, we tailor our guidance to meet the unique goals of each organization.

Human Resource Support

- Phone Access to HR Specialist for Questions & Support
- On-site training for management & Staff (harassment, diversity, time management)
- Employee Handbook Review
- HR360 – Online HR Library

Technology Solutions

- Online Enrollment
- On/Off Boarding
- PTO/Time Management
- Employer/Employee Self Service
- Certification Tracking
- Comprehensive Reporting & Licensing
- Performance Management
- Decision Support Tools
- Mobile Application
- FMLA & PFL Tracking

Compliance

- ACA Guidance/Tracking/Reporting (1094/1095-C)
- 5500 Filing
- COBRA Administration
- Assist with DOL Audits
- Regulatory & Compliance News
- Webinars & Education
- Compliance Document Preparation

Communications

- Custom Benefit Guide
- Open Enrollment Portal
- Health Fairs
- Total Compensation Statement
- Virtual Benefit Fairs

Worksite Solutions

- Supplemental Insurances
- Flex Benefits (FSA, HRA, HSA)
- Home & Auto
- Pet Insurance
- EAP
- Legal Support



Compliance Checklist



Group Health Plan Design:

- Cost Sharing Limits (\$8,550 per person and \$17,100 per family for the 2021 plan year)
- Health FSA Limit: No more than \$2,750 (2021 plan year)
- Health HSA Contribution Limit : Single: \$3,600 and Family:\$7,200 (for 2021) and \$1,000 Catch-up for those 55+
- Waiting Period (No more than 90 days)
- Individual Policy Reimbursement Prohibition (\$100/day/employee excise taxes)

Group Health Plan Taxes & Fees:

- Patient Centered Outcomes Research Institute (PCORI) is filed and paid once a year using IRS 720
- Cadillac Tax on “high cost” health plans
 - “Cost of coverage” includes the total contributions paid by both employer and employees
 - For planning purposes, the thresholds for high-cost plans are currently \$10,200 (individual) and \$27,500 (family) – to be updated before the tax takes effect in 2022 and indexed for inflation in future years.

Notice & Disclosure Requirements:

- Summary of Benefits and Coverage (SBC) – typically provided by insurance carrier, but employer is responsible for distribution.
- Exchange (Marketplace) Notice – Employers must provide to all employees within 14 days of hire
- Grandfathered Plan Notice - Include with materials describing plan’s benefits (enrollment materials, SPD)
- Notice of Patient Protections – (non-grandfathered plans only) provide at enrollment, and include SPD
- ERISA Required Disclosures – Summary Plan Description (SPD) Summary of Material Modification (SMM), COBRA/HIPAA/CHIPRA/WHCRA/GINA; other specific items, e.g. Wellness Program disclosure.

Recordkeeping:

Employers should maintain detailed documentation of all materials, data and records used in meeting their compliance requirements. Examples of essential recordkeeping elements include:

- A written plan that describes the benefit structure and guides day-to-day operations
- A system to track contribution and benefit payments, maintain participant and beneficiary information, and to accurately prepare any necessary reporting documents.
- Documents to provide plan information to employees participating in the plan and to the government, including copies of required notices and a description of the distribution processes.

Keeping track of compliance obligations under ERISA, COBRA, HIPAA, and the Affordable Care Act is no simple task. At Marshall & Sterling, we strive to keep clients informed with valuable and timely information issues that impact your business and benefit plans. The following checklist provides an overview of compliance items small employers should be aware of in 2018 and beyond.

Small Business Health Plan Prevalence and Enrollment

The average number of medical plans (of any type) offered at largest worksites is 2

The average monthly employee contribution for employee only coverage: **\$142 EPO/ \$121 HDHP**

The average monthly employee contribution for Family coverage: **\$546 EPO/ \$518 HDHP**

Of those small businesses offering medical plans...

- 92% of Employers have plans with a deductible (Average deductible amount \$1,250/\$3,000)
- Average of those plans using defined contribution: 15%
- 68% of employers have a waiting period for newly hired employees

26% of Employers Offer an HSA or HRA

- 55% of those employers make a contribution to employee HSAs
- Average contribution: \$1,000/\$1,250



74% of Companies Offer Dental

Average Annual Max for Dental: **\$1,500**

Average Dental Benefits: **100%/80%/50%** with **\$50 deductible**

61% of companies have employee contributions for dental

Average employee contributions:
\$32 (employee only) **\$77** (family)

Other Benefits Offered...



51%

Offer Voluntary Benefits such as Accident



33%

Offer Dependent Care



31%

Provide an Employee Assistance Program



29%

Offer FSA



7%

Offer Telemedicine



Insurance Carrier	MVP-Current Plan	MVP-Renewal Plan	MVP	MVP	MVP	MVP	MVP
Plan Name	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP Silver 2 EPOc "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 3 (HSA) "Exchange Certified Plan" National Network	MVP HMO HDHP Silver 3 (HSA) "Exchange Certified Plan" Regional Network	MVP EPO HDHP Bronze 6 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Bronze 3 (HSA) "Exchange Certified Plan" National Network
Metal Level	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze
Ded. Type	Embedded	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Embedded	Embedded
Plan Type	EPO HDHP	EPO HDHP	EPO	EPO HDHP	HMO HDHP	EPO HDHP	EPO HDHP
Annual INN Ded. Individual	\$3,900	\$3,900	\$4,500	\$2,200	\$2,200	\$6,900	\$6,200
Annual INN Ded. Family	\$7,800	\$7,800	\$9,000	\$4,400	\$4,400	\$13,800	\$12,400
Coinsurance (In-Network)	N/A (100% after ded. DME)	N/A (100% after ded. DME & Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	30% (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	N/A (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	N/A (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	N/A (100% after ded. DME & Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	30% (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)
Annual INN OOP Limits	\$6,000/\$12,000	\$6,000/\$12,000	\$8,400/\$16,800	\$5,200/\$10,400	\$5,200/\$10,400	\$6,900/\$13,800	\$6,900/\$13,800
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out of Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	100% after ded.	100% after ded.	3 visits at \$0, then \$35 copay afterwards	\$25 copay after ded.	\$25 copay after ded.	100% after ded.	\$30 copay after ded.
Specialist Visit	100% after ded.	100% after ded.	\$60 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	100% after ded.	\$50 copay after ded.
Inpatient Hospital	100% after ded.	100% after ded.	30% after ded.	\$500 copay after ded.	\$500 copay after ded.	100% after ded.	30% after ded.
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	100% after ded.-OP Hospital/Preferred Facility	\$300 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$200 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$200 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	100% after ded.-OP Hospital/Preferred Facility	\$100 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility
Emergency Room	100% after ded.	100% after ded.	\$350 copay after ded	\$300 copay after ded.	\$300 copay after ded.	100% after ded.	\$300 copay after ded.
Outpatient Lab	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$35 copay-PCP \$60 copay -Specialist/OP Hospital \$0 copay-Preferred Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp \$0 after ded.-Preferred Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp \$0 after ded.-Preferred Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Facility	\$30 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp \$0 after ded.-Preferred Facility
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$35 copay-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Facility	\$30 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp \$0 after ded.-Preferred Facility
Rx Ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3	15/40/60	15/40/60	10/45/90	15/40/60	15/40/60	100%/100%/100%	10/40/60
Creditable Coverage	YES	YES	YES	YES	YES	YES	YES
AM Best Rating***	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed
RATES							
Single Plan Rate	7 \$818.32	\$857.95	\$821.06	\$887.22	\$777.96	\$761.09	\$732.07
Employee/Spouse Plan Rate	3 \$1,636.64	\$1,715.90	\$1,642.12	\$1,774.44	\$1,555.92	\$1,522.18	\$1,464.14
Employee/Child(ren) Plan Rate	1 \$1,391.14	\$1,458.52	\$1,395.80	\$1,508.27	\$1,322.53	\$1,293.85	\$1,244.52
Family Plan Rate	7 \$2,332.21	\$2,445.16	\$2,340.02	\$2,528.58	\$2,217.19	\$2,169.11	\$2,086.40
Monthly Total	\$28,354.77	\$29,727.99	\$28,449.72	\$30,742.19	\$26,956.34	\$26,371.79	\$25,366.23
Annual Total	\$340,257.24	\$356,735.88	\$341,396.64	\$368,906.28	\$323,476.08	\$316,461.48	\$304,394.76
Annual Difference		\$16,478.64	\$1,139.40	\$28,649.04	-\$16,781.16	-\$23,795.76	-\$35,862.48
		5%	0%	8%	-5%	-7%	-11%
HRA FUNDING ANALYSIS							
HRA Set up Fees/PEPM:		\$250/\$2.50	\$250/\$2.50	\$250/\$2.50	\$250/\$2.50	\$250/\$2.50	\$250/\$2.50
HRA Funding*	100%	100%	100%	100%	100%	100%	100%
Individual	7 \$3,900.00	\$3,900.00	\$4,500.00	\$2,200.00	\$2,200.00	\$6,900.00	\$6,200.00
Family	11 \$7,800.00	\$7,800.00	\$9,000.00	\$4,400.00	\$4,400.00	\$13,800.00	\$12,400.00
HRA Utilization	100%	\$113,100.00	\$113,100.00	\$130,500.00	\$63,800.00	\$63,800.00	\$200,100.00
60%	\$67,860.00	\$67,860.00	\$78,300.00	\$38,280.00	\$38,280.00	\$120,060.00	\$107,880.00
Total at 60% Utilization	\$408,117.24	\$424,595.88	\$419,696.64	\$407,186.28	\$361,756.08	\$436,521.48	\$412,274.76
Annual Difference		\$16,478.64	\$11,579.40	-\$930.96	-\$46,361.16	\$28,404.24	\$4,157.52
		4%	3%	0%	-11%	7%	1%
Pediatric Dental		Included in Rates/ded. applies to HDHP Plans	Included in Rates	Included in Rates/ded. applies to HDHP Plans	Included in Rates/ded. applies to HDHP Plans	Included in Rates/ded. applies to HDHP Plans	Included in Rates/ded. applies to HDHP Plans



Insurance Carrier	MVP-Current Plan	MVP	MVP	MVP	MVP	CDPHP	CDPHP	CDPHP
	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP Bronze 2 EPOc (Not HSA Qualified) "Exchange Certified Plan" National Network	MVP Bronze 2 HMOc (Not HSA Qualified) "Exchange Certified Plan" Regional Network	MVP HMO HDHP Bronze 9 (HSA) "Exchange Certified Plan" Regional Network	MVP HMO HDHP Bronze 9 (HSA) "Exchange Certified Plan" Regional Network	CDPHP Qualified HDEPO (HSA) (331) NEW PLAN "Exchange Certified Plan"	CDPHP HDHP EPO Qualified (HSA) (320) "Exchange Certified Plan"	CDPHP HDHP HMO HSA Qualified (324) "Exchange Certified Plan"
Plan Name	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver
Metal Level	Embedded	Embedded	Embedded	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded
Ded. Type	EPO HDHP	EPO	HMO	HMO HDHP	HMO HDHP	HDHP EPO	HDHP EPO	HDHP HMO
Plan Type								
Annual INN Ded. Individual	\$3,900	\$6,000	\$6,000	\$6,100	\$6,100	\$3,900	\$1,800	\$2,200
Annual INN Ded. Family	\$7,800	\$12,000	\$12,000	\$12,200	\$12,200	\$7,800	\$3,600	\$4,400
Coinsurance (In-Network)	N/A (100% after ded. DME)	30% (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	30% (50% after ded. DME); (20% after ded. Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	50% (50% after ded. DME & Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	50% (50% after ded. DME & Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	Ded Then 50% (DME), Ded Then 20%(RX in Office)	Ded Then 50% (DME), Ded Then 20%(RX in Office)	Ded Then 50% (DME), Ded Then 20%(RX in Office)
Annual INN OOP Limits	\$6,000/\$12,000	\$8,400/\$16,800	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800	\$5,500/\$11,000
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out of Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	100% after ded.	3 visits at \$0, then \$35 after ded.	3 visits at \$0, then \$35 after ded.	50% after ded.	50% after ded.	\$45 copay after ded.	\$30 copay after ded.	\$25 copay after ded.
Specialist Visit	100% after ded.	\$60 copay after ded.	\$60 copay after ded.	50% after ded.	50% after ded.	\$70 copay after ded.	\$40 copay after ded.	\$50 copay after ded.
Inpatient Hospital	100% after ded.	30% after ded.	30% after ded.	50% after ded.	50% after ded.	\$1,500 copay after ded.	\$1,000 copay after ded.	\$500 copay after ded.
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	\$300 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$300 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	50% after ded.-OP Hospital 100% after ded.-Preferred Facility	50% after ded.-OP Hospital 100% after ded.-Preferred Facility	\$250 copay after ded.;Cost Share may be less-Preferred Center	\$150 copay after ded.;Cost Share may be less-Preferred Center	\$200 copay after ded.;Cost Share may be less-Preferred Center
Emergency Room	100% after ded.	\$350 copay after ded.	\$350 copay after ded.	50% after ded.	50% after ded.	\$500 copay after ded.	\$200 copay after ded.	\$300 copay after ded.
Outpatient Lab	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	50% after ded.-PCP/Specialist/OP Hospital 100% after ded. Preferred Facility	50% after ded.-PCP/Specialist/OP Hospital 100% after ded. Preferred Facility	100% after ded.-Preferred Lab; \$70 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$50 after ded.-OP Hospital/Office
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	50% after ded.-PCP/Specialist/OP Hospital 100% after ded. Preferred Facility	50% after ded.-PCP/Specialist/OP Hospital 100% after ded. Preferred Facility	100% after ded.-Preferred Center; \$70 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office
Rx Ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3	15/40/60	10/40/60	10/40/60	10/35/70	10/35/70	15/50/80	10/50/80	10/40/60
Creditable Coverage	YES	YES	YES	YES	YES	YES	YES	YES
AM Best Rating***	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed
RATES								
Single Plan Rate	7	\$818.32	\$695.75	\$610.08	\$634.47	\$752.36	\$796.19	\$721.09
Employee/Spouse Plan Rate	3	\$1,636.64	\$1,391.50	\$1,220.16	\$1,268.94	\$1,504.71	\$1,592.38	\$1,442.17
Employee/Child(ren) Plan Rate	1	\$1,391.14	\$1,182.78	\$1,037.14	\$1,078.60	\$1,279.01	\$1,353.52	\$1,225.85
Family Plan Rate	7	\$2,332.21	\$1,982.89	\$1,738.73	\$1,808.24	\$2,144.22	\$2,269.14	\$2,055.09
Monthly Total		\$28,354.77	\$24,107.76	\$21,139.29	\$21,984.39	\$26,069.20	\$27,587.97	\$24,985.62
Annual Total		\$340,257.24	\$289,293.12	\$253,671.48	\$263,812.68	\$312,830.40	\$331,055.64	\$299,827.44
Annual Difference			-\$50,964.12	-\$86,585.76	-\$76,444.56	-\$27,426.84	-\$9,201.60	-\$40,429.80
			-15%	-25%	-22%	-8%	-3%	-12%
HRA FUNDING ANALYSIS								
HRA Set up Fees/PEPM:		\$250/\$2.50	\$250/\$2.50	\$250/\$2.50	\$250/\$2.50	\$0.00/\$5.25	\$0.00/\$5.25	\$0.00/\$5.25
HRA Funding*		100%	100%	100%	100%	100%	100%	100%
Individual	7	\$3,900.00	\$6,000.00	\$6,000.00	\$6,100.00	\$3,900.00	\$1,800.00	\$2,200.00
Family	11	\$7,800.00	\$12,000.00	\$12,000.00	\$12,200.00	\$7,800.00	\$3,600.00	\$4,400.00
HRA Utilization								
100%		\$113,100.00	\$174,000.00	\$174,000.00	\$176,900.00	\$113,100.00	\$52,200.00	\$63,800.00
60%		\$67,860.00	\$104,400.00	\$104,400.00	\$106,140.00	\$67,860.00	\$31,320.00	\$38,280.00
Total at 60% Utilization		\$408,117.24	\$393,693.12	\$358,071.48	\$369,952.68	\$380,690.40	\$362,375.64	\$338,107.44
Annual Difference			-\$14,424.12	-\$50,045.76	-\$38,164.56	-\$27,426.84	-\$45,741.60	-\$70,009.80
			-4%	-12%	-9%	-7%	-11%	-17%
Pediatric Dental			Included in Rates	Included in Rates	Included in Rates/ded. applies to HDHP Plans	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.



Insurance Carrier		MVP-Current Plan	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP	Aetna	Aetna
Plan Name		MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	CDPHP Embrace Health EPO Copayment (\$200) (EPOc) (330) "Exchange Certified Plan"	CDPHP Copay First (\$3,000/\$6,000) (EPOc) (425) "Exchange Certified Plan"	CDPHP Qualified HDEPO (HSA) (421) "Exchange Certified Plan"	CDPHP Qualified HDEPO (HSA) (424) "Exchange Certified Plan"	Aetna Silver OAEPO \$3600 65% EPOc Calendar Year	Aetna Silver OAEPO \$5000 50% HDHP (HSA) Calendar or Plan Year	
Metal Level		Silver	Silver	Silver	Bronze	Bronze	Silver	Silver	
Ded. Type		Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded	Embedded	Embedded	
Plan Type		EPO HDHP	EPO	EPO	HDHP EPO	HDHP EPO	EPO	HDHP EPO	
Annual INN Ded. Individual		\$3,900	\$2,200	N/A P1;\$6,000 P2	\$6,900	\$6,100	\$3,600	\$5,000	
Annual INN Ded. Family		\$7,800	\$4,400	N/A P1;\$12,000 P2	\$13,800	\$12,200	\$7,200	\$10,000	
Coinsurance (In-Network)		N/A (100% after ded. DME)	Ded Then 50% (DME), Ded Then 20%(RX in Office)	50%(DME)/20%(RX Ofc) P1 100%/Ded.(DME)/(RX Ofc) P2	N/A, (100% after Ded, DME & RX in Office)	Ded Then 50% (DME), Ded Then 20%(RX in Office)	Ded then 35%;Ded then 50%(DME)	Ded then 50%	
Annual INN OOP Limits		\$6,000/\$12,000	\$7,500/\$15,000	\$6,000/\$12,000	\$6,900/\$13,800	\$6,900/\$13,800	\$8,550/\$17,100	\$6,000/\$12,000	
Annual OON Ded.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance (Out of Network)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Annual OUT OOP Limits		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Primary Care Visit		100% after ded.	\$30 copay after ded.	\$30 copay to \$3,000/\$6,000 reached then 100% after ded.	100% after ded.	\$40 copay after ded.	\$45	50% after ded.	
Specialist Visit		100% after ded.	\$50 copay after ded.	\$50 copay to \$3,000/\$6,000 reached then 100% after ded.	100% after ded.	\$60 copay after ded.	\$75	50% after ded.	
Inpatient Hospital		100% after ded.	\$1,500 copay after ded.	\$500 copay to \$3,000/\$6,000 reached then 100% after ded.	100% after ded.	\$1,000 copay after ded.	35% after ded.	50% after ded.	
Outpatient Surgery		100% after ded.-OP Hospital/Preferred Facility	\$100 copay after ded.; Cost Share may be less-Preferred Center	\$75 copay to \$3,000/\$6,000 reached then 100% after ded.	100% after ded.; Cost Share may be less Preferred Center	\$350 copay after ded.; Cost Share may be less-Preferred Center	35% after ded.	50% after ded.	
Emergency Room		100% after ded.	\$250 copay after ded.	\$75 copay up to \$3,000/\$6,000 reached then 100% after ded.	100% after ded.	\$350 copay after ded.	\$750 copay (waived if admitted), ded. waived	50% after ded.	
Outpatient Lab		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	No charge-Preferred Lab; \$50 after ded.-OP Hospital/Office	\$0 to \$3,000/\$6,000 then 100% after ded.-Preferred Lab \$50 to \$3,000/\$6,000 then 100% after ded-OP Hospital/Office	100% after ded./Preferred Lab/OP Hospital/Office	100% after ded.-Preferred Lab; \$60 after ded.-OP Hospital/Office	35% after ded.	50% after ded.	
Outpatient X-Ray		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	\$0 to \$3,000/\$6,000 then 100% after ded-Preferred Center \$50 copay to \$3,000/\$6,000 then 100% after ded-OP Hospital/Office	100% after ded./Preferred Center/OP Hospital/Office	100% after ded.-Preferred Center; \$60 after ded.-OP Hospital/Office	35% after ded.	50% after ded.	
Rx Ded.		Integrated ded.	Integrated ded.	N/A	Integrated ded.	Integrated ded.	\$200/\$400 ded. (Tier 1 Waived)	Integrated ded.	
Tier 1/Tier 2/Tier 3		15/40/60	10/35/70	10/30/50 (P1);100% after ded.(P2)	100%/100%/100%	10/50/80	15/65/50%	15/65/50%	
Creditable Coverage		YES	YES	YES	YES	YES	YES	YES	
AM Best Rating***		Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	A	A	
RATES									
Single Plan Rate	7	\$818.32	\$809.03	\$734.22	\$621.89	\$623.60	\$916.42	\$735.13	
Employee/Spouse Plan Rate	3	\$1,636.64	\$1,618.06	\$1,468.43	\$1,243.78	\$1,247.19	\$1,832.84	\$1,470.26	
Employee/Child(ren) Plan Rate	1	\$1,391.14	\$1,375.35	\$1,248.17	\$1,057.21	\$1,060.11	\$1,557.91	\$1,249.72	
Family Plan Rate	7	\$2,332.21	\$2,305.73	\$2,092.52	\$1,772.38	\$1,777.25	\$2,611.79	\$2,095.12	
Monthly Total		\$28,354.77	\$28,032.85	\$25,440.64	\$21,548.44	\$21,607.63	\$31,753.90	\$25,472.25	
Annual Total		\$340,257.24	\$336,394.20	\$305,287.68	\$258,581.28	\$259,291.56	\$381,046.80	\$305,667.00	
Annual Difference			-\$3,863.04	-\$34,969.56	-\$81,675.96	-\$80,965.68	\$40,789.56	-\$34,590.24	
			-1%	-10%	-24%	-24%	12%	-10%	
HRA FUNDING ANALYSIS									
HRA Set up Fees/PEPM:			\$0.00/\$5.25	\$0.00/\$5.25	\$0.00/\$5.25	\$0.00/\$5.25	\$1,000/\$0.00	\$1,000/\$0.00	
HRA Funding*		100%	100%	100%	100%	100%	100%	100%	
Individual	7	\$3,900.00	\$2,200.00	\$3,000.00	\$6,900.00	\$6,100.00	\$3,600.00	\$5,000.00	
Family	11	\$7,800.00	\$4,400.00	\$6,000.00	\$13,800.00	\$12,200.00	\$7,200.00	\$10,000.00	
HRA Utilization									
100%		\$113,100.00	\$63,800.00	\$87,000.00	\$200,100.00	\$176,900.00	\$104,400.00	\$145,000.00	
60%		\$67,860.00	\$38,280.00	\$52,200.00	\$120,060.00	\$106,140.00	\$62,640.00	\$87,000.00	
Total at 60% Utilization		\$408,117.24	\$374,674.20	\$357,487.68	\$378,641.28	\$365,431.56	\$443,686.80	\$392,667.00	
Annual Difference			-\$33,443.04	-\$50,629.56	-\$29,475.96	-\$42,685.68	\$35,569.56	-\$15,450.24	
			-8%	-12%	-7%	-10%	9%	-4%	
			Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.	Additional cost added to dependents under age 19: \$18.42 x max 3 dependents/family unit.			
Pediatric Dental							Included in Rates	Included in Rates	



Insurance Carrier	MVP-Current Plan	Empire	Empire	Empire	Empire	Empire	Empire	Empire
	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	Empire Silver EPO 2000/20%/6600 w/HSA EPO/PPO	Empire Silver EPO 2800/0%/7000 w/HSA EPO/PPO	Empire Silver EPO 2800/30%/7000 w/HSA EPO/PPO	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA NEW PLAN	Empire Silver Blue Access EPO 2800/30%/7000 w/HSA	Empire Bronze Blue Access EPO 6600/35%/7000 w/HSA	
Plan Name	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	
Metal Level	Embedded	Aggregate/Embedded	Aggregate/Embedded	Embedded	Aggregate/Embedded	Embedded	Embedded	
Ded. Type	EPO HDHP	EPO HDHP	EPO HDHP	EPO HDHP	EPO HDHP	EPO HDHP	EPO HDHP	
Plan Type								
Annual INN Ded. Individual	\$3,900	\$2,000	\$2,800	\$2,800	\$2,000	\$2,800	\$6,600	
Annual INN Ded. Family	\$7,800	\$4,000	\$5,600	\$5,600	\$4,000	\$5,600	\$13,200	
Coinsurance (In-Network)	N/A (100% after ded. DME)	N/A, Ded then 20% (DME)	N/A, Ded then 0% (DME)	Ded then 30%	N/A, Ded then 20% (DME)	Ded then 30%	Ded then 35%	
Annual INN OOP Limits	\$6,000/\$12,000	\$6,600/\$13,200	\$7,000/\$14,000	\$7,000/\$14,000	\$6,600/\$13,200	\$7,000/\$14,000	\$7,000/\$14,000	
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance (Out of Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Primary Care Visit	100% after ded.	\$25 copay after ded.	\$30 copay after ded.	30% after ded.	\$25 copay after ded.	30% after ded.	35% after ded.	
Specialist Visit	100% after ded.	\$50 copay after ded.	\$60 copay after ded.	30% after ded.	\$50 copay after ded.	30% after ded.	35% after ded.	
Inpatient Hospital	100% after ded.	\$500 copay after ded.; up to 4 days	\$1,000 copay after ded./admission	30% after ded./admission	\$500 copay after ded.; up to 4 days	30% after ded./admission	35% after ded./admission	
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	\$250 copay after ded.- Freestanding Center/OP Hospital	\$200 copay after ded.- Freestanding Center/OP Hospital	30% after ded.-Freestanding Center/OP Hospital	\$250 copay after ded.- Freestanding Center/OP Hospital	30% after ded.-Freestanding Center/OP Hospital	35% after ded.-Freestanding Center/OP Hospital	
Emergency Room	100% after ded.	\$500 copay after ded.(copay waived if admitted)	\$300 copay after ded. (copay waived if admitted)	30% after ded.	\$500 copay after ded.(copay waived if admitted)	30% after ded.	50% after ded.	
Outpatient Lab	100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 after ded.-Office \$250 after ded.-OP Hospital/Freestanding Lab	\$30 after ded.-Office \$200 after ded.-OP Hospital/Freestanding Lab	30% after ded.-Office/OP Hospital/Freestanding Lab	\$25 after ded.-Office \$250 after ded.-OP Hospital/Freestanding Lab	30% after ded.-Office/OP Hospital/Freestanding Lab	35% after ded.-Office/OP Hospital/Freestanding Lab	
Outpatient X-Ray	100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 after ded.-Office \$250 after ded.-OP Hospital/Freestanding Lab	\$30 after ded.-Office \$200 after ded.-OP Hospital/Freestanding Center	30% after ded.-Office/OP Hospital/Freestanding Center	\$25 after ded.-Office \$250 after ded.-OP Hospital/Freestanding Lab	30% after ded.-Office/OP Hospital/Freestanding Center	35% after ded.-Office/Freestanding Center/OP Hospital	
Rx Ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	
Tier 1/Tier 2/Tier 3	15/40/60	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	35/50/90	
Creditable Coverage	YES	YES	YES	YES	YES	YES	NO	
AM Best Rating***	Not Listed	A	A	A	A	A	A	
RATES								
Single Plan Rate	7	\$818.32	\$964.38	\$956.56	\$923.68	\$868.04	\$831.49	\$745.96
Employee/Spouse Plan Rate	3	\$1,636.64	\$1,928.76	\$1,913.12	\$1,847.36	\$1,736.08	\$1,662.98	\$1,491.92
Employee/Child(ren) Plan Rate	1	\$1,391.14	\$1,639.45	\$1,626.15	\$1,570.26	\$1,475.67	\$1,413.53	\$1,268.13
Family Plan Rate	7	\$2,332.21	\$2,748.48	\$2,726.20	\$2,632.49	\$2,473.91	\$2,369.75	\$2,125.99
Monthly Total		\$28,354.77	\$33,415.75	\$33,144.83	\$32,005.53	\$30,077.56	\$28,811.15	\$25,847.54
Annual Total		\$340,257.24	\$400,989.00	\$397,737.96	\$384,066.36	\$360,930.72	\$345,733.80	\$310,170.48
Annual Difference		\$60,731.76	\$57,480.72	\$57,480.72	\$43,809.12	\$20,673.48	\$5,476.56	-\$30,086.76
			18%	17%	13%	6%	2%	-9%
HRA FUNDING ANALYSIS								
HRA Set up Fees/PEPM:		\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25
HRA Funding*		100%	100%	100%	100%	100%	100%	100%
Individual	7	\$3,900.00	\$2,000.00	\$2,800.00	\$2,800.00	\$2,000.00	\$2,800.00	\$6,600.00
Family	11	\$7,800.00	\$4,000.00	\$5,600.00	\$5,600.00	\$4,000.00	\$5,600.00	\$13,200.00
HRA Utilization								
100%		\$113,100.00	\$58,000.00	\$81,200.00	\$81,200.00	\$58,000.00	\$81,200.00	\$191,400.00
60%		\$67,860.00	\$34,800.00	\$48,720.00	\$48,720.00	\$34,800.00	\$48,720.00	\$114,840.00
Total at 60% Utilization		\$408,117.24	\$435,789.00	\$446,457.96	\$432,786.36	\$395,730.72	\$394,453.80	\$425,010.48
Annual Difference		\$27,671.76	\$38,340.72	\$38,340.72	\$24,669.12	-\$12,386.52	-\$13,663.44	\$16,893.24
			7%	9%	6%	-3%	-3%	4%
Pediatric Dental		Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates



Insurance Carrier	MVP-Current Plan	Empire	Emblem Health	Emblem Health	Oxford	Oxford	Oxford
	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	Empire Bronze Blue Access EPO 7000/0%/7000 w/HSA	Silver Premier S Non-Gated Select Care	Bronze Premier S Non-Gated Select Care	Liberty Non-Gated EPO HSA 25/50/2500/80	Freedom Non-Gated EPO HSA 2000/70	Liberty Non-Gated EPO HSAM 4000/80 NEW PLAN
Plan Name	Silver	Bronze	Silver	Bronze	Silver	Silver	Silver
Metal Level	Embedded	Embedded	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded
Ded. Type	EPO HDHP	EPO HDHP	HMO	HMO	Liberty Non-Gated HDHP EPO	Freedom Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO
Plan Type	EPO HDHP	EPO HDHP	HMO	HMO	Liberty Non-Gated HDHP EPO	Freedom Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO
Annual INN Ded. Individual	\$3,900	\$7,000	\$3,600	\$5,300	\$2,500	\$2,000	\$4,000
Annual INN Ded. Family	\$7,800	\$14,000	\$7,200	\$10,600	\$5,000	\$4,000	\$8,000
Coinsurance (In-Network)	N/A (100% after ded. DME)	Ded then 100%	40%, (30% after ded. DME)	50%	Ded then 20%	Ded then 30%	Ded then 20%
Annual INN OOP Limits	\$6,000/\$12,000	\$7,000/\$14,000	\$7,800/\$15,600	\$8,450/\$16,900	\$6,400/\$12,800	\$6,900/\$13,800	\$6,650/\$13,300
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out of Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	100% after ded.	100% after ded.	\$0 copay first 3 visits, then \$35 copay afterwards	\$0 copay first 3 visits, then 50% after ded.	\$25 copay after ded.	30% after ded.	20% after ded.
Specialist Visit	100% after ded.	100% after ded.	\$65 copay	50% after ded.	\$50 copay after ded.	30% after ded.	20% after ded.
Inpatient Hospital	100% after ded.	100% after ded.	40% after ded./admission	50% after ded./admission	20% after ded.	30% after ded.	20% after ded.
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	100% after ded.-Freestanding Center/OP Hospital	\$350 copay after ded.-OP Facility \$35/\$65 after ded.-PCP/Specialist	50% after ded.-OP Facility/PCP/Specialist	\$150 after ded.-PCP/Freestand.Fac. \$250 copay after ded.-Hospital \$500 copay after ded., (copay waived if admitted)	30% after ded.-PCP/Freestanding Facility/Hospital	20% after ded.-PCP/Freestanding Facility/Hospital
Emergency Room	100% after ded.	100% after ded.	40% after ded.	50% after ded.		50% after ded. (coinsurance waived if admitted)	50% after ded. (coinsurance waived if admitted)
Outpatient Lab	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Office/OP Hospital/Freestanding Lab	\$35/\$65 copays-PCP/Specialist	50% after ded-PCP/Specialist	20% after ded.	30% after ded.	20% after ded.
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Office/ Freestanding Center/OP Hospital	\$35/\$65 after ded.-PCP/Specialist	50% after ded-PCP/Specialist	\$90 copay after ded.	30% after ded.	20% after ded.
Rx Ded.	Integrated ded.	Integrated ded.	N/A	Integrated ded. (Tier 1 Waived)	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3	15/40/60	100%/100%/100%	0/40/80	50/50%/50%	10/50/90	10/40/80	10/50/90
Creditable Coverage	YES	NO	YES	YES	YES	YES	YES
AM Best Rating***	Not Listed	A	C++	C++	A	A	A
RATES							
Single Plan Rate	7 \$818.32	\$742.28	\$970.27	\$839.58	\$934.54	\$982.64	\$869.78
Employee/Spouse Plan Rate	3 \$1,636.64	\$1,484.56	\$1,940.54	\$1,679.17	\$1,869.08	\$1,965.27	\$1,739.56
Employee/Child(ren) Plan Rate	1 \$1,391.14	\$1,261.88	\$1,649.45	\$1,427.30	\$1,588.73	\$1,670.48	\$1,478.63
Family Plan Rate	7 \$2,332.21	\$2,115.50	\$2,765.26	\$2,392.81	\$2,663.45	\$2,800.51	\$2,478.87
Monthly Total	\$28,354.77	\$25,720.02	\$33,619.78	\$29,091.54	\$32,381.90	\$34,048.34	\$30,137.86
Annual Total	\$340,257.24	\$308,640.24	\$403,437.36	\$349,098.48	\$388,582.80	\$408,580.08	\$361,654.32
Annual Difference		-\$31,617.00	\$63,180.12	\$8,841.24	\$48,325.56	\$68,322.84	\$21,397.08
		-9%	19%	3%	14%	20%	6%
HRA FUNDING ANALYSIS							
HRA Set up Fees/PEPM:		\$0.00/\$2.25	\$0.00/\$2.25	\$0.00/\$2.25			
HRA Funding*	100%	100%	100%	100%	100%	100%	100%
Individual	7 \$3,900.00	\$7,000.00	\$3,600.00	\$5,300.00	\$2,500.00	\$2,000.00	\$4,000.00
Family	11 \$7,800.00	\$14,000.00	\$7,200.00	\$10,600.00	\$5,000.00	\$4,000.00	\$8,000.00
HRA Utilization	100%	\$113,100.00	\$203,000.00	\$104,400.00	\$153,700.00	\$58,000.00	\$116,000.00
60%	\$67,860.00	\$121,800.00	\$62,640.00	\$92,220.00	\$43,500.00	\$34,800.00	\$69,600.00
Total at 60% Utilization	\$408,117.24	\$430,440.24	\$466,077.36	\$441,318.48	\$432,082.80	\$443,380.08	\$431,254.32
Annual Difference		\$22,323.00	\$57,960.12	\$33,201.24	\$23,965.56	\$35,262.84	\$23,137.08
		5%	14%	8%	6%	9%	6%
Pediatric Dental		Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates



Town of Woodbury, 12/01/2021

Insurance Carrier		MVP-Current Plan	Oxford	Oxford
Plan Name		MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	Freedom Non-Gated EPO HSA 5800/50	Liberty Non-Gated EPO HSA 7000/100
Metal Level		Silver	Bronze	Bronze
Ded. Type		Embedded	Aggregate/Embedded	Aggregate/Embedded
Plan Type		EPO HDHP	Freedom Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO
Annual INN Ded. Individual		\$3,900	\$5,800	\$7,000
Annual INN Ded. Family		\$7,800	\$11,600	\$14,000
Coinsurance (In-Network)		N/A (100% after ded. DME)	Ded then 50%	100% after Ded
Annual INN OOP Limits		\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000
Annual OON Ded.		N/A	N/A	N/A
Coinsurance (Out of Network)		N/A	N/A	N/A
Annual OUT OOP Limits		N/A	N/A	N/A
Primary Care Visit		100% after ded.	50% after ded.	100% after ded.
Specialist Visit		100% after ded.	50% after ded.	100% after ded.
Inpatient Hospital		100% after ded.	30% after ded.	100% after ded.
Outpatient Surgery		100% after ded.-OP Hospital/Preferred Facility	50% after ded.-PCP/Freestanding Facility/Hospital	100% after ded.- PCP/Freestanding Facility/Hospital
Emergency Room		100% after ded.	50% after ded. (coinsurance waived if admitted)	100% after ded.
Outpatient Lab		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	50% after ded.	100% after ded.
Outpatient X-Ray		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	50% after ded.	100% after ded.
Rx Ded.		Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3		15/40/60	10/40/80	100%/100%/100%
Creditable Coverage		YES	NO	NO
AM Best Rating***		Not Listed	A	A
RATES				
Single Plan Rate	7	\$818.32	\$849.05	\$792.13
Employee/Spouse Plan Rate	3	\$1,636.64	\$1,698.11	\$1,584.26
Employee/Child(ren) Plan Rate	1	\$1,391.14	\$1,443.39	\$1,346.62
Family Plan Rate	7	\$2,332.21	\$2,419.80	\$2,257.57
Monthly Total		\$28,354.77	\$29,419.67	\$27,447.30
Annual Total		\$340,257.24	\$353,036.04	\$329,367.60
Annual Difference			\$12,778.80 4%	-\$10,889.64 -3%
HRA FUNDING ANALYSIS				
HRA Set up Fees/PEPM:				
HRA Funding*		100%	100%	100%
Individual	7	\$3,900.00	\$5,800.00	\$7,000.00
Family	11	\$7,800.00	\$11,600.00	\$14,000.00
HRA Utilization				
100%		\$113,100.00	\$168,200.00	\$203,000.00
60%		\$67,860.00	\$100,920.00	\$121,800.00
Total at 60% Utilization		\$408,117.24	\$453,956.04	\$451,167.60
Annual Difference			\$45,838.80 11%	\$43,050.36 11%
Pediatric Dental			Included in Rates	Included in Rates

Advantages of a PEO

What is a PEO?

A Professional Employer Organization is a one-stop service provider that allows business owners to concentrate on running their business without getting bogged down with administrative details. It also allows them to provide employees with the benefits normally provided by much larger companies.

Few small businesses can afford a full-time staff consisting of an accountant, human resource professional, attorney, risk manager, benefits manager, etc. A PEO delivers these services by establishing and maintaining an employer relationship with the employees at the clients' worksite and by contractually assuming certain employer responsibilities, rights and risk. Often referred to as the co-employment model, a PEO becomes the legal "employer of record" for employment and benefit purposes, assuming many of the responsibilities and liabilities of every business, while allowing the business to focus on the fundamentals of their business.

- PEO arrangements offer a **broad array of HR-related services.**
- Competitive Fortune 500 Benefits otherwise not offered to small employers.
- **Generally Lower Health Insurance Premiums.**
- Maintain compliance with State and Federal regulations.
- PEO clients spend less on HR administration than similarly-sized peers.
- PEO's play a major role in helping businesses attract and retain their employees.
- Executives and managers of PEO clients can focus more of their time on strategy and growth.
- **PEOs make it possible for a small business to grow more quickly than their peers.**



Marshall & Sterling is constantly researching the market for viable benefit solutions for our valued clients. As we near your health insurance anniversary, we would like to make you aware of our preferred relationships with several PEO options.

Renewal Checklist

What you need to know about your renewal

❑ Carrier Submission Deadlines

Important – please review Carefully. Late submissions are resulting in denial of coverage

❑ Renewal – Submission to the Carrier

*Decisions to the carrier are requested 30 days prior to the effective date (completed paperwork)
Adding a carrier?*

- New Group Paperwork is due anywhere from 30-45 days in advance of the effective date
- New HRA Paperwork is Due 30-60 days installation requirement

❑ Employee Open Enrollment

- Enrollments/changes/additions – Due to the carrier by the 10th of the prior month
- ID Cards – are not guaranteed to be issued before the effective date of coverage for late submissions (after the 10th of the prior month).

❑ Decisions

Prior to carrier deadline, email the following:

- Plan Selections
- HRA
- Other lines of coverage

❑ Carrier Paperwork Requirements

- Carrier requirements will be provided to you in a detailed email
- Tax Documents: may be required for renewal, will be required for new group applications

Please keep in mind that we need 3-5 business days to scrub and process your paperwork before submission to the carrier, this is not included in the carrier deadlines/timelines.



Please Note...

Large Group vs. Small Group:

Under 100 full-time equivalent Employees (FTE) – considered Small Group – Community Rated

ACA Compliance:

Employers with 50 or more FTE (based on prior calendar year) will be required to meet affordability requirements and also will be required to file and report to the IRS – 1094 & 1095 forms.

Medicare & Group Medical Plan:

Determining the Primary Insurance Provider – this is based on the total number of employees (FT/PT)

- **Medicare is Primary** when total employee count is under 20
- **Group Coverage is Primary** when total employee count is 20 or more.

Contact Our Team

Monica Valentin-Rose

Account Manager

Phone: 845-226-3083, Ext.2468

Fax: 845-452-6382

mvalentin@marshallsterling.com

Open Enrollment process/conducts meetings, manager and directs day-to-day process, has dedicated team to assist in eligibility, escalated claims, etc.

Victoria Torres

Client Service Representative

Phone: 845-226-3083, Ext.2451

Fax: 845-452-6382

vtorres@marshallsterling.com

Day-to-day back up for Account Managers with eligibility, Renewal processing, claims, functions, provider listing and provider searches, claims research and analysis, general questions & notifications, client in-house contact.

Assistant Client Service Representative

Phone: 845-226-3083, Ext.

Fax: 845-452-6382

@marshallsterling.com

Day-to-day back up for Client Service Representatives with eligibility, functions, provider listing and provider searches, claims research and analysis, general questions & Notifications, client in-house contact.

Disclaimer

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

AM Best Carrier Rating – listed on your insurance quote is the AM Best Carrier Rating for each insurance carrier. As you may be aware, the financial strength of insurance companies is rated by several entities. One of these entities is known as AM Best. It is Marshall & Sterling’s policy to make every effort to work with insurance companies that have a rating of at least A- from AM Best. AM Best is a widely recognized authority on evaluation and the rating of the strength and services of insurance companies. A++, A+, A, and A- are the four (4) highest ratings given by AM Best. A guide to the ratings is included to the right. More information and all carrier ratings can be found at www.ambest.com. We try to include in our proposals quotes from one or more alternative insurance companies that are currently A- or better.

GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS			
A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.			
Best's Financial Strength Ratings			
	Rating	Descriptor	Definition
Secure	A++, A+	Superior	Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
	A, A-	Excellent	Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
	B++, B+	Good	Assigned to companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Vulnerable	B, B-	Fair	Assigned to companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C++, C+	Marginal	Assigned to companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C, C-	Weak	Assigned to companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
	D	Poor	Assigned to companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.
	E	Under Regulatory Supervision	Assigned to companies (and possibly their subsidiaries/affiliates) placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal, ongoing insurance operations.
	F	In Liquidation	Assigned to companies placed in liquidation by a court of law or by a forced liquidation.
S	Suspended	Assigned to rated companies when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.	
Rating Modifiers			
Modifier	Descriptor	Definition	
u	Under Review	Indicates the rating may change in the near term, typically within six months. Generally is event driven, with positive, negative or developing implications.	
pd	Public Data	Indicates rating assigned to insurer that chose not to participate in A.M. Best's interactive rating process. (Discontinued in 2010)	
s	Syndicate	Indicates rating assigned to a Lloyd's syndicate.	
Rating Outlooks			
Indicates potential direction of a Best's Financial Strength Rating over an intermediate term, generally defined as 12 to 36 months.			
Positive	Indicates possible rating upgrade due to favorable financial/market trends relative to the current rating level.		
Negative	Indicates possible rating downgrade due to unfavorable financial/market trends relative to the current rating level.		
Stable	Indicates low likelihood of a rating change due to stable financial/market trends.		
Under Review Implications			
Indicates the potential direction of a Best's Financial Strength Rating that is in Under Review status based on information currently available.			
Positive	Indicates there is a reasonable likelihood the company's rating will be raised as a result of A.M. Best's analysis of a recent event.		
Negative	Indicates there is a reasonable likelihood the company's rating will be lowered as a result of A.M. Best's analysis of a recent event.		
Developing	Indicates there is uncertainty as to the final rating outcome, but there is a reasonable likelihood the company's rating will change as a result of A.M. Best's analysis of a recent event.		
Not Rated Designation			
NR: Assigned to companies that are not rated by A.M. Best.			
Rating Disclosure			
A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. The ratings are not assigned to specific insurance policies or contracts and do not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. A Best's Financial Strength Rating is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer; nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In arriving at a rating decision, A.M. Best relies on third-party audited financial data and/or other information provided to it. While this information is believed to be reliable, A.M. Best does not independently verify the accuracy or reliability of the information. For additional details, see A.M. Best's <i>Terms of Use</i> at www.ambest.com .			
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