

2023

Renewal Review

August 17, 2023



UNCOMMONLY INDEPENDENT

Medical Financial Summary

| Plan | Insureds | Blue Cross Blue Shield Medical 10/1/2022 HMO Current | | United Healthcare Medical 10/1/2023 PPO Option 1 Proposed | |
|----------------------------|-----------|--|-----------------------|---|-----------------------|
| | | Unit Rate | Monthly | Unit Rate | Monthly |
| Core Plan | | S9J7ADT | | CZ-WT | |
| Employee (Ee) | 37 | \$479.07 | \$17,726 | \$607.00 | \$22,459 |
| Ee/Spouse | 2 | \$958.14 | \$1,916 | \$1,213.99 | \$2,428 |
| Ee/Child(ren) | 9 | \$958.14 | \$8,623 | \$1,213.99 | \$10,926 |
| Family | 1 | \$1,437.21 | \$1,437 | \$1,820.99 | \$1,821 |
| Monthly Premium | 49 | | \$29,702 | | \$37,634 |
| Annual Premium | | | \$356,428 | | \$451,607 |
| \$ Change | | | | | \$95,178 |
| % Change | | | | | 26.7% |
| Per Employee Per Year | | | \$7,274 | | \$9,216 |
| Rate Guarantee (months) | | 12 | | 12 | |
| Plan Design Summary | | In Network | Out of Network | In Network | Out of Network |
| Deductible | | Embedded | N/A | Embedded | Embedded |
| Individual | | \$3,000 | N/A | \$1,000 | \$5,000 |
| Family | | \$9,000 | N/A | \$2,000 | \$10,000 |
| Coinsurance | | 70% | N/A | 80% | 50% |
| Coinsurance Out-of-Net | | | | | |
| Out of Pocket Maximum | | Includes Ded. | N/A | Includes Ded. | Includes Ded. |
| Individual | | \$8,550 | N/A | \$7,150 | \$10,000 |
| Family | | \$17,100 | N/A | \$14,300 | \$20,000 |
| Copays | | | | | |
| Primary Care Physician | | \$40 copay | N/A | \$10 copay | 50% after ded |
| Specialist Physician | | \$80 copay | N/A | \$40/\$80 copay | 50% after ded |
| Urgent Care | | \$100 copay | N/A | \$25 copay | 50% after ded |
| Emergency Room | | \$600 + 30%* | | \$300 + 20%* | |
| In-Patient Surgery | | \$350 + 30%* | N/A | 20% after ded | 50% after ded |
| Out-Patient Surgery | | \$300 + 30%* | N/A | 20% after ded | 50% after ded |
| Prescription Drugs | | | | | |
| Retail | | 30 Days | N/A | 30 Days | 30 Days |
| Tier 1 | | \$0/\$10 copay | N/A | \$10 | \$10 |
| Tier 2 | | \$10/\$20 copay | N/A | \$35 | \$35 |
| Tier 3 | | \$50/\$70 copay | N/A | \$85 | \$85 |
| Tier 4 | | \$100/\$120 copay | N/A | \$85 | \$85 |
| Mail Order | | 3X Copay-90 Days | N/A | 2.5X Copay-90 Days | N/A |
| Notes | | *Blue Cross HMO plan requires Primary Care Physician selection and referrals to Specialists *United Healthcare includes \$0 virtual visit co-pays and \$0 co-pay for children to age 19 *United Healthcare PPO plans: the first Specialist co-pay is for Premium Designated Specialists. The second co-pay is for Non-Premium Specialists | | | |

Dental Financial Summary

| | | Mutual of Omaha Dental 10/1/2022 Dental PPO Current | | United Healthcare Dental 10/1/2023 Dental PPO Proposed | |
|------------------------------|-----------|---|-----------------------|--|-----------------------|
| Plan | Insureds | Unit Rate | Monthly | Unit Rate | Monthly |
| Dental PPO | | | | | |
| Employee (Ee) | 31 | \$29.87 | \$926 | \$28.78 | \$892 |
| Ee/Spouse | 3 | \$61.96 | \$186 | \$57.57 | \$173 |
| Ee/Child(ren) | 10 | \$73.77 | \$738 | \$77.84 | \$778 |
| Family | 5 | \$105.53 | \$528 | \$113.16 | \$566 |
| Monthly Premium | 49 | | \$2,377 | | \$2,409 |
| Annual Premium | | | \$28,526 | | \$28,909 |
| \$ Change | | | | | \$383 |
| % Change | | | | | 1.3% |
| Per Employee Per Year | | | \$582 | | \$590 |
| Rate Guarantee (months) | | 12 | | 12 | |
| Plan Design Summary | | In Network | Out of Network | In Network | Out of Network |
| Deductible | | | | | |
| Individual | | \$50 | \$50 | \$50 | \$50 |
| Family | | \$150 | \$150 | \$150 | \$150 |
| Calendar Year Maximum | | \$1,500 | \$1,500 | \$1,500 | \$1,500 |
| Coinsurance | | | | | |
| Preventive | | 100% | 100% | 100% | 100% |
| Basic | | 80% | 80% | 80% | 80% |
| Major | | 50% | 50% | 50% | 50% |
| Endo/Perio | | 50% | 50% | 50% | 50% |
| Orthodontia | | 50% | 50% | 50% | 50% |
| Ortho Eligibility | | Child(ren) to 19 | Child(ren) to 19 | Child(ren) to 19 | Child(ren) to 19 |
| Orthodontia Lifetime Maximum | | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Out-of-Network Reimbursement | | | 90th | | 90th |
| Notes | | | | | |
| | | | | | |

Vision Financial Summary

| | | Mutual of Omaha Vision 10/1/2022 EyeMed Current | | United Healthcare Vision 10/1/2023 Spectera Proposed | |
|-------------------------------|-----------|---|-----------------------|--|-----------------------|
| Plan | Insureds | Unit Rate | Monthly | Unit Rate | Monthly |
| Vision | | | | | |
| Employee (Ee) | 34 | \$6.77 | \$230 | \$6.69 | \$227 |
| Ee/Spouse | 3 | \$11.28 | \$34 | \$12.69 | \$38 |
| Ee/Child(ren) | 7 | \$11.97 | \$84 | \$14.88 | \$104 |
| Family | 6 | \$17.87 | \$107 | \$20.96 | \$126 |
| Monthly Premium | 50 | | \$455 | | \$495 |
| Annual Premium | | | \$5,460 | | \$5,945 |
| \$ Change | | | | | \$485 |
| % Change | | | | | 8.9% |
| Per Employee Per Year | | | \$109 | | \$119 |
| Rate Guarantee (months) | | | 12 | | 12 |
| Plan Design Summary | | In Network | Out of Network | In Network | Out of Network |
| Copay | | | | | |
| Exam | | \$10 copay | Up to \$37 | \$10 copay | Up to \$40 |
| Materials | | \$20 copay | See Below | \$25 copay | See Below |
| Frames | | \$150 allowance | Up to \$66 | \$150 allowance | Up to \$45 |
| Contacts | | \$150 allowance | Up to \$120 | \$150 allowance | Up to \$125 |
| Lenses | | | | | |
| Single | | \$20 copay | Up to \$24 | \$25 copay | Up to \$40 |
| Bifocal | | \$20 copay | Up to \$40 | \$25 copay | Up to \$60 |
| Trifocal | | \$20 copay | Up to \$68 | \$25 copay | Up to \$80 |
| Lenticular | | \$20 copay | Up to \$68 | \$25 copay | Up to \$80 |
| Frequency | | | | | |
| Exam | | Once every 12 months | | Once every 12 months | |
| Lenses | | Once every 12 months | | Once every 12 months | |
| Contacts (in lieu of glasses) | | Once every 12 months | | Once every 12 months | |
| Frames | | Once every 24 months | | Once every 24 months | |
| Lasik | | Discounts | N/A | Discounts | N/A |
| Network | | EyeMed | | Spectera | |
| Notes | | | | | |
| | | | | | |

Basic Life/AD&D Financial Summary

| | Mutual of Omaha Basic Life/AD&D 10/1/2022 Employer Paid Current | New York Life Basic Life/AD&D 10/1/2023 Employer Paid Proposed |
|--|---|--|
| Basic Term Life | | |
| Covered Lives | 53 | 53 |
| Covered Benefit Volume | \$2,583,500 | \$2,583,500 |
| Rate Per \$1,000 of Benefit | \$0.17 | \$0.12 |
| Total Monthly Premium | \$439 | \$310 |
| Total Annual Premium | \$5,270 | \$3,720 |
| \$ Change | | -\$1,550 |
| % Change | | -29.4% |
| Per Employee Per Year | \$99 | \$70 |
| Basic AD&D | | |
| Covered Lives | 53 | 53 |
| Covered Benefit Volume | \$2,583,500 | \$2,583,500 |
| Rate Per \$1,000 of Benefit | \$0.04 | \$0.03 |
| Total Monthly Premium | \$103 | \$78 |
| Total Annual Premium | \$1,240 | \$930 |
| \$ Change | | -\$310 |
| % Change | | -25.0% |
| Per Employee Per Year | \$23 | \$18 |
| Dependent Term Life | | |
| Covered Lives | 30 | 30 |
| Covered Benefit Volume | N/A | N/A |
| Rate Per \$1,000 of Benefit | \$3.00 | \$3.00 |
| Total Monthly Premium | \$90 | \$90 |
| Total Annual Premium | \$1,080 | \$1,080 |
| \$ Change | | \$0 |
| % Change | | 0.0% |
| Per Employee Per Year | \$36 | \$36 |
| Combined Total | | |
| Total Monthly Premium | \$633 | \$478 |
| Total Annual Premium | \$7,590 | \$5,730 |
| \$ Change | | -\$1,860 |
| % Change | | -24.5% |
| Rate Guarantee (months) | 12 | 12 |
| Plan Design Summary | | |
| Employee | \$50,000 | \$50,000 |
| Dependent Life | | |
| Spouse | \$10,000 | \$10,000 |
| Child(ren) | \$5,000 | \$5,000 |
| Reduction of Benefits Schedule (both Life and AD&D) | | |
| Age 64 or Younger | N/A | N/A |
| 65-69 | 33% Reduction | 33% Reduction |
| 70-74 | 56% Reduction | 56% Reduction |
| Notes | | |
| *Mutual of Omaha: child from birth to 6 months. \$1000 benefit amount *New York Life: child from birth to 6 months, \$1000 benefit amount | | |

Voluntary Life/AD&D Financial Summary

| | Mutual of Omaha Voluntary Life/AD&D 10/1/2022 Employee Paid Current | New York Life Voluntary Life/AD&D 10/1/2023 Employee Paid Proposed |
|--|--|--|
| Employee | | |
| Age | | |
| Employee Rate/\$1,000 | | |
| 20-24 | \$0.12 | \$0.21 |
| 25-29 | \$0.15 | \$0.21 |
| 30-34 | \$0.17 | \$0.24 |
| 35-39 | \$0.17 | \$0.25 |
| 40-44 | \$0.28 | \$0.32 |
| 45-49 | \$0.39 | \$0.52 |
| 50-54 | \$0.72 | \$0.82 |
| 55-59 | \$1.34 | \$1.18 |
| 60-64 | \$1.97 | \$1.39 |
| 65-69 | \$3.22 | \$2.52 |
| 70-74 | \$5.84 | \$5.11 |
| 75-79 | \$20.22 | \$44.58 |
| 80-84 | \$20.22 | \$44.58 |
| 85+ | \$20.22 | \$44.58 |
| Do Rates Include AD&D? | Yes | Yes |
| Total Monthly Premium | \$602 | \$816 |
| Total Annual Premium | \$7,218 | \$9,792 |
| \$ Change | | \$2,574 |
| % Change | | 35.7% |
| Spouse | Mutual of Omaha | New York Life |
| Age | Current | Proposed |
| Spouse Rate/\$1,000 | | |
| 20-24 | \$0.12 | \$0.21 |
| 25-29 | \$0.15 | \$0.14 |
| 30-34 | \$0.17 | \$0.24 |
| 35-39 | \$0.17 | \$0.25 |
| 40-44 | \$0.28 | \$0.32 |
| 45-49 | \$0.41 | \$0.51 |
| 50-54 | \$0.72 | \$0.82 |
| 55-59 | \$1.34 | \$1.18 |
| 60-64 | \$1.97 | \$1.39 |
| 65-69 | \$3.22 | \$2.52 |
| 70-74 | \$5.84 | \$5.11 |
| 75-79 | \$20.22 | \$44.58 |
| 80-84 | \$20.22 | \$44.58 |
| 85+ | \$20.22 | \$44.58 |
| Do Rates Include AD&D? | Yes | Yes |
| Total Monthly Premium | \$151 | \$176 |
| Total Annual Premium | \$1,808 | \$2,112 |
| \$ Change | | \$304 |
| % Change | | 16.8% |
| Child(ren) | Mutual of Omaha | New York Life |
| Age | Current | Proposed |
| Rate Per \$1,000 | \$0.22 | \$0.22 |
| Do Rates Include AD&D? | Yes | Yes |
| Total Monthly Premium | \$18 | \$18 |
| Total Annual Premium | \$211 | \$211 |
| \$ Change | | \$0 |
| % Change | | 0.0% |
| TOTALS | | |
| Total Monthly Premium | \$770 | \$1,010 |
| Total Annual Premium | \$9,238 | \$12,115 |
| Rate Guarantee (months) | 12 | 12 |
| Plan Design Summary | | |
| Employee Benefit Amount | 5 times annual salary max \$500,000 | 5x annual salary max \$500,000 |
| Spouse Benefit Amount | 100% of employee amount max \$250,000 | 100% of employee amount max \$250,000 |
| Child(ren) Benefit Amount | 100% of employee amount max \$10,000 | \$1000 to \$10,000 |
| Guarantee Issue Amount | | |
| Employee | \$100,000 | \$100,000 |
| Spouse | \$50,000 | \$25,000 |
| Child(ren) | \$10,000 | \$10,000 |
| Conversion | Included | Included |
| Reduction of Benefits Schedule (both Life and AD&D) | | |
| Age 65 | N/A | N/A |
| Age 70 | 67% of original amount | 67% of original amount |
| Age 75 | 44% of original amount | 56% of original amount |
| Notes | *Premiums based on current enrollment *Met Life: child birth to 14 days: \$100, 15 days *New York Life: child birth to 6 months: \$500 | |

Voluntary STD Financial Summary

| | Mutual of Omaha Short Term Disability 10/1/2022 Employee Paid Current | New York Life Short Term Disability 10/1/2023 Employee Paid Proposed |
|---------------------------------------|---|--|
| Covered Lives | 10 | 10 |
| Covered Benefit Volume | \$6,220 | \$6,220 |
| Rate Per \$10 of Benefit | \$0.52 | \$0.35 |
| Total Monthly Premium | \$323 | \$218 |
| Total Annual Premium | \$3,881 | \$2,612 |
| \$ Change | | -\$1,269 |
| % Change | | -32.7% |
| Per Employee Per Year | \$388 | \$261 |
| Rate Guarantee (months) | 12 | 12 |
| Participation Requirement | N/A | 25% |
| Plan Design Summary | | |
| Elimination Period | | |
| Accident | 7 Days | 7 Days |
| Sickness | 7 Days | 7 Days |
| Benefit Percentage | 60% | 60% |
| Weekly Benefit Maximum | \$1,000 | \$1,000 |
| Maximum Period of Payment | 12 Weeks | 12 Weeks |
| Minimum Weekly Benefit | \$25 | \$25 |
| Pre-Existing Condition Limitations | 3/6 | 12/12 |
| Notes | | |
| *Premiums based on current enrollment | | |

LTD Financial Summary

| | Mutual of Omaha Long Term Disability 10/1/2022 Employer Paid Current | New York Life Long Term Disability 10/1/2023 Employer Paid Proposed |
|------------------------------------|--|---|
| Covered Lives | 53 | 53 |
| Covered Payroll | \$282,045 | \$282,045 |
| Rate Per \$100 of Covered Payroll | \$0.38 | \$0.30 |
| Total Monthly Premium | \$1,072 | \$846 |
| Total Annual Premium | \$12,861 | \$10,154 |
| \$ Change | | -\$2,708 |
| % Change | | -21.1% |
| Per Employee Per Year | \$243 | \$192 |
| Rate Guarantee | 12 | 12 |
| Participation Requirement | 100% | 100% |
| Plan Design Summary | | |
| Benefit Percentage | 60% | 60% |
| Monthly Benefit Maximum | \$5,000 | \$5,000 |
| Maximum Period of Payment | To Age 65/ SSNRA | To Age 65 / SSNRA |
| Minimum Monthly Benefit | \$100 | \$100 |
| Elimination Period | 90 Days | 90 Days |
| Definition of Disability | 24 Months Own Occupation | 24 Months Own Occupation |
| Mental Illness - Limitations | 24 months | 24 Months |
| Substance Abuse - Limitations | 24 months | 24 Months |
| Pre-Existing Condition Limitations | 3/12 | 3/12 |
| Notes | | |
| | | |

Independence changes everything.



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