

Dedicated Service Team

Client Relationship Management

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Key Report Highlights

- Blue Cross Blue Shield of TN released a 20.39% increase averaged among all 3 plan options. USI requested rate relief on the renewal stating the risk and trend percentages used were not substantiated. Based on the loss ratio of 132% and three ongoing high specialty drug claimants they will not offer any reduction.
- The vision plan with Blue Cross Blue Shield of TN is receiving no increase.
- The dental plan with Blue Cross Blue Shield was receiving a small increase (2%); USI requested these rates be held to current and Blue Cross agreed to hold the rates for another year.
- The group life, AD&D and Short -term disability with US Able will receive no increase.
- At the end of this report is the renewal timeline for the June 1, 2022 renewal. Please advise if this timeline is acceptable and meets your expectations.



**The Wogan Group
Market Review List
June 1, 2021 Renewal Date**

| Carrier | A.M. Best Rating | Coverage Requested | Status | Notes |
|-------------------|-------------------------|---------------------------|-------------------|---|
| BCBS TN | A+ | Medical | Incumbent | Renewal rates 20.39% over current (averaged over 3 plans); Alternates illustrated |
| Cigna | A | Medical | Declined to quote | not competitive |
| Humana | A | Medical | Proposal released | Proposed rates over renewal |
| United Healthcare | A- | Medical | Proposal released | Illustrated |
| Aetna | A | Medical | Proposal released | Partially self funded only (USI does not recommend) |

Any carrier with an A.M. Best financial rating lower than A- does not meet the minimum financial requirements for USI's Errors & Omissions insurance. In the absence of a rating by A.M. Best, or in the case of an NR designation, a Standard & Poor Company rating lower than A will apply. A liability waiver must be signed by the client if insurance coverage is placed with a carrier that does not meet the required financial rating.



The Wogan Group
Medical Plan
Benefit Outline and Cost Summary
June 1, 2021

| Benefit Outline | Current | | | Renewal | | | Alternate | | | | | |
|---|-------------------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|------------|------------|------------------|
| | Base | Buy-up Option 1 | Buy-up Option 2 | Base | Buy-up Option 1 | Buy-up Option 2 | Base | Buy-up Option 1 | Buy-up Option 2 | | | |
| Carrier | BCBST | BCBST | BCBST | BCBST | BCBST | BCBST | BCBST | BCBST | BCBST | | | |
| Plan Type, Name, Network | HDHP - Baptist | PPO - Baptist | PPO - Baptist | HDHP - Baptist | PPO - Baptist | PPO - Baptist | HDHP - Baptist | PPO - Baptist | PPO - Baptist | | | |
| Deductible (Individual / Family) | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 | | | |
| Non-Network Deductible (Individual / Family) | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$8,000 / \$16,000 | \$8,000 / \$16,000 | \$8,000 / \$16,000 | | | |
| Deductible Embedded / Non-Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | | | |
| Out-of-Pocket Maximum (Individual / Family) | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | | | |
| Non-Network OOP Max (Individual / Family) | \$12,000 / \$24,000 | \$15,000 / \$30,000 | \$15,000 / \$30,000 | \$12,000 / \$24,000 | \$15,000 / \$30,000 | \$15,000 / \$30,000 | \$18,000 / \$36,000 | \$18,000 / \$36,000 | \$18,000 / \$36,000 | | | |
| Prescription OOP Max (Individual / Family) | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | | | |
| Annual HRA Contribution (Individual / Family) | \$1,000 PEPEY / \$2,000 PEPEY | N/A | N/A | \$1,000 PEPEY / \$2,000 PEPEY | N/A | N/A | \$1,000 PEPEY / \$2,000 PEPEY | N/A | N/A | | | |
| Coinsurance (In / Out) | 50% / 50% | 50% / 50% | 90% / 70% | 50% / 50% | 50% / 50% | 90% / 70% | 50% / 50% | 50% / 50% | 80%/20% | | | |
| Wellness / Preventive Care | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | | | |
| Primary Care Office Visit | 50% After Deductible | \$50 copay | \$25 copay | 50% After Deductible | \$50 copay | \$25 copay | 50% After Deductible | \$50 copay | \$25 copay | | | |
| Specialist Office Visit | 50% After Deductible | \$50 copay | \$50 copay | 50% After Deductible | \$50 copay | \$50 copay | 50% After Deductible | \$50 copay | \$50 copay | | | |
| Urgent Care/Physicians Now | 50% After Deductible | \$50 /50 copay | \$50/25 copay | 50% After Deductible | \$50 /\$25 copay | \$50/\$10 copay | 50% After Deductible | \$50 /\$25 copay | \$50/\$10 copay | | | |
| Emergency Room | 50% After Deductible | \$250 copay | \$250 copay | 50% After Deductible | \$250 copay | \$250 copay | 50% After Deductible | 50% After Deductible | \$250 copay | | | |
| Outpatient Lab / X-Ray | 50% After Deductible | 100% (dw) | 100% (dw) | 50% After Deductible | 100% (dw) | 100% (dw) | 50% After Deductible | 100% (dw) | 100% (dw) | | | |
| Complex Imaging (MRI, CAT, PET, et.al.) | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Outpatient Surgical Facility | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Inpatient Hospital Facility | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Retail Prescription Drug Copays | *50% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | 50% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | 50% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | | | |
| Mail Order Prescription Drug Copays | 50% After Deductible | 3x Retail | 3x Retail | 50% After Deductible | 3x Retail | 3x Retail | 50% After Deductible | 3x Retail | 3x Retail | | | |
| Specialty Prescription Drugs | 50% After Deductible | \$300 copay | \$300 copay | 50% After Deductible | \$300 copay | \$300 copay | 50% After Deductible | \$300 copay | \$300 copay | | | |
| | *\$10/35/60 prev Rx copay,DW | | | *\$10/35/60 prev Rx copay,DW | | | *\$10/35/60 prev Rx copay,DW | | | | | |
| Rates & Total Cost | Base | Buy up 1 | Buy up 2 | | | | | | | | | |
| Employee | 20 | 5 | 4 | \$342.28 | \$436.68 | \$479.99 | \$414.72 | \$521.54 | \$572.09 | \$371.66 | \$483.50 | \$536.75 |
| Employee + Spouse | 4 | 0 | 0 | \$718.79 | \$917.03 | \$1,007.98 | \$870.91 | \$1,095.23 | \$1,201.39 | \$780.49 | \$1,015.35 | \$1,127.18 |
| Employee + Child(ren) | 6 | 1 | 1 | \$626.37 | \$799.13 | \$878.39 | \$758.94 | \$954.42 | \$1,046.92 | \$680.15 | \$884.80 | \$982.25 |
| Employee + Family | 0 | 2 | 1 | \$1,038.81 | \$1,325.31 | \$1,456.77 | \$1,258.68 | \$1,582.87 | \$1,736.29 | \$1,127.99 | \$1,467.41 | \$1,629.03 |
| Total Employees | 30 | 8 | 6 | | | | | | | | | |
| | | | 44 | \$161,748 | \$67,598 | \$51,061 | \$195,980 | \$80,734 | \$60,859 | \$175,633 | \$74,845 | \$57,099 |
| | | | | | | | 21.16% | 19.43% | 19.19% | 8.58% | 10.72% | 11.82% |
| Annual Premium Total (w/out HRA) | | | | | | \$280,407 | | | \$337,573 | | | \$307,578 |
| Change from Current | | | | | | | | | \$57,166 | | | \$27,171 |
| Percentage Change | | | | | | | | | 20.39% | | | 9.69% |

Notes

1. (DW) = deductible waived

| Benefit Outline | Current | | | Renewal | | | Alternate | | | | | |
|---|------------------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|------------|------------|------------------|
| | Base | Buy-up Option 1 | Buy-up Option 2 | Base | Buy-up Option 1 | Buy-up Option 2 | Base | Buy-Up Option 1 | Buy-up Option 2 | | | |
| Carrier | BCBST | BCBST | BCBST | BCBST | BCBST | BCBST | United Healthcare | United Healthcare | United Healthcare | | | |
| Plan Type, Name, Network | HDHP-Baptist | PPO - Baptist | PPO - Baptist | HDHP-Baptist | PPO - Baptist | PPO - Baptist | PPO - Methodist | PPO - Methodist | PPO - Methodist | | | |
| Deductible (Individual / Family) | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | | | |
| Non-Network Deductible (Individual / Family) | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$10,000 / \$20,000 | \$6,000 / \$12,000 | | | |
| Deductible Embedded / Non-Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | Embedded | | | |
| Out-of-Pocket Maximum (Individual / Family) | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$6,000 / \$12,000 | \$5,000 / \$10,000 | \$4,000 / \$8,000 | | | |
| Non-Network OOP Max (Individual / Family) | \$12,000 / \$24,000 | \$15,000 / \$30,000 | \$15,000 / \$30,000 | \$12,000 / \$24,000 | \$15,000 / \$30,000 | \$15,000 / \$30,000 | \$15,000 / \$30,000 | \$20,000 / \$40,000 | \$8,000 / \$16,000 | | | |
| Prescription OOP Max (Individual / Family) | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | Included w/ Medical | | | |
| Annual HRA Contribution (Individual / Family) | \$1,000 PEPY / \$2,000 PEPY | N/A | N/A | \$1,000 PEPY / \$2,000 PEPY | N/A | N/A | \$1,000 PEPY / \$2,000 PEPY | N/A | N/A | | | |
| Coinsurance (In / Out) | 50% / 50% | 50% / 50% | 90% / 70% | 50% / 50% | 50% / 50% | 90% / 70% | 80% / 50% | 50% / 50% | 80%/20% | | | |
| Wellness / Preventive Care | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | 100% (dw) | | | |
| Primary Care Office Visit | 50% After Deductible | \$50 copay | \$25 copay | 50% After Deductible | \$50 copay | \$25 copay | 20% After Deductible | \$25 copay | \$25 copay | | | |
| Specialist Office Visit | 50% After Deductible | \$50 copay | \$50 copay | 50% After Deductible | \$50 copay | \$50 copay | 20% After Deductible | \$50 copay | \$50 copay | | | |
| Urgent Care/Telemed | 50% After Deductible | \$50 / \$50 copay | \$50/\$25 copay | 50% After Deductible | \$50 / \$25 copay | \$50/\$10 copay | 20% After Deductible | \$50 / \$25 copay | \$50/\$10 copay | | | |
| Emergency Room | 50% After Deductible | \$250 copay | \$250 copay | 50% After Deductible | \$250 copay | \$250 copay | 20% After Deductible | 50% After Deductible | \$350 copay | | | |
| Outpatient Lab / X-Ray | 50% After Deductible | 100% (dw) | 100% (dw) | 50% After Deductible | 100% (dw) | 100% (dw) | 20% After Deductible | 100% (dw) | 100% (dw) | | | |
| Complex Imaging (MRI, CAT, PET, et.al.) | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 20% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Outpatient Surgical Facility | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 20% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Inpatient Hospital Facility | 50% After Deductible | 50% After Deductible | 10% After Deductible | 50% After Deductible | 50% After Deductible | 10% After Deductible | 20% After Deductible | 50% After Deductible | 20% After Deductible | | | |
| Retail Prescription Drug Copays | *50% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | 50% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | 20% After Deductible | \$10 / \$75 / \$150 | \$10 / \$75 / \$150 | | | |
| Mail Order Prescription Drug Copays | 50% After Deductible | 3x Retail | 3x Retail | 50% After Deductible | 3x Retail | 3x Retail | 20% After Deductible | 2.5 x Retail | 2.5 x Retail | | | |
| Specialty Prescription Drugs | 50% After Deductible | \$300 copay | \$300 copay | 50% After Deductible | \$300 copay | \$300 copay | 20% After Deductible | \$300 copay | \$300 copay | | | |
| | *\$10/35/60 prev Rx copay,DW | | | *\$10/35/60 prev Rx copay,DW | | | *\$10/35/60 prev Rx copay,DW | | | | | |
| Rates & Total Cost | Base | Buy up 1 | Buy up 2 | | | | | | | | | |
| Employee | 20 | 5 | 4 | \$342.28 | \$436.68 | \$479.99 | \$414.72 | \$521.54 | \$572.09 | \$389.34 | \$457.77 | \$513.98 |
| Employee + Spouse | 4 | 0 | 0 | \$718.79 | \$917.03 | \$1,007.98 | \$870.91 | \$1,095.23 | \$1,201.39 | \$942.20 | \$1,107.80 | \$1,243.83 |
| Employee + Child(ren) | 6 | 1 | 1 | \$626.37 | \$799.13 | \$878.39 | \$758.94 | \$954.42 | \$1,046.92 | \$703.16 | \$826.74 | \$928.26 |
| Employee + Family | 0 | 2 | 1 | \$1,038.81 | \$1,325.31 | \$1,456.77 | \$1,258.68 | \$1,582.87 | \$1,736.29 | \$1,297.09 | \$1,525.07 | \$1,712.33 |
| Total Employees | 30 | 8 | 6 | | | | | | | | | |
| | | | 44 | \$161,748 | \$67,598 | \$51,061 | \$195,980 | \$80,734 | \$60,859 | \$189,295 | \$73,989 | \$56,358 |
| | | | | | | | 21.16% | 19.43% | 19.19% | 17.03% | 9.45% | 10.37% |
| Annual Premium Total (w/out HRA) | | | | | | \$280,407 | | | \$337,573 | | | \$319,642 |
| Change from Current | | | | | | | | | \$57,166 | | | \$39,235 |
| Percentage Change | | | | | | | | | 20.39% | | | 13.99% |

Notes

1. (DW) = deductible waived

Cobra admin included in rates



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