



2021 Employee Benefits Renewal Employee Insurance Committee

City of Northfield | August 31, 2020



Insurance | Risk Management | Consulting

Agenda

- I. Executive Summary
- II. Renewal and Marketing Summary (incl. Plan Designs)
 - A. Medical – Current/Renewal rates, benefits and contributions
 - 1. Benefit adjustments
 - B. Dental – Current/Renewal rates, benefits and contributions
 - C. Life and AD&D – Current/Renewal rates and benefits
 - D. Voluntary Life and AD&D – Current/Renewal rates and benefits
 - E. Long Term Disability – Current/Renewal rates and benefits
- III. Current FMR Report
- IV. Disclaimers and Disclosures



Insurance | Risk Management | Consulting

Executive Summary

Executive Summary

I. Medical – BlueCross BlueShield of Minnesota:

The renewal called for a 3.59% increase from current, or an increase of \$40,264 a rate cap on not to exceed 13% for 2021 was in place.

- Gallagher negotiated a not to exceed 13% rate cap for 2022.

II. Dental – Guardian:

The renewal called for a 0% change from current – Guardian included in their renewal a flat increase for 2022.

- High Plan – 0% change
- Low Plan – 0% change

Executive Summary

III. Life and AD&D – Minnesota Life:

The Life and AD&D plan is under rate guarantee until 12/31/2023.

IV. Voluntary Life and AD&D – Minnesota Life:

The Voluntary Life and AD&D plan is under rate guarantee until 12/31/2022.

V. Long Term Disability – Madison National Life Insurance Company:

The Long Term Disability plan is under rate guarantee until 12/31/2022.

Renewal Summary

2021 Plan Year

Coverage	Carrier	Renewal Date	Rate Action
Medical	BlueCross BlueShield of Minnesota	01/01/2021	3.59% with a not to exceed 13% rate cap for 2022
Dental	Guardian	01/01/2021	0% increase with a rate hold through 12/31/2022
Life and AD&D	Minnesota Life	01/01/2021	Rate Guarantee through 12/31/2023
Voluntary Life and AD&D	Minnesota Life	01/01/2021	Rate Guarantee through 12/31/2022
Long Term Disability	Madison National Life Insurance Company	01/01/2021	Rate Guarantee through 12/31/2022



Insurance | Risk Management | Consulting

Medical Plans

Medical Plans Current Summary – BlueCross BlueShield of Minnesota

	CURRENT		
Carrier Name	BlueCross BlueShield of Minnesota		
Plan Name	T21075 \$3000 HSA	T21111 \$1000 PPO	T21032 \$500 PPO
PLAN DESIGN*			
In-Network Benefits	Aware Network	Aware Network	Aware Network
Deductible Type	Embedded		
Calendar Year (CY) Deductible (Individual / Family)	\$3,000 / \$6,000	\$1,000 / \$3,000	\$500 / \$1,500
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,000 / \$4,000
Coinsurance (member pays after deductible)	0%	30%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Specialist Visit	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Telehealth	0% after deductible	\$20 Copay	\$20 Copay
Urgent Care	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Emergency Room	0% after deductible	30% after deductible	20% after deductible
Inpatient Hospital	0% after deductible	30% after deductible	20% after deductible
Outpatient Surgery	0% after deductible	30% after deductible - Hospital; 10% after deductible - ASC	20% after deductible - Hospital; 0% after deductible - ASC
Chiropractic (visit limits may apply)	0% after deductible	\$40 Copay	\$25 Copay
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	30% after deductible	20% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	30% after deductible	20% after deductible
Imaging (CT/PET scan, MRI)	0% after deductible	30% after deductible	20% after deductible
Prescription Drug Benefit			
Retail	31 Days	31 Days	31 Days
Tier I / Tier II / Tier III	0% after deductible	\$15 / \$50 / \$100	\$15 / \$50 / \$100
Specialty	0% after deductible	30% to max \$350	20% to max \$350
Mail Order	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III	0% after deductible	\$45 / \$150 / \$300	\$45 / \$150 / \$300
Out-of-Network Benefits			
Deductible Type	Embedded		
CY Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000
Coinsurance (member pays after deductible)	50%	50%	50%

Medical Plans Renewal Summary – BlueCross BlueShield of Minnesota

Carrier Name Plan Name	RENEWAL BlueCross BlueShield of Minnesota		
	T21075 \$3000 HSA	T21111 \$1000 PPO	T21032 \$500 PPO
PLAN DESIGN*			
In-Network Benefits	Aware Network	Aware Network	Aware Network
Deductible Type	Embedded		
Calendar Year (CY) Deductible (Individual / Family)	\$3,000 / \$6,000	\$1,000 / \$3,000	\$500 / \$1,500
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,000 / \$4,000
Coinsurance (member pays after deductible)	0%	30%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Specialist Visit	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Telehealth	0% after deductible	\$20 Copay	\$20 Copay
Urgent Care	0% after deductible	\$40 Copay - Office Visit; 30% after deductible - all other services	\$25 Copay - Office Visit; 20% after deductible - all other services
Emergency Room	0% after deductible	30% after deductible	20% after deductible
Inpatient Hospital	0% after deductible	30% after deductible	20% after deductible
Outpatient Surgery	0% after deductible	30% after deductible - Hospital; 10% after deductible - ASC	20% after deductible - Hospital; 0% after deductible - ASC
Chiropractic (visit limits may apply)	0% after deductible	\$40 Copay	\$25 Copay
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	30% after deductible	20% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	30% after deductible	20% after deductible
Imaging (CT/PET scan, MRI)	0% after deductible	30% after deductible	20% after deductible
Prescription Drug Benefit			
Retail	31 Days	31 Days	31 Days
Tier I / Tier II / Tier III	0% after deductible	\$15 / \$50 / \$100	\$15 / \$50 / \$100
Specialty	0% after deductible	30% to max \$400	20% to max \$400
Mail Order	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III	0% after deductible	\$45 / \$150 / \$300	\$45 / \$150 / \$300
Out-of-Network Benefits			
Deductible Type	Embedded		
CY Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000
Coinsurance (member pays after deductible)	50%	50%	50%

Medical Rates - 2021

				CURRENT			RENEWAL - FLAT Rate increase		
COST ANALYSIS									
PEPM Rates	Plan 1	Plan 2	Plan 3	T21075 \$3000 HSA	T21111 \$1000 PPO	T21032 \$500 PPO	T21075 \$3000 HSA	T21111 \$1000 PPO	T21032 \$500 PPO
Employee (EE) Only	38	3	15	\$609.48	\$658.79	\$757.70	\$631.38	\$682.47	\$784.93
EE + Family	25	0	8	\$1,627.21	\$1,758.88	\$2,022.94	\$1,685.69	\$1,822.09	\$2,095.64
Total Enrollment	63	3	23						
Estimated Annual Premium				\$766,086	\$23,716	\$330,588	\$793,616	\$24,569	\$342,469
Total Combined Annual Cost									
Estimated Annual Premium				\$1,120,391			\$1,160,654		
Dollar Difference							\$40,263		
Percent Change							3.59%		
City Contribution to Premium Base +									
Employee (EE) Only	\$550			\$579.74	\$604.40	\$653.85	\$590.69	\$616.24	\$667.47
EE + Family	\$550			\$1,088.61	\$1,154.44	\$1,286.47	\$1,117.85	\$1,186.05	\$1,322.82
Estimated Annual City Contribution to Premium				\$590,944	\$21,758	\$241,194	\$604,708	\$22,185	\$247,134
Dollar Difference							\$13,764		
Percent Change							\$426		
City Contribution to H.S.A. Monthly Contribution									
Employee (EE) Only	\$145.83			\$5,541.54			\$5,541.54		
EE + Family	\$291.67			\$7,291.75			\$7,291.75		
Estimated Annual City Contribution to H.S.A.				\$153,999	\$0	\$0	\$153,999	\$0	\$0
Total Combined Annual City Cost									
Estimated Combined Annual City Cost				\$1,007,896			\$1,028,027		
Dollar Difference							\$20,130		
Percent Change							2.00%		
Employee Contribution									
Employee (EE) Only				\$29.74	\$54.39	\$103.85	\$40.69	\$66.24	\$117.47
EE + Family				\$538.60	\$604.44	\$736.47	\$567.85	\$636.05	\$772.82
Estimated Monthly Premium				\$14,595	\$163	\$7,450	\$15,742	\$199	\$7,945
Estimated Annual Premium				\$175,141	\$1,958	\$89,394	\$188,908	\$2,385	\$95,334
Dollar Difference							\$13,767		
Percent Change							7.86%		
Estimated Employee Cost				\$266,494			\$286,627		
Dollar Difference							\$20,134		
Percent Change							7.56%		
PLAN PROVISIONS									
Rate Guarantee				1 Year rate guarantee ending 12/31/2020			2 Year rate guarantee ending 12/31/2022 not to exceed 13%		

For 2021, remove plan 2?

BCBS Large Group Renewal Bulletin

2021 Plan Year

Pharmacy Changes, Updates

Specialty Coupon Accumulator Adjustment program

There is a change in the process when using coupons for specialty drugs. Upon your group's renewal, only the actual amount you pay out-of-pocket for the specialty drug will apply towards your deductible, coinsurance and/or annual out-of-pocket maximum. Please note, if your group currently has the Crossover Program with Further, the Specialty Coupon Accumulator Adjustment Program will not apply.

Re-Tiering of KeyRx Formulary

We are moving to a 4-tier structure for the KeyRx formulary in 2021. All KeyRx formulary materials for 2021 will list 4 formulary tiers rather than the current listing of 3 tiers. Starting in 2021, the KeyRx formulary publication and structure will always display 4 tiers, but members may have a smaller number of **member cost share tiers**, depending on their benefit design.

- Fully-insured custom clients have the option to either adopt the 4-tier design or opt to keep the 3-tier member cost share benefit design with the 4-tier KeyRx formulary for 2021.
- Fully-insured Turn-Key and Turn-Key+ benefit plans will remain on a 3-tier member cost share benefit design with the 4-tier KeyRx formulary for 2021.

To keep a 3-tier member cost share benefit design with the new 4-tier KeyRx structure for 2021, Non-Preferred Generics (Tier 2) and Non-preferred Brands (Tier 4) should have the same cost share (please see graphic below). Benefit plans based on coinsurance or high deductible health plan where member pays 100% of the cost of the medication **are not** impacted by this change.

KeyRx Re-Tiering for 2021: Graphic for Illustrative Purposes



BCBS Large Group Renewal Bulletin

2021 Plan Year

Turn-Key Plan, Updates

E-visits

The first five e-visits are covered at 100% on all plans, including HSA plans. E-visits are electronic exchanges between a medical provider and their patients for delivery of healthcare.

Prescription drug – Specialty drugs

The Specialty drug copay on non-HSA Turn-Key plans with a pharmacy copay has changed to the member pays medical coinsurance (20%, 30%) up to the maximum of \$400 per prescription per fill.

Retail Clinic

The copay for retail clinic visits will be the same as the office visit copay.



Non-Medical Plans

Dental Plans Current/Renewal Summary – Guardian

			CURRENT				RENEWAL			
Plan Name			High Plan		Low Plan		High Plan		Low Plan	
PLAN DESIGN*										
Network			INN	OON 90th U&C	INN	OON 90th U&C	INN	OON 90th U&C	INN	OON 90th U&C
Calendar Year (CY) Deductible (Individual / Family)			\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum			\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Coinsurance** (member pays after deductible)										
Preventive Services			100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Frequency			2 per year	2 per year	2 per year	2 per year	2 per year	2 per year	2 per year	2 per year
Deductible Waived?			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic			80%	80%	50%	50%	80%	80%	50%	50%
Periodontics			50%	50%	5%	5%	50%	50%	5%	5%
Endodontics			50%	50%	5%	5%	50%	50%	5%	5%
Major			50%	50%	5%	5%	50%	50%	5%	5%
Orthodontics			Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
COST ANALYSIS										
PEPM Rates	Plan 1	Plan 2	High Plan		Low Plan		High Plan		Low Plan	
Employee (EE) Only	26	27	\$32.01		\$16.20		\$32.01		\$16.20	
EE + Spouse	9	3	\$64.96		\$32.90		\$64.96		\$32.90	
EE + Child(ren)	2	1	\$81.11		\$52.80		\$81.11		\$52.80	
EE + Family	8	10	\$121.62		\$75.11		\$121.62		\$75.11	
Total Enrollment	45	41								
Estimated Annual Premium			\$30,625		\$16,080		\$30,625		\$16,080	
Percent Change							0.00%		0.00%	
Total Combined Annual Cost										
Estimated Annual Premium			\$46,705				\$46,705			
Percent Change							0.00%			

**Exclusions/limitations may apply

Notes

Rate hold for 2022

Dental Contributions - 2021

Employee Contribution to Premium Current & Renewal		
	High Plan	Low Plan
Employee (EE) Only	\$15.81	\$0.00
EE + Spouse	\$48.76	\$16.70
EE + Child(ren)	\$64.91	\$36.60
EE + Family	\$105.42	\$58.91

City of Northfield pays the single premium on the low plan to both plans and all tiers

Life and AD&D Plan Current/Renewal Summary – Minnesota Life

		CURRENT/ RENEWAL
Carrier Name		Minnesota Life
PLAN DESIGN*		
Employee		
Life Benefit		\$50,000
AD&D Benefit		Same as Life Amount
Benefit Reduction Schedule (% benefit reduces by at age)		35% at age 65; 50% at age 70; 75% at age 75; 80% at age 80
COST ANALYSIS		
Rates	Volume/Unit(s)	CURRENT/ RENEWAL
Life Rate Per \$1,000 Vol	\$4,582,000	\$0.160
AD&D Rate Per \$1,000 Vol	\$4,582,000	\$0.020
Estimated Monthly Premium		\$825
Estimated Annual Premium		\$9,897
Dollar Difference		
Percent Change		

Voluntary Life and AD&D Plan Current/Renewal Summary – Minnesota Life

		CURRENT/ RENEWAL	
Carrier Name		Minnesota Life	
PLAN DESIGN*			
Employee Benefit			
Increments		\$5,000	
Benefit Maximum		\$300,000	
Guarantee Issue		\$150,000	
AD&D Benefit		Same as Life Amount	
Benefit Reduction Schedule		35% at age 65; 50% at age 70;	
(% benefit reduces by at age)		75% at age 75; 80% at age 80	
Spouse Benefit			
Increments		\$5,000	
Benefit Maximum		\$150,000	
Guarantee Issue		\$25,000	
AD&D Benefit		Same as Life Amount	
Child Benefit (Life/AD&D)			
		Min \$10,000 up to 31 days;	
		Max \$15,000	
COST ANALYSIS			
Voluntary Rates per \$1,000		Employee	Spouse
Age Range (spouse based on EE's age)			
0 - 19		\$0.050	\$0.050
20 - 24		\$0.050	\$0.050
25 - 29		\$0.060	\$0.060
30 - 34		\$0.080	\$0.080
35 - 39		\$0.090	\$0.090
40 - 44		\$0.120	\$0.120
45 - 49		\$0.210	\$0.210
50 - 54		\$0.370	\$0.370
55 - 59		\$0.610	\$0.610
60 - 64		\$0.750	\$0.750
65 - 69		\$1.310	\$1.310
70 - 74		\$2.060	\$2.060
75		\$2.380	\$2.380
Child Rate		\$0.130	
AD&D Rate (Emp / Spouse)		\$0.020	

Grandfathered Dependent Life Package Plan still in place \$5,000/Spouse & \$2,000 Child benefit – 20 enrolled = \$1.13 per unit/month

Long Term Disability Plan Current/Renewal Summary – Madison National Life Insurance Company

		CURRENT/ RENEWAL
		Madison National Life Insurance Company
PLAN DESIGN*		
Benefit Period		Calendar Year
Benefit		
Class I: County Coordinators and Department Heads		50% to Max \$5,000
Class II: All Other Eligible Full Time Employees		50% to Max \$5,000
Elimination Period		90 Days
Duration of Benefits		SSNRA
Own Occupation Continuation		
Class I: County Coordinators and Department Heads		60 Months including the Elimination period
Class II: All Other Eligible Full Time Employees		36 Months including the Elimination period
Features and Limitations		
Definition of Earnings		
Class I: County Coordinators and Department Heads		Salary & Commissions
Class II: All Other Eligible Full Time Employees		Salary & Commissions
Minimum Benefit		\$100
Pre-Existing Condition Limitation		3/3/12
Earnings Test		80% of predisability earnings
Recurrent Disability		6 Months
Waiver of Premium		Included
COST ANALYSIS		
Rates	Covered Payroll	CURRENT/ RENEWAL
Per \$100 of Covered Payroll	\$481,695	\$0.145
Estimated Monthly Premium		\$698
Estimated Annual Premium		\$8,382
	Dollar Difference	
	Percent Change	

Current FMR Report

City of Northfield
Total Experience Report - Plan Year
BC/BS of Minnesota
1/1/2020 through 12/31/2020

Enrollment					Premium		Total Incurred Claims					Total Net Costs		
Month	Single	Family	Total Employees	Total Members	\$	PMPM	\$	PMPM	Claims Loss Ratio	Estimated Retention and Pooling Expenses*	Claims over \$85,000 Pooling Level	\$	PMPM	Total Plan Loss Ratio
Jan-20	53	32	85	164	\$89,762	\$547.33	\$64,301	\$392.08	71.63%	\$24,236	\$0	\$88,537	\$539.86	98.63%
Feb-20	54	32	86	165	\$90,371	\$547.71	\$39,981	\$242.31	44.24%	\$24,400	\$0	\$64,382	\$390.19	71.24%
Mar-20	54	32	86	165	\$90,371	\$547.71	\$46,289	\$280.54	51.22%	\$24,400	\$0	\$70,690	\$428.42	78.22%
Apr-20	55	33	88	171	\$92,583	\$541.42	\$46,930	\$274.45	50.69%	\$24,997	\$0	\$71,928	\$420.63	77.69%
May-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Jun-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Jul-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Aug-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Sep-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Oct-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Nov-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Dec-20	0	0	0	0	\$0	\$0.00	\$0	\$0.00	0.00%	\$0	\$0	\$0	\$0.00	0.00%
Total	216	129	345	665	\$363,088	\$546.00	\$197,502	\$297.00	54.40%	\$98,034	\$0	\$295,536	\$444.42	81.40%

* Retention and pooling expenses are estimated.

Premium	YTD Total Premium	YTD Premium PMPM	
	\$363,088	\$546.00	
Incurred Health Care Costs	YTD Total Claims	YTD Claims PMPM	% Premium
Total Incurred Claims	\$197,502	\$297.00	54.40%
Claims over Pooling Limit	\$0		
Total	\$197,502	\$297.00	54.40%

	YTD Totals	YTD PMPM	% Premium
Estimated Retention Expenses	\$43,571	\$65.52	12.00%
Estimated Pooling Charge	\$54,463	\$81.90	15.00%
Total Net Cost and Plan Loss Ratio	\$295,536	\$444.42	81.40%

'This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, 'changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.



Disclaimers and Disclosures

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc., a non-investment firm and subsidiary of Arthur J. Gallagher & Co., is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Investment advisory services and corresponding named fiduciary services may be offered through Gallagher Fiduciary Advisors, LLC, a Registered Investment Adviser. Gallagher Fiduciary Advisors, LLC is a single-member, limited-liability company, with Gallagher Benefit Services, Inc. as its single member. Certain appropriately licensed individuals of Arthur J. Gallagher & Co. subsidiaries or affiliates, excluding Gallagher Fiduciary Advisors, LLC, offer securities through Kestra Investment Services (Kestra IS), member FINRA/SIPC and or investment advisory services through Kestra Advisory Services (Kestra AS), an affiliate of Kestra IS. Neither Kestra IS nor Kestra AS is affiliated with Arthur J. Gallagher & Co., Gallagher Benefit Services, Inc. or Gallagher Fiduciary Advisors, LLC. Neither Kestra AS, Kestra IS, Arthur J. Gallagher & Co., nor their affiliates provide accounting, legal, or tax advice.



Gallagher

Insurance | Risk Management | Consulting

General Disclaimers

Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

Renewal / Financial Disclaimer

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Thank you!

Jessica Nikunen | Account Executive
+1 952 356 0714
Jessica_Nikunen@ajg.com

3600 American Blvd. W, Suite 500
Bloomington, MN 55431



Gallagher

Insurance | Risk Management | Consulting