



HENDRICKS COUNTY BOARD OF COMMISSIONERS & HENDRICKS COUNTY COUNCIL

MINUTES OF THE JOINT SEPTEMBER 17, 2024 MEETING

The Hendricks County Board of Commissioners and the Hendricks County Council met in a joint session at 10:15 AM on Tuesday, September 17, 2024 in Meeting Rooms 4 & 5 located on the first floor of the Hendricks County Government Center at 355 S. Washington Street, Danville, IN 46122 with the following Hendricks County personnel in attendance:

Phyllis A. Palmer	Commissioner, President
Dennis W. Dawes	Commissioner
Eric Wathen	Councilman, President
Brad Whicker	Councilman
Dave Cox	Councilman
Larry Hesson	Councilman
Larry Scott	Councilman
David Wyeth	Councilman
Nancy Marsh	Auditor
R. Todd McCormack	Executive Director
Jack Sadler	Sheriff
Erin Hughes	Human Resources Administrator
Mila M. Shaffer	Administration and Public Affairs
Ann Stark	Payroll Deputy
Paula Alkire	Financial Administrator

CALL TO ORDER AND DETERMINATION OF A QUORUM

Councilman Wathen opened the Meeting for the Council at 10:15 AM with a quorum of six (6) Councilmen present; Councilman Brown was not in attendance. Commissioner Palmer opened the Meeting for the Commissioners at 10:15 AM with a quorum of two (2) Commissioners present; Commissioner Gentry was not in attendance.

IN THE MATTER OF APPROVAL OF MINUTES FROM THE JUNE 18, 2024 JOINT MEETING

Councilman Cox moved to approve the Minutes from the June 18, 2024 Joint Meeting as presented. Councilman Scott seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Dawes moved to approve the Minutes from the June 18, 2024 Joint Meeting as presented. Commissioner Palmer seconded the motion and the motion was approved unanimously 2-0-0.

IN THE MATTER OF HEALTH PLAN FINANCIAL AND CLINICAL REVIEW

Amber Chittenden and Katie Brockway-Greenwald, Apex Benefits, presented the health plan financial summary (Exhibit A) and clinical review. Amber Chittenden advised they did not include the numbers from the Wellness Centers.

There was discussion amongst the Commissioners, Council, Amber Chittenden, and Katie Brockway-Greenwald regarding the matter.

IN THE MATTER OF REVIEW OF RENEWAL PROJECTIONS

Amber Chittenden presented the renewal projections for 2025 (Exhibit B).

There was discussion amongst the Commissioners, Council, and Amber Chittenden regarding the matter.

IN THE MATTER OF CONFIRMATION OF 2025 RENEWAL ACTION ITEMS

Amber Chittenden presented the 2025 renewal actions taken at the June 18, 2024 Joint Meeting (Exhibit C) for confirmation.

There was discussion amongst the Commissioners, Council, and Amber Chittenden regarding the items, specifically the increased TrueRX administration costs.

IN THE MATTER OF OUTSTANDING 2025 RENEWAL ACTION ITEMS

Amber Chittenden and Katie Brockway-Greenwald presented the markets approached for the 2025 renewal of stop loss, organ transplant, life and AD&D (Exhibit D) and requested decisions be made for HDHP deductible, stop loss, organ transplant, premium equivalents for employees and retirees, employee and retiree contributions, Danville Wellness Center hours, basic life and AD&D, and coverage for gender dysphoria medications.

There was lengthy discussion amongst the Commissioners, Council, Erin Hughes, Amber Chittenden, and Katie Brockway-Greenwald regarding the items.

Councilman Wyeth moved to renew the stop loss with QBE for 2025 with no coverage changes. Councilman Cox seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Dawes moved to renew the stop loss with QBE for 2025 with no coverage changes. Commissioner Palmer seconded the motion and the motion was approved unanimously 2-0-0.

Councilman Cox moved to increase the single HDHP deductible to \$3,300.00 due to federal requirements for 2025. Councilman Scott seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Dawes moved to increase the single HDHP deductible to \$3,300.00 due to federal requirements for 2025. Commissioner Palmer seconded the motion and the motion was approved unanimously 2-0-0. It was the consensus of the Commissioners and of the Council to not increase the family HDHP deductible for 2025.

Councilman Hesson moved to stay with MetLife for basic life and AD&D for 2025 since The Standard cannot offer the same guaranteed benefits MetLife offers. Councilman Wyeth seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Palmer moved to stay with MetLife for basic life and AD&D for 2025 since The Standard cannot offer the same guaranteed benefits MetLife offers. Commissioner Dawes seconded the motion and the motion was approved unanimously 2-0-0.

Councilman Cox moved to keep the 2025 premium equivalents and 2025 employee contributions the same as 2024 for employees and retirees. Councilman Whicker seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Palmer moved to keep the 2025 premium equivalents and 2025 employee contributions the same as 2024 for employees and retirees. Commissioner Dawes seconded the motion and the motion was approved unanimously 2-0-0.

It was the consensus of the Commissioners and Council for Amber Chittenden to inquire if the County could reduce hours at a less utilized Wellness Center location and add those hours to the Danville Wellness Center to offset the price increase.

It was the consensus of the Commissioners and of the Council to continue to exclude coverage for gender dysphoria medications.

Councilman Wathen inquired if the maximum HSA contributions changed for 2025. Katie Brockway-Greenwald advised they maximums for 2025 are \$4,300.00 for single and \$8,550.00 for family.

Commissioner Palmer inquired who the liaison with UMR would be now that Jasmine Chong has retired to address the continued issues with UMR. Amber Chittenden stated Katie Brockway-Greenwald is now the liaison.

Paula Alkire reported UMR hadn't paid the County's dental and RX Help Center invoices for four months due to a UMR employee being out on maternity leave. Paula Alkire advised the payments have been made.

Councilman Hesson inquired if statistics on the GLAD Program for long-term savings were being kept. Amber Chittenden stated yes, they were being kept.

IN THE MATTER OF 2025 OPEN ENROLLMENT

Amber Chittenden advised 2025 open enrollment would be a passive enrollment running October 29, 2024-November 8, 2024 with open enrollment meetings held on October 23, 2024.

IN THE MATTER OF MULTI-YEAR STRATEGY

Amber Chittenden presented the multi-year strategy (Exhibit E).

IN THE MATTER OF STRATEGY TIMELINE

Amber Chittenden presented the strategy timeline (Exhibit F)

IN THE MATTER OF NEXT STEPS

No matters presented.

IN THE MATTER OF OTHER COMMISSIONER BUSINESS

No matters presented.

IN THE MATTER OF OTHER COUNCIL BUSINESS

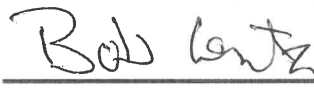
No matters presented.

IN THE MATTER OF ADJOURNMENT

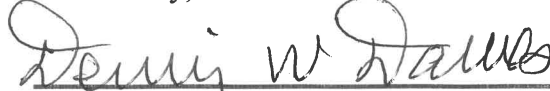
Councilman Cox moved to adjourn the September 17, 2024 Joint Meeting of the Commissioners and Council at 11:20 AM. Councilman Wathen seconded the motion and the motion was approved unanimously 6-0-0. Commissioner Palmer adjourned the September 17, 2024 Joint Meeting of the Commissioners and Council at 11:20 AM.

HENDRICKS COUNTY BOARD OF COMMISSIONERS

Phyllis A. Palmer, President



Bob Gentry, Vice President



Dennis W. Dawes, Member

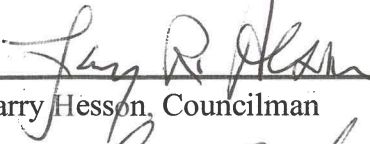
HENDRICKS COUNTY COUNCIL

Eric Wathen, President

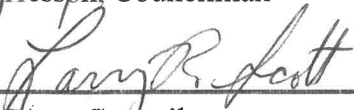
Caleb Brown, Vice President



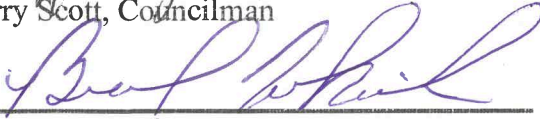
Dave Cox, Councilman



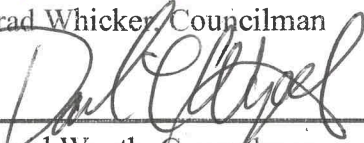
Larry Hesson, Councilman



Larry Scott, Councilman



Brad Whicker, Councilman



David Wyeth, Councilman

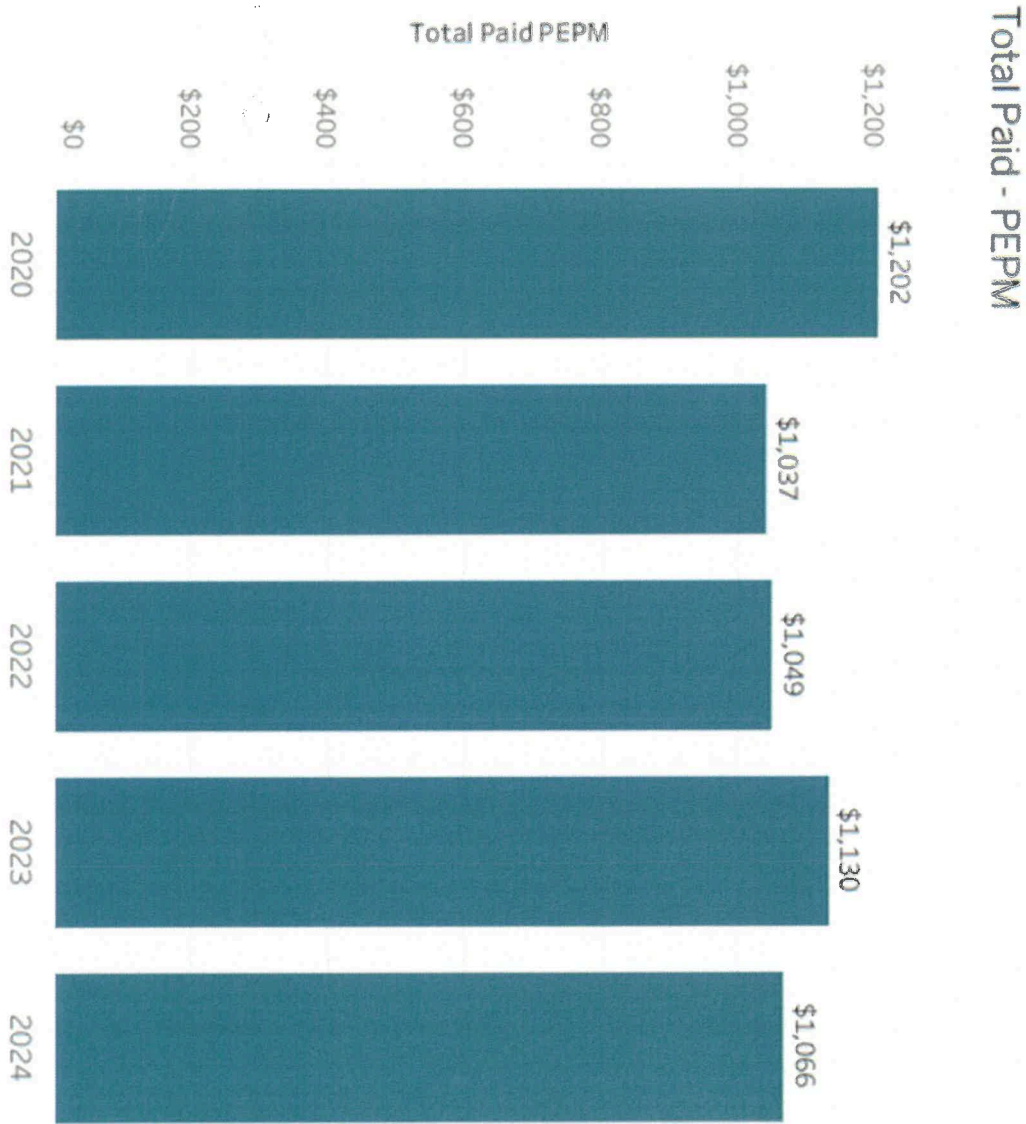
Executive Financial Summary

Executive Financial Summary

Hendricks County Government

	2024		2023		Difference
	# of Months		# of Months		
Employee Enrollment	7	3130	7	3062	68
Avg Employee Enrollment		447		437	10
Member Enrollment		6703		6410	293
Avg Member Enrollment		958		916	42
Paid Claims					
Medical Gross Spend		\$2,386,231		\$2,121,365	\$264,867
Rx Gross Spend		\$481,877		\$428,796	\$53,081
Total Gross Spend		\$2,868,109		\$2,550,161	\$317,948
Stop Loss Reimbursements		\$0		\$0	\$0
Rx Rebates		(\$144,210)		(\$69,091)	(\$75,119)
Total Net Spend		\$2,723,899		\$2,481,070	\$242,829
Total Net Spend PERM		\$870		\$810	\$60
Rx % (of gross)		17%		17%	0%
Fixed Costs					
Admin Fee		\$215,313		\$172,791	\$42,522
ISL Premium		\$322,670		\$341,712	(\$19,042)
ASL Premium		\$27,888		\$22,689	\$5,199
Organ Transplant		\$53,956		\$52,290	\$1,666
Total Fixed Costs		\$619,827		\$589,483	\$30,345
Total Fixed Costs PERM		\$198		\$193	\$6
Budgeted Costs					
Employee Premium		\$203,745		\$189,381	\$14,365
Employee Premium PERM		\$65		\$62	\$3
Employer Premium		\$5,086,445		\$4,767,937	\$318,508
Total Budget		\$5,290,190		\$4,957,318	\$332,872
Cost Comparison					
Total Plan Cost		\$3,343,726		\$3,070,553	\$273,173
Total Plan Cost PERM		\$1,068		\$1,003	\$65
Total Plan Cost Net Budget		(\$1,946,464)		(\$1,886,765)	(\$59,699)
Total Net Paid		\$3,139,981		\$2,881,172	\$258,809
Total Net Paid PERM		\$1,003		\$941	\$62
Reinsurance Loss Ratio		0%		0%	0%

Historical Financial Summary



Renewal Projection

Projected 2025

Hendricks County

Period:
Includes:

January 1, 2025 to December 31, 2025
Summary of Projected Costs based on Current Plans

Projected 2025 Cost					
Month	# EE	2024 Expected	2025 Expected	Midpoint	Max Cost
Medical & Rx	442	6,070,874	\$6,330,520	\$7,121,835	\$7,913,150
Admin	442	\$311,398	320,740	\$320,740	\$320,740
Stop Loss	442	\$593,536	\$727,841	\$727,841	\$727,841
Aggregating Specific Included	442	\$80,000	\$80,000	\$80,000	\$80,000
Transplant Carveout	442	\$91,366	\$95,942	\$95,942	\$95,942
Laser Excess Liability	442	\$0	NNL	NNL	NNL
Clinic	442	\$339,000	\$450,000	\$450,000	\$450,000
RX Help Center	442	\$43,920	45,238	\$45,238	\$45,238
GLAD Medications	442	\$710,000	\$810,000	\$810,000	\$810,000
GLAD Medication Rebates	442	(\$90,000)	(\$90,000)	(\$90,000)	(\$90,000)
PCORI Fees	941	\$3,030	\$3,209	\$3,209	\$3,209
Total		\$8,153,125	\$8,773,489	\$9,564,804	\$10,356,119
% Change			7.61%		
PEPM	442		\$1,654	\$1,803	\$1,953
2024 Premium Equivalents HRA/HSA		8,907,096 \$590,400	-1.5% \$590,400	7.4% \$590,400	16.3% \$590,400

Notes

2024 Claims are based on 2024 Renewal:

Projected 2025 based on 70% 5/23-4/24 Experience and 30% 5/22-4/23 Experience.

8,773,489.21

Renewal Projection

Assumptions

Admin increase = 3.0%

Spec Cost increase = 24.2%

Hendricks County has a no new laser contract with a 50% rate cap. The KinetiQ Health Program Manager identified one member with cancer that they would have projected to be a \$350k laser if not for the NNL contract. This additional \$50k of projected liability has been added to the stop loss increase.

Agg Cost increase = 5.0%

PCORI Increase = 10.6%

Rx Help Center = 4.0%

Aggregating Specific Included = \$80,000

Hendricks County has filled the \$80k agg spec for both time periods included in the projection. The \$80k is included in the claims experience used in the projection, and is not shown in the above projection in order to not double county the aggregating specific deductible.

Clinic = 32.7%

Medical Trend = 8%

Rx Trend = 15%

The minimum HDHP embedded deductible is increasing to \$3,300 in 2025, an adjustment has been made to the 2025 HDHP to include a \$3,300 deductible.

The GLAD Medication program was new in 2023. We have estimated the projected claims based on data through April 2024 and applied 5.6% trend for 2025. The rebates are the annualized rebates received over the past 16 months.

2025 Renewal Decisions

- UMR – renew with following changes:
 - One Pass Select – voluntary gym membership roll out
 - TrueRx External interface fee negotiated 3 year fee arrangement
 - Year 1 - \$4 PEPPI
 - Year 2 - \$5 PEPPI
 - Year 3 - \$6 PEPPI
- Delta Dental – renew as is with a rate hold
- VSP Vision – renew as is with a rate hold
- HRH Clinic – renew

Exhibit D

Markets Approached

Hendricks County Government

	Pending	Details
Administration		
UMR	Incumbent	Please see the following analysis
Stop Loss		
QBE	Incumbent	Please see the following analysis - Firm
Crum & Forster	Quoted	Please see the following analysis - Not Firm
Optum	Quoted	Please see the following analysis - Not Firm
Tokio Marine HCC	Quoted	Please see the following analysis - Firm
One80	Quoted	Not presented, not competitive (Max +1.6%) or UMR partner
Voya	Quoted	Not presented, not competitive (Prem +16%, Max + .5%)
Berkshire Hathaway	Quoted	Not presented, not competitive (Premiums +6%) or UMR partne
Evolution Risk	Quoted	Not presented, not competitive (Premiums +7%)
IISI	Quoted	Not presented as not firm or UMR partner
Stop Loss Partners Mgmt	Quoted	Not presented as not firm or UMR partner
Berkley	Pending	
Swiss Re	Pending	
Symetra	Pending	
UnitedHealthcare	Pending	
Unum	Pending	
Wellpoint (Anthem)	Pending	
Sun Life	Declined	Not presented, not competitive (Premiums +12%)
Organ Transplant		
Tokio Marine HCC	Incumbent	Please see the following analysis
Swiss Re	Quoted	Not presented, not competitive (+60%)

Total Cost Analysis

Hendricks County Government

Effective Date 1/1/2025		NNL, 50% cap Current	Firm to 9/20 NNL, 50% cap Initial Renewal	Firm to 9/20 NNL, 50% cap Negotiated Renewal
A Third Party Administrator		UMR	UMR	UMR
Reinsurer / MGU		QBE	QBE	QBE
Network		Tier 1 - HRP Tier 2 - Choice Plus	Tier 1 - HRP Tier 2 - Choice Plus	Tier 1 - HRP Tier 2 - Choice Plus
Plan Type - Traditional / RBR		Traditional	Traditional	Traditional
Specific Deductible		\$300,000	\$300,000	\$300,000
Aggregating Specific Deductible		\$80,000	\$80,000	\$80,000
Specific Covers		Medical / Rx	Medical / Rx	Medical / Rx
Specific Contract Type		Paid	Paid	Paid
Specific Policy Year Maximum		Unlimited	Unlimited	Unlimited
Aggregate Covers		Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Contract Type		Paid	Paid	Paid
Aggregate Policy Year Maximum		\$2 Million	\$2 Million	\$2 Million
Corridor (Attachment Level)		125%	125%	125%
Run-in Limit		n/a	n/a	n/a
Lasers		None	None	None
B Reinsurance Fee				
Specific Reinsurance Enrollment				
Employee	201	\$42.89	\$50.77	\$47.18
Family	249	\$150.01	\$167.80	\$155.95
Specific Annualized Total		450 \$551,681	\$623,844	\$579,777
\$ Difference From Current			\$72,163	\$28,096
% Difference from Current			13.1%	5.1%
Aggregate Reinsurance Enrollment				
Composite	450	\$8.91	\$8.91	\$8.91
Aggregate Accommodation Rate	0	\$0.00	\$0.00	\$0.00
Aggregate Annualized Total		450 \$48,114	\$48,114	\$48,114
\$ Difference From Current			\$0	\$0
% Difference from Current			0.0%	0.0%
Annualized Reinsurance Total		\$599,795	\$671,958	\$627,891
\$ Difference From Current			\$72,163	\$28,096
% Difference from Current			12.0%	4.7%
Organ Transplant - Carrier Enrollment		Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC
Funding Type		Fully Insured	Fully Insured	Fully Insured
Employee	201	\$9.41	\$9.41	\$9.41
Family	249	\$23.34	\$23.34	\$23.34
Organ Transplant Annualized Total		450 \$92,437	\$92,437	\$92,437
\$ Difference From Current			\$0	\$0
% Difference from Current			0.0%	0.0%
C Administration				
Administration Annualized		450 \$335,399	\$352,409	\$352,409
\$ Difference From Current			\$17,010	\$17,010
% Difference from Current			5.1%	5.1%
Fixed Costs Annualized		\$1,027,631	\$1,116,804	\$1,072,737
\$ Difference From Current			\$89,173	\$45,106
% Difference from Current			8.7%	4.4%
D Claims Liability				
Maximum Claim Liability Enrollment				
Employee	201	\$744.32	\$729.90	\$729.90
Family	249	\$1,967.68	\$1,914.07	\$1,914.07
Aggregate Deductible		450 \$7,674,728	\$7,479,760	\$7,479,760
\$ Difference From Current			-\$194,968	-\$194,968
% Difference from Current			-2.5%	-2.5%
Aggregating Specific Deductible		\$80,000	\$80,000	\$80,000
Additional Laser Liability		\$0	\$0	\$0
E Total Fixed and Maximum Costs Annualized				
		\$8,782,358	\$8,676,564	\$8,632,497
\$ Difference From Current			-\$105,795	-\$149,862
% Difference from Current			-1.2%	-1.7%
F Expected Risk (50% Probability)				
Expected Claims Liability		\$6,139,782	\$5,983,808	\$5,983,808
(not including Agg Spec or Addtl Laser Liability)				
Total Fixed and Expected Costs Annualized		\$7,247,413	\$7,180,612	\$7,136,545
\$ Difference From Current			-\$66,801	-\$110,868
% Difference from Current			-0.9%	-1.5%

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Total Cost Analysis - \$300k Spec, \$80k Aggregating Spec Alternates

Hendricks County Government

		Firm to 9/20		Illustrative		Firm to 9/27		Illustrative	
Effective Date 1/1/2025		NNL, 50% cap Current	NNL, 50% cap Negotiated Renewal	NNL, 50% cap Proposed 1	NNL, 50% cap Proposed 2	NNL, 50% cap Proposed 2	NNL, 50% cap Proposed 3	NNL, 50% cap Proposed 3	NNL, 50% cap Proposed 3
		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR
A Third Party Administrator		QBE	QBE	Crum & Forster	Tokio Marine HCC	Tokio Marine HCC	Optum	Optum	Optum
Reinsurer / MGU		QBE	QBE	Crum & Forster	Tokio Marine HCC	Tokio Marine HCC	Optum	Optum	Optum
Network		Tier 1 - HRP	Tier 1 - HRH	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP
Plan Type - Traditional / RBR		Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional
Specific Deductible		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Aggregating Specific Deductible		\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Specific Covers		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Specific Contract Type		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Specific Policy Year Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Covers		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Contract Type		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Policy Year Maximum		\$2 Million	\$2 Million	\$1 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million
Corridor (Attachment Level)		125%	125%	125%	125%	125%	125%	125%	125%
Run-in Limit		n/a	n/a	\$1,100,800	n/a	n/a	n/a	n/a	n/a
Lasers		None	None	TBD	None	None	TBD	TBD	TBD
B Reinsurance Fee									
Specific Reinsurance		Enrollment							
Employee		201	\$42.89	\$47.18	\$79.75	\$43.71	\$62.63	\$62.63	\$62.63
Family		249	\$150.01	\$155.95	\$200.92	\$158.81	\$150.46	\$150.46	\$150.46
Specific Annualized Total		450	\$551,681	\$579,777	\$792,706	\$579,953	\$600,638	\$600,638	\$600,638
\$ Difference From Current				\$28,096	\$241,025	\$28,272	\$48,957	\$48,957	\$48,957
% Difference from Current				5.1%	43.7%	5.1%	8.9%	8.9%	8.9%
Aggregate Reinsurance		Enrollment							
Composite		450	\$8.91	\$8.91	\$7.87	\$10.12	\$7.32	\$7.32	\$7.32
Aggregate Accommodation Rate		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Aggregate Annualized Total		450	\$48,114	\$48,114	\$42,498	\$54,648	\$39,528	\$39,528	\$39,528
\$ Difference From Current				\$0	-\$5,616	\$6,534	-\$8,586	-\$8,586	-\$8,586
% Difference from Current				0.0%	-11.7%	13.6%	-17.8%	-17.8%	-17.8%
Annualized Reinsurance Total			\$599,795	\$627,891	\$835,204	\$634,601	\$640,166	\$640,166	\$640,166
\$ Difference From Current				\$28,096	\$235,409	\$34,806	\$40,371	\$40,371	\$40,371
% Difference from Current				4.7%	39.2%	5.8%	6.7%	6.7%	6.7%
Organ Transplant - Carrier		Enrollment	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC
Funding Type			Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Employee		201	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41
Family		249	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34
Organ Transplant Annualized Total		450	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437
\$ Difference From Current				\$0	\$0	\$0	\$0	\$0	\$0
% Difference from Current				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C Administration									
Administration Annualized		450	\$335,399	\$352,409	\$379,409	\$352,409	\$352,409	\$352,409	\$352,409
\$ Difference From Current				\$17,010	\$44,010	\$17,010	\$17,010	\$17,010	\$17,010
% Difference from Current				5.1%	13.1%	5.1%	5.1%	5.1%	5.1%
Fixed Costs Annualized			\$1,027,631	\$1,072,737	\$1,307,050	\$1,079,447	\$1,085,012	\$1,085,012	\$1,085,012
\$ Difference From Current				\$45,106	\$279,419	\$51,816	\$57,381	\$57,381	\$57,381
% Difference from Current				4.4%	27.2%	5.0%	5.6%	5.6%	5.6%
D Claims Liability									
Maximum Claim Liability		Enrollment							
Employee		201	\$744.32	\$729.90	\$717.32	\$826.47	\$729.43	\$729.43	\$729.43
Family		249	\$1,967.68	\$1,914.07	\$1,877.06	\$1,814.70	\$1,928.33	\$1,928.33	\$1,928.33
Aggregate Deductible		450	\$7,674,728	\$7,479,760	\$7,338,831	\$7,415,769	\$7,521,235	\$7,521,235	\$7,521,235
\$ Difference From Current				-\$194,968	-\$335,897	-\$258,958	-\$153,492	-\$153,492	-\$153,492
% Difference from Current				-2.5%	-4.4%	-3.4%	-2.0%	-2.0%	-2.0%
Aggregating Specific Deductible			\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Additional Laser Liability			\$0	\$0	\$0	\$0	\$0	\$0	\$0
E Total Fixed and Maximum Costs Annualized									
			\$8,782,358	\$8,632,497	\$8,725,881	\$8,575,216	\$8,686,247	\$8,686,247	\$8,686,247
\$ Difference From Current				-\$149,862	-\$56,477	-\$207,142	-\$96,111	-\$96,111	-\$96,111
% Difference from Current				-1.7%	-0.6%	-2.4%	-1.1%	-1.1%	-1.1%
F Expected Risk (50% Probability)									
Expected Claims Liability (not including Agg Spec or Addtl Laser Liability)			\$6,139,782	\$5,983,808	\$5,871,065	\$5,932,615	\$6,016,988	\$6,016,988	\$6,016,988
Total Fixed and Expected Costs Annualized			\$7,247,413	\$7,136,545	\$7,258,115	\$7,092,062	\$7,182,000	\$7,182,000	\$7,182,000
\$ Difference From Current				-\$110,868	\$10,702	-\$155,351	-\$65,413	-\$65,413	-\$65,413
% Difference from Current				-1.5%	0.1%	-2.1%	-0.9%	-0.9%	-0.9%

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carrier(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Total Cost Analysis - \$300k Specific, \$125k Aggregating Specific

Hendricks County Government

		Firm to 9/20		Illustrative		Firm to 9/27		Illustrative	
Effective Date 1/1/2025		NNL, 50% cap Current	NNL, 50% cap Negotiated Renewal	NNL, 50% cap Proposed 4	NNL, 50% cap Proposed 5	NNL, 50% cap Proposed 5	NNL, 50% cap Proposed 6	NNL, 50% cap Proposed 6	NNL, 50% cap Proposed 6
A Third Party Administrator		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR
Reinsurer / MGU		QBE	QBE	Crum & Forster	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Optum
Network		Tier 1 - HRP	Tier 1 - HRH	Tier 1 - HRH	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP
Plan Type - Traditional / RBR		Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus
Specific Deductible		Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional
Aggregating Specific Deductible		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Specific Covers		\$80,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Specific Contract Type		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Specific Policy Year Maximum		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Covers		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Contract Type		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Policy Year Maximum		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Corridor (Attachment Level)		\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million
Run-in Limit		125%	125%	125%	125%	125%	125%	125%	125%
Lasers		n/a	n/a	\$1,100,800	n/a	n/a	n/a	n/a	n/a
B Reinsurance Fee		None	None	TBD	None	None	TBD	None	TBD
Specific Reinsurance		Enrollment							
Employee		201	\$42.89	\$43.52	\$75.99	\$40.32	\$58.17	\$58.17	\$58.17
Family		249	\$150.01	\$143.85	\$188.90	\$146.48	\$139.00	\$139.00	\$139.00
Specific Annualized Total		450	\$551,681	\$534,794	\$747,721	\$534,934	\$555,638	\$555,638	\$555,638
\$ Difference From Current				-\$16,887	\$196,041	-\$16,746	\$3,957	\$3,957	\$3,957
% Difference from Current				-3.1%	35.5%	-3.0%	0.7%	0.7%	0.7%
Aggregate Reinsurance		Enrollment							
Composite		450	\$8.91	\$8.91	\$7.87	\$10.12	\$7.32	\$7.32	\$7.32
Aggregate Accommodation Rate		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Aggregate Annualized Total		450	\$48,114	\$48,114	\$42,498	\$54,648	\$39,528	\$39,528	\$39,528
\$ Difference From Current				\$0	-\$5,616	\$6,534	-\$8,586	-\$8,586	-\$8,586
% Difference from Current				0.0%	-11.7%	13.6%	-17.8%	-17.8%	-17.8%
Annualized Reinsurance Total			\$599,795	\$582,908	\$790,219	\$589,582	\$595,166	\$595,166	\$595,166
\$ Difference From Current				-\$16,887	\$190,425	-\$10,212	-\$4,629	-\$4,629	-\$4,629
% Difference from Current				-2.8%	31.7%	-1.7%	-0.8%	-0.8%	-0.8%
Organ Transplant - Carrier		Enrollment	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC
Funding Type			Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Employee		201	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41	\$9.41
Family		249	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34	\$23.34
Organ Transplant Annualized Total		450	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437	\$92,437
\$ Difference From Current				\$0	\$0	\$0	\$0	\$0	\$0
% Difference from Current				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C Administration									
Administration Annualized		450	\$335,399	\$0	\$379,409	\$352,409	\$352,409	\$352,409	\$352,409
\$ Difference From Current				-\$335,399	\$44,010	\$17,010	\$17,010	\$17,010	\$17,010
% Difference from Current				-100.0%	13.1%	5.1%	5.1%	5.1%	5.1%
Fixed Costs Annualized			\$1,027,631	\$675,345	\$1,262,065	\$1,034,428	\$1,040,012	\$1,040,012	\$1,040,012
\$ Difference From Current				-\$352,286	\$234,435	\$6,798	\$12,381	\$12,381	\$12,381
% Difference from Current				-34.3%	22.8%	0.7%	1.2%	1.2%	1.2%
D Claims Liability									
Maximum Claim Liability		Enrollment							
Employee		201	\$744.32	\$729.90	\$717.32	\$826.47	\$729.43	\$729.43	\$729.43
Family		249	\$1,967.68	\$1,914.07	\$1,877.06	\$1,814.70	\$1,928.33	\$1,928.33	\$1,928.33
Aggregate Deductible		450	\$7,674,728	\$7,479,760	\$7,338,831	\$7,415,769	\$7,521,235	\$7,521,235	\$7,521,235
\$ Difference From Current				-\$194,968	-\$335,897	-\$258,958	-\$153,492	-\$153,492	-\$153,492
% Difference from Current				-2.5%	-4.4%	-3.4%	-2.0%	-2.0%	-2.0%
Aggregating Specific Deductible			\$80,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Additional Laser Liability			\$0	\$0	\$0	\$0	\$0	\$0	\$0
E Total Fixed and Maximum Costs Annualized			\$8,782,358	\$8,280,105	\$8,725,896	\$8,575,198	\$8,686,247	\$8,686,247	\$8,686,247
\$ Difference From Current				-\$502,254	-\$56,462	-\$207,161	-\$96,111	-\$96,111	-\$96,111
% Difference from Current				-5.7%	-0.6%	-2.4%	-1.1%	-1.1%	-1.1%
F Expected Risk (50% Probability)									
Expected Claims Liability									
(not including Agg Spec or Addtl Laser Liability)			\$6,139,782	\$5,983,808	\$5,871,065	\$5,932,615	\$6,016,988	\$6,016,988	\$6,016,988
Total Fixed and Expected Costs Annualized			\$7,247,413	\$6,784,153	\$7,258,130	\$7,092,044	\$7,182,000	\$7,182,000	\$7,182,000
\$ Difference From Current				-\$463,260	\$10,717	-\$155,369	-\$65,413	-\$65,413	-\$65,413
% Difference from Current				-6.4%	0.1%	-2.1%	-0.9%	-0.9%	-0.9%

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Total Cost Analysis - \$300k Specific, \$150k Aggregating Specific

Hendricks County Government

		Firm to 9/20		Illustrative		Firm to 9/27		Illustrative	
Effective Date 1/1/2025		NNL, 50% cap Current	NNL, 50% cap Negotiated Renewal	NNL, 50% cap Proposed 7	NNL, 50% cap Proposed 8	NNL, 50% cap Proposed 8	NNL, 50% cap Proposed 9	NNL, 50% cap Proposed 9	NNL, 50% cap Proposed 9
A Third Party Administrator		UMR	UMR	UMR	UMR	UMR	UMR	UMR	UMR
Reinsurer / MGU		QBE	QBE	Crum & Forster	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Optum
Network		Tier 1 - HRP	Tier 1 - HRH	Tier 1 - HRH	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP	Tier 1 - HRP
Plan Type - Traditional / RBR		Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus
Specific Deductible		Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional
Aggregating Specific Deductible		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Specific Covers		\$80,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Specific Contract Type		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Specific Policy Year Maximum		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Covers		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Contract Type		Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Policy Year Maximum		Paid	Paid	24/12	24/12	24/12	24/12	24/12	24/12
Corridor (Attachment Level)		\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million	\$2 Million
Run-in Limit		125%	125%	125%	125%	125%	125%	125%	125%
Lasers		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
B Reinsurance Fee		None	None	TBD	None	None	TBD	TBD	TBD
Specific Reinsurance		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Employee		201	201	201	201	201	201	201	201
Family		249	249	249	249	249	249	249	249
Specific Annualized Total		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
Aggregate Reinsurance		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Composite		450	450	450	450	450	450	450	450
Aggregate Accommodation Rate		0	0	0	0	0	0	0	0
Aggregate Annualized Total		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
Annualized Reinsurance Total		\$599,795	\$557,878	\$765,218	\$564,556	\$570,166	\$570,166	\$570,166	\$570,166
\$ Difference From Current									
% Difference from Current									
Organ Transplant - Carrier		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Funding Type		Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC
Employee		201	201	201	201	201	201	201	201
Family		249	249	249	249	249	249	249	249
Organ Transplant Annualized Total		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
C Administration		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Administration Annualized		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
Fixed Costs Annualized		\$1,027,631	\$650,315	\$1,237,064	\$1,009,402	\$1,015,012	\$1,015,012	\$1,015,012	\$1,015,012
\$ Difference From Current									
% Difference from Current									
D Claims Liability		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Maximum Claim Liability		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Employee		201	201	201	201	201	201	201	201
Family		249	249	249	249	249	249	249	249
Aggregate Deductible		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
Aggregating Specific Deductible		\$80,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Additional Laser Liability		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E Total Fixed and Maximum Costs Annualized		\$8,782,358	\$8,280,075	\$8,725,896	\$8,575,171	\$8,686,248	\$8,686,248	\$8,686,248	\$8,686,248
\$ Difference From Current									
% Difference from Current									
F Expected Risk (50% Probability)		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Expected Claims Liability		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
(not including Agg Spec or Addtl Laser Liability)		Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment	Enrollment
Employee		201	201	201	201	201	201	201	201
Family		249	249	249	249	249	249	249	249
Expected Claims Liability		450	450	450	450	450	450	450	450
\$ Difference From Current									
% Difference from Current									
Total Fixed and Expected Costs Annualized		\$7,247,413	\$6,784,123	\$7,258,129	\$7,092,017	\$7,182,001	\$7,182,001	\$7,182,001	\$7,182,001
\$ Difference From Current									
% Difference from Current									

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Total Cost Analysis - \$350k Specific, \$80k Aggregating Specific

Hendricks County Government

		Firm to 9/20		Illustrative		Firm to 9/27	
Effective Date 1/1/2025		NNL, 50% cap Current	NNL, 50% cap Negotiated Renewal	NNL, 50% cap Proposed 10		NNL, 50% cap Proposed 11	
A	Third Party Administrator	UMR	UMR	UMR		UMR	
	Reinsurer / MGU	QBE	QBE	Companion Life / One80		Tokio Marine HCC	
	Network	Tier 1 - HRP	Tier 1 - HRH	Tier 1 - HRP		Tier 1 - HRP	
	Plan Type - Traditional / RBR	Tier 2 - Choice Plus	Tier 2 - Choice Plus	Tier 2 - Choice Plus		Tier 2 - Choice Plus	
	Specific Deductible	Traditional	Traditional	Traditional		Traditional	
	Aggregating Specific Deductible	\$300,000	\$300,000	\$300,000		\$350,000	
	Specific Covers	\$80,000	\$80,000	\$80,000		\$80,000	
	Specific Contract Type	Medical / Rx	Medical / Rx	Medical / Rx		Medical / Rx	
	Specific Policy Year Maximum	Unlimited	Unlimited	Unlimited		Unlimited	
	Aggregate Covers	Medical / Rx	Medical / Rx	Medical / Rx		Medical / Rx	
	Aggregate Contract Type	Medical / Rx	Medical / Rx	Medical / Rx		Medical / Rx	
	Aggregate Policy Year Maximum	Unlimited	Unlimited	Unlimited		Unlimited	
	Corridor (Attachment Level)	24/12	24/12	24/12		24/12	
	Run-in Limit	\$2 Million	\$2 Million	\$1 Million		\$2 Million	
	Lasers	125%	125%	125%		125%	
		n/a	n/a	\$1,169,600		n/a	
		None	None	TBD		None	
B	Reinsurance Fee						
	Specific Reinsurance	Enrollment					
	Employee	201	\$42.89	\$47.18	\$56.15	\$34.36	
	Family	249	\$150.01	\$155.95	\$149.34	\$127.71	
	Specific Annualized Total	450	\$551,681	\$579,777	\$581,662	\$464,474	
	\$ Difference From Current			\$28,096	\$29,981	-\$87,207	
	% Difference from Current			5.1%	5.4%	-15.8%	
	Aggregate Reinsurance	Enrollment					
	Composite	450	\$8.91	\$8.91	\$8.95	\$10.17	
	Aggregate Accommodation Rate	0	\$0.00	\$0.00	\$0.00	\$0.00	
	Aggregate Annualized Total	450	\$48,114	\$48,114	\$48,330	\$54,918	
	\$ Difference From Current			\$0	\$216	\$6,804	
	% Difference from Current			0.0%	0.4%	14.1%	
	Annualized Reinsurance Total		\$599,795	\$627,891	\$629,992	\$519,392	
	\$ Difference From Current			\$28,096	\$30,197	-\$80,403	
	% Difference from Current			4.7%	5.0%	-13.4%	
	Organ Transplant - Carrier	Enrollment	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	Tokio Marine HCC	
	Funding Type		Fully Insured	Fully Insured	Fully Insured	Fully Insured	
	Employee	201	\$9.41	\$9.41	\$9.41	\$9.41	
	Family	249	\$23.34	\$23.34	\$23.34	\$23.34	
	Organ Transplant Annualized Total	450	\$92,437	\$92,437	\$92,437	\$92,437	
	\$ Difference From Current			\$0	\$0	\$0	
	% Difference from Current			0.0%	0.0%	0.0%	
C	Administration						
	Administration Annualized	450	\$335,399	\$0	\$379,409	\$352,409	
	\$ Difference From Current			-\$335,399	\$44,010	\$17,010	
	% Difference from Current			-100.0%	13.1%	5.1%	
	Fixed Costs Annualized		\$1,027,631	\$720,328	\$1,101,838	\$964,238	
	\$ Difference From Current			-\$307,303	\$74,207	-\$63,393	
	% Difference from Current			-29.9%	7.2%	-6.2%	
D	Claims Liability						
	Maximum Claim Liability	Enrollment					
	Employee	201	\$744.32	\$729.90	\$753.98	\$836.81	
	Family	249	\$1,967.68	\$1,914.07	\$2,000.82	\$1,846.69	
	Aggregate Deductible	450	\$7,674,728	\$7,479,760	\$7,797,050	\$7,536,295	
	\$ Difference From Current			-\$194,968	\$122,322	-\$138,432	
	% Difference from Current			-2.5%	1.6%	-1.8%	
	Aggregating Specific Deductible		\$80,000	\$80,000	\$80,000	\$80,000	
	Additional Laser Liability		\$0	\$0	\$0	\$0	
E	Total Fixed and Maximum Costs Annualized		\$8,782,358	\$8,280,088	\$8,978,888	\$8,580,533	
	\$ Difference From Current			-\$502,271	\$196,529	-\$201,825	
	% Difference from Current			-5.7%	2.2%	-2.3%	
F	Expected Risk (50% Probability)						
	Expected Claims Liability (not including Agg Spec or Addtl Laser Liability)		\$6,139,782	\$5,983,808	\$6,237,640	\$6,029,036	
	Total Fixed and Expected Costs Annualized		\$7,247,413	\$6,784,136	\$7,419,478	\$7,073,274	
	\$ Difference From Current			-\$463,277	\$172,065	-\$174,139	
	% Difference from Current			-6.4%	2.4%	-2.4%	

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Medical Administration

Hendricks County Government

Effective Date	1/1/2025	Current Revised	Renewal - Preferred SL	Renewal - Non-Preferred SL
Third Party Administrator Network		UMR Tier 1 - Hendricks Reg Preferred Tier 2 - UHC Choice Plus	UMR Tier 1 - Hendricks Reg Preferred Tier 2 - UHC Choice Plus	UMR Tier 1 - Hendricks Reg Preferred Tier 2 - UHC Choice Plus
Plan Type - Traditional / RBR		Traditional	Traditional	Traditional
Administration Fees		Preferred Stop Loss	Preferred Stop Loss	Non-Preferred Stop Loss
Medical Annualized Total				
Medical / Rx Administration Fee	450	\$41.59	\$41.59	\$41.59
PPO Network Access Fee	450	Included	Included	Included
COBRA / HIPAA Fee	450	\$1.05	\$1.05	\$1.05
Utilization Review (UM)	450	Included	Included	Included
UMR Plan Advisor + Care Connect	450	Included	Included	Included
UMR LCM: Complex Condition CARE	450	Included	Included	Included
UMR Telemedicine: Teladoc	450	Included	Included	Included
UMR Medical / Pharmacy Integration (ppepm)	450	Included	Included	Included
UMR External PBM Interface	450	\$3.00	\$6.00	\$6.00
Medical Carve-out fee for OT coordination	450	\$0.35	\$0.35	\$0.35
Retiree Billing - ACH debit	1	\$4.25	\$4.25	\$4.25
Retiree bill - check payment	1	\$5.85	\$5.85	\$5.85
Specialty Carveout Injectables/Medications Coord	450	\$0.20	\$0.35	\$0.35
Teladoc - Dermatology	450	Included	Included	Included
Stop Loss Interface Fee	450	Included	Included	\$5.00
Broker & Consultant Fee	450	\$12.50	\$12.50	\$12.50
Medical Annualized Total		\$317,047	\$334,067	\$361,057
Non-Medical				
Vision ASO PPO Network: EE	199	\$1.19	\$1.19	\$1.19
Vision ASO PPO Network: EE + 1	46	\$2.06	\$2.06	\$2.06
Vision ASO PPO Network: EE + 2 or more	188	\$4.06	\$4.06	\$4.06
Non-Medical Annualized Total	433	\$13,138	\$13,138	\$13,138
Ancillary Billing and Other Fees				
Dental Billing/Payment to DeltaDental	436	\$0.50	\$0.50	\$0.50 *
Vision Billing/Payment to VSP	433	\$0.50	\$0.50	\$0.50 *
Other Fees Annualized Total		\$5,214.00	\$5,214	\$5,214
PBM -		TrueRx	TrueRx	TrueRx
Annual Administration Fees		\$335,399	\$352,409	\$379,409
		\$ Difference from Current	\$17,010	\$44,010
		% Difference from Current	5.1%	13.1%

*Ancillary premiums not included in total Admin Fees
Vision PPO rate guarantee to 12/31/2025 with no changes

2025 is Yr 1 of 3-yrs. There will be Admin increases in years 2 & 3.
2026 to \$42.82, 2027 to \$44.08. All other pricing remains the same.

Rate Guarantee	1 yr, 1/1/2024-12/31/2024	1 yr, 1/1/2025-12/31/2025	1 yr, 1/1/2025-12/31/2025
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The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carrier(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Organ Transplant Analysis

Hendricks County Government

Effective Date		1/1/2025	Current	Pending Renewal
Transplant Carve Out Insurer			Tokio Marine HCC	Tokio Marine HCC
Funding Type			Fully Insured	Fully Insured
Fixed Costs				
Transplant Carve-Out Rate - Single		201	\$9.41	\$9.41
Transplant Carve-Out Rate - Family		249	\$23.34	\$23.34
Monthly Administration Fees			\$7,703	\$7,703
Annual Administration Fees			\$92,437	\$92,437
\$ Difference from Current			\$0	
% Difference from Current			0.0%	

Expecting rates to be
released week of 9/16

Rate Guarantee	1 yr, 1/1/2024-12/31/2024	1 yr, 1/1/2025-12/31/2025
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The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Lasers, Contingencies & Considerations

Hendricks County Government

Effective Date	1/1/2025	Current	Renewal	Proposed 1	Proposed 2	Proposed 2
Third Party Administrator		UMR	UMR	UMR	UMR	UMR
Reinsurer / MGU (Source)		QBE (Stealth)	QBE (Stealth)	Crum & Forster	TMHCC	Optum
Network		Hendricks Reg Pref / UHC Choice Plus	Hendricks Reg Pref / UHC Choice Plus	Hendricks Reg Pref / UHC Choice Plus	Hendricks Reg Pref / UHC Choice Plus	Hendricks Reg Pref / UHC Choice Plus
Plan Type - Traditional / RBR		Traditional	Traditional	Traditional	Traditional	Traditional
Specific Deductible		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Aggregating Specific Deductible		\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Lasers		None	None	TBD	None	TBD

Contingencies and Considerations

Contract Provision Details:

"Covered" Includes	Active, COBRA, Early retirees	Active, COBRA, Early retirees	Active, COBRA, Early retirees	Active, COBRA, Early retirees	Active, COBRA, Early retirees
Specific Advance	Included	Included	Included	Included	Included
Aggregate Accommodation	Not Included	Not Included	Not Included	Not Included	Not Included
No New Laser at Renewal	Yes	Yes	Yes	Yes	Yes
Rate Cap	50%	50%	50%	50%	50%
Run In Limit	n/a	n/a	\$1,100,800	n/a	n/a

Compensation Disclosure(s)

Stop Loss Commissions	0%	0%	0%	0%	0%
Organ Transplant Commissions	10%	10%	10%	10%	10%
Kinetiq Health Pharmacy Management	Yes	Yes	Yes	Yes	Yes
TPA Consultant Fee (pepm)	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50

Claims detail disclosed through:	Aug-2024	Aug-2024	Aug-2024	Aug-2024
Additional needed claims detail disclosed through:	n/a	n/a	n/a	n/a
Rates and Terms Firm, based on above (Yes/No):	Yes	No	Yes	No
If Firm, Offer Expires (date):	20-Sep	n/a	27-Sep	n/a

Please refer to full proposal for complete details

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Medical Benefit and Cost Analysis - Dual

Hendricks County Government

Carrier	Effective Date	1/1/2025	Current	Current	TBD Renewal	TBD Renewal
Network	UMR		UMR		UMR	
Plan Type	Hendricks Regional Preferred (Tier 1), UHC Choice Plus (Tier 2)		Hendricks Regional Preferred (Tier 1), UHC Choice Plus (Tier 2)		Hendricks Regional Preferred (Tier 1), UHC Choice Plus (Tier 2)	
Benefit Details	Traditional PPO	HDHP	Traditional PPO	HDHP	Traditional PPO	HDHP
	Plan 1	Plan 2	Plan 1	Plan 2	Plan 1	Plan 2
Coinsurance (In / Out)	90% / 70% / 50%	100% / 70% / 50%	90% / 70% / 50%	100% / 70% / 50%	90% / 70% / 50%	100% / 70% / 50%
Deductible (In / Out) - With Wellness						
Single	\$500 / \$1,000 / \$2,500	\$3,200 / \$3,200 / \$5,000	\$500 / \$1,000 / \$2,500	\$3,300 / \$3,300 / \$5,000	\$500 / \$1,000 / \$2,500	\$3,300 / \$3,300 / \$5,000
Family	\$1,000 / \$1,500 / \$4,500	\$5,000 / \$5,000 / \$14,000	\$1,000 / \$1,500 / \$4,500	\$5,000 / \$5,000 / \$14,000	\$1,000 / \$1,500 / \$4,500	\$5,000 / \$5,000 / \$14,000
Embedded Deductible	Yes	Yes	Yes	Yes	Yes	Yes
Maximum Out-of-Pocket - With Wellness						
Single (In / Out)	\$2,000 / \$2,000 / \$6,600	\$3,200 / \$4,400 / \$7,500	\$2,000 / \$2,000 / \$6,600	\$3,000 / \$4,400 / \$7,500	\$2,000 / \$2,000 / \$6,600	\$3,000 / \$4,400 / \$7,500
Family (In / Out)	\$4,000 / \$4,000 / \$13,000	\$5,000 / \$7,500 / \$14,000	\$4,000 / \$4,000 / \$13,000	\$5,000 / \$7,500 / \$14,000	\$4,000 / \$4,000 / \$13,000	\$5,000 / \$7,500 / \$14,000
Rx Out-of-Pocket Maximum						
Single (In / Out)	\$4,300	n/a	\$4,300	n/a	\$4,300	n/a
Family (In / Out)	\$8,700	n/a	\$8,700	n/a	\$8,700	n/a
Medical OOP + Rx Copay will not exceed	\$6,300 single / \$12,700 fam	See above OOP max	\$6,300 single / \$12,700 fam	See above OOP max	\$6,300 single / \$12,700 fam	See above OOP max
Preventive Care (In-Network Only)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Office Visit						
PCP (In / Out)	\$35 / \$35 / \$35 + Coins	Ded +Coins/ Ded + Coins	\$35 / \$35 / \$35 + Coins	Ded +Coins/ Ded + Coins	\$35 / \$35 / \$35 + Coins	Ded +Coins/ Ded + Coins
SCP (In / Out)	\$60 / \$60 / \$60 + Coins	Ded +Coins/ Ded + Coins	\$60 / \$60 / \$60 + Coins	Ded +Coins/ Ded + Coins	\$60 / \$60 / \$60 + Coins	Ded +Coins/ Ded + Coins
Emergency Room Services	\$100 Copay, then Ded + Coins	Ded +Coins/ Ded + Coins	\$100 Copay, then Ded + Coins	Ded +Coins/ Ded + Coins	\$100 Copay, then Ded + Coins	Ded +Coins/ Ded + Coins
Urgent Care (In / Out)	\$45 / \$45 / \$45 + Coins	Ded +Coins/ Ded + Coins	\$45 / \$45 / \$45 + Coins	Ded +Coins/ Ded + Coins	\$45 / \$45 / \$45 + Coins	Ded +Coins/ Ded + Coins
Retail Prescription Drugs	Copays Apply	No Copays	Copays Apply	No Copays	Copays Apply	No Copays
Rx Deductible	n/a	n/a	n/a	n/a	n/a	n/a
Tier 1	\$5	Ded + Coins	\$5	Ded + Coins	\$5	Ded + Coins
Tier 2	\$25	Ded + Coins	\$25	Ded + Coins	\$25	Ded + Coins
Tier 3	\$50	Ded + Coins	\$50	Ded + Coins	\$50	Ded + Coins
Tier 4	n/a	n/a	n/a	n/a	n/a	n/a
Mail Order Prescription Drugs (In-Network Only)	\$15 / \$75 / \$150	Deductible	\$15 / \$75 / \$150	Deductible	\$15 / \$75 / \$150	Deductible

Basic Life and AD&D Benefit and Cost Analysis

Hendricks County Government

Effective Date	1/1/2025	Current	Negotiated Renewal	Proposed 1	Proposed 2
Carrier	MetLife		MetLife	The Standard	The Standard
Benefit Details		Plan 8		Plan 9	
Eligibility	All Eligible Employees	All Eligible Employees	Class 1: Elected Officials, 17.5 hrs/wk Class 2: All Other Members, 30+ hrs/wk	Class 1: Elected Officials, 17.5 hrs/wk Class 2: All Other Members, 30+ hrs/wk	
Life and AD&D Benefit	\$25,000	\$25,000	\$25,000	\$35,000	
Benefit Maximum	\$25,000	\$25,000	\$25,000	\$35,000	
Guarantee Issue Amount	\$25,000	\$25,000	\$25,000	\$35,000	
Reduction Schedule	65% at age 65, 40% at age 70, 25% at age 75	65% at age 65, 40% at age 70, 25% at age 75	65% at age 65, 40% at age 70, 25% at age 75	65% at age 65, 40% at age 70, 25% at age 75	
Waiver of Premium	Included	Included	Included	Included	
Rates					
Volume	\$11,682,500	\$11,682,500	\$11,682,500	\$16,254,000	
Life Rate per \$1,000	\$0.180	\$0.180	\$0.070	\$0.100	
AD&D Rate per \$1,000	\$0.028	\$0.028	\$0.025	\$0.025	
Life & AD&D Premium Monthly	\$2,430	\$2,430	\$1,110	\$2,032	
Life & AD&D Premium Annualized	\$29,160	\$29,160	\$13,318	\$24,381	
\$ Difference from Current		\$0	-\$15,841	-\$4,779	
% Difference from Current		0.0%	-54.3%	-16.4%	
Plan Type	Employer Paid	Employer Paid	Employer Paid	Employer Paid	
Contributions	Employer pays 100%	Employer pays 100%	Employer pays 100%	Employer pays 100%	
Participation Requirement	100%	100%	100%	100%	
Rate Guarantee	1 yr, 1/1/2024-12/31/2024	1 yr, 1/1/2025-12/31/2025	3 yrs, 1/1/2025-12/31/2027	3 yrs, 1/1/2025-12/31/2027	

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carrier(s). Where discrepancies occur, the contract for coverage will prevail.

Exhibit E

Multi-Year Strategy Recommendations

2024	<ul style="list-style-type: none">▪ Early Retiree Assess 2025 IRS Minimum HDHP (\$3,300 Embedded)▪ HRH GLAD Program – Managing the rising cost for 2025 GLP – 1 medications▪ Evaluate Clinic Hours▪ Evaluate Early Retiree Contributions▪ Reduction in Total Paid Per Employee Per Month Cost 2020 - \$1,202 2023 - \$1,130 2024 - \$1,066
2025	<ul style="list-style-type: none">▪ PBM RFP and Implement Specialty Pharmacy Edits▪ Evaluate RBP (Reference Based Pricing)▪ Evaluate contribution strategy to reduce family burden▪ Evaluate ancillary/worksite offerings
2026	<ul style="list-style-type: none">▪ Enhance wellness incentives▪ Consider outcomes-based incentives

Strategy Timeline

MILESTONE	DATE	MILESTONE	DATE
Open Enrollment Debrief	February 2024	Renewal Strategy Meeting	Sept 2024
Annual Plan Review and Strategy Meeting	February 2024	Final Renewal Decisions	Oct 2024
Kinetiq Health Strategy Meeting	March 2024	Notify Carrier(s) of Final Elections	Oct 2024
Pre-Renewal Strategy and Financial Projection Meeting	June 2024	Benefit Decisions to HRIS/Ben Admin Provider	Oct 2024
Market Analysis Report Created	July 2024	Open Enrollment Communications Created	Oct – Nov 2024
Census Needed for Market Analysis (if marketing)	July 2024	Open Enrollment	Nov 2024
Market Analysis Released to Market	August 2024	Enrollment to Carriers	Dec 1, 2024
Administrative Renewal Due	Sept 2024	ID Cards to be Delivered	Dec 15, 2024
Stop Loss Renewal Due	Sept 2024	Effective Date	Jan 1, 2025