

**DALLAS SCHOOL DISTRICT  
DALLAS, PENNSYLVANIA**

BOARD OF SCHOOL DIRECTORS  
WORK SESSION  
BOARD MEETING ROOM  
ADMINISTRATION BUILDING/ZOOM (online)  
MONDAY, JULY 8, 2024  
7:00 P.M.

**AGENDA**

- Review and Recommendations for Dallas Intermediate, Dallas Middle School and Dallas High School Handbooks - Mr. Traver, Principal DIS, Mr. Sholtis, Director of Operations and Mr. Natitus, Asst. Principal, DHS.

**DALLAS SCHOOL DISTRICT  
DALLAS, PENNSYLVANIA**

REGULAR BOARD MEETING  
BOARD MEETING ROOM  
ADMINISTRATION BUILDING/ ZOOM (Online)  
MONDAY, JULY 8, 2024

**AGENDA**

1. Roll Call
2. Approval of Minutes
3. Public Comment on agenda items only.
4. Treasurer's Report(no report this month)
5. Tax Collector's Report (no report this month)
6. Communications
7. Report & Recommendations of Superintendent
8. Standing Committee Reports

<b><u>Education Committee</u></b>	<b><u>Mr. Larry Schuler</u></b>
<b><u>Finance Committee</u></b>	<b><u>Mr. Pat Musto</u></b>
<b><u>Personnel Committee</u></b>	<b><u>Mrs. Kristin Pitarra</u></b>
<b><u>Policy &amp; Technology Committee</u></b>	<b><u>Mrs. Amanda Faneck</u></b>
<b><u>Property Committee</u></b>	<b><u>Mr. Michael DiMare</u></b>
<b><u>Student Activity Committee</u></b>	<b><u>Mrs. Sherri Newell</u></b>
<b><u>Transportation and Safety Committee</u></b>	<b><u>Mrs. Christine Swailes</u></b>
<b><u>Wellness and Cafeteria Committee</u></b>	<b><u>Mrs. Susan Allen</u></b>
<b><u>West-Side Career &amp; Technology Center</u></b>	<b><u>Mrs. Kelley Kavanagh-Watkins</u></b>
<b><u>Intermediate Unit</u></b>	<b><u>Mr. Larry Schuler</u></b>
<b><u>Legislative Committee</u></b>	<b><u>Mrs. Amanda Faneck</u></b>

9. Approval of Bills
10. Parent Advisory Committee
11. Federal Programs
12. Old Business
13. New Business
14. Additional public comments - Our public guests are reminded that the public comment is limited to three minutes, per district policy. Members of the public wishing to speak should approach the podium and state their name and address.
15. Adjournment

**DALLAS SCHOOL DISTRICT**  
**Dallas, Pennsylvania**

**BOARD OF SCHOOL DIRECTORS**  
**REGULAR MEETING**  
**BOARD MEETING ROOM**  
**ADMINISTRATION OFFICE**  
**MONDAY, JULY 8, 2024**

**SUPERINTENDENT’S RECOMMENDATIONS:**

1. Recommended that a resolution be adopted to confirm the interim action of the Superintendent to permit the following organizations to use the Dallas School District facilities as listed, contingent upon receipt by the School District of a Certificate of Insurance in accordance with the District’s rules and regulations regarding school facility use requests, with utilization fees per policy 707, and in accordance with the state pandemic guidelines:

Mountaineer Diving, DMS Natatorium, diving club practice, recurring Mondays through Fridays beginning June 10, 2024, and ending July 26, 2024, from 8:00 - 11:30am

DHS Varsity Cheer Boosters, DHS Commons, booster meeting, Monday, June 24, 2024, from 6:00 - 8:00pm

DMAC, DMS Natatorium, summer league meets, Wednesday, June 19 and 26, 2024, from 4:00 - 9:00pm

DSD Athletic Dept., DHS nurse’s office, trainer’s room, hallway, Commons, fall sports physicals, Wednesday, June 19 and 26, 2024, from 4:00 - 8:00pm

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

2. Recommended that a resolution be adopted to confirm the interim action of the Superintendent to accept the resignation from the following personnel, with regrets and gratitude.

Emily Smallwood, Housekeeper #2, WPC, effective 5/28/24  
Lori Williams, Housekeeper #1, DHS, effective 6/28/24

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

3. Recommended that a resolution be adopted to confirm the interim action of the Superintendent to approve the uncompensated leave of absence for Nicole Valkenburg, 3rd grade teacher, DIS, effective 2024-2025 school year.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**EDUCATION COMMITTEE - Mr. Larry Schuler:**

1. Recommended that a resolution be adopted to approve the Dallas Intermediate School Parent/Student Handbook for the 2024-2025 school year.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

2. Recommended that a resolution be adopted to approve the Dallas Middle School Parent/Student Handbook for the 2024-2025 school year.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

3. Recommended that a resolution be adopted to approve the Dallas High School Parent/Student Handbook for the 2024-2025 school year.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

4. Recommended that a resolution be adopted to approve the Dallas School District Differentiated Supervision Handbook for the 2024-2025 school year.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**FINANCE COMMITTEE - Mr. Pat Musto:**

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**PERSONNEL COMMITTEE- Mrs. Kristin Pitarra:**

1. Recommended that a resolution be adopted to approve the overtime payments as attached:

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

2. Recommended that a resolution be adopted to approve the attached list of aides for the 2024-2025 school year. The Background Search, as specified in Act 34, the Child Abuse Record, as specified in Act 151, and the Federal Criminal History, as specified in Act 114, are on file in the Office of the Superintendent.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

3. Recommended that a resolution be adopted to appoint Amanda Johns-Thompson as Federal Programs Coordinator, at a stipend of \$500/month, effective July 1, 2024 - June 30, 2025.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

4. Recommended that a resolution be adopted to appoint Dr. Thomas J. Duffy as Superintendent of the Dallas School District for the term of July 1, 2025 through June 30, 2030, in accordance with the attached agreement, subject to solicitor's review and approval.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

5. Recommended that a resolution be adopted to execute an agreement with McGriff Insurance Services, LLC, effective July 8, 2024 to June 30, 2025, as attached, pending Solicitor's review and approval.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

**DALLAS SCHOOL DISTRICT  
OVERTIME REPORT**

6/7/2024

**SECRETARY**

Date of Event	Employee	Reason	# Hours	Salary	Total
5/18-5/31	Cheryl Daube	Late buses, Returned Students, Field day, End of year prep, JA inventory	2.00	\$30.90	\$61.80
5/18-5/31	Kelly St Clair	Call out for fire alarm	2.00	\$27.42	\$54.84
Subtotal					\$116.64

**CUSTODIAN/ HOUSEKEEPER**

Date of Event	Employee	Reason	# Hours	Salary	Total
5/18-5/31	Howard Chang	Red Cross pool, PTO Field Day	8.55	\$33.06	\$282.66
5/18-5/31	Doug Gallup	Graduation & Lock in	9.00	\$32.67	\$294.03
5/18-5/31	Byron Goble	Graduation	8.00	\$28.29	\$226.32
5/18-5/31	Melanie Harry	Coverage	1.17	\$31.49	\$36.84
5/18-5/31	Gene Koshinski	5th grade party, Graduation	6.83	\$31.53	\$215.35
5/18-5/31	Jason Kutch	Graduation	6.50	\$28.29	\$183.89
5/18-5/31	Lori Parsons	Coverage, Graduation	22.66	\$30.06	\$681.16
5/18-5/31	Scott Russo	Ovation	23.25	\$23.21	\$539.63
5/18-5/31	Ashley Sickler	Graduation	7.50	\$31.49	\$236.18
5/18-5/31	Brian Straub	Fieldhouse water leak, Graduation	9.50	\$34.49	\$327.66
Subtotal					\$3,023.71
Total					\$3,140.35

**DALLAS SCHOOL DISTRICT  
OVERTIME REPORT**

6/21/2024

**SECRETARY**

Date of Event	Employee	Reason	# Hours	Salary	Total
Subtotal					\$0.00

**CUSTODIAN/ HOUSEKEEPER**

Date of Event	Employee	Reason	# Hours	Salary	Total
6/1-6/14	Howard Chang	Show pool	3.08	\$33.06	\$101.82
6/1-6/14	Doug Gallup	Lock In	7.50	\$32.67	\$245.03
6/1-6/14	Scott Russo	Live Love Dance	14.75	\$23.21	\$342.35
6/1-6/14	Ashley Sickler	SATs, Encore, Building Blocks, Joan Harris	18.83	\$31.49	\$592.96
Subtotal					\$1,282.15
Total					\$1,282.15



**24-25 AIDES**

<b>Paraprofessional</b>		<b>24-25 Rate</b>
HOLLY	BRAUNS	\$12.33
KAREN	CHIARUCCI	\$14.02
CHRISTINA	CRAHALL	\$12.33
CATHERINE	DAVIS	\$12.33
NICOLETTA	DINARDO	\$12.06
JENNIFER	DIXON	\$12.33
JOHN	HARLEY	\$24.74
ROSE	HERNANDEZ	\$13.12
LEAH	HICKMAN	\$12.33
SYDNEY	KAMUS	\$12.06
MIA	KARCUTSKIE	\$12.06
HATTIE	KEITH	\$12.33
NANCY	KRASNIAK	\$13.39
LORI	NIZNIK	\$13.39
JOANN	ROVINSKI	\$12.33
JANET	SMITH	\$0.00
ZACHARY	TARBOX	\$14.18
SANDRA	VENSKY	\$13.39
DANIELLE	WARD	\$13.39
TIFFANY	WILLIAMS	\$12.06
CASSANDRA	WYLIE	\$12.33
ELAINE	YAKUS	\$12.06

## **CONTRACT FOR EMPLOYMENT OF THE SUPERINTENDENT OF THE DALLAS SCHOOL DISTRICT**

This Agreement ("Agreement") is made and entered into this day of July 8, 2024, by and between the BOARD OF SCHOOL DIRECTORS OF THE DALLAS SCHOOL DISTRICT with offices located at 2000 Conyngham Avenue, Dallas, Pennsylvania, and hereinafter referred to as the "District" and DR. THOMAS J. DUFFY, ED.D., an individual residing at 46 Campground Road, Pennsylvania 18612 hereinafter referred to as the "Superintendent"

WHEREAS, the Board of School Directors of the District at a meeting of said Board duly and properly called on the 8th day of July 2024, did approve the appointment of DR. THOMAS J. DUFFY, ED.D. to the office of Superintendent for the District in accordance with the provisions of Sections 508, 1071 and 1073 of the Public School Code of 1949; and

WHEREAS, the parties have agreed upon certain conditions of employment and desire to reduce said conditions to writing.

NOW THEREFORE, the parties intending to be legally bound and in consideration of the mutual covenants herein contained do hereby agree as follows:

### **ARTICLE I - DURATION**

1.00 District does hereby employ DR. THOMAS J. DUFFY, ED.D. in the capacity of Superintendent of the District for a term of FIVE (5) years, commencing July 1, 2025, and ending on June 30, 2030. This contract shall terminate immediately upon expiration of this term unless the contract is allowed to renew pursuant to Section 1.01.

1.01 At a regular meeting of the board of school directors occurring at least two hundred ten (210) days prior to the expiration date of the term of office of the district superintendent, the agenda shall include an item requiring affirmative action by five or more members of the board of school directors to notify the district superintendent that the board intends to retain him for a further term of five (5) years or that another or other candidates will be considered for the office. In the event that the board fails to take such action at a regular meeting of the board of school directors occurring at least two hundred ten (210) days prior to the expiration date of the term of office of the district superintendent, he shall continue in office for a further term of similar length to that which he is serving.

### **ARTICLE II - AUTHORITY**

2.00 The District, on its own behalf and on behalf of the electors of the District, and Superintendent hereby retain and reserve all power, rights, authority, duties and responsibilities conferred upon and invested in it and in him respectively by the laws and the Constitution of

Commonwealth of Pennsylvania save for any power or rights limited by the express terms of this Agreement.

#### **ARTICLE ID- PROFESSIONAL CERTIFICATION**

3.00 The Superintendent covenants that he possesses all of the qualifications that are required by law to serve as District Superintendent. The District Superintendent agrees to maintain throughout the term of this Agreement a valid and current commission or other legal credentials as may be required by law and to present the same to the Board of School Directors. He further agrees to subscribe to and take proper oath of office before entering upon his duties.

#### **ARTICLE IV - DUTIES**

4.00 Superintendent shall be charged with the administration of the schools under the direction of the Board of School Directors. As such, the Superintendent shall be responsible for, inter alia:

- Recommending the employment of all employees and directing and assigning teachers and other employees of the schools under his supervision;
- Organizing, supervising, and arranging the administrative and supervisory staff;
- Suggesting policies and procedures deemed necessary for the efficient and proper operation of the District;
- Recommending annual objectives for the District consistent with the direction and priorities established by the Board of School Directors;
- Establishing and maintaining effective procedures and controls for expenditures of all school funds in accordance with the annual school budget, subject to the direction and approval of the Board of School Directors;
- Involving the Board of School Directors no later than the end of January each year in the preparation of the annual budget;
- Providing the Board of School Directors with information pertinent to its legislative role;
- Providing the Board of School Directors with weekly written reports regarding the status of issues in the District, which reports may be on a less frequent basis if directed by the School Board of Directors;
- Preparing and submitting to the Board of School Directors all matters requiring legal action;
- Attending all Board of School Directors meetings as may be required from time to time, and submitting a formal Superintendent's report, at the regular meetings;
- Informing the Board of School Directors as to the operation of the school system and making recommendations for the more efficient operation thereof; and

- Performing all duties incident to the office of the District Superintendent as set forth in the Public School Code and such other duties as may be legally prescribed by the Board of School Directors.

4.01 Superintendent shall have a seat on the Board of School Directors and the right to speak on all issues before the Board of School Directors but shall not have the right to vote. The Board of School Directors and its members, individually, shall promptly refer all criticisms, complaints and suggestions called to its attention to Superintendent for study, disposition, or recommendation as is appropriate.

4.02 Superintendent agrees to devote his full-time attention, energies, skills and labor to his employment as Superintendent during the term of this Agreement.

4.03 Superintendent shall be permitted to engage in outside work provided same is related to the field of education and does not interfere in any way with performance of his duties of Superintendent.

## **ARTICLE V - COMPENSATION AND BENEFITS**

### **5.00 SALARY**

The District agrees to compensate the Superintendent for the school year 2025-2026 in the amount of one hundred fifty three thousand, three hundred twelve dollars seventy eight cents (\$153,312.78) and shall be increased as of July 1 on each subsequent school year as follows:

2026-2027	2.5%
2027-2028	2.5%
2028-2029	2.5%
2029-2030	2.5%

### **5.01 VACATION AND HOLIDAYS**

(a) Superintendent shall receive twenty-two (22) vacation days annually which shall be earned at the rate of 5.5 vacation days credited every three (3) months.

(b) Superintendent shall be credited with all unused vacation days from his former position as Assistant to the Superintendent and shall annually be permitted to carry over unlimited unused vacation days to the succeeding year. Upon retirement or other separation from employment Superintendent shall be reimbursed for unused vacation days up to a total of twenty (20) days at his then-current per diem rate (based on 260 days) and all remaining days shall be lost. The Superintendent shall take no more than ten (10) consecutive vacation days during the time that school is in session without prior approval from the Board of Education.

(c) Holidays identified in the Administrator Compensation Plan shall be applicable to the District Superintendent.

## 5.02 SICK LEAVE

(a) The Superintendent shall be entitled to twelve (12) days sick leave annually accrued on the basis of one (1) day per month. Earned sick leave shall be cumulative and compensable, as provided by the laws of the Commonwealth of Pennsylvania and in the same manner as stated in the District's Administrator Compensation Plan, including payment for unused sick days at the time of death or retirement.

(b) When sickness in the immediate family of the Superintendent requires his absence from work, he may use not more than three (3) days of his annual twelve (12) day sick leave entitlement in each school year for that purpose. "Immediate family" is defined as father, mother, sibling, child, spouse, parent-in-law, or near relative, who resides in the same household, or any person with whom the Superintendent has made his home. Family sick days shall not be cumulative from year to year.

(c) Superintendent shall be entitled to carry over all unused sick days from his former position as Assistant to the Superintendent and shall be permitted annually to carry over unlimited unused sick days to the succeeding year. Upon retirement or other separation from employment Superintendent shall be reimbursed for unused sick days at the rate of \$100.00 per day up to 150 days.

## 5.03 OTHER LEAVE

Superintendent shall be entitled to three (3) personal leave days. All unused personal days at the end of each year of the term hereof will be converted to sick days.

## 5.04 OTHER BENEFITS

(a) The Superintendent shall be entitled to receive the same health insurance benefits available to other professional employees of the District, provided, however, that by way of payroll deduction, Superintendent shall pay and be responsible for ten percent (10%) of the cost to the District of his health insurance coverage up to a maximum of \$1,500 as adjusted annually by the same percentage of the base salary increase as outlined in Section 5.00.

Should the type of health insurance benefits available for other professional employees of the District change during the term of this Agreement, Superintendent's available health insurance benefits shall change in a like manner; However, in the event of such change, Superintendent shall still be responsible and pay, by way of payroll deduction, for ten percent (10%) of the cost to the District of his health insurance coverage up to a maximum of \$1,500 as adjusted annually by the same percentage of the base salary increase as outlined in Section 5.00.

There shall be available to the Superintendent all other employee benefits that are presently available, not otherwise specified in this agreement, or which hereafter shall become available to all professional and administrative employees of the District.

The District shall establish as soon as practicable after execution of this contract, a cafeteria plan which will be a separate written plan maintained by the District that meets the specific requirements of and regulations of Section 125 of the Internal Revenue Code which will provide Superintendent with an opportunity to receive certain benefits on a pretax basis.

(b) The District shall annually contribute an amount equal to 2.5% to a 403(b) retirement savings account maintained by the Superintendent.

(c) The Superintendent shall be entitled to a reimbursement for educational credits for personal professional development, and he shall be reimbursed in the same manner and upon the same terms and conditions as provided in the Administrative Compensation Plan.

(d) District shall provide for Superintendent a term life insurance policy paying a maximum death benefit equal to the amount of two (2) times his annual salary payable in the year of death.

5.05 The duties of the Superintendent require his presence at certain conventions and conferences in order that he can maintain awareness of current program problems and information. His attendance at seminars, workshops, in-service programs, school activities and graduate education programs, is necessary to maintain knowledge and skills of his position. The District considers the expenses involved in such activities to be directly related to his duties and appropriate for reimbursement. Expense reimbursement for such activities shall be provided in accordance with procedures described in District Policy. Reimbursement is limited to one out-of-state convention annually unless pre-approved by the Board. It is expressly understood that mileage associated with day-today school activities and attendance at Board meetings is not subject to reimbursement.

#### 5.06 TRANSPORTATION

Except as enumerated in this Agreement, the District shall provide the Superintendent, in performance of his duties during the term of this Agreement, with mileage expense reimbursement in accordance with conditions and procedures provided for professional employees. Nothing contained herein shall preclude the District from increasing the travel reimbursement rate of said policy as may be agreed between the parties.

#### 5.07 PROFESSIONAL ASSOCIATION MEMBERSHIP

The District shall provide the Superintendent annual membership in no more than three (3) professional associations, i.e., American Association of School Administrators, Pennsylvania Association of School Administrators, and Association for Supervision and Curriculum Development; cost of said membership dues to be paid by the District.

### ARTICLE VI -ASSESSMENT OF PERFORMANCE

6.01 The Board of School Directors shall evaluate, in writing, the performance of the Superintendent at least once a year during the term of this Agreement, no later than August 31 of each year, using the attached performance evaluation form or a form later developed and

mutually agreed upon by (no later than September 30 of any given year) the Superintendent and the Board of School Directors based upon those standards set forth in 24 P.S. § 1073.1, provided that any performance assessment selected shall:

(a) include a self-assessment by the Superintendent; and

(b) require the Board of School Directors to speak in one voice as an entire Board of School Directors.

In the event the Board of School Directors consensus determines that the performance of the Superintendent is unsatisfactory in any respect, it shall describe in writing, in reasonable detail, the specific instances of unsatisfactory performance. A copy of the written evaluation shall be delivered to the Superintendent. The Superintendent shall have the right to make a written response to the evaluation. The Board of School Directors' evaluation and the Superintendent's response(s) shall be totally private and in no manner become public knowledge or conversation unless waived by the Superintendent except that the Board of School Directors shall post the mutually agreed to objective performance standards contained in the contract on the District's publicly accessible Internet website and, upon completion of the annual performance assessment the Board of School Directors shall post the date of the assessment and whether or not the Superintendent has met the agreed-to objective performance standards on the District's publicly accessible Internet website.

The publically released performance assessment will indicate the Superintendent performance as "satisfactory" or "unsatisfactory". If the Board of School Directors does not perform a written evaluation, the Superintendent's performance will be considered "satisfactory".

6.02 The performance assessment shall be used for the following purposes:

1. To strengthen the working relationship between the District and the Superintendent and to clarify for the Superintendent and individual members of the Board of School Directors the responsibilities the Board of School Directors relies on the Superintendent to fulfill;

2. To discuss and establish goals for the ensuing year; and

3. To establish the basis for possible incremental adjustments in the annual salary rate for the Superintendent

#### **ARTICLE VII- INVESTIGATIONS BY THE BOARD OF SCHOOL DIRECTORS**

7.00 In the event that the Board of School Directors directs that any investigation of the Superintendent's conduct or performance be undertaken, the Superintendent shall be:

(a) notified of the occurrence and purpose of such investigation prior to the commencement of the same;

(b) granted access to all documents or reports generated by such an investigation; and

(c) granted the opportunity to respond, verbally or in writing, to any documents, findings or conclusions derived from such an investigation prior to the investigation being concluded.

Any investigations undertaken by the Board of School Directors shall be completed in private without any public disclosure by the Board of School Directors or the Superintendent of the commencement or progress of the same. Nothing herein shall obligate the Board of School Directors to share attorney-client privilege or work product information with the Superintendent following the completion of any investigation of his conduct or performance.

#### **ARTICLE VIII- DISCHARGE OR TERMINATION**

8.01 Throughout the term of this Agreement, the Superintendent shall be subject to discharge for valid and just cause including the reasons specified in the Public School Code of the Commonwealth of Pennsylvania. The Board of School Directors shall not arbitrarily or capriciously call for his dismissal and the Superintendent shall in any event have the right to written charges, to notice of hearing, to a fair and impartial hearing, to all elements of due process, and to the right to appeal to a court of competent jurisdiction. At any such hearing before the Board of School Directors, the Superintendent shall have the right to be present and to be heard, to be represented by counsel, and to present through witnesses, testimony relevant to the issue. A transcript of the record of proceedings before the Board of School Directors shall be made available without charge to the Superintendent in the event an appeal is taken by the Superintendent from any action taken by the Board of School Directors. Superintendent shall have the right to be represented by counsel during any proceeding or process subject to this Article at his sole cost and expense.

The Superintendent may resign at any time provided he gives the board at least ninety (90) days notice prior to the effective date of the resignation.

8:02 In the event Superintendent is charged with any crime relating to his duties as Superintendent, including but not limited to bribery, extortion or theft of honest services, as well as a crime involving moral turpitude whether or not relative to his duties as Superintendent, Superintendent shall forfeit the right, if any he has, to request payment for accumulated sick or vacation days pending disposition of such charges. In the event Superintendent is found either through plea or otherwise, guilty of any crime described herein, he shall forfeit the right, if any he has, to such payments.



8:03 In the event that criminal charges as outlined in the previous paragraph are filed and disposed of by a finding of guilty either through plea or otherwise after Superintendent is no longer employed by the District and after he receives payment for unused sick or vacation time, Superintendent shall within ten (10) days of such guilty plea or guilty disposition, remit to the District the entire gross amount of money paid to Superintendent for unused sick or vacation time.

#### **ARTICLE IX - PROFESSIONAL LIABILITY**

9.00 The District agrees that it will defend, hold harmless and indemnify Superintendent from any and all demands, claims, suits, actions and legal proceedings brought against Superintendent in his individual capacity or in his official capacity as agent and employee of the Board of School Directors, provided the incident arose while Superintendent was acting within the scope of his employment and as such, liability coverage is within the authority of the Board of School Directors to provide under state law.

#### **ARTICLE X - PERMANENT DISABILITY**

10.00 Should the Superintendent be unable to perform his duties by reason of illness, accident or other cause beyond his control, and said disability continues for a period of more than three (3) calendar months beyond all sick or other usable leave to which the District Superintendent is entitled under this Agreement or otherwise, the District may at its discretion make a proportionate deduction from the salary provided in this Agreement or by subsequent amendment. If after the aforementioned three (3) month period said disability is determined by an agreed upon physician to be permanent or irreparable, the District may, at its option, terminate this Agreement, whereupon the respective duties, rights and obligations contained herein shall terminate.

#### **ARTICLE XI - OBLIGATIONS**

11.00 This Agreement shall be binding upon the parties, their successors or assigns.

#### **ARTICLE XII - UNLAWFUL PROVISION**

12.00 Should any article, section, or clause of this Agreement be declared illegal by a court of competent jurisdiction, said article, section or clause, as the case may be shall be automatically deleted from this Agreement to the extent that it violated the law. The remaining articles, sections, and clauses shall remain in full force and effect for the duration of the Agreement if not affected by the deleted article, section, or clause. If at any time thereafter such article, section, or clause shall no longer conflict with the law, then it shall be deemed restored in full force and

effect as if it had never been in conflict with the law.

### **ARTICLE XIII - STATUTE REFERENCES**

13.00 All references to the Public School Code contained herein shall also refer to any amendment or recodification of such code.

### **ARTICLE XIV - DEFINITIONS**

14.00 Terms appearing throughout this Agreement shall have the meaning as defined in this section (14.00) of the Agreement.

(a) "Superintendent" shall be defined as a Chief Administrator employed under the provision of Section 1001 of the Public School Code for the superintendence and supervision of the public schools of the District. The Superintendent shall have a seat on the Board of School Directors of the District, and the right to speak on all matters before the Board of School Directors as provided under Section 1081 of the Public School Code.

(b) "Professional Employee" shall mean an employee of the District under contract to perform responsibilities as a teacher, librarian, nurse or counselor.

(c) "Salary" shall mean the money provided annually in installments through payroll to the Superintendent for services provided to the District. The total amount of Salary shall be established in accordance with the provisions of Article V of this Agreement.

(d) "District" and/or "Board of School Directors" shall mean the Board of School Directors of the Dallas School District who are elected or appointed under the provisions of Section 301 of the Public School Code. The District shall have the function in accordance with the provisions of the Public School Code and the rules and regulations established by the District under provisions of Section 407 of the Public School Code.

### **ARTICLE XV - MISCELLANEOUS**

**15.00 NO ORAL MODIFICATION.** All modifications to this contract must be made in writing, approved by the Board of Education, and signed by an authorized representative of the Dallas School Board and Superintendent.

**15.01 GOVERNING LAW.** This contract contains the mutual and complete agreement between the District and Superintendent with respect to the terms and conditions of employment and its provisions shall be interpreted in accordance with the laws of the Commonwealth of Pennsylvania and the rules and regulations of the Pennsylvania Department of Education.

IN WITNESS WHEREOF and intending to be legally bound thereby, the parties have caused this Agreement to be duly executed the day and year first written above.

Dated this \_\_\_ day of \_\_\_\_\_.

**ATTEST:**

Secretary of the Board of School Directors  
of the Dallas School District

Kelley Kavanagh-Watkins  
President of the DSD Board of School Directors

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature / Date

Thomas J. Duffy, Ed.D  
Superintendent of Schools

\_\_\_\_\_  
Signature/Date



# Request for Proposal

*Employee Benefits Brokerage Services*

*Dallas School District*



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5/23/2024

Mr. Grant S. Palfey  
Business Manager- Dallas School District  
2000 Conyngham Avenue  
Dallas, PA 18612



Re: Employee Benefits Consultant – Request for Proposal

Dear Mr. Palfey,

McGriff is pleased to present our partnership proposal for Employee Benefit Consulting services for Dallas School District (District). We wish to thank you and the District for the opportunity and hope our response provides you with a solid understanding of our capabilities and expertise in support of the District's benefit programs.

Starting day 1, the McGriff team is prepared to work diligently with the District to develop a long-term strategic plan utilizing our **MORE** Insights strategic process. We understand that the District is looking for an innovative and strategic partner to help the District **Manage costs**, **Operate efficiently**, **manage Risk**, and **enhance the Employee experience** so that more resources can be allocated to helping the students of the district achieve their goals.

Below is an outline of a few healthcare related challenges that the District faces and potential solutions.

- **Challenge Budgeting Accuracy:** Currently the District is running at 114% of budget.
  - *McGriff uses predictive modeling in addition to historical claims to build customized claim factors for your population which will enhance budget accuracy. This along with the enhanced protections outlined below will provide greater budget certainty for the District.*
- **Challenge Stop Loss:** Currently the district is facing a 60% renewal for stop loss which could result in potentially a \$300,000 increase in premium.
  - *McGriff will evaluate stop loss pooled / captive solutions that will provide rate caps of 25-50%, no new lasers, and leverage through pooled / captive solutions to help minimize the impact of high severity claims.*
  - *McGriff has access to high-cost specialty drug supplemental stop loss carve out policies that removes the liability for high cost multi-year drugs (such as Rovicti) from the primary stop loss carrier policy which protects against large stop loss increases.*
- **Challenge Pharmacy:** Currently the District's is spending 41% of their claims on pharmacy. This is driven by one extremely expensive orphan drug. This situation will not be a onetime occurrence for the District as the pipeline of high-cost specialty and gene therapy drugs is expected to increase significantly over the next 10 years.
  - *McGriff's Pharmacy team, led by Denise Cabrera, will help put in place strategies to help alleviate high-cost Pharmacy costs. We will evaluate international sourcing, low net-cost formularies that are focused on Biosimilars, specialty carve-outs, manufacturer assistance programs, and alternate funding strategies to reign in pharmacy spend.*
- **Challenge – Aging Population:** Dallas' population is aging and will continue to drive increase healthcare costs.
  - *McGriff's Wellness team, led by Katie O'Neill, will develop a wellness program to help catch preventable conditions before they develop into high cost /debilitating health issues. Member level participation in the program should be a topic for the District's upcoming CBA negotiation.*

The proposed relationship between the District and McGriff will be a transparent partnership designed to achieve mutually determined employee benefit goals. We are confident that all McGriff team members possess the requisite technical knowledge and public entity experience to support and manage their programs effectively.

Again, we would like to thank you in advance for your consideration of McGriff. We hope that our response addresses your questions and earns the right to take the next step in the broker evaluation process.

Sincerely,

A handwritten signature in black ink that reads "Chris Gleason".

Chris Gleason  
Vice President, Senior Consultant  
(412) 605-9523  
Christopher.gleason@mcgriff.com

# 1) GENERAL INFORMATION

## a) Describe your firm's organizational structure, total number of full-time employees and include overall history of your firm.

McGriff Insurance Services, LLC. (McGriff) was founded in 1922; the name dates back to 1886 with the founding of McGriff, Seibels & Williams. McGriff is the retail brokerage subsidiary of TIH Insurance Holdings, LLC. TIH, the 5th largest insurance brokerage in the U.S.\*, is owned by an investor group led by private equity firms Stone Point Capital and CD&R.

### About TIH

TIH Insurance Holdings, LLC, headquartered in Charlotte, N.C., operates more than 200 offices with nearly 10,000 employees through its portfolio of wholesale, retail, and insurance services businesses. Revenue was \$3.46B in 2023, and premium volume was \$51.8B. To learn more, visit [www.tihinsurance.com](http://www.tihinsurance.com).

### About Stone Point Capital

Stone Point is an alternative investment firm based in Greenwich, CT, with more than \$50 billion of assets under management. Stone Point targets investments in companies in the global financial services industry and related sectors. The firm invests in alternative asset classes, including private equity through its flagship Trident Funds and credit through commingled funds and separately managed accounts. In addition, Stone Point Capital Markets supports our firm, portfolio companies and other clients by providing dedicated financing solutions. For more information, please visit [www.stonepoint.com](http://www.stonepoint.com).

### About CD&R

Founded in 1978, CD&R is a leading private investment firm with a strategy of generating strong investment returns by building more robust and sustainable businesses through the combination of skilled investment experience and deep operating capabilities. In partnership with the management teams of its portfolio companies, CD&R takes a long-term view of value creation and emphasizes positive stewardship and impact. The firm invests in businesses that span a broad range of industries, including industrial, healthcare, consumer, technology and financial services end markets. CD&R is privately owned by its partners and has offices in New York and London. For more information, please visit [www.cdr-inc.com](http://www.cdr-inc.com) and follow the firm's activities through [LinkedIn](#) and [@CDRBulldogs](#) on X/Twitter.

### About McGriff

When it comes to protecting what matters most in business and everyday life, we believe our clients should never settle for less than the best. For more than a century, we've relied on expertise, resources, and relationships to deliver insurance and risk management solutions focused on our clients' priorities and what they value most. Our solutions include commercial property and casualty, corporate bonding and surety, cyber, management liability, captives and alternative risk transfer programs, employee benefits, small business and personal lines insurance.

Our experienced risk management specialists develop highly tailored solutions while listening, learning, and executing with precision under the guidance of our four core principles:

**Integrity:** We do what we say, every time.

**Determination.** We relentlessly pursue success on your behalf.

**Passion.** We are specialists in our field driven to serve you.

**Collaboration:** We build strong relationships with teammates, partners, and you to create the best solutions.

The world is ever changing as is the risk environment facing businesses and individuals alike. McGriff is committed to providing our clients with the guidance necessary to help them successfully navigate their risk path.

Join the thousands of businesses, organizations and individuals across the country who choose McGriff, a firm dedicated to building long-term relationships and helping protect your most valuable assets.

With McGriff, you'll never have to settle for less.

## McGriff: By the Numbers

  
 2023 Revenue  
**\$1.2 Billion**

  
 2023 Premium  
 Volume  
**\$12.7 Billion**

  
 U.S. Locations  
**90+**

  
 Teammates  
**3,500+**

  
 Countries  
 Represented  
**160**

\*Business Insurance, July 2023

**b) Describe the types of clients and size of their organization to which your firm provides employee health benefit consulting services.**

Size of Company	Approximate Number of Clients
less than 250	11,174
250-500	3,258
500-1,000	1,655
1,000-5,000	344
5,000+	162

McGriff's Pennsylvania-based team targets the mid to large market for employee benefits consulting. Our strengths pair well with organizations that self-fund their healthcare programs. The accessibility of the necessary data to be an effective broker and deliver value to our clients is found with organizations like the District. This market is typically self-funded and focused on controlling claims, which in turn controls cost. Self-funded public entities face unique challenges, limited ability to raise revenue through tax increases, limited flexibility to make vendor and plan design changes due to CBA restrictions, and limited incentives to drive consumerism and healthy employee and dependent behaviors. Through our years of working with various clients, we have learned that the best way to accomplish these objectives is to first gain a thorough understanding of the history of their programs. McGriff has a historical knowledge of the District, its culture, the complexities associated with your organization (CBAs), and hurdles that create challenges for both McGriff and the District.

This philosophy is reflected in how we structure our consulting teams. In conjunction with our core consulting team, the District has a dedicated team of specialists in the areas of Compliance, Financial Analytics, HR Advisory, Clinical Wellness, Pharmacy Benefits Consulting, Benefits Administration Technology, Communications and Flexible Benefits Services (i.e., COBRA Administration). These Value-added resources are included in our fee structure – the District is not invoiced for leveraging their expertise. We pride ourselves in having global firm resources and specialty practices delivered with a high touch service model. The District can rely on McGriff's responsiveness, thought leadership, service level, and commitment to adding value.



## 2) CLIENT SERVICE TEAM

a) Listing of the number of people, individual experience level, and qualifications of the individuals that will be assigned to this project.

At McGriff, we assign a team of specialists dedicated to providing a wealth of resources to serve our clients' unique needs. We have assigned a lead senior consultant, a senior account executive, and a financial analyst as part of your core consulting team. Your dedicated McGriff team will have a complete understanding of your culture and goals for your employees and their benefits and includes select team members from our Allentown & King of Prussia offices, members of our National Education/Public Entity Benefits Practice and Specialty Practice teammates. The proposed service team brings a most 100 years of combined benefits experience with strong backgrounds working with large, complex education/public entities who have chosen to self-fund their medical and pharmacy plans.

Ultimately, the accountability for your satisfaction is the responsibility of Chris Gleason, your Senior Consultant. Chris currently works with 6 clients which allows him to allocate the necessary time required to coordinate the data warehouse implementation, lead the evaluation of the current benefits program and collaborate on the union negotiation strategy.

### Account Service Team

**Chris Gleason**  
Managing Account Executive  
& Strategic Consultant  
[christopher.gleason@mcgriff.com](mailto:christopher.gleason@mcgriff.com)



**Jane Greiss**  
Account Executive  
[jane.greiss@mcgriff.com](mailto:jane.greiss@mcgriff.com)



**Ed Johnson**  
Actuary  
[johnsonre@mcgriff.com](mailto:johnsonre@mcgriff.com)



**Nick Pearce**  
Data Analytics  
[npearce@mcgriff.com](mailto:npearce@mcgriff.com)



In conjunction with our core consulting team, the District will have access to a team of specialists in the practice areas of Compliance, Actuarial and Financial Analytics, Pharmacy, Communications, Benefits Administration Technology Support, HR Advisory, and Clinical Wellness.

The team members who will serve the District, currently manage varying numbers of clients, with a balanced workflow within McGriff, which enables them to work closely with and be an integral part of each client's benefits team. It is the personalized approach and hands on service that separates McGriff from our competitors.

## National Specialty Practice Team

**Anne Hensley, JD**  
Practice Leader  
Compliance  
[ahensley@mcgriff.com](mailto:ahensley@mcgriff.com)



**Denise Cabrera, Pharm D**  
Practice Leader  
Pharmacy Benefits Consulting  
[denise.cabrera@mcgriff.com](mailto:denise.cabrera@mcgriff.com)



**Janie Warner**  
Practice Leader  
HR Advisory Services  
[janie-warner@mcgriff.com](mailto:janie-warner@mcgriff.com)



**Keisha Moliere**  
Practice Leader  
Benefit Administration  
Technology  
[kisha.moliere@mcgriff.com](mailto:kisha.moliere@mcgriff.com)



**Christina Biddle**  
Vice President  
Marketing Communications  
Manager  
[christina.biddle@mcgriff.com](mailto:christina.biddle@mcgriff.com)



**Katie O'Neill, DC**  
Practice Leader  
Clinical Wellness Consulting  
[koneill@mcgriff.com](mailto:koneill@mcgriff.com)



Each of these key members brings a unique and extensive amount of employee benefits knowledge and experience to the team. An overview of each team member and why he or she is qualified to provide services to the District is described below.

### Team Members

**Chris Gleason** will serve as lead strategic consultant and holds ultimate accountability to ensure that a successful partnership exists between McGriff and the District. Chris will work closely with District's stakeholders to develop a strategic plan for the health and welfare benefits program and ensure these goals are met.

Chris is an experienced industry professional since 2004. Chris formerly was vice president of the Gleason Agency where he was responsible the benefit division's growth and retention. Chris also served as Area Vice President at Arthur J. Gallagher & Co., a global benefit consulting firm, where he acted as a senior consultant and led high performing growth and consulting teams.

Chris joined McGriff in 2022 and is based out of the King of Prussia office. Chris has 20 years of experience providing health and welfare benefit consulting to a variety of large, geographically diverse clients. Chris received his B.A. from Gettysburg College and his M.B.A from Villanova University.

**Jane Greiss** will serve as the account executive for the District. For more than 26 years, Jane has held positions as an Account Executive and Senior Benefit Consultant within the brokerage and consulting industry. She works with fully insured, and self-insured portfolios in medical, dental, vision, and ancillary benefits to mid and large groups. She focuses on strategic planning with her clients in an attempt to define their vision for their future and identify their goals and objectives. Jane has a professional commitment to meet or exceed the client's goals and objectives by presenting unique and creative solutions.

Jane is experienced working in the public entity sector. She holds both the CSFS® Certified Self Funding Specialist and HIA Health Insurance Associate designations and is licensed in Life and Fixed Annuities, Accident and Health, Casualty and Allied Lines, and Property and Allied Lines. Jane received her B.S. from Albright College.

**Ed Johnson** has more than 22 years of experience working as a Healthcare Actuary, most recently as the Practice Leader for McGriff Insurance Services Actuarial and Underwriting Services. Ed's experience covers actuarial work for both fully insured and self-insured groups.

Ed and his team will act as a trusted advisor and strategic partner, providing ways for clients to optimize the value of their comprehensive benefits package, including benchmarking, benefit optimization, and advanced data analytics services.

Ed is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Mathematics. He also holds an Associate designation with the Society of Actuaries (ASA) and has been a member of the American Academy of Actuaries since 2008.

**Nick Pearce** is an Actuary with over 10 years of experience working in the healthcare consulting field. His primary responsibilities include managing the development and delivery of healthcare analytics for clients to help them achieve their long term financial and wellness objectives. In addition, he oversees McGriff's annual client survey activities and the development of internal benchmarking resources. Nick's experience covers both fully insured and self-funded groups, including plan performance tracking, employee contribution modeling and multi-year experience studies.

Nick is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the society of actuaries (ASA) and has been a member of the American Academy of Actuaries since 2018.

**Denise Cabrera** is a licensed Pharmacist, earning her degree from The Ohio State University. Throughout her career she has had an opportunity to view the healthcare landscape from multiple stakeholder perspectives. Her experience in managed healthcare and employee benefits consulting spans 25 years including positions with Medco, CatalystRx and Cigna Pharmacy. Denise brings aptitude in all areas of the Pharmacy Benefit Management (PBM) industry including clinical program development, data analysis, trend control, contract review, pricing negotiation and performance guarantee reconciliation.

As the National Pharmacy Practice Leader, Denise serves as a trusted advisor providing pharmacy thought leadership at a national level. Her consultative support includes cost trend analysis and benefit design recommendations to help clients effectively manage their pharmacy benefit and drug spend. Denise's evaluation of Pharmacy Benefit Managers and other external partners provides a comprehensive review of options for employers to consider as they determine the best pharmacy benefit services for their employees.

**Katie O'Neill, DC, BS**, serves as McGriff's Practice Leader and Director of Clinical Wellness. As an experienced researcher, clinician, and consultant, she provides strategic direction and best practices for promoting better employee health and well-being. Katie has published and presented on both the impacts and strategies for cost mitigation on topics such as obesity, chronic pain, and specialty medications. Prior to joining the team with McGriff in 2018, she worked as a consultant for a national consulting firm, providing clinical insights and solutions for clients across many industries and locations. As a practitioner, she worked in direct patient care, Workers' Compensation cases, and research projects for health and productivity.

**Anne Hensley** currently serves as Senior Vice-President and Practice Leader, ERISA & Employee Benefit Compliance for McGriff Insurance. Anne has more than a decade of experience in the insurance industry, focusing mainly on insurance and ERISA and employee benefits compliance. She brings both law firm and corporate legal experience to her current role. Prior to coming to McGriff Insurance Services, Anne worked for a global employee benefits consulting firm as a Senior Associate, Compliance and Advisory Specialist and Contracts Manager, providing legal and compliance advice related to the health care, insurance, and employee benefits industries.

In her current role with McGriff Insurance Services, Anne takes pride in providing employee benefits compliance services to the employee benefit producers and account teams of McGriff and their clients. The areas in which she provides compliance services include but are not limited to the following: the Internal Revenue Code, the Employee Retirement Income Security Act (ERISA), the

Patient Protection and Affordable Care Act (ACA), the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Health Insurance Portability and Accountability Act (HIPAA), the Americans with Disabilities Act (ADA), and the Family and Medical Leave Act (FMLA). Anne regularly presents on employee benefits compliance topics to both McGriff Insurance Services associates as well as to external audiences. Anne is an active member of both The Council of Insurance Agents and Brokers (CIAB) and the National Association of Health Underwriters (NAHU). Anne attended the University of Iowa where she obtained an undergraduate degree in Business Administration and she also attended Drake University, from which she obtained her Juris Doc.

**Kisha Mollere** has over 23 years of experience in various roles within the insurance industry utilizing technology for employee benefits education, enrollment, and administration.

Prior to joining McGriff in 2018, Kisha's experience includes work as an employee benefits enroller, small group EB producer, account manager with MHBT, client success manager with Benefitexpress and Director of Implementation with Benefit Harbor.

**Janie Warner** has nearly 30 years of experience in Executive Management and Human Resources, six as a Vice President at Arkansas Federal Credit Union and three as Chief Administration Officer for ABC Financial Services, Inc. She served on the adjunct faculty of Embry Riddle Aeronautical University, teaching Human Resources Management, organizational development, and labor relations. She is a nationally recognized speaker in the areas of volunteer board governance, executive management, leadership, ethics, employee benefits and human resources.

Janie currently serves as National Practice Leader for HR Advisory Services for McGriff Insurance Services. In this role, she consults with corporate clients to identify and mitigate risk associated with human resource policies, processes, and practices.

Janie earned a Bachelor's Degree in Psychology from Evangel University in Springfield, Missouri, and a Master's Degree in Human Resource Management from Golden Gate University in San Francisco. She holds Senior Certified Professional designation from the Society for Human Resource Management.

**Christina Biddle** As the leader of the Client Communication Consultation Group, Christina partners directly with McGriff account teams and clients to develop communication campaigns that increase employee awareness, value, and understanding of their company benefits program. She is passionate about customizing employee-centric strategies, leveraging new and emerging technology, and communicating with the methods and language unique to each audience. She works directly with clients to develop communication plans not just around Open Enrollment, but throughout the year as needed.

Christina has over 15 years of experience in the insurance industry and is an award-winning designer in health, wellness, and benefit open enrollment communications. Before joining McGriff, Christina was the Creative Director at a boutique insurance agency.

**b) Describe the experience of the senior consultant who will be assigned to District and the percentage of his/her time devoted to the project.**

Chris Gleason has experience working with public school districts in northeastern Pennsylvania. During his time at Gallagher, he was the senior consultant for Dallas Area School District and Lake Lehman School District. He also acted as senior consultant to several school districts in Greater Philadelphia 5 county area. We would be happy to share a list of public schools we work with outside Pennsylvania at the District's request.

The McGriff team does have experience working with two large counties in Pennsylvania, the counties of Berks & Lehigh.

**c) Provide the number of clients supported by each team member.**

<b>Core Team Member</b>	<b>Clients</b>
Chris Gleason	6
Jane Greiss	15

## 3) ACCOUNT MANAGEMENT SERVICES

### a) Detail your client service approach.

McGriff's differentiation is *how* we work with you and your team relative to our competitors. As the 5<sup>th</sup> largest broker in the US, we are large enough to have the significant resources to support our clients' organizations, but also small enough to deploy a consistent, dedicated team that will know your team, your company culture, and provide lasting, effective, and relevant benefits that best suit the District.

We distinguish ourselves by offering a high-touch level of service. We're accessible and available for our clients always. McGriff offers our value-added services as an extension of your Finance & HR team through a strategic partnership. Our goal is to alleviate as many benefit-related burdens as possible, providing our clients with the tools and recommendations necessary to choose the best possible plan designs with best-in-class vendors. We also believe we set ourselves apart from the competition by the following:

**INDEPENDENT:** Our loyalty is and always will be to our clients and their employees. Our independent status allows us to be truly objective in our analysis of carriers, products, and their financial underwriting analysis.

**EXPERIENCED** Servicing self-insured public entity and school district clients.

**FOCUSED:** We manage our clients' employee benefits while protecting their most valuable resource – their employees.

**FLEXIBLE:** The size of our firm combined with our expertise allows us to seek solutions far beyond the ordinary, while exploring ways to provide our clients the means for meeting their goals.

**COMMITTED:** We are committed to the process of negotiating the most comprehensive benefit program with the most competitive financial results for our clients.

Our best resource is the intellectual capital of our team and their philosophical alignment with our clients. By combining your core consulting team with McGriff's National Specialty practice, the District will have a dedicated team of specialists in the areas of Compliance, Financial Analytics, HR Advisory, Clinical Wellness, Pharmacy Benefits Consulting, Benefits Administration Technology, and Communications. These Value-added resources are included in our fee structure – the District is not invoiced or billed hourly for leveraging this depth of expertise.

It's our highly consultative, hands-on approach that makes McGriff different. Simply put, our focus is on you. When you talk, we honestly listen. When you tell us about your priorities, challenges, and values, you'll have our undivided attention.

**b) Describe your renewal management approach.**

**Renewal Planning**

McGriff takes a deep dive into our partnership engagements early on and would want to have regularly standing strategy calls with the District (virtually or in person), to give the time and attention to strategy development and sharing market innovations and new ideas. We set aside time for intentional conversations specifically to develop and review the strategic plan, discuss plan performance and financial review, considerations of plan changes or vendor changes, and new ideas and opportunities for program innovation. From a practical standpoint, true partnerships and support between McGriff and our clients are conducted on a very frequent basis, using our Client Experience Roadmap (below). There are times that we are in touch with our clients daily and many times a week. Our high touch mentality guides our client interactions and working shoulder to shoulder with our clients means very frequent touchpoints and discussions. Bottom line – we get in the trenches on all issues related to plan administration and we connect frequently. McGriff operates on a tightly managed calendar of services, and our team meets weekly to discuss that week’s project timeline and list of deliverables applicable to District.



DISCOVER	PLAN	REVIEW	SHARE	REFINE
A thorough discovery to identify your needs, match our service offerings, and explore creative solutions.	Strategic planning based on comprehensive analysis, benchmarking, performance reviews, and reporting.	Pre-Open Enrollment, Post-Open Enrollment, Midyear reviews, and additional planning sessions as needed.	McGriff thought leadership through our original publications and invitations to exclusive events and resources.	Partnership with an organization that values honest feedback through surveys and open dialogue.

McGriff believes one of the more visible and meaningful consulting services we provide to our clients are the activities related to the annual renewal process. We strive to deliver a customized solution that will meet and exceed your expectations, and we provide benefit plan designs that will offer opportunities (within the confines of CBAs) to shift and expand your benefits program, ensuring that the District provides an efficient benefit program. Your McGriff team will advise you on the vendors and carriers best suited to meet your needs by developing and delivering a Request for Proposal to the identified markets for solicitation of their services.

At the beginning of a relationship with a new client, we establish a timeline of activities for the remainder of the year, and one of the key items to define is the timetable for the renewal process. It is critical to begin the renewal process on time so the Open Enrollment process can begin in a timely and organized manner.

We are very organized with regards to our renewal activity and the team dedicated to District would meet internally on a regular basis to ensure that the renewal activities are on track, positioned to be completed on time, and to your satisfaction. This calendar

is somewhat fluid depending on when decisions are made, but it certainly illustrates that we have internal mechanisms in place to ensure deliverables and activities are on time.

### **STEP 1 – DATA COLLECTION**

If McGriff is awarded the District's broker services business, we would immediately begin a data collection process. We will immediately work to set up the data feeds from your vendors partners to our data warehouse and analytics platform. We will also begin collecting all of the required data from your vendor partners (plan designs, contracts, rates, renewals). It is our preference to review historical renewals prior to receiving the current plan year renewals so we can review the underwriting methodology utilized to develop the prior renewals. We also assimilate as much historical claims and enrollment data to analyze plan performance.

It is our belief that the more data we have, the better equipped we are to negotiate a renewal. It is our experience with underwriters that negotiations founded on technical analysis produce the most successful outcomes.

### **STEP 2 – PRE-RENEWAL MEETING**

Approximately 6-7 months from the renewal date normally (accelerated timeline depending on the timing of initial engagement), we have a pre-renewal meeting to discuss the upcoming renewal and any items needing to be addressed as we negotiate the renewals, including but not limited to:

- claims / utilization analysis
- financial projection
- potential plan design changes allowed by CBAs
- competitive bidding of programs

We will work jointly with you to identify potential markets that serve your needs and assist you with analyzing carrier networks for adequate physicians and hospitals in the areas where your employees live. Vendors will also be selected for their quality of service, available funding options, level of claim detail they will provide and their willingness to implement performance guarantees. McGriff will formulate an RFP based around your objectives and performance expectations.

Based on the outcomes of this meeting, we can provide the vendors with your expectations (including expectations on the incumbent's renewal package) as we prepare for competitive bidding.

### **STEP 3 – MARKET ANALYSIS/RFP**

In analyzing the options for health & wellness plans, including for both the incumbent and for pre-qualified prospective carriers, our team will:

- Create an underwriting summary of the client's risk profile based on most current census data.
- Review current health conditions to determine possible future health claims activity.
- Invite prospective carriers to compete against incumbent carriers via a customized RFP request. The details and specificity we provide result in quicker underwriting reviews and responses and more favorable bids.
- Conduct a financial analysis of all responses received from incumbent and prospective carriers.

We will market the district's stop loss annually for competitive purposes to our 30+ carrier partners. The underwriting methodology and appetite for new business changes within carriers from year to year, and carriers who were uncompetitive in the past may suddenly be very hungry for the business and price accordingly. We will also market any other lines of coverage that the CBA's allow (Dental, Vision, Life & DI).

Responses to the RFPs will be analyzed in the following areas:

- Breadth of network
- Provider disruption analysis
- Depth of discounts
- Medical management programs
- Efficacy of administrative systems/processes
- Rates including fixed costs analysis
- Components of stop loss contract
- Member and provider satisfaction ratings
- Plan design components
- Underwriting worksheets in development of premium rates
- Carrier financial stature and rating analysis

#### **STEP 4 – RENEWAL CARRIER NEGOTIATIONS**

We typically request renewal delivery from the vendors in February (in some cases earlier) for July 1 renewals. The majority of our clients prefer for the renewal to be delivered directly to McGriff for our initial analysis and review. After our review of the renewal, we compile a list of follow up questions and requests for the vendor.

We use an aggressive approach to negotiating with carriers. The process includes:

1. Comprehensive financial analysis of proposed renewal rates and thorough review of all required underwriting worksheets and formulas. This is the empirical part of our negotiation strategy. Errors, inconsistencies, inappropriate items, unreasonable cost, and trend factors are scrutinized and negotiated. McGriff conducts this analysis and negotiates with the carriers' underwriting team.
2. Following the comprehensive financial analysis, we discuss with the carriers their competitiveness based on overall cost/value. Leveraging market forces to the full extent results in price movement. This motivates serious bidders to evaluate their proposals to ensure the best possible rates, conditions, and projected renewals.
3. We will also exercise our book of business membership and relationship leverage with a client's carrier to obtain the best overall cost/value. As a top brokerage firm, McGriff has the attention of all major carriers/vendors and uses that clout to benefit our clients. It is not unusual for a member of our senior executive team to negotiate directly with a carrier's senior executives to meet our financial objectives.
4. We also request implementation credits and transitional allowances where applicable that provide real money to the client to ease the burden of a carrier change.

#### **STEP 5 – RENEWAL PRESENTATION, RFP RESULTS AND RECOMMENDATIONS**

Once we have negotiated the best overall costs and value, the results of the renewal, summary of RFP results and plan design recommendations are presented to you in the results meeting. The McGriff team will meet with District to review the responses to the RFP and share our initial thoughts to each vendor's response. During this meeting, District would receive a comprehensive overview of the market analysis, the recommended plan designs, and the detailed cost projections.

This candid discussion allows us to identify which vendors should be brought in for a finalist meeting. These interviews will be jointly conducted by you and McGriff, allowing you and each vendor to clarify any questions or issues you would want to discuss regarding your plans. This process provides an opportunity for you to learn which of the vendors may be the best fit for your needs, objectives, and corporate culture.

Following this review, discussions, and likely subsequent meetings, renewal selections are made, and the implementation process can begin.

#### **STEP 6 – IMPLEMENTATION AND OPEN ENROLLMENT**

Once a vendor has been selected, we will begin implementing the selected programs. During this process McGriff will develop an implementation calendar and will work closely with each selected vendor to make certain the programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup, reporting structure and data requirements. We will help you complete the carrier application, review carrier takeover issues, ensure the eligibility file is transferred and request all required documents (contract agreement, SPD/Plan document, administrative manuals, and performance agreements) prior to the effective date.

We will work closely with you to easily manage and support the Open Enrollment process. Our goal is to have Open Enrollment completed as early as you see fit. Typically, this is at least 60 days prior to the anniversary date. Discussions determine what communications will be needed in support of the Open Enrollment process, including the content and the medium (i.e., online, passive enrollment, enrollment meetings, webinars, train-the-trainer content).

After Open Enrollment is complete, we will work with you and your vendors to assure any changes made are implemented smoothly, timely and without interruption to the members.

#### **STEP 7 – POST OPEN ENROLLMENT**

A complete review of plan documents and contracts is performed to ensure the details of the renewal are accurately reflected in legal documents.



## 4) STRATEGIC PLANNING & VENDOR SELECTION

### a) Describe your firm's strategic planning process.

#### **Annual Planning – A Focus on MORE**

Anchored by our understanding of the District's culture, McGriff's MORE Insights establishes a baseline across four areas - Managing Costs, Operational Efficiency, Risk Mitigation, and Employee Experience - to show how a group is performing compared to peers.

#### Managing Costs

- Current Costs
- PBM Strategy
- Provider Steerage Strategy
- Network Strategy
- Benefit Design
- TPA Contracts/Fees

#### Risk Mitigation

- Regulatory Compliance
- Leave Management
- Population Health Risk
- HRA/Biometric Data
- Data Analytics
- Incentives
- Other Point Solutions
- Behavior Health
- Funding Arrangement
- Stop Loss Captives



#### Operational Efficiency

- Vendor Management
- Benefit Administration System Support
- Data Exchange with Vendor(s)
- Billing Reconciliation/Automated
- Employee Call Center Support
- Leave Management

#### Employee Experience

- Defined Client Experience
- Communication/Education
- Employee Health Management
- Defined Well Being Program
- Benefits Enrollment
- Overall Value Perception

With an emphasis on the District's culture, union groups, and leadership/administrative alignment of your employee benefits strategy, McGriff MORE Insights provides awareness and opportunity to impact four key areas of your benefits program:

- Managing Costs
- Operational Efficiency
- Risk Mitigation
- Employee Experience

#### **How is the District health plan performing?**

Are the initiatives you have in place today to drive better healthcare behavior having a meaningful impact?

#### **Where should the District aim?**

Will a conservative, moderate or aggressive strategy drive optimal plan performance over a specified time period?

#### **What's the value in getting there?**

What is the financial impact of having optimal plan performance?

McGriff MORE Insights is our proprietary methodology designed to create best practice metrics that quantify benefit plan performance and help us develop a best in-class benefits program tailored to your goals and objectives. The output from our MORE Insights work will result in a 2 to 3 year strategic vision that is 100% in alignment with your goals.

**Bottom line:** we don't skip the important steps in understanding what is meaningful to the District before we craft a strategy and recommendations. We take the time to get to know you, we connect frequently (recommending standing weekly or biweekly calls/meetings), and we proactively and continuously review your plan and its alignment with your stated goals and stakeholders.

**b) Describe your company's services to assist the District with health insurance benefits benchmarking and competitive analysis?**

Providing great benchmarking data allows our clients to evaluate their current benefits and make appropriate changes that could help them attract and retain the best people, find cost savings and stay ahead of competition. McGriff Insurance will advise you of local and national benefits trends, innovative ideas and recommend new products, designs, programs and services. We will present benchmarks, industry standards, and best practices across the comparative norms that matter most to the District (e.g., Public Entity, 100-499 employees, geographical, etc.). Providing insurance trends and market information is part of the standard strategic planning process with our clients. Additionally, McGriff Insurance will track the financial stability of the carriers and will provide ongoing updates as appropriate.

McGriff produces our own proprietary benchmarking reports. Our 2024 benchmarking report contains cost, plan design, contribution, and benefit offering data for over 2,840 organizations nationally (135 Public Entities). We have developed a benchmarking tool which allows us to easily drill down on any geographic area, industry, size, and vendor to provide more relevant competitive information.

Additionally, we have access to external benchmarking survey data that we will utilize when necessary to empower the District with sufficient market knowledge to make informed benefits decisions. We rely on national publications such as McGriff's annual survey publications Milliman's 46 million member database, PWC, Kaiser Family Foundation, Mercer, and utilize our first-hand involvement with national task forces that develop guidance regarding industry norms. McGriff also has a repository of benchmark data for its book of business available on a national, industry, size, location and vendor drill down level.

McGriff goes beyond utilizing carrier claims and utilization reporting. Typically, these reports are limited in nature, so in addition, we leverage our McGriff Analytics tools that utilizes the District claims data and provide insights on clinical costs and utilization compared to demographically- and plan design-adjusted benchmarks. These tools and insights will help the District target more informed decisions and strategies for managing cost and overall employee population health risk.

For self-insured clients such as such as the District, our reporting shows rolling year trends and includes benchmarks within our book of business as well as within the 46 million members in our data warehouse partner's database. Using our data warehouse allows us to integrate information and claims from a variety of services, including the carriers.

**c) How will you assist the District with the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals?**

Annually, we will market the District's stop loss for your 7/1 renewal. You can expect an initial stop loss indication / projection in January. McGriff currently manages \$500+ million Stop Loss premium and represent 30+ stop loss carriers which provides the scale and experience to ensure you achieve the optimal stop loss result (no new lasers, renewal rate caps, lowest premium & spec/agg deductibles, most comprehensive contract). We will provide guidance on the market, the ideal specific deductible level given your claims experience, and also show you how you can turn your stop loss premium from a pure expense into an asset on the district's reserve funds.

#### **d) Provide an overview of your approach to union negotiation assistance.**

The proposed McGriff Team has experience working with public entity clients that have employees covered through Collective Bargaining Agreements (CBAs). Understanding the complexity of these arrangements, we are experienced in dissecting the agreement language to guide us during renewal negotiations as well as helping to develop a strategy that meets client needs while maintaining adherence to the in-force agreements.

McGriff will work with the District's stakeholders in all aspects of supporting the multiple CBA's. Based on our analysis and benchmarking, McGriff will assist in developing and implementing strategies to consolidate plans (when applicable) and assist labor negotiators by providing bargaining options with the associated financial impact to leverage during negotiations. McGriff provides additional support including our presence at negotiations and delivering options provided by our in-house compliance team.

Additionally, McGriff licenses the Claros Analytics, a cutting-edge actuarial software for pricing and analysis of risk in health care plans and health care systems. We use the Claros analytics system for plan modeling, cost projections, budget development. The Claros system allows us to:

- Value multiple plan changes (plan design, provider network, demographics and stop loss levels)
- Produce quick answers and sophisticated analysis
- Provides details on drivers of change
- Determine the impact of plan and population changes
- Simulations: see the impact of adding aggregating specific corridors or health savings accounts to a plan

Our underwriting / actuarial teams will utilize the Claros Analytics tool to assist with union negotiations which will allow us to model plan design changes quickly and accurately. We will proactively develop a list of the most financial impactful plan design changes that also are the least disruptive to the District's employees. This will be developed leading up to the 2026 teacher's CBA negotiation.

#### **e) Describe the benchmarking data will you utilize during the strategic planning process.**

McGriff produces our own proprietary benchmarking reports. Our 2024 benchmarking report contains cost, plan design, contribution, and benefit offering data for over 2,840 organizations nationally (135 Public Entities). We have developed a benchmarking tool which allows us to easily drill down on any geographic area, industry, size, and vendor to provide more relevant competitive information.

Additionally, we have access to external benchmarking survey data that we will utilize when necessary to empower the District with sufficient market knowledge to make informed benefits decisions. We rely on national publications such as McGriff's annual survey publications Milliman's 46 million member database, PWC, Kaiser Family Foundation, Mercer, and utilize our first-hand involvement with national task forces that develop guidance regarding industry norms. McGriff also has a repository of benchmark data for its book of business available on a national, industry, size, location and vendor drill down level.

McGriff goes beyond utilizing carrier claims and utilization reporting. Typically, these reports are limited in nature, so in addition, we leverage our McGriff Analytics tools that utilizes the District claims data and provide insights on clinical costs and utilization compared to demographically- and plan design-adjusted benchmarks. These tools and insights will help the District target more informed decisions and strategies for managing cost and overall employee population health risk.

For self-insured clients such as such as the District, our reporting shows rolling year trends and includes benchmarks within our book of business as well as within the 46 million members in our data warehouse partner's database. Using our data warehouse allows us to integrate information and claims from a variety of services, including the carriers.



## 5) DATA ANALYSIS

### a) Describe your company's ability to provide analytics on claims data. Specifically, how do you utilize claims data to identify costs drivers and make benefit plan des

Our Healthcare plan review approach uses data analytics alongside our benefits and health management expertise to advise our clients on the most appropriate opportunities to mitigate their own unique financial and health risks. Our platforms allow us to not only view the District's detailed medical and pharmacy claims spend, but also combines that data with data from other sources including but not limited to: Case Management, Disease Management, Health Assessment and Biometric Screening, Onsite Clinics.

Using the size of our book of business, we can help you answer specific questions you have about the trends in your population and also benchmark your cost and quality against national database and book of business norms.

- Customizable reporting to suit your needs
- Benchmark cost and quality against national and book-of business norms
- Stratify your population to detect high risk individuals and groups
- Shape your care management and wellness programs to your population's needs
- Track outcomes and evaluate the impact of those programs
- Answer specific questions you have about your cost and utilization trends in your population

We utilize our third-party claims analytics partners as our claims data warehouse. McGriff will work with you to determine which of our best-in-class analytics providers best suits your needs and take the steps to onboard your claims data quickly and effectively. Typically, the availability of historical data is driven by the medical and pharmacy TPAs, and we start with 24 to 36 months of history and build from there. Employers may have access to these sites with the proper HIPAA clearance and training. Reporting is typically updated monthly, and dashboard views can be customized to your needs to help with plan analysis and ensure that up to date reporting is at your fingertips.

Fundamental to our consultative process is the ability to review, evaluate and diagnose health plan components. At McGriff, a thorough understanding of your health benefit program is essential to our ability to manage your health plan costs. Claims experience, network discounts, efficiency of access, pharmaceutical costs, administrative costs, and underwriting are areas of concentration in the review of your programs. We provide reporting analysis to help us and help you manage your benefits in the most informed and proactive basis possible. McGriff will perform the following financial analyses and reporting for the District:

- Analyze monthly claims utilization, premium and enrollment reports (based on carrier reporting availability)
- Assimilate *monthly* all historical claims, premium and enrollment data and continuously update to track plan trends
- Review annual plan utilization with you *annually* to target potential plan design modifications and educational opportunities
- Compare plan results against normative benchmarking data
- Provide semi-annual renewal projections
- Alternative funding analysis
- Custom Reporting as needed

Nick Pearce will be the assigned actuary for the District and is a direct employee of the McGriff service team, as part of our National Actuarial and Data Insights Practice, and the lead on McGriff's Annual Employee Benefits Trends Survey.

Nick will provide the District reporting to address detailed group risk assessment, claims analysis, renewal projections, trend analysis, and plan design recommendations. Our actuarial services include:

- Review and establishment of self-funded IBNR reserve, including monthly IBNR analysis.
- Analysis of impact of cost changes and employee contribution strategies.
- Monthly review of financial performance against budgets and targets of self funded plans.
- Establishment of accrual/premium equivalent and COBRA rates for self-funded plans.
- Annual benefit plan audit and negotiation of all plans, costs, and fees.

At McGriff, we work with our clients to help design, implement, and manage their benefit programs holistically. We believe in “meaningful choice” for our clients. In other words, do the plan designs have varying levels of consumer value, and are they priced accordingly? We will work with the District to determine the optimal plan designs, and employee price tags, to determine what will meet your employee’s needs, and be financially viable for the District. We have in-house underwriters and actuaries as well as a pharmacy practice and utilize several analytical tools to identify cost drivers and viability of alternative plan designs.

## **b) What resources do you use to analyze medical and pharmacy claims?**

The McGriff financial analytics team uses an number of external resources to help analyze medical and pharmacy claims.

Cotiviti is the preferred data analytics partner of McGriff. The Cotiviti platform provides industry leading DxCG predictive science as a part of its Medical Intelligence platform. Once the claims data is loaded into the Cotiviti platform, the District can expect deep insights into cost, utilization, and clinical trends for your population. For a sample report please see **Appendix A: Health Plan Insights Report**

McGriff will utilize Claros to provide the District with sophisticated actuarial and underwriting modeling. The Claros platform allow the McGriff financial analytics team to run the below analyses based on a very large credible background database consisting of 10 million national commercial lives with more than \$100 billion in claims charges. The software develops claims curves that are tailored to reflect the District’s characteristics by size, demographics, industry, area, network pricing and medical & Rx plan design. This allows the McGriff financial analytics team to develop a manual assessment of expected claim level for the District as well as stop loss claims if applicable. We also use the data to feed a Monte Carlo simulation model, which then enables the financial analytics team to assess not just the expected result, but the likelihood of outcomes anywhere along the continuum of potential results.

- Actuarial Values and Claims decrements
- Self Funded Analysis
- Stop Loss Analysis (optimal Deductible and ASL simulation)
- Experience Projections
- Migration Analysis (for potential CBA negotiation)

## 6) FINANCIAL PROJECTIONS & UNDERWRITING

### a) Describe your approach to developing medical & pharmacy cost projections for self-insured groups?

McGriff utilizes our own proprietary medical and pharmacy claims projection. We integrate data from our external partners (Cotiviti and Claros) to make adjustments to trend, plan design changes, enrollment to ensure that the projection is as accurate as possible. Please see [Appendix B: Self-Funded Plan Projection](#) for sample projection.

### b) Do you provide in house actuarial services? If not, please provide external vendor partner and their capabilities.

Yes, Nick Pearce will be the assigned actuary for the District and is a direct employee of the McGriff service team, as part of our National Actuarial and Data Insights Practice, and the lead on McGriff's Annual Employee Benefits Trends Survey. Nick works closely with the District's core team of Chris Gleason & Jane Greiss.

### c) How will you help with the financial tracking and performance of the District's benefits program, including: monthly (or quarterly) supervision and/or preparation of claims activity reports from carriers; executive summary reports; underwriting analysis for annual renewals; annual financial projections for budgeting purposes; and alternative funding analyses?

We will leverage our Actuarial & Underwriting team to create current year and renewal projections with the goal of increasing budget accuracy and guiding renewal strategy. We will start our projection process in January 2025 for your July 1, 2025 renewal. This allows us to have 6 months of current plan year claims data which makes for a more accurate projection. We will use the financial projection process outlined in 6a) to create a baseline budget projection which will include Medical and Rx claims, administrative fees, Rx rebates, and stop loss premiums.

We will provide the District with a monthly Plan Performance Report to track the plans performance vs. the budget that was developed through our projection process. Please see sample report in [Appendix C: Plan Performance Report](#)

McGriff Health Plan Insights is our proprietary reporting package developed using the data provided to us through the Cotiviti Medical Intelligence platform. This report can also be used to identify and reduce inefficiencies in the District's program to map out a plan to lower medical trend and improve outcomes. We will provide this report to the District on the quarterly basis or more often as needed. Please see sample report in [Appendix A: Health Plan Insights Report](#).

### d) Describe how you will help the District evaluate the costs of different plan designs as needed throughout the collective bargaining process?

McGriff licenses the Claros Analytics, a cutting-edge actuarial software for pricing and analysis of risk in health care plans and health care systems. We use the Claros analytics system for plan modeling, evaluating the optimal health plan funding model for clients (self-funding versus fully insured). The Claros system allows us to:

- Value multiple plan changes (plan design, provider network, demographics and stop loss levels)
- Produce quick answers and sophisticated analysis
- Provides details on drivers of change
- Determine the impact of plan and population changes
- Simulations: see the impact of adding aggregating specific corridors or health savings accounts to a plan

Our underwriting / actuarial teams will utilize the Claros Analytics tool to assist with union negotiations which will allow us to model plan design changes quickly and accurately. We will proactively develop a list of the most financial impactful plan design changes that also are the least disruptive to the District's employees. This will be developed leading up to the 2026 teacher's CBA negotiation. Additionally, the flexibility of the Claros platform will allow us to model out plan design changes and develop claims cost projections in real time which helps facilitate the bargaining process by quickly being able to respond to requests.

**e) What tools do you provide that will facilitate the union negotiation process?**

Our underwriting / actuarial teams will utilize the Claros Analytics tool to assist with union negotiations which will us to model plan design changes quickly and accurately. We will proactively develop a list of the most financial impactful plan design changes that also are the least disruptive to the District's employees. This will be developed leading up to the 2026 teacher's CBA negotiation.



## 7) BENEFIT ADMINISTRATION

### a) Describe your approach to supporting the District's benefit administration process?

McGriff will assist the district with all aspects of the benefit administration process. We dedicate an entire practice to benefits technology. This allows us to bring a wealth of benefits-specific knowledge and resources to the table. Not as an afterthought or add-on, but as a central component of your benefits strategy. We understand that the District currently utilizes Employee Navigator as your benefit admin technology partner. Our benefit administration team is experienced in working with employee navigator and can help optimize the platform to meet your onboarding, billing, and reporting needs.

### b) Does your firm have experience working with our benefit administration partners (Highmark, Express Scripts, United Concordia, Vision Benefits of America)? If so, please detail your familiarity working with our partners.

With billions in premiums, McGriff is equipped to leverage the best pricing and service from carriers and vendors for our clients. This sizable premium influence enables McGriff to offer preferred partner pricing along with our proven methodologies of improving employee health engagement and reducing claims. These preferred rates and proprietary programs are only available through McGriff and its affiliated agencies. Besides leveraging our size, we also ensure each client is aligned with the right carriers and vendors to achieve their overall goals.

Nationally, McGriff has sizable books of business with Blue Cross Blue Shield Plans (including Highmark, Capital Blue Cross, Independence Blue Cross), Cigna, CVS/Aetna, and United Healthcare and other national and regional TPAs. We maintain very large books of business with standalone pharmacy benefit managers including CVS/Caremark, Express Scripts, and OptumRx, as well as specialty carriers that focus on wasteful spending with prescription drugs (e.g., Capital Rx, Liviniti, SmithRx, TrueRx). We have strong relationships with ancillary carriers for life/AD&D, dental, vision, disability, and financial protection plans, including UCCI, Davis Vision, Lincoln Financial Group, Hartford, MetLife, Unum, Mutual of Omaha, Principal, Guardian, VSP, VBA, Prudential, EyeMed, Superior, Ameritas, Delta Dental, and many more.

#### Leadership and Innovation in Insurance Industry

Professional organizations to which McGriff belongs:

- National Association of Health Underwriters
- Council of Insurance Agents and Brokers
- Independent Insurance Association
- National Association of Insurance and Financial Advisors

#### Advisory Council membership with carriers

- |  |                     |            |
|--|---------------------|------------|
| • UnitedHealthCare   | • SunLife           | • MetLife  |
| • Blue Cross Blue Shield (Highmark, Capital Blue, Independence Blue Cross) | • Hartford          | • Optima   |
| • Anthem   | • UNUM              | • Ameritas |
| • Guardian   | • Cigna             | • CHUBB    |
|  | • CVS/Aetna         |            |
|  | • Kaiser Permanente |            |

We have a strong relationship with Highmark BCBS. Our total national book of business with Highmark consists of 186 clients with \$57.3 million in premium, and \$100 million+ in billed claims.



## 8) LEGISLATIVE COMPLIANCE SUPPORT

### a) Do you have an in-house benefits attorney?

Yes, McGriff has a team of 5 in house benefits attorneys. McGriff maintains a government affairs department and a regulatory team in Legal Services. We stay abreast of state law and regulations from trade associations, such as the Council of Insurance Agents and Brokers, the Independent Agents, the Financial Services Roundtable-Insurance Working Group, and participation in the National Association of Insurance Commissioners, which convenes three times a year and issues model laws and regulations via outside regional and national regulatory / legal counsel in our footprint states and nationally. Law firm and trade associations keep us abreast of state Department of Insurance regulations and bulletins. We also have contacts in every insurance department in whose state we do business.

Our senior insurance executives closely follow developments in their role on the boards of various organizations, such as the Council of Insurance Agents and Brokers (CIAB).

Our Insurance Market and Compliance Department is a member of various independent agency association state affiliate groups and receives newsletters and bulletins on developments.

### b) Describe how your firm will help the District stay current with federal and state benefits related regulations?

We have a dedicated Employee Benefits Compliance Team that keeps our offices aware of and educated about legislative changes and issues impacting our clients. In addition, we have a dedicated health care reform group that provides awareness about and education on the myriad of health care reform regulations. Our compliance resources track and report on federal and state legislative activity, highlighting important topics through:

- **Compliance Alerts:** published as needed to provide timely information, which our senior consultants review, interpret, and communicate to clients as appropriate.
- **Newsletters:** published weekly and monthly to communicate industry trends, corporate wellness information, and legislative and compliance updates. These updates not only provide a thorough review of the upcoming changes, but also detail out the steps you can take to address them in your organization.
- **Webinars and seminars:** provided to clients and staff with in-depth information on the laws, regulations, and topics affecting employee benefits.
- **McGriff Compliance Calendar:** customized compliance calendar that is updated continuously as new regulations take effect.
- **Mineral:** provided to clients and staff which contains formal publications to support an endless number of compliance and regulatory issues. Publications include but are not limited to benefits & wellness, HR, safety, and risk management.

### c) What type of tools / services do you provide to help keep the District's plans compliant with federal regulations and the ACA?

We have a dedicated Employee Benefits Compliance Team that keeps our consultants and clients educated about legislative changes and issues impacting the health care industry. Our compliance resources track and report on all federal and state legislative activity. We provide an in-depth compliance review and chronological calendar of compliance reporting and disclosure requirements for all of our clients. We meet "one-on-one" to determine what areas of both ACA-related compliance as well as general welfare benefit plan compliance need to be addressed. Once we determine those issues, we will work with our compliance services team to correct/update each area of concern. If there are any issues we cannot correct internally, we will recommend other options. In addition to the compliance review, we provide a comprehensive suite of ERISA and employee benefit compliance services. Administrative services include: Wrap Plan Documents / SPD creation and review, Section 125 plan documents, 5500 completion and filing support, required benefit plan notices, HIPAA toolkit, and COBRA administration services at no additional cost.

## 9) ANNUAL ENROLLMENT & COMMUNICATIONS SUPPORT

### a) Describe your approach to developing a comprehensive benefits communication strategy.

The ultimate objective of our strategic communication services, process and materials is to achieve a competitive advantage for your benefit program, designed around a theme or philosophy employees understand and identify with, while also educating employees on important considerations when choosing their employee benefits.

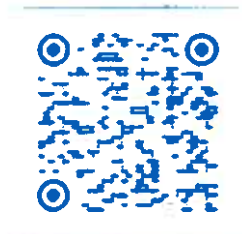
Branding your benefit program with an annual communication plan tailored to your employee population can include the following components:

- Branded benefits guide
- Universal enrollment form
- Posters, postcards and newsletters
- PowerPoint presentation for employee meetings
- Employee benefits portal/online enrollment
- Ongoing communications
- Wellness newsletters

### b) Will you assist in developing annual open enrollment and new hire materials? If so, please provide a general description of your capabilities. Please provide a sample of employee communication materials that you have distributed to other clients.

Yes, our internal communications team, which is comprised of graphic designers, communication strategy consultants, project managers, digital/social media specialists will work with the District to create a customized communication strategy and deliverables that will help build awareness, educate employees and drive engagement. We will help you map out the ideal communication mediums for your population and, utilizing your external branding guidelines, create deliverables that will help engage the Districts' employees and families. One major trend we're seeing is the move to digital communications. You can view a sample digital benefit guide by scanning the QR code below.

Additionally, please see sample communications in [Appendix D Communications](#)





## 10) MEMBER SUPPORT

### a) Do you provide member support and guidance capabilities?

Yes, McGriff partners with a leading advocacy platform, Health Advocate, to help the District's members navigate the complicated healthcare system and guide them to the right care at the right time through personalized support and advanced technology.

### b) Describe the proposed member support services in detail:

McGriff partners with Health Advocate to provide the District's employees with a dedicated team of benefits experts, claim Specialist, nurses, and social workers who can help the District's employees & their families navigate the complex healthcare system. Health Advocate assigns a Personal Health Advocate (PHA) during the initial call to assist the member. A member can keep the PHA for entire situation and can ask for same PHA for future issues assuming the PHA has the subject matter expertise for the new case.

- Nurses /Medical director for clinical calls
- Benefits experts for benefit issues (billing,
- Each member that engages with Health Advocate
- Works with many school districts: SEPAST (17 schools) & Lycoming County SD Consortium

Health Advocate's benefits and claims specialists work with insurance companies and providers to resolve the most complex and time-consuming administrative issues, saving members time and money and helping them stay focused and productive during their school day.

- Identify leading in-network doctors and other providers and make appointments
- Clarify coverage and answer benefits questions
- Research and resolve medical claims and medical billing issues
- Research ways to reduce prescription drug costs
- Facilitate the transfer of medical records

Health Advocate utilizes a state-of-the-art customized CRM system that captures a wide range of data to ensure seamless engagement and communication, so members can reach their best possible health. This allows Health Advocates to see benefit details, recent interactions, health spotlights, and open cases, tasks and status.

### i) Describe your customer service plan.

At the start of our relationship and at the start of the plan year, each year thereafter, we sit down with your team to review, adapt and adopt an annual work plan that identifies key activities, actions and events throughout the year. This helps ensure the best alignment possible. Please see [Appendix E: Sample Employee Benefits Work Plan](#). We will customize a sample work plan based on our discussions during our discovery meeting and throughout the year. This allows us to clearly outline each project / task, when it is due and who is responsible.

### ii) Highlight hours/availability, staffing, HIPAA compliance and response time to inquiries.

Personal Health Advocates are available Monday – Friday from 8:00 am – 10:00 pm EST. Health Advocate is fully comply with the federal Health Insurance Portability and Accountability Act (HIPAA). All health information is kept strictly confidential. Health Advocate utilizes a Medical Authorization Form which allows Health Advocates to interact with doctors, other providers, and insurance companies on District's member's behalf.

### iii) What is a typical resolution timeline to inquiries made by a plan member?

Health Advocate's average speed to answer in 2023 has been less than 40 seconds. Health Advocate doesn't guarantee a problem resolution time as they need to interact with the members provider and / or insurance company; however, they do let the member know when they can expect to learn updates from Health Advocate while they are working towards a resolution.

#### **iv) Outline the communication modes (digital & telephone) available and hours of availability.**

Health Advocate provides multiple communication modes (Phone, Mobile App, Website) which allows members to engage via their preferred method. Personal Health Advocates are available via phone Monday through Friday (8 am – 10 pm EST) which allows employees to access assistance after their school day ends.

Digital engagement: Our website and app offers members multiple ways to learn about and access their Health Advocate services.

- Personal member dashboard
- Connect with a Personal Health Advocate through live chat, one-touch calling, web message or email
- View cases in real-time
- Upload forms and documents
- Weekly email alerts
- Mobile push communications

# 11) WELLNESS PROGRAM & SUPPORT

## a) Describe your approach to helping the district develop a meaningful employee wellness program.

We consider wellness consulting part of our core services. Integrated wellness solutions, strategies, and technologies help clients manage financial risk by inspiring employees to increase healthy activities that result in improved medical care outcomes. Prior to implementing a formal wellness program, we would first leverage the insurance carrier's wellness program and wellness dollars that are often built into the medical benefit plan, then we would develop long-term strategic initiatives to help the employees learn to lead healthier lifestyles through eating and physical activity. Our goals would be to:

- Increase employee productivity and reduce absenteeism
- Motivate employees to be consumers, rather than just users of healthcare
- Reduce medical claims cost by improving the health of your employees and their families
- Engage employees in identifying their health risks and encourage them to lead healthier lives

Our team has experience in partnering with clients to develop and implement a successful wellness strategy personalized to meet each client's specific culture and goals. We work with outside vendors negotiating, coordinating and planning all kinds of wellness events for clients. Examples of wellness initiatives are shown below:

- Wellness related e-mails and brochures on specific topics
- Information on fitness programs
- Health risk assessments
- Coordinate Health Events / Fairs for education with health risk assessments and biometric screenings
- Consider contribution incentives for certain behaviors associated with wellness
- Contribution based incentives for participating in company's wellness program
- Challenge campaigns (i.e. walking and other forms of exercise)
- Diabetes Training, nutritional classes, and stress management classes
- Offering healthy alternatives in company vending machines

Helping employees achieve healthy lifestyles is a challenge that cannot be achieved through short-term efforts or programs but the return on investment long-term can be significant.

## b) What unique services do you provide that can assist with advancing the wellness of the District's employees and their families?

McGriff's is completely vendor agnostic and will help the District implement the most effective wellness service that aligns with the wellness strategy; however, McGriff does have a unique wellness platform, Peak Health, that may be a good fit for the District.

Peak Health drives real behavior change and improved health outcomes by underpinning the program with nurses, the most trusted professionals in the country according to Gallup. Peak Health's nurses perform risk assessments, coach participants on how to engage in healthier behaviors, serve as gatekeepers for wellness incentives, and guide participants toward the wellness and well-being pathways available through your benefits programs.

Please see [Appendix F: Peak Health Case Study](#) which outlines how McGriff assisted a large client build and implement Peak Health as their wellbeing program. Peak Health's engagement model significantly reduced risk factors within the client's member population and led to meaningful long term cost savings.





## 12) REFERENCES

**a) Provide a list of public entity clients including the types of public entity, services performed and the length of service with each client.**

Chris Gleason has experience working with public school districts across Pennsylvania. During his time at Gallagher, he was the senior consultant for Dallas Area School District and Lake Lehman School District. He also acted as senior consultant to several school districts in Greater Philadelphia 5 county area. We would be happy to share a list of public schools we work with outside Pennsylvania at the District's request.

The McGriff team does have experience working with two large counties in Pennsylvania, the counties of Berks & Lehigh.

### **County of Berks**

Length of Service: client since 2015

### **County of Lehigh**

Length of Services: client since 2007

### **Services Provided to both Counties:**

- **Strategic Planning**
- **Renewal Vendor marketing & Vendor Management**
- **Day to day service support**
- **Financial Projections**
- **Data Analytics**
- **Union Negotiation Support**
- **Compliance Support**
- **Pharmacy Consulting**
- **Communications**
- **Well-being Consulting**

**b) Provide contact information for each client including telephone and email address.**

### **Bob Patrizio**

CFO

County of Berks

RPatrizio@countyofberks.com

### **Ed Hozza**

Director of Administration

County of Lehigh

EdHozza@lehighcounty.org



## 13) FEES

### a) Provide an overview of your proposed annual fee / total compensation.

Based on the outlined scope of services in the RFP, we propose a fully fixed annual compensation amount. We want to present our flexibility and transparency, and recognize organizations have varying preferences for how compensation is structured. In either option, we commit to the proposed pricing for three years.

**Fee Overview:** \$67,800 annual fee (flat fee for three years): All employer-paid lines of coverage will be placed net of commission (i.e., 0%) or used to offset the fee.

Proposed Fees	Total
Year 1	\$67,800
Year 2	\$67,800
Year 3	\$67,800

**Includes core consulting services:** Strategic Consulting & Account Management, Plan & Vendor Management, Financial Management: Actuarial & Underwriting, Benchmarking, Clinical Analytics & Health Management Advisory, HR Advisory, Pharmacy Benefits Advisory, Compliance Consulting, ERISA Services (Plan Documents, 5500 preparation, Non-Discrimination Testing), Benefits Technology Advisory

**Includes Data Warehouse & Analytics platform and Health Advocate Core Advocacy**

### b) Describe in detail your proposed form of compensation (e.g., commission, commissions & fee, fee only).

We are proposing a flat fee arrangement. We can support preferences for commission-based and/or fixed fees on a per employee per month basis or on a flat annual total basis.

### c) Does your firm accept carrier supplemental/ contingent compensation?

At the foundation of our core values, integrity is the guiding principle of everything we do. As such, we believe in full disclosure of compensation. These terms would be outlined in our formal consulting agreement as well as reported per guidelines of applicable regulations.

Please be aware that we may receive additional income from the following sources:

- Expense Allowances or Reimbursements from insurance companies and other vendors for (a) educational and professional development programs; (b) managing and administering certain binding authorities and other similar facilities, including claims which may arise; and (c) attendance at insurance company meetings and events; all of which we believe enable us to provide competitive terms and more efficient service and competitive terms to those clients for whom we consider the use of such facilities appropriate.
- Tier II Commission, Incentives, and Bonuses (sometimes referred to as "supplemental compensation") are related to the placement of employee benefits insurance and is based on premium volume of new business and/or premium retention

**d) Clearly outline any proposed services that would incur additional costs outside of your proposed fee and provide detail on the associated costs.**

Incident-based fees would be an additional responsibility for the District for services that require the use of an outsourced resource. Examples of these types of services are:

- Printing and mailing communication materials
- Claims and Dependent audits. We have preferred partnerships with auditing firms, but would pass through the cost of these services to the District
- Legal representation
- External vendor partners

## 14) APPENDIX

a) Describe the form of professional liability or errors and omissions insurance carried by your company and the amount of coverage



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

5/24/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGriff Insurance Services 3322 West End Avenue, Suite 300 Nashville, TN 37203	<b>CONTACT NAME</b> Traci Malbois	
	<b>PHONE</b> 501 661 4973	<b>FAX (A/C No)</b>
<b>EMAIL ADDRESS</b> ce@licarequests@mcgriff.com	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSUREE</b> Trust Financia Corporation & Subsidiaries 301 College St Ste 208 Asheville NC 28801	<b>INSURER A</b> Hartford Fire Insurance Company	19682
	<b>INSURER B</b> National Union Fire Ins Co Pittsburgh PA	19445
	<b>INSURER C</b> Twin City Fire Insurance Company	29459
	<b>INSURER D</b> Hartford Accident and Indemnity Company	22357
	<b>INSURER E</b> Ohio Casualty Insurance Company	24074


COVERAGES CERTIFICATE NUMBER: 74528051 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE	TYPE OF INSURANCE	ADDL. SUBR. INSD. WORD	POLICY NUMBER	POLICY EFF. (MMDDYYYY)	POLICY EXP. (MMDDYYYY)	LIMITS
C	COMMERCIAL GENERAL LIABILITY		20CSS70004	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RELATED PREMISES (Insurance) \$ 1,000,000 DEATH (As one person) \$ 10,000 PERSONAL AND ADJUTORY \$ \$1,000,000 GENERAL AGENT FEES \$ \$ 2,000,000 PRODUCTS/COMPLIANCE \$ \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY		20CSE570003	5/1/2023	5/1/2024	UNLIMITED SOFTWEAR (As an agent) \$ \$ 2,000,000 SOCIAL INJURY (Per person) \$ SOCIAL INJURY (Per accident) \$ MEDICAL DAMAGE (Per accident)
B	UMBRELLA LIABILITY		34543583	5/1/2023	5/1/2024	\$ 15,000,000
E	EXCESS LIABILITY		ECO2460239798	5/1/2023	5/1/2024	\$ 15,000,000
D	WORKERS COMPENSATION		20WNS70000	5/1/2023	5/1/2024	PER STATUTE
C	EMPLOYERS LIABILITY		20WBS70001	5/1/2023	5/1/2024	BODILY INJURY \$ 1,000,000 SICKNESS/PAID \$ 1,000,000 SICKNESS/INCL. \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES (ACORD 101 Addition # Remarks Schedule, may be attached if more space is required)

(20)WNS70000 - Various Working Company Names within the Hartford Group apply based on the state of employment  
 (20)WBS70001 - Workers Compensation for W & N/A ONLY

<b>CERTIFICATE HOLDER</b>  FOR INFORMATION PURPOSES ONLY	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Amanda Campbell

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOG #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY McGriff Insurance Services		NAME INSURED Trust Financial Corporation & Subsidiaries 301 College St, Ste 208 Asheville NC 28801	
POLICY NUMBER		EFFECTIVE DATE	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability (03/16)

**HOLDER:** FOR INFORMATION PURPOSES ONLY

**ADDRESS:**

**ADDITIONAL INSURED & WAIVER OF SUBROGATION:** If your contract or lease requires additional insured wording or waiver of subrogation, the applicable policies above will honor that requirement, as long as the agreement is in place prior to a claim.  
**CERTIFICATES SHOULD BE OBTAINED BY ACCESSING THE FOLLOWING WEBSITE:** [www.mcgriff.com/cruiseoi](http://www.mcgriff.com/cruiseoi)  
**NOTE:** The website is case sensitive, so be sure to use all lower case letters when typing the web address.  
The above coverage is currently in force for the Trust Bank including all subsidiaries. Cancellation notice will be executed as per the policy terms and conditions. This certificate will be updated prior to policy renewal date and anytime there is a major material decrease in coverage.

ONLINE ONLY





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGill Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	<b>CONTACT NAME</b> PHONE (A/C, No, Ext) 404 497-XXXX FAX (A/C, No) E-MAIL ADDRESS
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A</b> XL Specialty Insurance Company NAIC # 37885 <b>INSURER B</b> US Specialty Insurance Company 29599 <b>INSURER C</b> ACE American Insurance Company 22667 <b>INSURER D</b> National Union Fire Insurance Company of Pittsburgh, PA 19445 <b>INSURER E</b> <b>INSURER F</b>
<b>INSURED</b> Trust Financial Corporation c/o McGill Insurance Services, LLC 301 College Street, Suite 208 Asheville, NC 28801	

COVERAGES CERTIFICATE NUMBER: GLXHNGAS REVISION NUMBER:

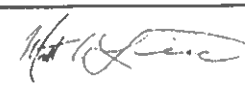
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					A. H.C. BODILY INJURY \$ MEDICAL EXPENSE \$ PRODUCTS (Ea Occurrence) \$ F. EMP Any one person \$ E. NA & AD. SUIRY \$ F. AL & GR. GATE \$ F. R. INTS. CO. (E&CPAGS) \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROTECTIVE DAMAGE (Per 3 months) \$
	UMBRELLA LIAB					LIMIT REFLECTED \$ AGGREGATE \$
	EXCESS LIAB					LIMIT REFLECTED \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					EL EA HEAD INJURY \$ EL DL ASE - CA... \$ EL DL ASE - POI... \$
A	FI Bond Liability (Includes Cyber)		ELU194198 23	12/06/2023	12/06/2024	FI Bond \$ 15,000,000
B	Excess FI Bond Liability		14 MGU 23-A57765			\$15,000,000 Excess of \$ 15,000,000
C	Excess FI Bond Liability		DOX G46884930 005			\$15,000,000 Excess of \$ 30,000,000
D	Excess FI Bond Liability		01 771 68-37			\$15,000,000 Excess of \$ 45,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess FI Bond Liability (continued) - Effective 12/6/23 - 12/6/24

- \* Berkshire Hathaway Specialty Insurance Company (NAIC# 22276) (Quota Share Lead) - (Policy # 47-EPF 309562-06) - Limit - \$15,000,000 in excess of \$60,000,000
- \* Allied World Assurance Company Ltd (NAIC# 19489) - (Policy # C057900005) - Limit - \$15,000,000 in excess of \$75,000,000
- \* National Casualty Company (NAIC# 11991) Quota Share - (Policy # XJO2303807) - Limit - \$15,000,000 in excess of \$90,000,000
- \* Continental Casualty Company (NAIC# 20443) (Policy # 652171111) - Limit - \$10,000,000 in excess of \$105,000,000
- \* Market American Insurance Company (NAIC# 28932) (Quota Share) (Policy # M4LM7PL0002506) - Limit - \$10,000,000 in excess of \$115,000,000
- \* OBE Insurance Corporation (NAIC# 39217) (Quota Share) (Policy # 130001850) - Limit - \$10,000,000 in excess of \$125,000,000
- \* Texas Insurance Company a non admitted insurance company (NAIC# 16543) (Quota Share) - Policy # BFCLYETNC01130002190601 - Limit - \$5,000,000 part of (continued next page)

<b>CERTIFICATE HOLDER</b>  For information only	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

PRODUCER McGriff Insurance Services LLC		INSURED Trust Financial Corporation c/o McGriff Insurance Services LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 12.06.2023	

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

(continued from previous page)

- \* \$10,000,000 in excess of \$135,000,000
  - \* New York Marine and General Insurance Company (NAIC# 1558) (Quota Share) (Policy #: 12023-04333)
  - \* \$5,000,000 part of \$10,000,000 in excess of \$135,000,000
  - \* National Casualty Company (NAIC# 11991) (Quota Share) (Policy #: XJO2308A\*6) - Limit \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Vantage Risk Assurance Company (NAIC# 32077) (Quota Share) (Policy #: 744PL000000002) - Limit - 55,000,000 part of \$100,000,000 in excess of \$145,000,000
  - \* Fidelity Deposit Company of Maryland (NAIC# 39306) (Quota Share) (Policy #: MB 1885478 04) - Limit \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Endurance Risk Solutions Assurance Co. (NAIC# 43630) (Quota Share) (Policy #: FIXJ0001371804) - Limit \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* National Union Fire Insurance Company (NAIC# 19445) (Quota Share) (Policy #: 01-771-68 35) - Limit - 55,000,000 part of \$100,000,000 in excess of \$145,000,000
  - \* Westfield Specialty Insurance Company (NAIC# 26992) (Quota Share) (Policy #: XCE-00001MC-02) - Limit - \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Liberty Mutual Insurance Company (NAIC# 23035) (Quota Share) (Policy #: FINYABND3N005) - Limit - \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Allianz Global Risks US Insurance Company (NAIC# 35300) (Quota Share Lead) (Policy #: USF00604 23) - Limit - \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* General Security National Insurance Company (NAIC# 35320) (Quota Share) (Policy #: FA0095879-2023-1) - Limit - 55,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Twin City Fire Insurance Company (NAIC# 29459) (Quota Share) (Policy #: 2 MB 0298207-23) - Limit -55,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Atlantic Specialty Insurance Company (NAIC# 2719) (Quota Share) (Policy #: FIN-000483-0003) - Limit -55,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Berkshire Hathaway Specialty Insurance Company (NAIC# 22276) (Quota Share) (Policy #: 47-EPP 109563-04) - Limit \$5,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Accot Insurance Company (NAIC# 23752) (Quota Share) (Policy #: FIX52310000100-04) - Limit \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
  - \* Midvale Indemnity Company (NAIC# 27130) (Policy #: BFX 145722024-02) - Limit - \$10,000,000 part of \$105,000,000 in excess of \$145,000,000
- FI Bond Deductible is \$25,000,000  
FI Bond includes Cyber Liability.
- Bankers Professional Liability and Employment Practices Liability - Effective 12/6/23 12/6/24
  - \*XL Specialty Insurance Co. (NAIC# 37835) - (Policy #: BLU194142 23) - Limit- \$15,000,000
  - \*U.S. Specialty Insurance Co. (NAIC# 29599) - Policy #: 14-MGU-23-A57751) - Limit- \$15,000,000 in excess of \$15,000,000
  - \*ACE American Insurance Co. (NAIC# 22657) (Policy #: DOX G46984899 005) - Limit- \$15,000,000 in excess of \$30,000,000
  - \*Berkshire Hathaway Specialty Insurance Co. (NAIC# 22276) - Policy #: 47-EPP-109560-0 - Limit- \$15,000,000 in excess of \$45,000,000
  - \*National Union Fire Insurance Company of Pittsburgh, Pa. (NAIC# 19445) - (Policy #: 01-760-18-74) - Limit- \$15,000,000 in excess of \$60,000,000
  - \*Markel American Insurance Co. (NAIC# 28912) - (Policy #: MYLM6EL0010427) - Limit- \$15,000,000 in excess of \$75,000,000
  - \*Freedom Specialty Insurance Co. (Quota Share) (NAIC# 22239) (Policy #: XMF2309373) - Limit- \$10,000,000 part of \$15,000,000 in excess of \$90,000,000
  - \*Arch Insurance Co. (Quota Share) (NAIC# 11150) (Policy #: BLX100038-03) - Limit \$5,000,000 part of \$15,000,000 in excess of \$90,000,000
  - \*Continental Casualty Company (NAIC# 20443) - Policy #: 652171089) - Limit \$15,000,000 in excess of \$105,000,000
  - \*Allianz Global Risks US Insurance Company (NAIC# 35300) - Policy #: USF00604623) - Limit- \$10,000,000 in excess of \$120,000,000
  - \*Starr Indemnity & Liability Company (NAIC# 19318) (Policy #: 100-622167231) - Limit \$1,000,000 in excess of \$130,000,000
  - \*Berkley Insurance Company (Quota Share Lead) (NAIC# 3263) - Policy #: BPK02102328) - Limit- \$10,000,000 part of \$60,000,000 in excess of \$140,000,000
  - \*Argonaut Insurance Company (Quota Share) (NAIC# 19801) - (Policy #: MLX4244505-4) - Limit- \$10,000,000 part of \$60,000,000 in excess of \$140,000,000

AGENCY CUSTOMER ID: \_\_\_\_\_  
 LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

PRODUCER McGriff Insurance Services LLC		INSURED Trust Financial Corporation c/o McGriff Insurance Services, LLC	
POLICY NUMBER			
CARRIER		NAIC CODE	ISSUE DATE: 12/08/2023

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

(continued from previous page)

- \*Endurance Risk Solutions Assurance Co. (Quota Share) NAIC# 43630 - (Policy #: FIX300013 2504) - Limit- \$10,000,000 part of \$60,000,000 in excess of \$140,000,000
- \*Axis Insurance Company (Quota Share) NAIC# 37273 (Policy #: P 001 000227396 04) Limit- \$10,000,000 part of \$60,000,000 in excess of \$140,000,000
- \*RSUI Indemnity Company (Quota Share) NAIC# 22314 (Policy #: NHS708012) Limit- \$10,000,000 part of \$60,000,000 in excess of \$140,000,000
- \*Samsung Fire & Marine Insurance Company, Ltd (Quota Share) NAIC# 12831 - (Policy #: SGC 0331-04) - Limit \$5,000,000 part of \$60,000,000 in excess of \$140,000,000
- \*Freedom Specialty Insurance Co. (Quota Share) NAIC# 22209 (Policy #: XH52309 72) - Limit- \$5,000,000 part of \$60,000,000 in excess of \$140,000,000

FOR INFORMATION ONLY

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 4 of 4

<b>PRODUCER</b> McGriff Insurance Services, LLC		<b>INSURED</b> Trust Financial Corporation c/o McGriff Insurance Services, LLC	
<b>POLICY NUMBER</b>			
<b>CARRIER</b>		<b>NAIC CODE</b>	
<b>ISSUE DATE</b> 12/06/2023			

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

All subsidiaries of Trust Financial Corporation, including their subsidiaries, and their respective individually branded business divisions and successors in interest, are covered entities under the above policies. Sterling Capital Management, LLC is a subsidiary of Trust Financial Corporation.

Insurance Operations:

Trust Insurance Holdings, LLC

McGriff Insurance Services, LLC, including its subsidiaries, is a wholly owned subsidiary of Trust Insurance Holdings, LLC.

Kensington Vanguard National Land Services, LLC and (11) GRS Title Services, LLC, any of which may operate under the D/B/As of BridgeTrust Title Group and/or Kensington Vanguard National Title, and/or Commercial Title Group and/or Community Settlements, are wholly owned subsidiaries of McGriff Insurance Services, LLC. A complete list of title agencies including addresses attached, if required.

Crump Life Insurance Services, LLC, including its subsidiaries, is a wholly owned subsidiary of Trust Insurance Holdings, LLC. Crump Life Insurance Services, LLC, Tellus Brokerage, Connections, LLC and PJ Robb Variable, LLC are covered entities.

CRC Insurance Services, LLC including its subsidiaries, is a wholly owned subsidiary of Trust Insurance Holdings, LLC - Hanleigh Management, LLC; J.H. Blades & Co., LLC; Spangard Specialty Insurance Services, LLC (DBA Norman Spencer Agency, LLC); Venture Underwriters, LLC; Winfree, LLC; Aspen Managing General Agency, LLC; National Claims Services, LLC; Centerstone Insurance and Financial Services, LLC; Mather & Scrohl Administrative Services, LLC; A.G. Insurance Agencies, LLC; DKG Insurance & Financial Services, LLC; ASD Insurance and Financial Services, LLC; Forest Financial Insurance and Financial Services, LLC; Financial Liberty Group, LLC; Baylor Insurance Services.

AmFisc, LLC is a wholly owned subsidiary of Trust Insurance Holdings, LLC. All Kensington Insurance entities are subsidiaries of AmFisc, LLC.

ALL EMPLOYEES OF THE ENTITIES LISTED ABOVE ARE COVERED UNDER THE VARIOUS POLICIES LISTED WITHIN THIS CERTIFICATE.

ANY DIVISION OR SUBSIDIARY OF THE ENTITIES LISTED ABOVE ARE COVERED UNDER THE VARIOUS POLICIES LISTED WITHIN THIS CERTIFICATE, AS LONG AS THEY ARE AT LEAST 51% OWNED BY ONE OF THOSE LISTED.

FOR INFORMATION ONLY

**b) Please disclose any affiliation or potential with any insurance company, third party administrative agency or provider network.**

One of McGriff's business units, called McGriff Employee Benefits Solutions (MEBS), offers third-party administrative services, including Flex Account, COBRA, and Direct Bill administration. Beyond normal broker-carrier relationships, McGriff does not have any affiliation with other providers or TPAs.



**Appendix A: Health  
Plan Insights Report**



# Health Plan Insights



McGriff **MORE** Insights™

AWARENESS + INSIGHT = ACTION



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*This report and the information contained herein is proprietary and confidential and may not be disclosed without the express written consent of the health plan administrator and McGriff Insurance Services. Any disclosure without such consent is prohibited.*

*This document relies on information from external data sources such as carriers, third party administrators (TPAs), vendors and other third parties. The information contained herein has been validated against the applicable data source(s) and reviewed for appropriateness. McGriff Insurance Services is not liable for any discrepancies in information originating from the external data source(s).*



**Current Period: Claims Paid from July 1, 2021 through June 30, 2022**  
**Prior Period: Claims Paid from July 1, 2020 through June 30, 2021**

**Plan Paid**  
 Med + Rx | % Increase vs Prior  
**\$5,210,457** | **-21.0%**

**PEPM**  
 Med + Rx | % Increase vs Prior  
**\$764** | **-9.4%**

**Population Risk Factors**  
 Average Risk Index | Average CGI  
**1.32** | **1.83**

**Key Definitions**

**Norm** - The commercial norm database contains a selection of commercial at populations chosen as a representative cross-section of data by geography, age and gender. The annual medical databases include private sector health data from 350 payers and has more than 20 billion claims for over 46 million lives.

**Relative Risk Score (RRS)** - a measure of resource use - in total cost or count of outcomes events - relative to an average person. A relative risk score of 1.00 means that the person's risk burden (and predicted cost) is equal to the mean (average) in the benchmark. A individual with a RRS of 1.50 is predicted to spend 50% more in resources compared to the average person in the benchmark sample.

**Average CGI (Care Gap Index)**- a member is said to have a Care Gap when that individual is not compliant with quality measure. CGI is designed for point-in-time stratification of care compliance in a population.

Cost Summary	Prior	Current	% Change	Norm	% Diff
Medical Plan Paid	\$5,149,357	\$3,785,835	-26.5%	N/A	N/A
Pharmacy Plan Paid	\$1,443,788	\$1,424,621	1.3%	N/A	N/A
<b>Total Plan Paid</b>	<b>\$6,593,145</b>	<b>\$5,210,457</b>	<b>-21.0%</b>	<b>N/A</b>	<b>N/A</b>
Total % Employee Paid	16%	20%	22.9%	14%	N/A
Employee Months	7,822	6,823	-12.8%	N/A	N/A
Member Months	12,114	10,760	-11.2%	N/A	N/A
Medical Paid PEPM	\$658	\$555	-15.7%	\$715	-9.2%
Pharmacy Paid PEPM	\$185	\$209	13.1%	\$264	-21%
<b>Total PEPM</b>	<b>\$843</b>	<b>\$764</b>	<b>-9.4%</b>	<b>\$979</b>	<b>-22%</b>
Medical Paid PMPM	\$425	\$352	17.2%	\$402	-13%
Pharmacy Paid PMPM	\$119	\$132	11.1%	\$146	-10%
<b>Total PMPM</b>	<b>\$544</b>	<b>\$484</b>	<b>-11.0%</b>	<b>\$549</b>	<b>-12%</b>
Employee PMPM	\$661	\$493	-25.5%	N/A	N/A
Spouse PMPM	\$670	\$892	33.2%	N/A	N/A
Dependent PMPM	\$175	\$256	46.5%	N/A	N/A

Demographics Summary	Below Norm		Above Norm		% Diff
	Prior	Current	% Change	Norm	
<b>Current Members</b>	<b>933</b>	<b>851</b>	<b>-8.8%</b>	<b>N/A</b>	<b>N/A</b>
Employee	584	543	-7.0%	N/A	N/A
Spouse	111	109	-1.8%	N/A	N/A
Dependent	238	199	-16.4%	N/A	N/A
Average Member Age	41.3	41.7	0.8%	43.2	-3%
% Male	33%	34%	2.3%	29%	17%
% Female Ages 20-44	22%	21%	-5.5%	N/A	N/A
Average Contract Size	1.60	1.57	-1.9%	N/A	N/A
Average Relative Risk Score	1.39	1.32	-5.3%	N/A	N/A
Average Demographic Risk Score	1.22	1.23	1.2%	N/A	N/A
Average Care Gap Index	1.67	1.83	9.4%	N/A	N/A



Current Period: Claims Paid from July 1, 2021 through June 30, 2022  
 Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**Inpatient Admissions**

Days/1000 vs prior | Allowed/Admission

**-18%** | **\$30,786**

**ER Visits**

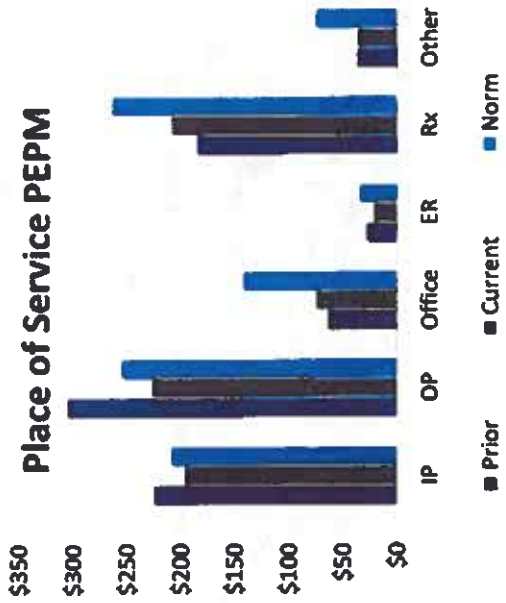
Visits/1,000 vs prior | Allowed per Visit

**-15%** | **\$1,749**

**Office visit Utilization**

Visits per 1000 vs Norm

**4,045** | **-12%**



Cost and Utilization	Prior	Current	% Change	Norm	% Diff
<b>Inpatient Admission</b>					
Inpatient Days (Per 1,000)	385	317	-18%	224	-11%
Total Admissions (Per 1,000)	65	50	-23%	53	-6%
Total Readmissions (Per 1,000)	3	0	-100%	N/A	N/A
Average Length of Stay	6	6	7%	4	50%
% Admits from ER Visits	64%	44%	-30%	52%	-5%
Total Allowed Per Admission	\$31,471	\$30,786	-2%	\$28,355	9%
<b>ER Visits</b>					
ER Visits (Per 1,000)	338	288	-15%	237	-11%
Outpatient ER Visits (Per 1,000)	287	262	-9%	206	-27%
Avoidable ER Visits (Per 1,000)	167	163	-3%	N/A	N/A
% Visits Resulting Admission	13%	9%	-37%	13%	33%
Avg Allowed Per Visit	\$2,120	\$1,749	18%	\$2,602	-33%
<b>Office Visits</b>					
Total Office Visits (Per 1,000)	3,713	4,045	9%	4,580	-12%
Preventative OV (Per 1,000)	560	534	-5%	598	11%
Behavioral Health OV (Per 1,000)	117	152	30%	404	-62%
UC Visits (Per 1,000)	158	212	35%	204	4%
Telehealth Visits (Per 1,000)	590	375	37%	N/A	N/A
<b>Pharmacy</b>					
Pharmacy Scripts (Per 1,000)	15,764	15,746	0%	13,576	16%
% Generic Drugs	86%	89%	3%	87%	2%
<b>Imaging Utilization</b>					
CT Scan	168	148	-12%	129	15%
MRI Scan	74	76	2%	82	-8%
<b>Other Utilization</b>					
Chiropractic Visits	247	234	-5%	406	42%
Physical Therapy	635	549	-14%	953	47%
Deliveries	6	10	69%	11	9%
Dialysis	3	2	-25%	2	5%

Below Norm

Above Norm

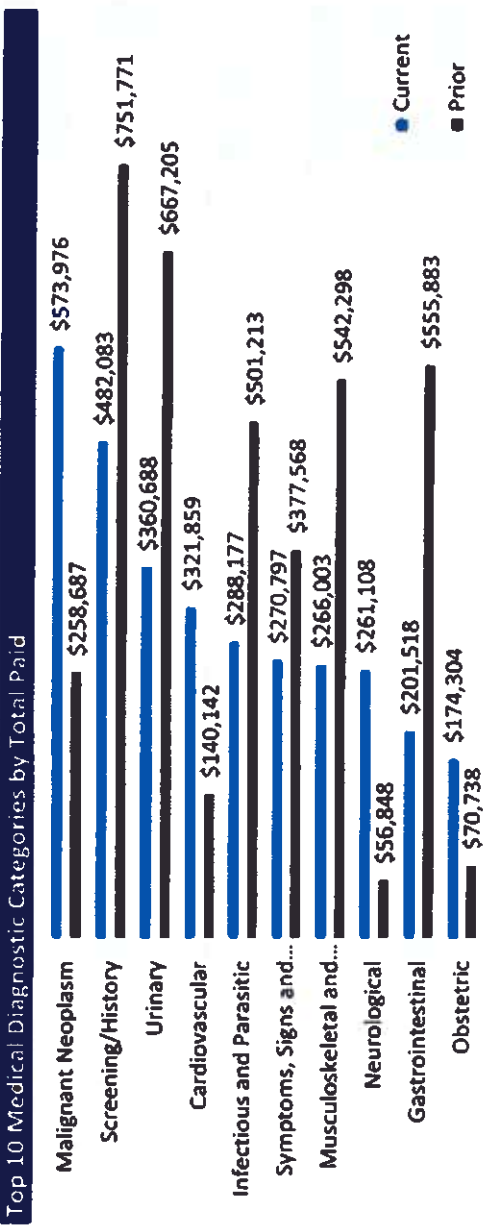
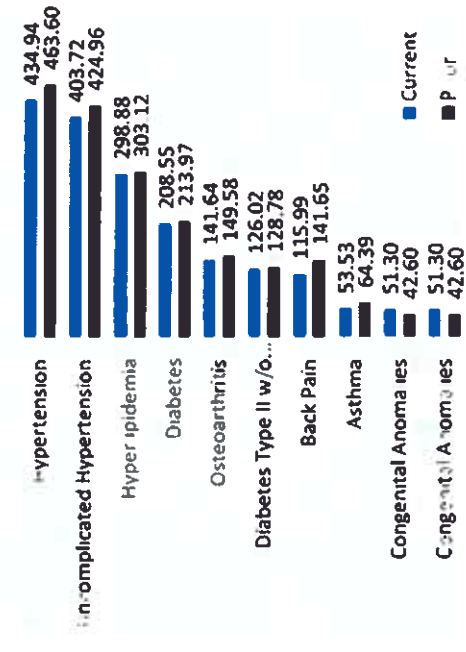
Current Period: Claims Paid from July 1, 2021 through June 30, 2022  
Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**-17%** Increase in Medical PMPM  
Change in Unit Pricing | Change in Utilization  
**-8%** | **-10%**

**Top Medical Diagnosis Category**  
Malignant Neoplasm  
Total Spine: **\$573,976** | % Increase from prior: **121.9%**

**Screening/History Breakdown**  
% Preventive: **61.7%** | % Cancer: **22.3%** | % Other: **16.0%**

Top Diseases by Prevalence - Members/1000



Top Condition Categories by Total Paid - Malignant Neoplasm

Condition	Climts	Paid	Prior Paid
Solid Tumors	22	\$558,393	\$214,261
Blood and Lymph Neoplasms	2	\$15,583	\$44,426
Top Condition Categories by Total Paid - Screening/History			
Other Screening and History	634	\$273,234	\$313,073
Post-Procedural Conditions	73	\$140,130	\$27,053
Chemical and Radiation Oncology	6	\$106,352	\$411,821
Top Condition Categories by Total Paid - Urinary			
Chronic Kidney Disease and Failure	14	\$280,318	\$531,056
Bladder and Other Urinary Conditions	31	\$50,037	\$110,417
Urinary System Infection	35	\$26,291	\$23,721
Urinary System Intervention and Complications	2	\$4,042	\$2,011
Eye Infection and Inflammation	1	\$0	\$272
Top Condition Categories by Total Paid - Cardiovascular			
Coronary Artery Disease	14	\$138,548	\$76,018
Congestive Heart Failure	13	\$83,705	-\$2,736

# ABC Company

Executive Summary - Chronic Condition and Medical Diagnosis

Reporting Month: June 2022



Current Period: Claims Paid from July 1, 2021 through June 30, 2022  
 Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**Most Prevalent Chronic Cond.**  
 Diabetes  
 PMPy: **\$15,208** | % of HCC with Cond.: **53%**

**Cost per Member - PMPY**  
 Overall: **\$5,811** | 1 Condition: **\$14,252** | 3+ Conditions: **\$21,272**

**Top 5 Chronic Conditions**  
 % of Total Dollars: **53%** | Total Spend: **\$2,768,383**

Quality and Risk Management Opportunities

Members	Compliance	Norm
Diabetes	55%	56%
Asthma	53%	54%
CAD/MI	70%	72%
CHF	68%	70%
COPD	53%	83%
Breast Cancer Scr.	48%	58%
Colon Cancer Scr.	27%	29%

Condition compliance - A measure of how many of the members with the applicable conditions are abiding by the standards of care defined by evidence based medicine protocols for the condition. The % compliance by condition is a composite calculation of all gaps in care for that particular condition.

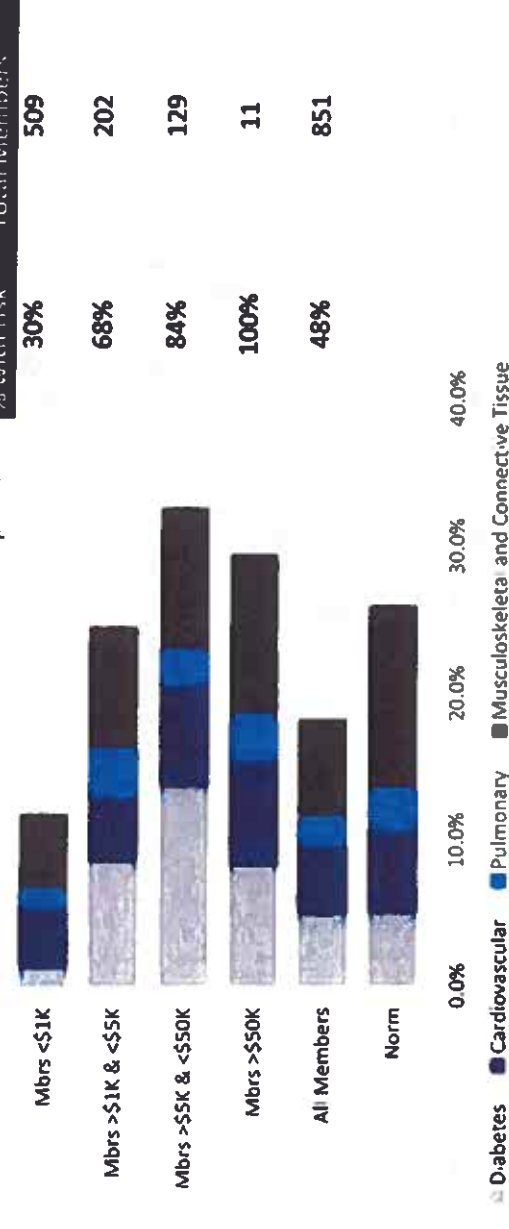
Chronic Condition Overview

Condition	Prevalence	% of pop	PMPY	Total Cost	% of Cost	# of HCC	% of HCC
Asthma	48	6%	\$12,417	\$456,322	9%	1	13%
CAD	29	3%	\$24,257	\$434,597	8%	2	12%
CHF	20	2%	\$14,395	\$245,918	5%	0	0%
COPD	41	5%	\$13,195	\$404,638	8%	1	4%
Diabetes	187	22%	\$15,208	\$2,064,437	40%	7	53%

Members w/Chronic Conditions

Relation	Diabetes	Cardio Disease	Chronic Cond.
Employee	17%	2%	19%
Spouse	15%	5%	18%
Dependent	2%	0%	5%

## Future Risk Drivers as a % of Predicted Spend



\*Only Active Members

Current Period: Claims Paid from July 1, 2021 through June 30, 2022

Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**High Cost Claimants**  
Cost per HCC  
Count: **14**  
Total: **\$145,471**

**HCC Demographics**  
Repeat HCCs: **22%**  
Employees: **57%**  
Average Age: **51**

**Predicted Future HCC**  
Total Members: **13**  
Expected Cost/Member: **\$104,050**

Current HCC Members	Prior	Current	Change
23	14	-39.1%	
Total Spend	\$3,129,299	\$2,036,595	-34.9%
Cost Per HCC	\$136,056	\$145,471	6.9%
Repeat HCC	N/A	5	N/A

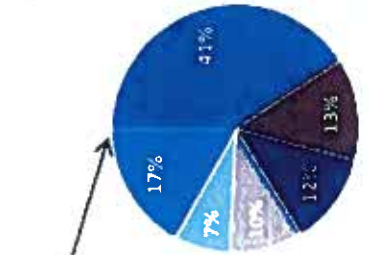
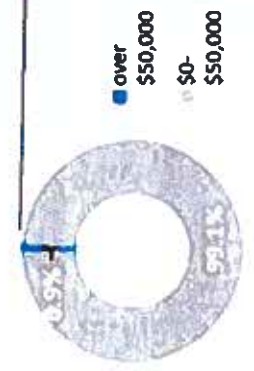
  

Predicted High Cost Claims	Count	Current	Predicted
Curr >\$50,000	7	\$179,272	\$118,878
Curr <\$50,000	6	\$29,479	\$86,750

**Predicted Costs** - Refers to allowed values and are a prediction of resource use in the next 12 month period across all sites of service expressed as a dollar amount. To calculate predicted costs a member's relative risk score is multiplied by the average expected expenditures for the population. Actual amounts paid by the plan will vary based on plan design and actual experience

High Cost Claimants >\$50,000 in Total Spend

% of High Cost Patients      % of Total Spend



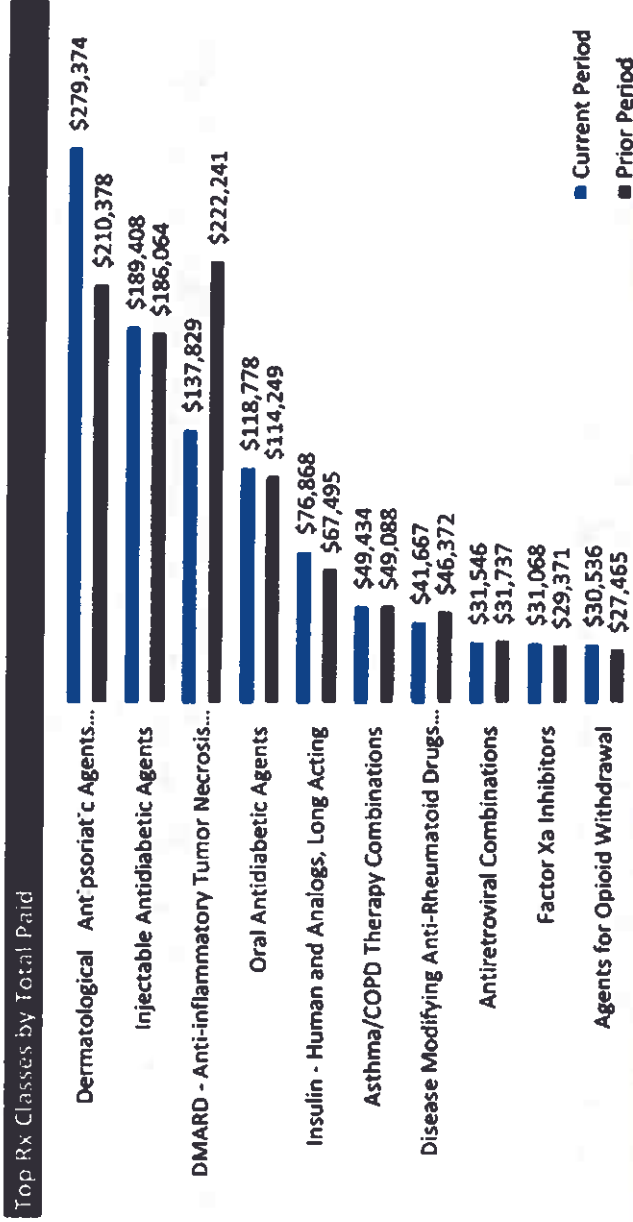
Top 10 Claimants									
Relation	Age	Status	Top Paid Diagnosis	RRS	Prior	Current	Predicted		
S	57	A	Upper GI Cancer	44	\$599	\$438,946	\$171,333		
D	19	A	Misc Cancers	20	\$0	\$394,705	\$188,393		
E	43	T	Renal Failure	24	\$459,174	\$270,413	N/A		
E	62	T	Movement Disorders	9	\$100,506	\$156,838	N/A		
E	54	A	Varicose Veins	5	\$3,925	\$141,785	\$149,473		
S	65	A	Myocardial Infarction	7	\$9,234	\$87,694	\$26,734		
E	51	A	Complicated Misc Symptoms	11	\$205,000	\$85,441	\$40,913		
S	47	A	Demyelinating Diseases	12	\$36,135	\$81,888	\$106,197		
E	56	A	Pancreatic Diseases	43	\$346,869	\$71,865	\$59,523		
E	61	A	Cancer Therapies	9	\$395	\$69,457	\$47,412		

Current Period: Claims Paid from July 1, 2021 through June 30, 2022  
Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**11%** Change in Rx PMPM  
Scripts per Member | Cost Per Script  
**0%** | **11%**

**Top Rx Drug Class**  
Total Spend | % Increase from prior  
**\$279,374** | **32.8%**

**Generic Drug Utilization**  
% Scripts | % Cost  
**89.1%** | **31.8%**



Top 10 Drug Classes by # of Scripts

Drug Class	Total Scripts		Scripts/1000		Total Paid		% Change
	Prior	Current	Prior	Current	Prior	Current	
Antidepressants	1,563	1,430	1548.29	1594.80	\$15,584	\$19,102	23%
Antihyperlipidemics	873	810	864.78	903.35	\$15,304	\$18,003	18%
Anticonvulsants	576	547	570.58	610.04	\$14,673	\$10,745	-27%
GI Acid Secretion Reducing Agents - Antisecretory Agents	550	497	544.82	554.28	\$7,196	\$6,880	-4%
Antihyperglycemic - Insulin Response Enhancers	512	481	507.18	536.43	\$1,239	\$1,253	1%
Vaccines - Viral	942	456	933.14	508.55	\$25,016	\$21,976	-12%
Antianxiety Agents	460	441	455.67	491.82	\$2,931	\$2,449	-16%
Thyroid Hormones and Combinations	459	424	454.68	472.86	\$1,170	\$1,355	16%
NSAID Analgesics (Cyclooxygenase Inhibitors-Non-Selective)	474	382	469.54	426.02	\$3,456	\$3,958	15%
Glucocorticoids and Combinations	329	341	325.90	380.30	\$779	\$1,139	46%

Current Period: Claims Paid from July 1, 2021 through June 30, 2022  
 Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**Total Rx Claims**

Prior	Current
\$1,443,788	\$1,424,621

**Rx Paid PEPM**

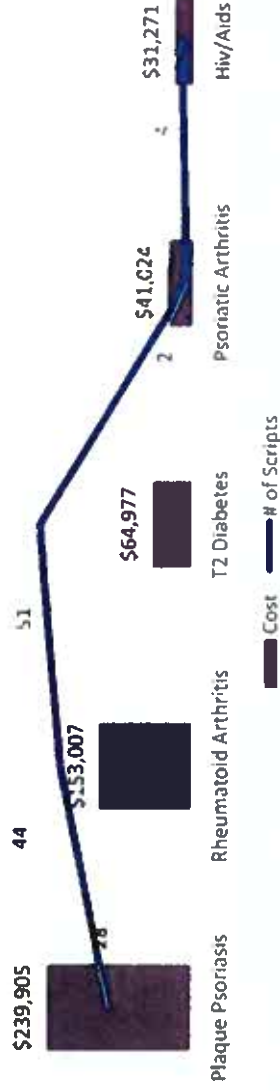
Prior	Current
\$184.58	\$208.80

**Specialty Rx as % of Total Pd**

Prior	Current
19%	17%

Specialty Drugs	Prior	Current
PBM Average Cost/Script	\$3,941	\$3,489
PBM Scripts Per 1000	172	219
Specialty PBM as % Tot Pd	10%	13%
Non-PBM PEPM	\$73	\$28
Non-PBM as % Tot Pd	9%	4%

Specialty Drugs are defined here as drugs that cost more than \$1,000 per script under the PBM. Non-PBM Drugs are those administered in an outpatient or office setting and paid through the medical plan benefit. Those with a "J-Code" are considered specialty medications.



Drug	Condition Treated	Rx Count	Cost per Script	Unique Mbrs
Stelara	Plaque Psoriasis	8	\$13,244	3
Humira(Cf) Pen	Rheumatoid Arthritis	21	\$4,529	5
Cosentyx (2 Syringes)	Plaque Psoriasis	13	\$5,310	1
Cosentyx Pen (2 Pens)	Psoriatic Arthritis	2	\$20,512	1
Actemra	Rheumatoid Arthritis	18	\$2,226	1
Biktarvy	Hiv/Aids	4	\$7,818	1
Skyrizi	Plaque Psoriasis	2	\$14,449	1
Ozempic	T2 Diabetes	28	\$1,027	15
Tresiba Flextouch U-200	T1 And T2 Diabetes	11	\$1,749	3
Creon	Exocrine Pancreatic Insuffi	8	\$2,309	2

**Top 5 Non-PBM Drugs (J-Codes)**

Procedure	Condition Treated	Total Paid	Unique Mbrs
Certolizumab Pegol Inj 1Mg	Crohn'S Disease	\$15,148	1
Injection, Immune Globulin, (Octagam), Intrav	Immunodeficiency	\$11,417	1
Injection, Tocilizumab, 1 Mg	Rheumatoid Arthritis	\$10,600	1
Injection, Aflibercept, 1 Mg	Amd	\$9,158	1
Injection, Epoetin Beta, 1 Microgram, (For Es	Cancer	\$7,835	2

Current Period: Claims Paid from July 1, 2021 through June 30, 2022

Prior Period: Claims Paid from July 1, 2020 through June 30, 2021

**Total Medical Cost - Psychiatric Claims**

Prior	Current
\$39,068	\$28,502

**Total Medical Cost - Substance Abuse**

Prior	Current
\$30,206	\$45,545

**Total Behavioral Rx Claims**

Prior	Current
\$106,505	\$102,203

**Preventive Statistics**

Depression - 46 Members	Count	% of Total
> 4 ER Visits	0	0.0%
No Office Visit last 12 Months	1	2.2%
No Preventive Visit last 12 Months	20	43.5%
<b>Substance Abuse/Pain Control - 30 Members</b>		
> 4 ER Visits	2	6.7%
No Office Visit last 12 Months	1	3.3%
No Preventive Visit last 12 Months	21	70.0%
<b>Overall Population - 897 Members</b>		
> 4 ER Visits	4	0.4%
No Office Visit last 12 Months	546	60.9%
No Preventive Visit last 12 Months	414	46.2%

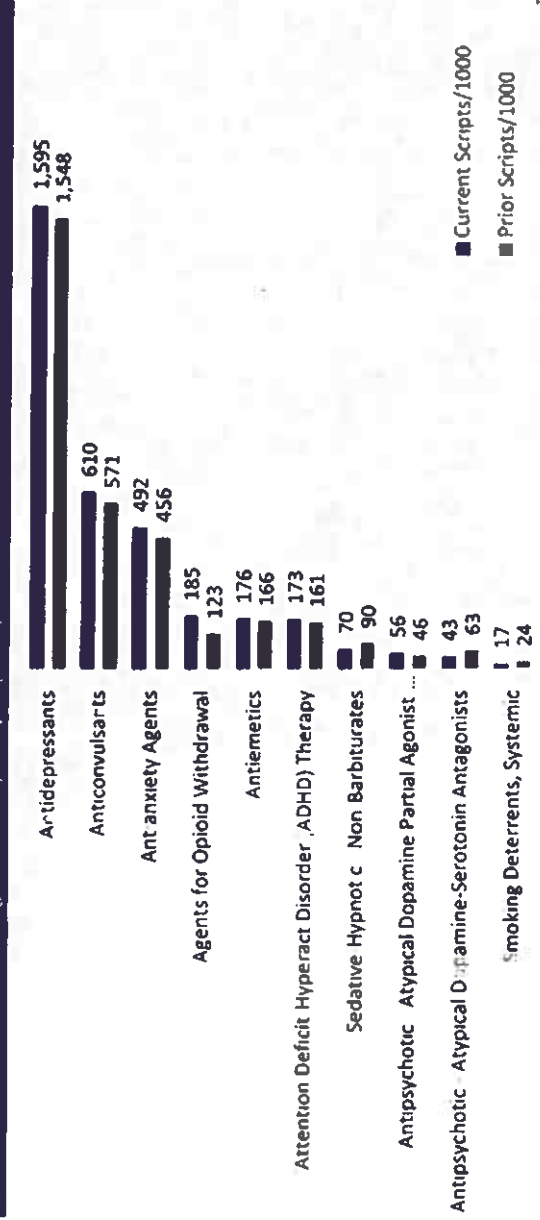
Condition	# of Mbrs	PNPPY	Avg Age	Admits /1000	ER /1000	Office /1000	Risk Score
Depression	46	\$8,996	46.5	47.2	283.3	7,341.2	1.9
Substance Abuse	30	\$18,516	55.2	91.7	916.7	7,486.1	3.4
Whole Population	897	\$5,811	41.7	50.2	287.7	4,045.0	1.4

**Behavioral Health Office Visits**

	Prior	Current	% Change	Norm	% Diff
Office Visits per 1,000	116.9	151.7	30%	404.2	-62%
Telehealth Visits per 1,000	113.9	124.9	10%	92.56	35%

**Overall Behavioral Health Utilization**

	Current Period	% of Population
Total Behavioral Health Utilizers	161	18%
New Utilizers last 6 months	66	7%
Average Visits Per Utilizer	1.5	





**Appendix B: Self-Funded Plan Projection**





## Sample Client

Health Pla

Projection Period: 1/1/2023 through 12/31/2023



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Rates and Benefits Exhibit   Self-Funded Plans Comparison	6



# Sample Client

Medical and Pharmacy Claims Projection

Projection Period: 1/1/2023 through 12/31/2023



## I - ENROLLMENT

Ending Enrollment Data as of:	9/30/2022
Number of Employees	1,241
Number of Members	2,571
Member to Employee Ratio	2.07

## II - MEDICAL (PROJECTED CLAIMS)

	2 Years Prior Period	1 Year Prior Period	Current Period
<b>Paid Claims Period</b>	<b>10/1/2019 - 9/30/2020</b>	<b>10/1/2020 - 9/30/2021</b>	<b>10/1/2021 - 9/30/2022</b>
Paid Medical Claims	\$10,952,705	\$8,521,964	\$11,450,342
(-) Reinsurance Recoveries	-\$237,371	-\$271,138	-\$2,037,149
(-) Subrogation Recoveries	-\$52,505	-\$136,113	-\$26,678
<b>(=) Net Paid Claims</b>	<b>\$10,662,829</b>	<b>\$8,114,713</b>	<b>\$9,386,515</b>
Annual Trend	6.50%	6.50%	6.50%
Trend Months	39	27	15
(x) Composite Trend Factor	1.235	1.157	1.084
<b>(=) Trended Claims</b>	<b>\$13,163,445</b>	<b>\$9,388,956</b>	<b>\$10,178,776</b>
(/) Total Enrollment	17,060	11,084	13,129
<b>(=) Trended Claims (PEPM)</b>	<b>\$771.60</b>	<b>\$847.07</b>	<b>\$775.29</b>

## III - PHARMACY (PROJECTED CLAIMS)

	10/1/2019 - 9/30/2020	10/1/2020 - 9/30/2021	10/1/2021 - 9/30/2022
<b>Paid Claims Period</b>	<b>10/1/2019 - 9/30/2020</b>	<b>10/1/2020 - 9/30/2021</b>	<b>10/1/2021 - 9/30/2022</b>
Paid Pharmacy Claims	\$4,033,114	\$3,427,933	\$3,854,502
(-) Pharmacy Rebates	-\$931,143	-\$379,641	-\$858,980
<b>(=) Net Paid Claims</b>	<b>\$3,101,971</b>	<b>\$3,048,293</b>	<b>\$2,995,523</b>
Annual Trend	4.00%	4.00%	4.00%
Trend Months	39	27	15
(x) Compound Trend Factor	1.139	1.094	1.051
<b>(=) Trended Claims</b>	<b>\$3,531,850</b>	<b>\$3,334,865</b>	<b>\$3,148,845</b>
(/) Total Enrollment	17,060	11,084	13,129
<b>(=) Trended Claims (PEPM)</b>	<b>\$207.03</b>	<b>\$300.87</b>	<b>\$239.84</b>

## IV - TOTAL (PROJECTED CLAIMS)

<b>Total Projected Claims</b>	<b>\$16,695,294.26</b>	<b>\$12,723,820.84</b>	<b>\$13,327,620.96</b>
<b>Total Projected Claims (PEPM)</b>	<b>\$978.62</b>	<b>\$1,147.94</b>	<b>\$1,015.13</b>

## V - PERIOD BLENDING

	10%	30%	60%
<b>Weighted Total Projected Claims (PEPM)</b>	<b>\$97.86</b>	<b>\$344.38</b>	<b>\$609.08</b>
<b>Weighted Total Projected Claims</b>	<b>\$1,457,364</b>	<b>\$5,128,558</b>	<b>\$9,070,375</b>
<b>Total Projected Subscribers</b>		<b>14,892</b>	
<b>Blended Total Projected Claims (PEPM)</b>		<b>\$1,051.32</b>	
<b>Blended Total Projected Claims</b>		<b>\$15,656,298</b>	

# Sample Client

Fixed Costs | Administration, Stop Loss and PPACA

Projection Period: 1/1/2023 through 12/31/2023



	Enrollment	Current	Renewal	Change
		1/1/2022 - 12/31/2022	1/1/2023 - 12/31/2023	
<b>I - ADMINISTRATION FEES (PEPM)</b>				
Medical Admin Fee (PEPM)		\$29.13	\$31.77	9.1%
Pharmacy Admin Fee (PEPM)		\$0.00	\$0.00	0.0%
COBRA Admin Fee (PEPM)		\$0.60	\$0.60	0.0%
Network Fee (PEPM)		\$12.00	\$12.00	0.0%
<b>Administration Fees Sub-Total</b>		<b>\$41.73</b>	<b>\$44.37</b>	<b>6.3%</b>
<b>Administration Fees Monthly Total</b>	<b>1,241</b>	<b>\$51,786.93</b>	<b>\$55,063.17</b>	<b>6.3%</b>
<b>II - STOP LOSS (PEPM)</b>				
Specific Reinsurance Cost		\$134.15	\$140.73	4.9%
Aggregate Reinsurance Premium		\$2.23	\$2.23	0.0%
<b>Stop Loss Sub-Total</b>		<b>\$136.38</b>	<b>\$142.96</b>	<b>4.8%</b>
<b>Stop Loss Monthly Total</b>	<b>1,241</b>	<b>\$169,241.97</b>	<b>\$177,407.41</b>	<b>4.8%</b>
<b>III - OTHER FEES (PEPM)</b>				
SBC/DM/CM/ (PEPM)		\$7.45	\$7.50	0.7%
Consulting Fee (PEPM)		\$2.50	\$2.50	0.0%
Other Fees (OON % Claims,Rx Fee/Claim, etc.)		\$0.00	\$0.00	0.0%
<b>Other Fees Sub-Total</b>		<b>\$9.95</b>	<b>\$10.00</b>	<b>0.5%</b>
<b>Other Fees Monthly Total</b>	<b>1,241</b>	<b>\$12,347.95</b>	<b>\$12,410.00</b>	<b>0.5%</b>
<b>IV - TOTAL MONTHLY FIXED COSTS</b>	<b>1,241</b>	<b>\$233,376.85</b>	<b>\$244,880.58</b>	<b>4.9%</b>
<b>V - TOTAL ANNUAL FIXED COSTS</b>		<b>\$2,800,522.20</b>	<b>\$2,938,566.96</b>	<b>4.9%</b>

# Sample Client

Renewal Rate Action



Projection Period: 1/1/2023 through 12/31/2023

Page 5

## I - ENROLLMENT

Ending Enrollment Data as of:	9/30/2022
Number of Employees	1,241
Number of Members	2,571
Member to Employee Ratio	2.07

### Blended Claims

## II - MEDICAL and PHARMACY (PROJECTED CLAIMS)

Paid Claims Period	10/1/2019 - 9/30/2022
Trended Medical Claims	\$11,860,812
Trended Pharmacy Claims	\$3,795,486
<b>Total Trended Claims*</b>	<b>\$15,656,298</b>
Projected Subscribers	14,892
<b>Total Projected Claims (PEPM)</b>	<b>\$1,051.32</b>

## III - FIXED COSTS

Medical Admin Fee (PEPM)	\$31.77
Pharmacy Admin Fee (PEPM)	\$0.00
COBRA Admin Fee (PEPM)	\$0.60
Network Fee (PEPM)	\$12.00
Specific Reinsurance Cost	\$140.73
Aggregate Reinsurance Premium	\$2.23
SBC/DM/CM/ (PEPM)	\$7.50
Consulting Fee (PEPM)	\$2.50
Other Fees (OON % Claims,Rx Fee/Claim, etc.)	\$0.00
<b>Total Fixed Costs (PEPM)</b>	<b>\$197.33</b>
<b>Total Fixed Costs</b>	<b>\$2,938,566.96</b>

## IV - RENEWAL RATE ACTION

Total Projected Plan Costs	\$18,594,865
Total Projected Plan Costs (PEPM)	\$1,248.65
Funding at Current Rates	\$17,705,076
Funding at Current Rates (PEPM)	\$1,188.90
<b>Final Renewal Rate Action</b>	<b>5.0%</b>

\* The Concurrent Model accounts for the reinsurance reimbursements as they become eligible based upon claim payments.

# Sample Client

Rates and Benefits Exhibit | Self-Funded Plans Comparison

Projection Period: 1/1/2023 through 12/31/2023



Carrier/TSP Plan Name	BCBSIA PPO		BCBSIA 2023 PPO Max GF	
	90.8%		88.3%	
Actuarial Value	Non-Grandfathered		Non-Grandfathered	
Grandfather Status	Non-Grandfathered		Non-Grandfathered	
Office Visit Copays	In	Out	In	Out
Primary Care Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Specialist Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Deductibles (In/Out)				
Single	\$250	\$250	\$350	\$350
Family	\$750	\$750	\$1,050	\$1,050
Coinurance (In/Out)				
Plan	80%	70%	80%	70%
Member	20%	30%	20%	30%
True Out of Pocket (TROOP)				
Single	\$1,000	\$1,500	\$1,850	\$2,350
Family	\$2,000	\$3,000	\$4,050	\$5,550
Other Benefits				
Incident	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins		Ded/Coins	
Pharmacy Benefits				
Deductible	\$250 Ind/\$750 Fam	N/A	\$350 Ind/\$1050 Fam	N/A
Out of Pocket Maximum	Combined w/ Medica	N/A	Combined w/ Medical	N/A
Part 1 (Generic)	Ded + 100% Coins	N/A	Ded + 100% Coins	N/A
Part 2 (Preferred Brand)	Ded + 80% Coins	N/A	Ded + 80% Coins	N/A
Part 3 (Non-Preferred Brand)	Ded + 80% Coins	N/A	Ded + 80% Coins	N/A
Specialty	Ded + 80% Coins	N/A	Ded + 80% Coins	N/A
Plan Option	Current	Proposed	Current	Proposed
Premium Equivalents				
Employee Only	\$749.11	\$786.76	\$749.11	\$764.99
Employee + Spouse	\$1,461.48	\$1,534.93	\$1,461.48	\$1,492.47
Employee + Child(ren)	\$1,818.78	\$1,910.18	\$1,818.78	\$1,857.35
Employee + Family	\$1,818.78	\$1,910.18	\$1,818.78	\$1,857.35
Enrollment				
Employee Only	681		681	
Employee + Spouse	149		149	
Employee + Child(ren)	67		67	
Employee + Family	344		344	
Total Employees	1,241		1,241	
Annual Plan Cost				
Employee Only	\$6,121,727	\$6,429,381	\$6,121,727	\$6,251,536
Employee + Spouse	\$2,613,126	\$2,744,452	\$2,613,126	\$2,668,537
Employee + Child(ren)	\$1,462,299	\$1,535,789	\$1,462,299	\$1,493,307
Employee + Family	\$7,507,924	\$7,885,243	\$7,507,924	\$7,667,127
Total Annual Plan Cost	\$17,705,076	\$18,594,865	\$17,705,076	\$18,080,507
Annual \$ Increase from Current		\$89,788.85		\$375,430.47
Monthly \$ Increase from Current		\$74,149.07		\$31,285.87
% Increase from Current		5.0%		2.1%
Plan Employees Per Month (PEPM)	\$1,188.90	\$1,248.65	\$1,188.90	\$1,214.11

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**Appendix C: Plan  
Performance Report**





# Sample Client Plan Performance Report

Reporting Month: September 2022



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Current YTD: Claims Paid from January 1, 2022 through September 30, 2022  
Prior YTD: Claims Paid from January 1, 2021 through September 30, 2021

Medical/Rx Plan	Current YTD	Prior YTD	% Change	Current PEPM	Prior PEPM	% Change
Average Subscribers	649	663	-2%	649	663	-2%
Net Medical Claims	\$2,846,780	\$2,730,458	4%	\$487	\$459	6%
Net Pharmacy Claims	\$1,152,076	\$891,318	29%	\$197	\$150	32%
Total Fees, Admin & Reinsurance	\$581,277	\$558,349	4%	\$100	\$94	6%
Total Plan Costs	\$4,580,133	\$4,180,125	10%	\$784	\$702	12%
Total Budgeted Plan Costs	\$4,455,383	\$4,377,819	2%	\$763	\$734	4%
Total Employee Contributions	-\$497,423	-\$518,446	-4%	-\$85	-\$87	-2%
Total Net Plan Costs	\$4,082,710	\$3,661,679	11%	\$699	\$615	14%

**Actual vs Budget (\$)**

Actual YTD: **\$4,580,133**

Prior YTD: **\$2,730,458**

Change: **\$1,849,675** (+67%)

**Total Medical Spend (\$)**

Current YTD: **\$2,846,780**

Prior YTD: **\$2,730,458**

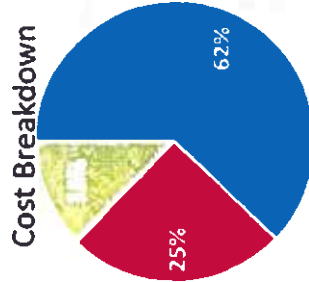
Change: **\$116,322** (+4%)

**Total Pharmacy Spend (\$)**

Current YTD: **\$1,152,076**

Prior YTD: **\$891,318**

Change: **\$260,758** (+29%)



Med C a ms Rx Claims Fees, Admin & Reinsurance

**Historical Cost Comparison**

Year	Claims PEPM	Total Cost PEPM	% Change
2018	\$682	\$769	
2019	\$615	\$705	-10%
2020	\$626	\$719	2%
2021	\$804	\$897	28%
2022	\$739	\$838	-7%

**YTD Large Claimants**

> 50% of the Specific Deductible (\$150,000)

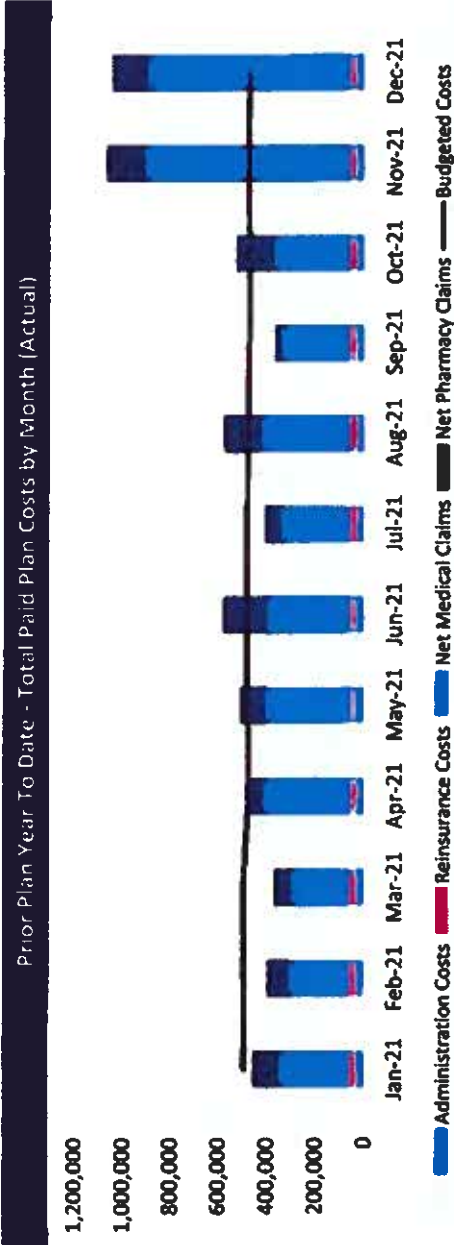
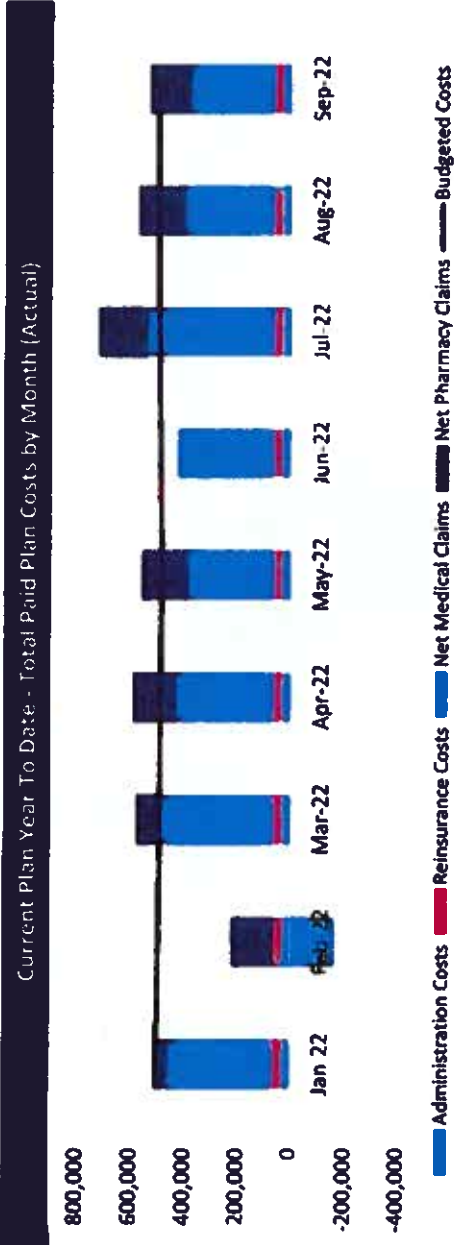
# Large Claimants: 8

Total Large Claimants \$\$: \$977,470

% of Total Claims: 24%

Amounts >\$150,000: \$30,202

Current YTD: Claims Paid from January 1, 2022 through September 30, 2022  
Prior YTD: Claims Paid from January 1, 2021 through September 30, 2021



Total Plan Costs (\$)

Current YTD	\$4,580,133
Prior YTD	\$4,180,125
<b>Change</b>	<b>9.6%</b>

Total Plan Costs (PEPM)

Current YTD	\$784
Prior YTD	\$702
<b>Change</b>	<b>11.7%</b>

Claims Paid YTD (\$)

Total Claims Paid YTD	\$3,998,856
Average Claims Paid/Monthly YTD	\$444,317

Overview Statistics - Current YTD

Average Monthly Med Claims	\$316,309
Average Monthly Rx Claims	\$128,008
Average Employees	649

Total Plan Costs YTD	\$4,580,133
Total Budgeted Costs YTD	\$4,455,383

Plan vs. Budget (\$)	\$124,749
Plan vs. Budget (%)	2.8%

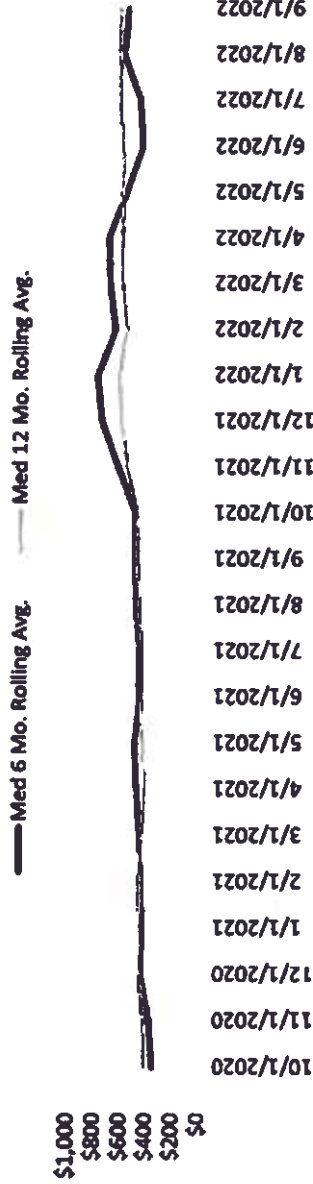
# Sample Client

Reporting Month: September 2022

Current YTD: Claims Paid from January 1, 2022 through September 30, 2022

Prior YTD: Claims Paid from January 1, 2021 through September 30, 2021

Medical Claims Trend Analysis - Rolling Average PEPM



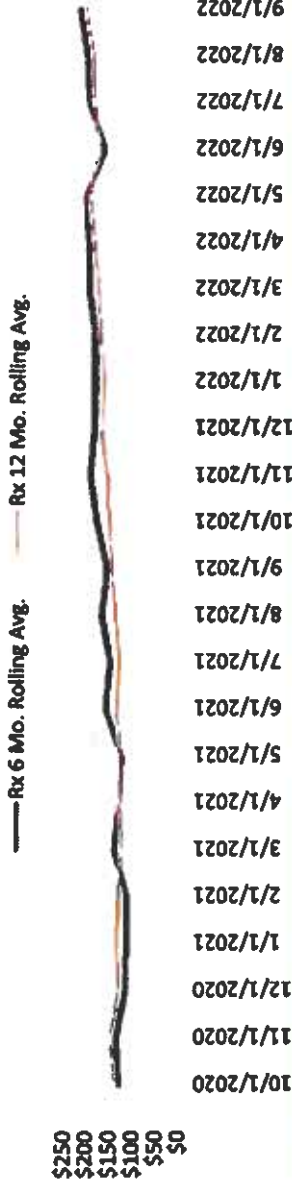
**6 Month Claim Trend**

Medical	-18.98%
Pharmacy	12.09%

**12 Month Claim Trend**

Medical	31.37%
Pharmacy	40.51%

Pharmacy Claims Trend Analysis - Rolling Average PEPM



**The Plan Claim Trend report is designed to help you understand the true trend rate for claims experienced under your plan.**

By adjusting the claims experience for reimbursements, and tracking the actual enrollment by month on your plan, the report can then calculate a rolling 6 and 12 month average of claims per enrolled employee.

We then compare these rolling averages to the same figure a year ago to view the actual claims trend for your plan.

Trend History - Medical and Rx

## As of September 2022:

	Medical Trend		Pharmacy Trend	
	6 Mo.	12 Mo.	6 Mo.	12 Mo.
Current	-18.98%	31.37%	12.09%	40.51%
6 Months Ago	37.77%	36.45%	25.25%	40.44%
12 Months Ago	11.22%	18.23%	12.06%	6.64%
24 Months Ago	10.18%	-13.63%	-33.99%	4.02%

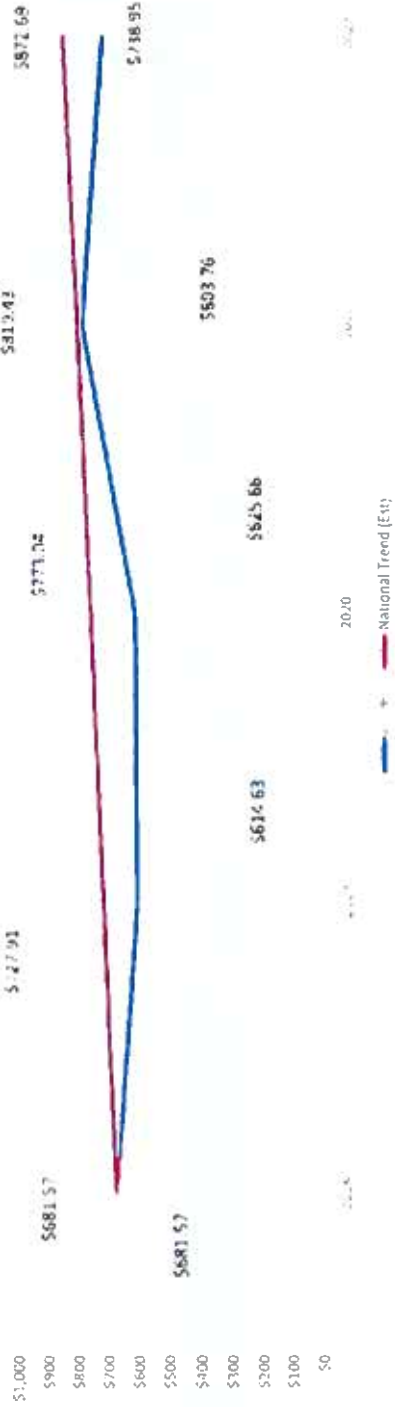
### Report Description

Current YTD: Claims Paid from January 1, 2022 through September 30, 2022  
 Prior YTD: Claims Paid from January 1, 2021 through September 30, 2021

Plan Year Reinsurance Carrier Specific Deductible Month	2018		2019		2020		2021		2022	
	Rate/lt.	IAT \$150,000	Rate/lt.	IAT \$150,000	Rate/lt.	IAT \$150,000	Rate/lt.	IAT \$150,000	Rate/lt.	IAT \$150,000
January	\$448,301	\$0	\$442,262	-\$18,553	\$400,559	\$0	\$410,544	-\$11,560	\$543,648	\$0
February	\$325,844	\$0	\$392,323	-\$26,015	\$299,647	-\$441	\$333,829	\$0	\$466,260	-\$474,944
March	\$427,175	\$0	\$377,982	-\$1,384	\$485,462	\$0	\$395,691	\$0	\$607,613	\$0
April	\$311,496	\$0	\$354,145	-\$72,682	\$675,929	\$0	\$429,888	\$0	\$530,790	\$0
May	\$373,302	\$0	\$491,826	\$0	\$289,985	\$0	\$450,904	\$0	\$502,316	\$0
June	\$551,061	\$0	\$375,058	\$0	\$344,559	\$0	\$520,659	\$0	\$496,664	\$0
July	\$800,965	\$0	\$307,330	\$0	\$411,203	\$0	\$428,879	\$0	\$662,282	\$0
August	\$462,385	-\$204,579	\$482,077	\$0	\$389,881	-\$89,354	\$522,743	\$0	\$512,367	\$0
September	\$382,645	-\$1,020	\$496,203	\$0	\$284,845	-\$890	\$408,134	\$0	\$469,271	\$0
October	\$509,102	-\$477	\$327,068	\$0	\$388,494	-\$1,667	\$471,752	\$0	\$0	\$0
November	\$475,602	-\$137,964	\$323,727	\$0	\$397,311	-\$573	\$1,012,511	\$0	\$0	\$0
December	\$371,732	-\$47,881	\$400,150	\$0	\$640,844	\$0	\$990,190	\$0	\$0	\$0
<b>YTD</b>	<b>\$5,439,610</b>	<b>-\$391,920</b>	<b>\$4,770,150</b>	<b>\$118,635</b>	<b>\$4,988,718</b>	<b>-\$92,924</b>	<b>\$6,375,722</b>	<b>-\$11,560</b>	<b>\$4,791,162</b>	<b>-\$13,914</b>

Gross Claims	\$5,439,610.33	\$4,770,150.11	\$4,988,718.07
ISL Excess	-\$391,920.41	\$118,634.51	\$92,923.68
Net Claims	\$5,047,689.92	\$4,651,515.60	\$4,895,794.39
Avg Members Per EE	1.91	1.88	1.85
Total Net Claims PEPM	\$681.57	\$614.63	\$625.66
Percent Over Prior		-9.82%	1.79%
Average Mlbrs Per Month	1176	1183	1209
Total Net Claims PMPM	\$357.66	\$327.57	\$337.36
Percent Over Prior		-8.41%	2.99%

Actual Claims vs. National Trend





# Sample Client

## Performance Metrics

Reporting Month: September 2022





Month	Subscribers	Members	Gross Medical Claims	Specific Reimbursements	Subrogation Recoveries	Gross Pharmacy Claims	Pharmacy Rebates	Total Fees, Admin & Reinsurance	Total Costs	Total Employee Contributions	Total Net Plan Costs
1/1/2021	673	1,259	\$298,412	-\$11,560	\$0	\$112,132	\$0	\$63,197	\$462,182	\$59,046	\$403,136
2/1/2021	679	1,263	\$245,251	\$0	\$0	\$88,578	\$0	\$63,904	\$397,733	-\$58,694	\$339,039
3/1/2021	684	1,266	\$233,903	\$0	\$0	\$161,787	-\$86,199	\$61,995	\$371,487	-\$58,808	\$312,679
4/1/2021	654	1,225	\$353,960	\$0	\$0	\$75,928	\$0	\$63,227	\$493,114	\$56,156	\$436,958
5/1/2021	658	1,235	\$348,161	\$0	\$0	\$102,742	\$0	\$64,714	\$515,617	-\$57,078	\$458,539
6/1/2021	656	1,237	\$338,686	\$0	\$0	\$181,972	\$0	\$59,938	\$580,597	\$57,658	\$522,939
7/1/2021	660	1,241	\$279,548	\$0	\$0	\$149,331	-\$81,375	\$61,103	\$408,607	-\$57,596	\$351,011
8/1/2021	654	1,229	\$363,101	\$0	\$0	\$159,642	\$0	\$61,305	\$584,048	-\$57,140	\$526,908
9/1/2021	649	1,215	\$280,995	\$0	\$0	\$127,139	-\$100,359	\$58,965	\$366,740	-\$56,270	\$310,470
10/1/2021	649	1,211	\$314,601	\$0	\$0	\$157,151	\$0	\$58,986	\$530,739	-\$55,866	\$474,873
11/1/2021	654	1,224	\$851,436	\$0	\$0	\$161,075	\$0	\$59,626	\$1,072,137	-\$56,560	\$1,015,577
12/1/2021	648	1,218	\$840,984	\$0	\$0	\$149,206	\$0	\$60,590	\$1,050,779	\$56,384	\$994,395
<b>2021 Total</b>	<b>7,918</b>	<b>14,823</b>	<b>\$4,749,039</b>	<b>\$11,560</b>	<b>\$0</b>	<b>\$1,626,684</b>	<b>-\$86,199</b>	<b>\$737,551</b>	<b>\$6,833,780</b>	<b>-\$56,384</b>	<b>\$6,146,524</b>
1/1/2022	636	1,205	\$394,234	\$0	\$0	\$148,843	-\$94,512	\$62,270	\$510,835	-\$56,726	\$454,109
2/1/2022	631	1,197	\$308,212	\$474,944	\$0	\$157,337	\$0	\$65,254	\$55,859	-\$56,550	-\$691
3/1/2022	628	1,182	\$437,080	\$0	\$0	\$169,499	-\$89,062	\$66,512	\$584,029	-\$55,162	\$528,867
4/1/2022	633	1,182	\$366,788	\$0	\$0	\$162,758	\$0	\$62,521	\$592,067	-\$54,520	\$537,547
5/1/2022	624	1,164	\$320,050	\$0	\$0	\$177,765	\$0	\$60,581	\$558,396	\$53,598	\$504,798
6/1/2022	633	1,177	\$361,145	\$0	\$0	\$133,187	-\$131,629	\$62,825	\$425,528	-\$54,064	\$371,464
7/1/2022	637	1,186	\$465,375	\$0	\$0	\$185,735	\$0	\$65,433	\$716,543	\$54,758	\$661,785
8/1/2022	642	1,193	\$333,650	\$0	\$0	\$176,399	\$0	\$61,444	\$571,493	-\$54,706	\$516,787
9/1/2022	643	1,191	\$313,828	\$0	\$0	\$154,112	\$0	\$63,423	\$531,362	-\$54,706	\$476,656
10/1/2022											
11/1/2022											
12/1/2022											
<b>2022 Total</b>	<b>5,707</b>	<b>10,677</b>	<b>\$3,300,361</b>	<b>\$474,944</b>	<b>\$0</b>	<b>\$1,465,634</b>	<b>-\$111,691</b>	<b>\$570,264</b>	<b>\$4,546,113</b>	<b>-\$54,706</b>	<b>\$4,051,323</b>





# Sample Client



Reporting Month: September 2022

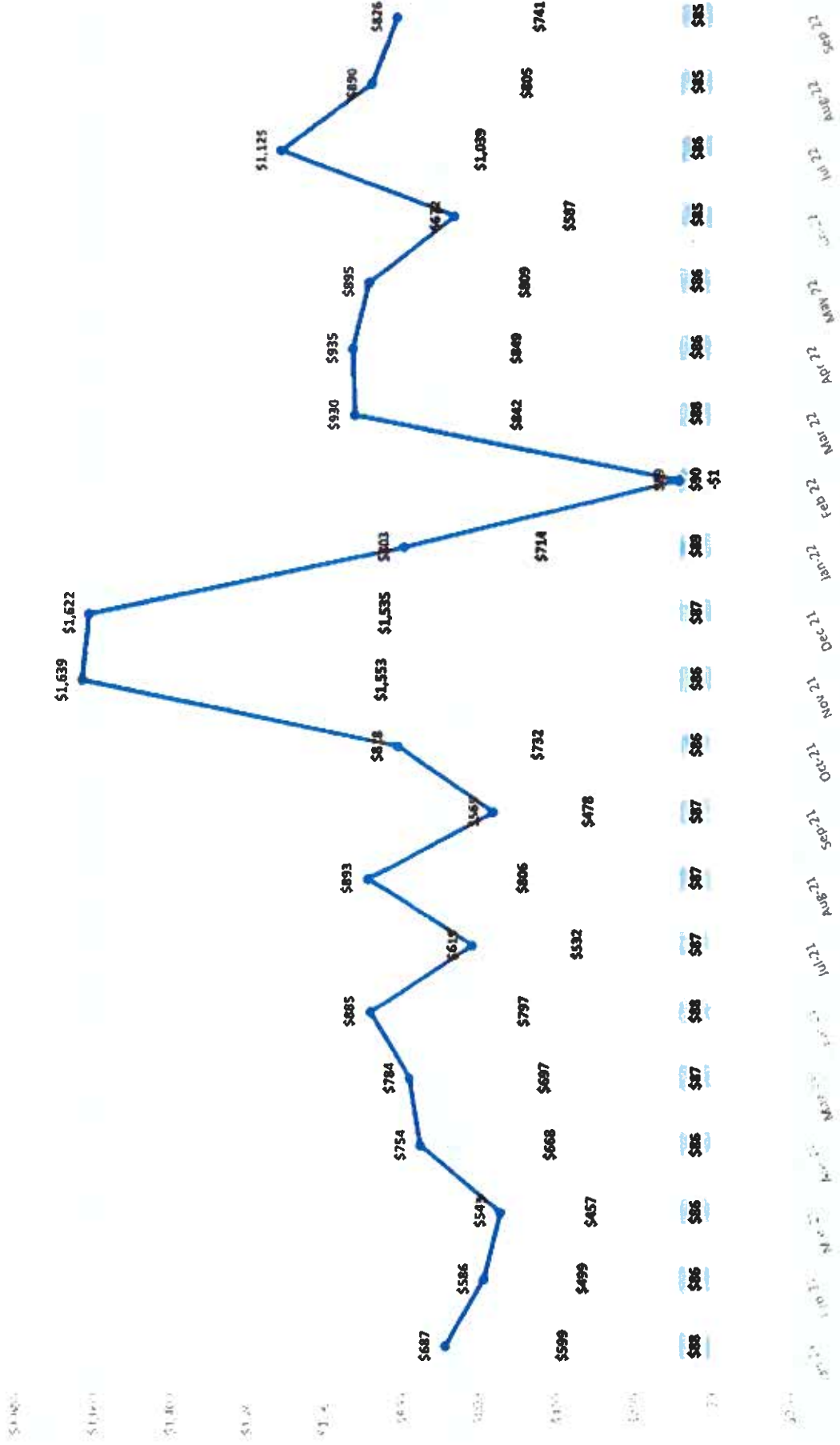
Claims Paid: January 2021 through September 2022

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Month	Subscribers	Gross Medical Claims	Specific Reimbursements	Subrogation Recoveries	Gross Pharmacy Claims	Pharmacy Rebates	Total Fees, Admin & Reinsurance	Total Costs	Total Employer Contributions	Total Net Plan Costs
1/1/2021	673	\$443	-\$17	\$0	\$167	\$0	\$94	\$687	-\$88	\$599
2/1/2021	679	\$361	\$0	\$0	\$130	\$0	\$94	\$586	-\$86	\$499
3/1/2021	684	\$342	\$0	\$0	\$237	-\$126	\$91	\$543	-\$86	\$457
4/1/2021	654	\$541	\$0	\$0	\$116	\$0	\$97	\$754	-\$86	\$668
5/1/2021	658	\$529	\$0	\$0	\$156	\$0	\$98	\$784	-\$87	\$697
6/1/2021	656	\$516	\$0	\$0	\$277	\$0	\$91	\$885	-\$88	\$797
7/1/2021	660	\$424	\$0	\$0	\$226	-\$123	\$93	\$619	-\$87	\$532
8/1/2021	654	\$555	\$0	\$0	\$244	\$0	\$94	\$893	-\$87	\$806
9/1/2021	649	\$433	\$0	\$0	\$196	-\$155	\$91	\$565	-\$87	\$478
10/1/2021	649	\$485	\$0	\$0	\$242	\$0	\$91	\$818	-\$86	\$732
11/1/2021	654	\$1,302	\$0	\$0	\$246	\$0	\$91	\$1,639	-\$86	\$1,553
12/1/2021	648	\$1,298	\$0	\$0	\$230	\$0	\$94	\$1,622	-\$87	\$1,535
<b>2021 Total</b>	<b>7,918</b>	<b>\$600</b>	<b>\$1</b>	<b>\$0</b>	<b>\$205</b>	<b>\$134</b>	<b>\$93</b>	<b>\$863</b>	<b>\$87</b>	<b>\$776</b>
1/1/2022	636	\$620	\$0	\$0	\$234	\$149	\$98	\$803	-\$89	\$714
2/1/2022	631	\$488	-\$753	\$0	\$249	\$0	\$103	\$89	-\$90	-\$1
3/1/2022	628	\$696	\$0	\$0	\$270	-\$142	\$106	\$930	-\$88	\$842
4/1/2022	633	\$579	\$0	\$0	\$257	\$0	\$99	\$935	-\$86	\$849
5/1/2022	624	\$513	\$0	\$0	\$285	\$0	\$97	\$895	-\$86	\$809
6/1/2022	633	\$571	\$0	\$0	\$210	-\$208	\$99	\$672	-\$85	\$587
7/1/2022	637	\$731	\$0	\$0	\$292	\$0	\$103	\$1,125	-\$86	\$1,039
8/1/2022	642	\$520	\$0	\$0	\$275	\$0	\$96	\$890	-\$85	\$805
9/1/2022	643	\$488	\$0	\$0	\$240	\$0	\$99	\$826	-\$85	\$741
<b>2022 Total</b>	<b>5,707</b>	<b>\$578</b>	<b>-\$583</b>	<b>\$0</b>	<b>\$257</b>	<b>-\$83</b>	<b>\$100</b>	<b>\$797</b>	<b>-\$87</b>	<b>\$710</b>
<b>2021 YTD vs 2022 YTD</b>	<b>-4%</b>	<b>26%</b>	<b>4261%</b>	<b>0%</b>	<b>32%</b>	<b>23%</b>	<b>7%</b>	<b>14%</b>	<b>0%</b>	<b>-15%</b>

McGriff Insurance Agency, Inc. is an Equal Opportunity Employer. All services are provided subject to underwriting. Rates are subject to change without notice.

Total Plan Costs (PEPM)



# Sample Client

Performance Metrics (FTE#)

Reporting Month: September 2022

Claims Paid: January 2021 through September 2022



Month	Subscribers	Members	Gross Medical Claims	Specific Reimbursements	Subjection Recoveries	Gross Pharmacy Claims	Postacute Reimburse	Total Fees, Admin & Reinsurance	Total Costs	Total Employee Contributions	Total Plan Costs
1/1/2021											
2/1/2021											
3/1/2021											
4/1/2021											
5/1/2021											
6/1/2021											
7/1/2021											
8/1/2021											
9/1/2021											
10/1/2021											
11/1/2021											
12/1/2021											
2021 Total	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1/1/2022	12	16	\$120	\$0	\$0	\$451	\$0	\$1,005	\$1,577	-\$364	\$1,212
2/1/2022	12	15	\$438	\$0	\$0	\$273	\$0	\$965	\$1,676	-\$182	\$1,494
3/1/2022	12	15	\$600	\$0	\$0	\$434	\$0	\$966	\$2,000	-\$182	\$1,818
4/1/2022	15	18	\$1,171	\$0	\$0	\$74	\$0	\$1,196	\$2,441	-\$182	\$2,259
5/1/2022	15	18	\$4,232	\$0	\$0	\$269	\$0	\$1,198	\$5,699	-\$182	\$5,517
6/1/2022	16	19	\$1,865	\$0	\$0	\$467	-\$2,160	\$1,273	\$1,445	-\$182	\$1,263
7/1/2022	16	22	\$10,919	\$0	\$0	\$253	\$0	\$1,314	\$12,486	-\$364	\$12,122
8/1/2022	18	26	\$1,327	\$0	\$0	\$991	\$0	\$1,548	\$3,867	-\$497	\$3,370
9/1/2022	18	26	\$690	\$0	\$0	\$592	\$0	\$1,548	\$2,830	-\$497	\$2,333
10/1/2022											
11/1/2022											
12/1/2022											
2022 Total	134	175	\$21,363	\$0	\$0	\$3,804	\$0	\$11,013	\$34,020	-\$2,361	\$31,387
2021 YTD vs 2022 YTD	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Source: Performance Metrics (FTE#) - 10/1/2022 10:00 AM - 10/1/2022 10:00 AM

Month	Subscribers	Gross Medical Claims	Specific Reimbursements	Subrogation Recoveries	Gross Pharmacy Claims	Pharmacy Rebates	Total Fees, Admin & Reinsurance	Total Costs	Total Employee Contributions	Total Net Plan Costs
1/1/2021	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2/1/2021	12	\$10	\$0	\$0	\$38	\$0	\$84	\$131	-\$30	\$101
3/1/2021	12	\$36	\$0	\$0	\$23	\$0	\$80	\$140	-\$15	\$125
4/1/2021	12	\$50	\$0	\$0	\$36	\$0	\$80	\$167	-\$15	\$151
5/1/2021	15	\$78	\$0	\$0	\$5	\$0	\$80	\$163	-\$12	\$151
6/1/2021	15	\$282	\$0	\$0	\$18	\$0	\$80	\$380	\$12	\$368
7/1/2021	16	\$117	\$0	\$0	\$29	\$135	\$80	\$90	-\$11	\$79
8/1/2021	16	\$682	\$0	\$0	\$16	\$0	\$82	\$780	-\$23	\$758
9/1/2021	18	\$74	\$0	\$0	\$55	\$0	\$86	\$215	\$28	\$187
10/1/2021	18	\$38	\$0	\$0	\$33	\$0	\$86	\$157	\$28	\$130
2021 Total	134	\$159	\$0	\$0	\$28	\$15	\$82	\$254	-\$15	\$234

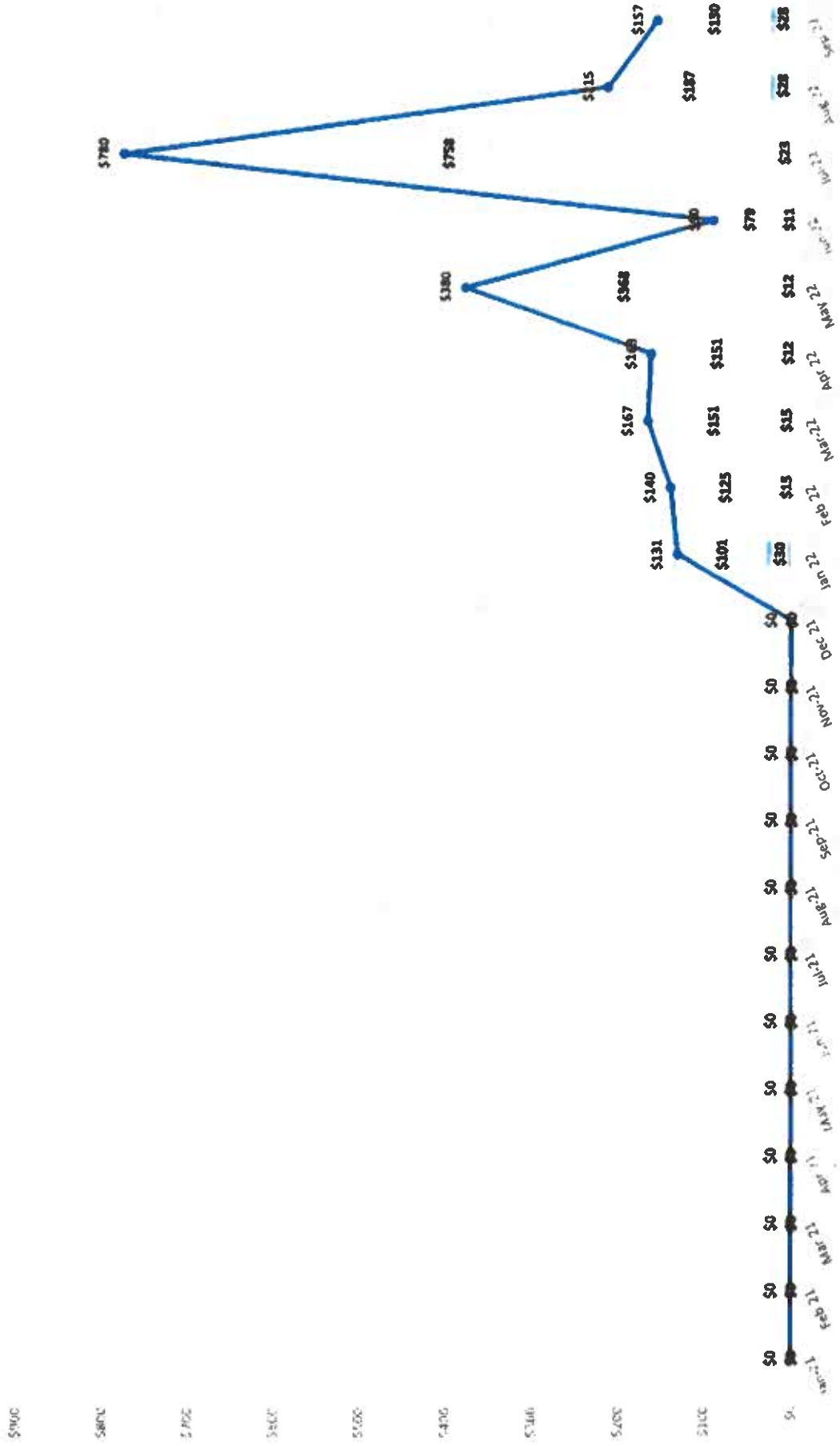
2021 YTD vs 2022	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2021 YTD	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

McGriff Insurance Company of America, 10000 Westchase Lane, Houston, TX 77036

Total Plan Costs (PEPM)

Reporting Month: September 2022

Total Plan Costs (PEPM)



Total Employee Contributions      Total Net Plan Costs      Total Costs

Period	Subscribers	Members	Gross Medical Claims	Specialty Reimbursements	Subrogation Recoveries	Gross Pharmacy Claims	Secondary Rebutals	Total Fees, Admin & Reinsurance	Total Costs	Total Employee Contributions	Total Net Plan Costs
1/1/2021	673	1,259	\$298,412	\$11,560	\$0	\$112,132	\$0	\$63,197	\$462,182	-\$59,046	\$403,136
2/1/2021	679	1,263	\$245,251	\$0	\$0	\$88,578	\$0	\$63,904	\$397,733	-\$58,694	\$339,039
3/1/2021	684	1,266	\$233,903	\$0	\$0	\$161,787	-\$86,199	\$61,995	\$371,487	-\$58,808	\$312,679
4/1/2021	654	1,225	\$353,960	\$0	\$0	\$75,928	\$0	\$63,227	\$493,114	-\$56,156	\$436,958
5/1/2021	658	1,235	\$348,161	\$0	\$0	\$102,742	\$0	\$64,714	\$515,617	-\$57,078	\$458,539
6/1/2021	656	1,237	\$338,686	\$0	\$0	\$181,972	\$0	\$59,938	\$580,597	-\$57,658	\$522,939
7/1/2021	660	1,241	\$279,548	\$0	\$0	\$149,331	-\$81,375	\$61,103	\$408,607	-\$57,596	\$351,011
8/1/2021	654	1,229	\$363,101	\$0	\$0	\$159,642	\$0	\$61,305	\$584,048	-\$57,140	\$526,908
9/1/2021	649	1,215	\$280,995	\$0	\$0	\$127,139	-\$100,359	\$58,965	\$366,740	-\$56,270	\$310,470
10/1/2021	649	1,211	\$314,601	\$0	\$0	\$157,151	\$0	\$58,986	\$530,739	-\$55,866	\$474,873
11/1/2021	654	1,224	\$851,436	\$0	\$0	\$161,075	\$0	\$59,626	\$1,072,137	-\$56,560	\$1,015,577
12/1/2021	648	1,218	\$840,984	\$0	\$0	\$149,206	\$0	\$60,590	\$1,050,779	-\$56,384	\$994,395
<b>2021 Total</b>	<b>7,918</b>	<b>14,823</b>	<b>\$4,749,039</b>	<b>\$11,560</b>	<b>\$0</b>	<b>\$1,626,684</b>	<b>-\$81,375</b>	<b>\$737,551</b>	<b>\$6,833,780</b>	<b>-\$567,254</b>	<b>\$6,146,524</b>
1/1/2022	648	1,221	\$394,354	\$0	\$0	\$149,294	-\$94,512	\$63,275	\$512,412	-\$57,090	\$455,322
2/1/2022	643	1,212	\$308,649	\$474,944	\$0	\$157,611	\$0	\$66,220	\$57,536	-\$56,732	\$804
3/1/2022	640	1,197	\$437,680	\$0	\$0	\$169,933	-\$89,062	\$67,478	\$586,029	-\$55,344	\$530,685
4/1/2022	648	1,200	\$367,959	\$0	\$0	\$162,832	\$0	\$63,717	\$594,508	-\$54,702	\$539,806
5/1/2022	639	1,182	\$324,282	\$0	\$0	\$178,034	\$0	\$61,779	\$564,094	-\$53,780	\$510,314
6/1/2022	649	1,196	\$363,010	\$0	\$0	\$133,654	-\$133,789	\$64,098	\$426,973	-\$54,246	\$372,727
7/1/2022	653	1,208	\$476,294	\$0	\$0	\$185,988	\$0	\$66,747	\$729,029	-\$55,122	\$673,907
8/1/2022	660	1,219	\$334,978	\$0	\$0	\$177,390	\$0	\$62,992	\$575,360	-\$55,203	\$520,157
9/1/2022	661	1,217	\$314,518	\$0	\$0	\$154,704	\$0	\$64,971	\$534,192	-\$55,203	\$478,989
<b>10/1/2022</b>											
<b>11/1/2022</b>											
<b>12/1/2022</b>	<b>5,841</b>	<b>10,852</b>	<b>\$3,321,724</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,469,438</b>	<b>-\$12,261</b>	<b>\$581,277</b>	<b>\$4,580,133</b>	<b>-\$57,822</b>	<b>\$4,082,710</b>

2021 YTD vs 2022 YTD

11%

10%

4%

11%

# Sample Client



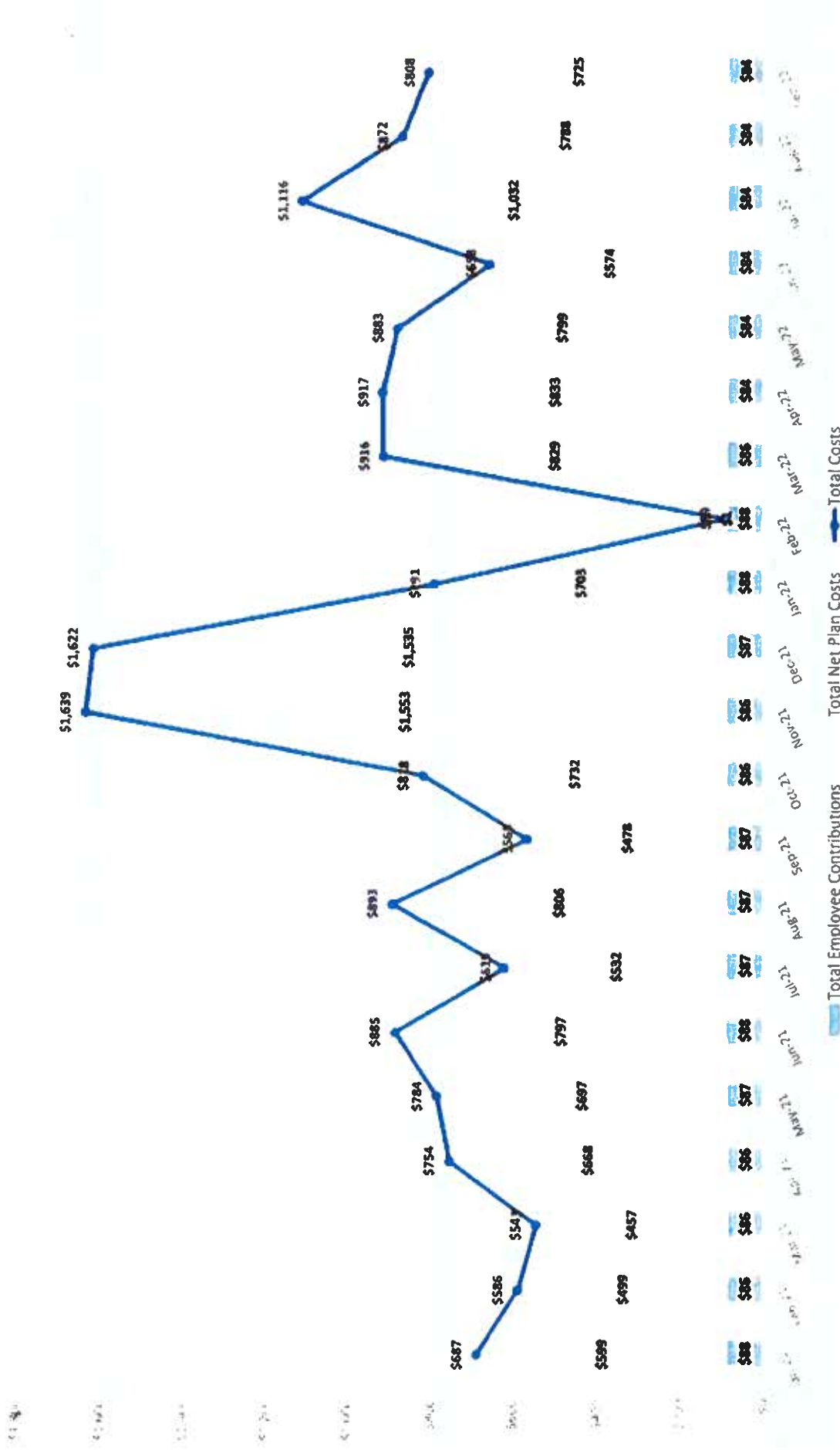
Claims Paid: January 2021 through September 2022

Reporting Month: September 2022

Month	Subscribers	Gross Medical Claims	Specific Reimbursements	Subrogation Recoveries	Gross Pharmacy Claims	Pharmacy Rebates	Total Fees, Admin & Reinsurance	Total Costs	Total Employee Contributions	Total Net Paid Costs
1/1/2021	673	\$443	\$17	\$0	\$167	\$0	\$94	\$687	-\$88	\$599
2/1/2021	679	\$361	\$0	\$0	\$130	\$0	\$94	\$586	-\$86	\$499
3/1/2021	684	\$342	\$0	\$0	\$237	-\$126	\$91	\$543	-\$86	\$457
4/1/2021	654	\$541	\$0	\$0	\$116	\$0	\$97	\$754	-\$86	\$668
5/1/2021	658	\$529	\$0	\$0	\$156	\$0	\$98	\$784	-\$87	\$697
6/1/2021	656	\$516	\$0	\$0	\$277	\$0	\$91	\$885	-\$88	\$797
7/1/2021	660	\$424	\$0	\$0	\$226	-\$123	\$93	\$619	-\$87	\$532
8/1/2021	654	\$555	\$0	\$0	\$244	\$0	\$94	\$893	-\$87	\$806
9/1/2021	649	\$433	\$0	\$0	\$196	-\$155	\$91	\$565	-\$87	\$478
10/1/2021	649	\$485	\$0	\$0	\$242	\$0	\$91	\$818	-\$86	\$732
11/1/2021	654	\$1,302	\$0	\$0	\$246	\$0	\$91	\$1,639	-\$86	\$1,553
12/1/2021	648	\$1,298	\$0	\$0	\$230	\$0	\$94	\$1,622	-\$87	\$1,535
<b>2021 Total</b>	<b>7,918</b>	<b>\$600</b>	<b>\$1</b>	<b>\$0</b>	<b>\$205</b>	<b>-\$14</b>	<b>\$93</b>	<b>\$863</b>	<b>-\$88</b>	<b>\$776</b>
1/1/2022	648	\$609	\$0	\$0	\$230	-\$146	\$98	\$791	-\$88	\$703
2/1/2022	643	\$480	-\$739	\$0	\$245	\$0	\$103	\$89	-\$88	\$1
3/1/2022	640	\$684	\$0	\$0	\$266	-\$139	\$105	\$916	-\$86	\$829
4/1/2022	648	\$568	\$0	\$0	\$251	\$0	\$98	\$917	-\$84	\$833
5/1/2022	639	\$507	\$0	\$0	\$279	\$0	\$97	\$883	-\$84	\$799
6/1/2022	649	\$559	\$0	\$0	\$206	-\$206	\$99	\$658	-\$84	\$574
7/1/2022	653	\$729	\$0	\$0	\$285	\$0	\$102	\$1,116	-\$84	\$1,032
8/1/2022	660	\$508	\$0	\$0	\$269	\$0	\$95	\$872	-\$84	\$788
9/1/2022	661	\$476	\$0	\$0	\$234	\$0	\$98	\$808	-\$84	\$725
10/1/2022										
11/1/2022										
12/1/2022										
<b>2022 Total</b>	<b>5,841</b>	<b>\$569</b>	<b>\$0</b>	<b>\$0</b>	<b>\$252</b>	<b>-\$24</b>	<b>\$100</b>	<b>\$784</b>	<b>-\$84</b>	<b>\$699</b>
<b>2021 YTD vs 2022 YTD</b>	<b>-2%</b>	<b>23%</b>	<b>4161%</b>	<b>0%</b>	<b>25%</b>	<b>21%</b>	<b>6%</b>	<b>12%</b>	<b>-7%</b>	<b>14%</b>

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Total Plan Costs (PEPM)







# Sample Client

## Actual vs Budget

Reporting Month: September 2022





Month	Subscribers	Members	Net Medical Claims	Net Pharmacy Claims	Administration Costs	Reinsurance Costs	Total Plan Costs	Budget	Actual vs Budget	Actual vs Budget %
1/1/2021	673	1,259	\$286,853	\$112,132	\$29,980	\$29,372	\$462,182	\$495,578	-\$33,397	-6.7%
2/1/2021	679	1,263	\$245,251	\$88,578	\$30,202	\$29,543	\$397,733	\$497,156	-\$99,424	-20.0%
3/1/2021	684	1,266	\$233,903	\$75,588	\$30,388	\$29,721	\$371,487	\$499,757	-\$128,271	-25.7%
4/1/2021	654	1,225	\$353,960	\$75,928	\$29,270	\$28,376	\$493,114	\$477,455	\$15,659	3.3%
5/1/2021	658	1,235	\$348,161	\$102,742	\$29,420	\$28,664	\$515,617	\$482,487	\$33,130	6.9%
6/1/2021	656	1,237	\$338,686	\$181,972	\$29,347	\$28,677	\$580,597	\$483,553	\$97,044	20.1%
7/1/2021	660	1,241	\$279,548	\$67,956	\$29,495	\$28,826	\$408,607	\$485,237	-\$76,631	-15.8%
8/1/2021	654	1,229	\$363,101	\$159,642	\$29,271	\$28,515	\$584,048	\$480,803	\$103,246	21.5%
9/1/2021	649	1,215	\$280,995	\$26,780	\$29,083	\$28,268	\$366,740	\$475,792	-\$109,052	-22.9%
10/1/2021	649	1,211	\$314,601	\$157,151	\$29,095	\$28,198	\$530,739	\$474,363	\$56,375	11.9%
11/1/2021	654	1,224	\$851,436	\$161,075	\$29,283	\$28,446	\$1,072,137	\$478,884	\$593,254	123.9%
12/1/2021	648	1,218	\$840,984	\$149,206	\$29,060	\$28,274	\$1,050,779	\$475,835	\$574,945	120.8%
<b>2021 Total</b>	<b>7,918</b>	<b>14,823</b>	<b>\$4,737,479</b>	<b>\$1,358,750</b>	<b>\$353,895</b>	<b>\$344,880</b>	<b>\$6,833,780</b>	<b>\$5,806,901</b>	<b>\$1,026,879</b>	<b>17.7%</b>
1/1/2022	636	1,205	\$394,234	\$54,332	\$29,898	\$30,689	\$510,835	\$494,775	\$16,060	3.2%
2/1/2022	631	1,197	-\$166,732	\$157,337	\$29,702	\$30,539	\$55,859	\$492,027	-\$436,168	-88.6%
3/1/2022	628	1,182	\$437,080	\$80,437	\$29,581	\$30,204	\$584,029	\$485,681	\$98,347	20.2%
4/1/2022	633	1,182	\$366,788	\$162,758	\$29,776	\$30,314	\$592,067	\$485,882	\$106,185	21.9%
5/1/2022	624	1,164	\$320,050	\$177,765	\$29,421	\$29,839	\$558,396	\$478,375	\$80,021	16.7%
6/1/2022	633	1,177	\$361,145	\$1,558	\$29,775	\$30,151	\$425,528	\$483,916	-\$58,388	-12.1%
7/1/2022	637	1,186	\$465,375	\$185,735	\$29,933	\$30,394	\$716,543	\$488,206	\$228,337	46.8%
8/1/2022	642	1,193	\$333,650	\$176,399	\$30,129	\$30,463	\$571,493	\$489,971	\$81,522	16.6%
9/1/2022	643	1,191	\$313,828	\$154,112	\$30,168	\$30,493	\$531,362	\$490,418	\$40,944	8.3%
10/1/2022										
11/1/2022										
12/1/2022										
<b>2022 Total</b>	<b>5,707</b>	<b>10,677</b>	<b>\$2,825,417</b>	<b>\$1,150,432</b>	<b>\$268,384</b>	<b>\$273,085</b>	<b>\$4,546,113</b>	<b>\$4,389,252</b>	<b>\$156,860</b>	<b>3.6%</b>
<b>2021 YTD vs 2022 YTD</b>	<b>-46%</b>	<b>-28%</b>	<b>-3%</b>	<b>-23%</b>	<b>-13%</b>	<b>-5%</b>	<b>-9%</b>	<b>-5%</b>		

# Sample Client



Actual vs Budget (PPO)/(PEPM)

Reporting Month: September 2022

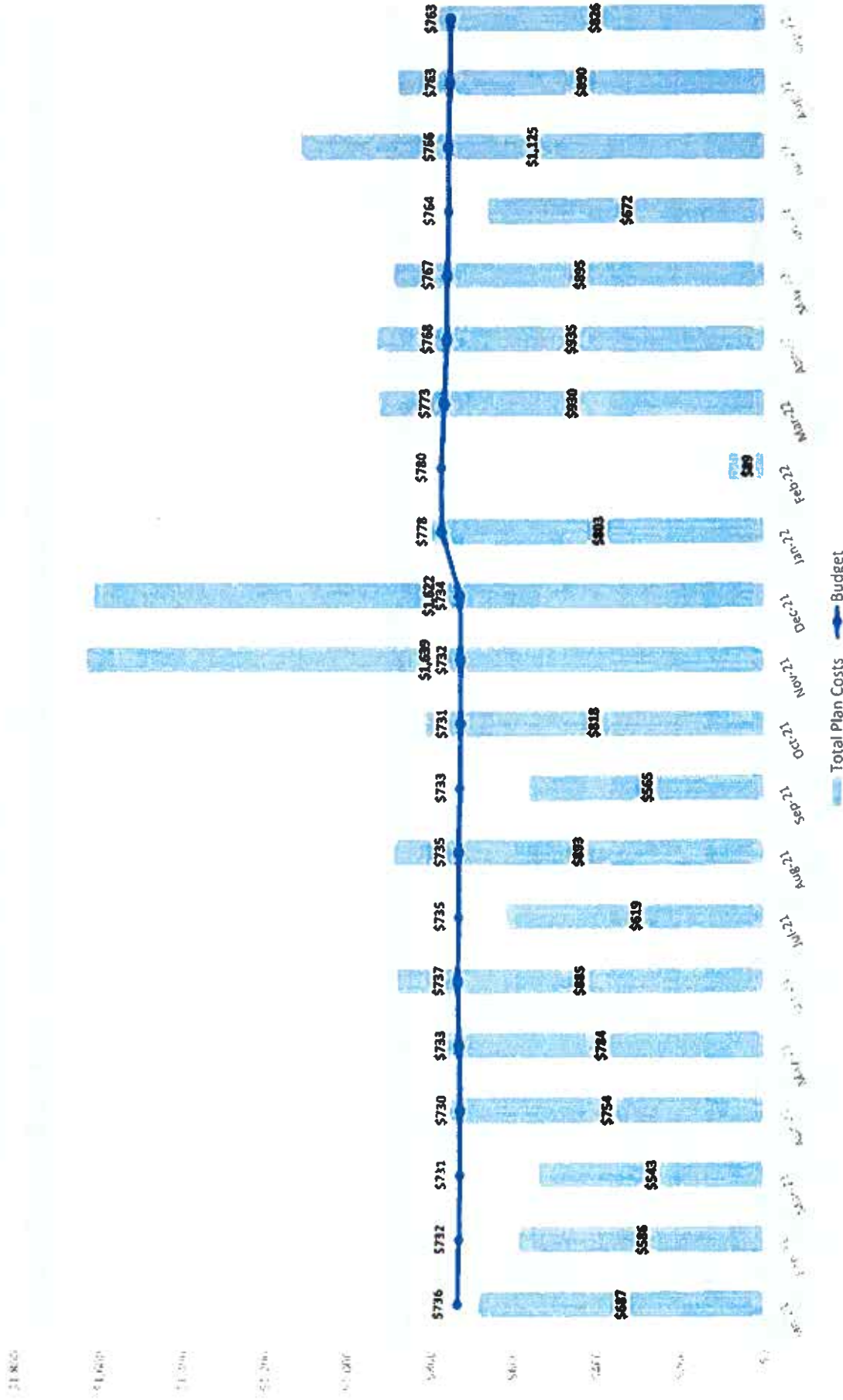
Claims Paid: January 2021 through September 2022

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Month	Subscribers	Net Medical Claims	Net Pharmacy Claims	Administration Costs	Reinsurance Costs	Total Plan Costs	Budget	Actual vs Budget	Actual vs Budget %
1/1/2021	673	\$426	\$167	\$45	\$44	\$687	\$736	-\$50	-6.7%
2/1/2021	679	\$361	\$130	\$44	\$44	\$586	\$732	-\$146	-20.0%
3/1/2021	684	\$342	\$111	\$44	\$43	\$543	\$731	-\$188	-25.7%
4/1/2021	654	\$541	\$116	\$45	\$43	\$754	\$730	\$24	3.3%
5/1/2021	658	\$529	\$156	\$45	\$44	\$784	\$733	\$50	6.9%
6/1/2021	656	\$516	\$277	\$45	\$44	\$885	\$737	\$148	20.1%
7/1/2021	660	\$424	\$103	\$45	\$44	\$619	\$735	-\$116	-15.8%
8/1/2021	654	\$555	\$244	\$45	\$44	\$893	\$735	\$158	21.5%
9/1/2021	649	\$433	\$41	\$45	\$44	\$565	\$733	-\$168	-22.9%
10/1/2021	649	\$485	\$242	\$45	\$43	\$818	\$731	\$87	11.9%
11/1/2021	654	\$1,302	\$246	\$45	\$43	\$1,639	\$732	\$907	123.9%
12/1/2021	648	\$1,298	\$230	\$45	\$44	\$1,622	\$734	\$887	120.8%
<b>2021 Total</b>	<b>7,918</b>	<b>\$598</b>	<b>\$172</b>	<b>\$45</b>	<b>\$44</b>	<b>\$863</b>	<b>\$733</b>	<b>\$130</b>	<b>17.7%</b>
1/1/2022	636	\$620	\$85	\$47	\$48	\$803	\$778	\$25	3.2%
2/1/2022	631	-\$264	\$249	\$47	\$48	\$89	\$780	-\$691	-88.6%
3/1/2022	628	\$696	\$128	\$47	\$48	\$930	\$773	\$157	20.2%
4/1/2022	633	\$579	\$257	\$47	\$48	\$935	\$768	\$168	21.9%
5/1/2022	624	\$513	\$285	\$47	\$48	\$895	\$767	\$128	16.7%
6/1/2022	633	\$571	\$2	\$47	\$48	\$672	\$764	-\$92	-12.1%
7/1/2022	637	\$731	\$292	\$47	\$48	\$1,125	\$766	\$358	46.8%
8/1/2022	642	\$520	\$275	\$47	\$47	\$890	\$763	\$127	16.6%
9/1/2022	643	\$488	\$240	\$47	\$47	\$826	\$763	\$64	8.3%
10/1/2022									
11/1/2022									
12/1/2022									
<b>2022 Total</b>	<b>5,707</b>	<b>\$495</b>	<b>\$202</b>	<b>\$47</b>	<b>\$48</b>	<b>\$797</b>	<b>\$769</b>	<b>\$27</b>	<b>3.6%</b>
<b>2021 YTD vs 2022 YTD</b>	<b>-4%</b>	<b>8%</b>	<b>35%</b>	<b>5%</b>	<b>10%</b>	<b>14%</b>	<b>5%</b>		

Composites amounts paid year to date through September 30, 2021 versus the amounts in

Actual vs Budget (PEPM)



# Sample Client

Actual vs Budget (HDHP)



Reporting Month: September 2022

Claims Paid: January 2021 through September 2022

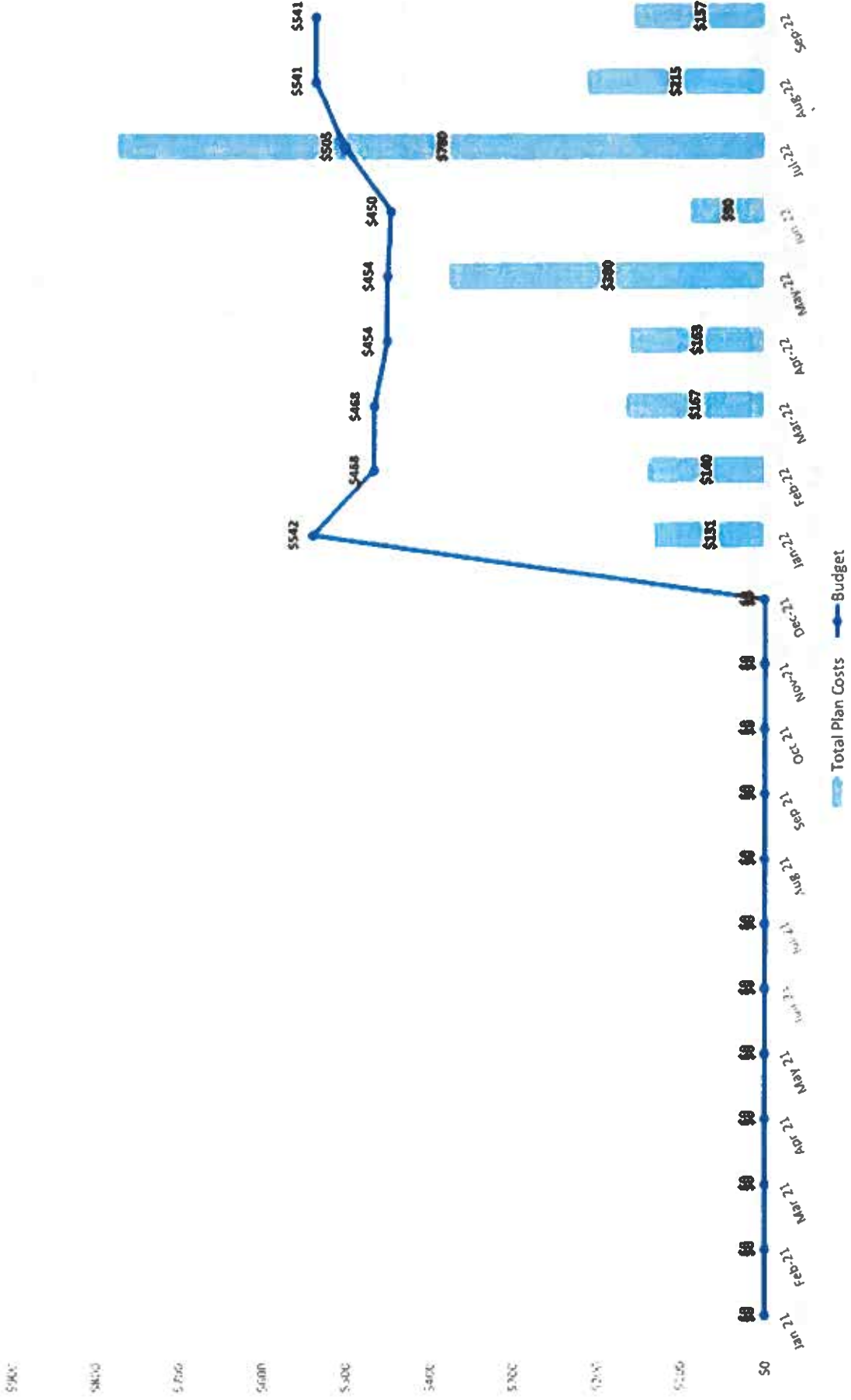
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Month	Subscribers	Members	Net Medical Claims	Net Pharmacy Claims	Administration Costs	Reimbursement Costs	Total Plan Costs	Budget	Actual vs Budget	Actual vs Budget %
1/1/2021	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!
2/1/2021	12	16	\$120	\$451	\$563	\$443	\$1,577	\$6,509	-\$4,932	-75.8%
3/1/2021	12	15	\$438	\$273	\$563	\$402	\$1,676	\$5,621	-\$3,945	-70.2%
4/1/2021	12	15	\$600	\$434	\$563	\$402	\$2,000	\$5,621	-\$3,621	-64.4%
5/1/2021	15	18	\$1,171	\$74	\$703	\$493	\$2,441	\$6,804	-\$4,364	-64.1%
6/1/2021	15	18	\$4,232	\$269	\$705	\$493	\$5,699	\$6,804	\$1,106	-16.2%
7/1/2021	16	19	\$1,865	-\$1,693	\$750	\$523	\$1,445	\$7,199	-\$5,754	-79.9%
8/1/2021	16	22	\$10,919	\$253	\$750	\$564	\$12,486	\$8,086	\$4,400	54.4%
9/1/2021	18	26	\$1,327	\$991	\$843	\$705	\$3,867	\$9,743	-\$5,877	-60.3%
10/1/2021	18	26	\$690	\$592	\$843	\$705	\$2,830	\$9,743	-\$6,913	-71.0%
11/1/2021										
12/1/2021										
2021 Total	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
1/1/2022	12	16	\$120	\$451	\$563	\$443	\$1,577	\$6,509	-\$4,932	-75.8%
2/1/2022	12	15	\$438	\$273	\$563	\$402	\$1,676	\$5,621	-\$3,945	-70.2%
3/1/2022	12	15	\$600	\$434	\$563	\$402	\$2,000	\$5,621	-\$3,621	-64.4%
4/1/2022	15	18	\$1,171	\$74	\$703	\$493	\$2,441	\$6,804	-\$4,364	-64.1%
5/1/2022	15	18	\$4,232	\$269	\$705	\$493	\$5,699	\$6,804	\$1,106	-16.2%
6/1/2022	16	19	\$1,865	-\$1,693	\$750	\$523	\$1,445	\$7,199	-\$5,754	-79.9%
7/1/2022	16	22	\$10,919	\$253	\$750	\$564	\$12,486	\$8,086	\$4,400	54.4%
8/1/2022	18	26	\$1,327	\$991	\$843	\$705	\$3,867	\$9,743	-\$5,877	-60.3%
9/1/2022	18	26	\$690	\$592	\$843	\$705	\$2,830	\$9,743	-\$6,913	-71.0%
10/1/2022										
11/1/2022										
12/1/2022										
2022 Total	134	175	\$21,363	\$1,644	\$6,283	\$4,730	\$34,020	\$66,131	-\$44,868	-67.8%
2021 YTD vs 2022 YTD	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

of 10 rows through September 30, 2022.



Actual vs Budget (PEPM)





Month	Subscribers	Members	Net Medical Claims	Net Pharmacy Claims	Administration Costs	Reinsurance Costs	Total Plan Costs	Budget	Actual vs Budget	Actual vs Budget %
1/1/2021	673	1,259	\$286,853	\$112,132	\$29,980	\$29,372	\$462,182	\$495,578	-\$33,397	-6.7%
2/1/2021	679	1,263	\$245,251	\$88,578	\$30,202	\$29,543	\$397,733	\$497,156	-\$99,424	-20.0%
3/1/2021	684	1,266	\$233,903	\$75,588	\$30,388	\$29,721	\$371,487	\$499,757	-\$128,271	-25.7%
4/1/2021	654	1,225	\$353,960	\$75,928	\$29,270	\$28,376	\$493,114	\$477,455	\$15,659	3.3%
5/1/2021	658	1,235	\$348,161	\$102,742	\$29,420	\$28,664	\$515,617	\$482,487	\$33,130	6.9%
6/1/2021	656	1,237	\$338,686	\$181,972	\$29,347	\$28,677	\$580,597	\$483,553	\$97,044	20.1%
7/1/2021	660	1,241	\$279,548	\$67,956	\$29,495	\$28,826	\$408,607	\$485,237	-\$76,631	-15.8%
8/1/2021	654	1,229	\$363,101	\$159,642	\$29,271	\$28,515	\$584,048	\$480,803	\$103,246	21.5%
9/1/2021	649	1,215	\$280,995	\$26,780	\$29,083	\$28,268	\$366,740	\$475,792	-\$109,052	-22.9%
10/1/2021	649	1,211	\$314,601	\$157,151	\$29,095	\$28,198	\$530,739	\$474,363	\$56,375	11.9%
11/1/2021	654	1,224	\$851,436	\$161,075	\$29,283	\$28,446	\$1,072,137	\$478,884	\$593,254	123.9%
12/1/2021	648	1,218	\$840,984	\$149,206	\$29,060	\$28,274	\$1,050,779	\$475,835	\$574,945	120.8%
<b>2021 Total</b>	<b>7,918</b>	<b>14,823</b>	<b>\$4,737,479</b>	<b>\$1,358,750</b>	<b>\$353,895</b>	<b>\$344,880</b>	<b>\$6,833,780</b>	<b>\$5,806,901</b>	<b>\$1,026,879</b>	<b>17.7%</b>
1/1/2022	648	1,221	\$394,354	\$54,782	\$30,461	\$31,132	\$512,412	\$501,284	\$11,128	2.2%
2/1/2022	643	1,212	-\$166,295	\$157,611	\$30,265	\$30,941	\$57,536	\$497,648	-\$440,112	-88.4%
3/1/2022	640	1,197	\$437,680	\$80,871	\$30,145	\$30,606	\$586,029	\$491,302	\$94,726	19.3%
4/1/2022	648	1,200	\$367,959	\$162,832	\$30,479	\$30,806	\$594,508	\$492,687	\$101,821	20.7%
5/1/2022	639	1,182	\$324,282	\$178,034	\$30,126	\$30,332	\$564,094	\$485,179	\$78,915	16.3%
6/1/2022	649	1,196	\$363,010	-\$135	\$30,525	\$30,674	\$426,973	\$491,115	-\$64,142	-13.1%
7/1/2022	653	1,208	\$476,294	\$185,988	\$30,683	\$30,957	\$729,029	\$496,293	\$232,736	46.9%
8/1/2022	660	1,219	\$334,978	\$177,390	\$30,972	\$31,168	\$575,360	\$499,715	\$75,645	15.1%
9/1/2022	661	1,217	\$314,518	\$154,704	\$31,011	\$31,198	\$534,192	\$500,161	\$34,031	6.8%
10/1/2022										
11/1/2022										
12/1/2022										
<b>2022 Total</b>	<b>5,841</b>	<b>10,852</b>	<b>\$2,846,780</b>	<b>\$1,152,076</b>	<b>\$274,667</b>	<b>\$277,814</b>	<b>\$4,580,133</b>	<b>\$4,455,383</b>	<b>\$124,749</b>	<b>2.8%</b>

<b>2021 YTD vs 2022 YTD</b>	-2%	3%	4%	29%	3%	7%	10%	2%
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# Sample Client



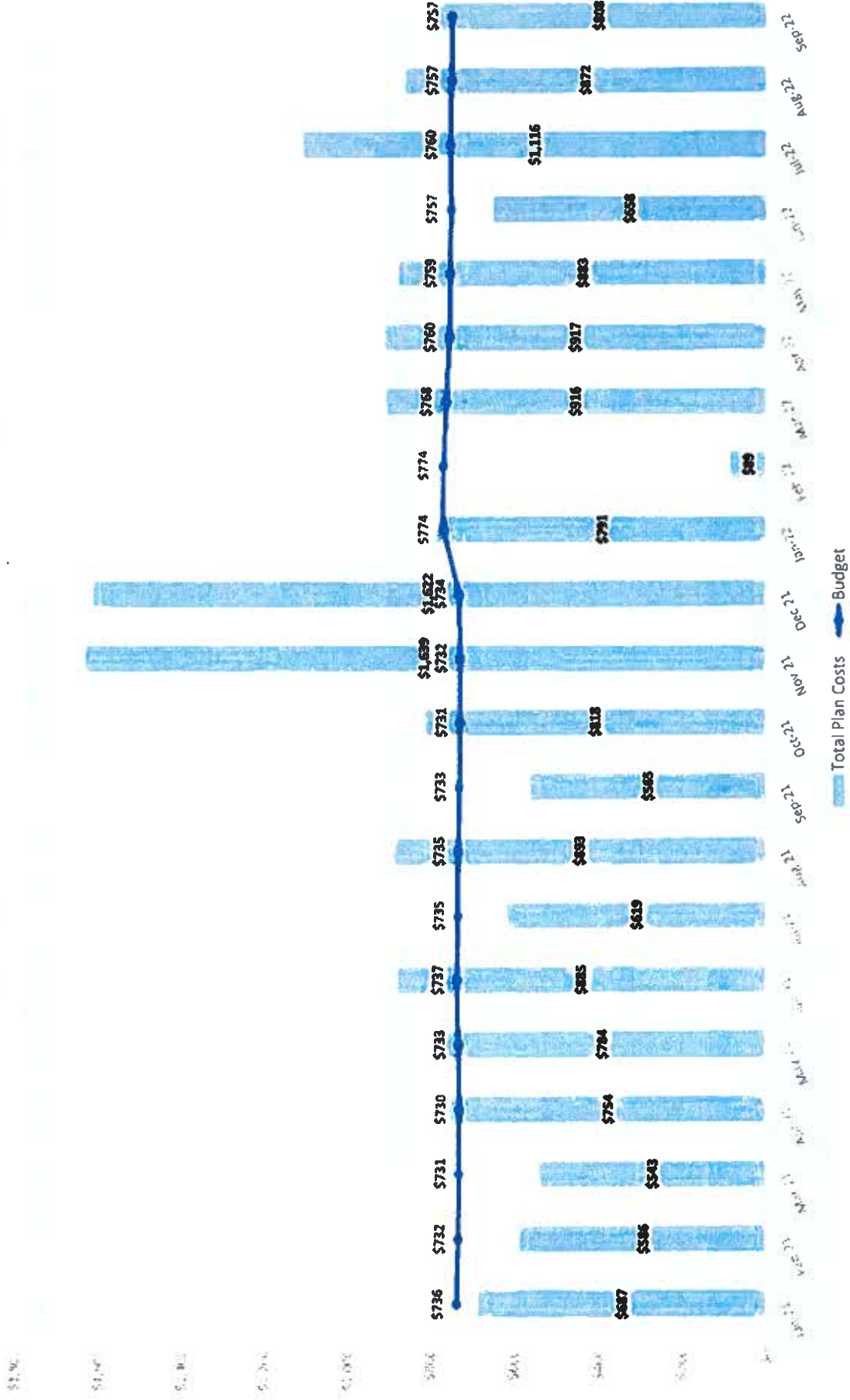
Actual vs Budget (All Medical Plans - PBM)

Reporting Month: September 2022

Claims Paid: January 2021 through September 2022

Month	Subscribers	Net Medical Claims	Net Pharmacy Claims	Administration Costs	Reimbursement Costs	Total Plan Costs	Budget	Actual vs Budget	Actual vs Budget %
1/1/2021	673	\$426	\$167	\$45	\$44	\$687	\$736	-\$50	-6.7%
2/1/2021	679	\$361	\$130	\$44	\$44	\$586	\$732	\$146	20.0%
3/1/2021	684	\$342	\$111	\$44	\$43	\$543	\$731	-\$188	-25.7%
4/1/2021	654	\$541	\$116	\$45	\$43	\$754	\$730	\$24	3.3%
5/1/2021	658	\$529	\$156	\$45	\$44	\$784	\$733	\$50	6.9%
6/1/2021	656	\$516	\$277	\$45	\$44	\$885	\$737	\$148	20.1%
7/1/2021	660	\$424	\$103	\$45	\$44	\$619	\$735	-\$116	-15.8%
8/1/2021	654	\$555	\$244	\$45	\$44	\$893	\$735	\$158	21.5%
9/1/2021	649	\$433	\$41	\$45	\$44	\$565	\$733	-\$168	-22.9%
10/1/2021	649	\$485	\$242	\$45	\$43	\$818	\$731	\$87	11.9%
11/1/2021	654	\$1,302	\$246	\$45	\$43	\$1,639	\$732	\$907	123.9%
12/1/2021	648	\$1,298	\$230	\$45	\$44	\$1,622	\$734	\$887	120.8%
<b>2021 Total</b>	<b>7,918</b>	<b>\$598</b>	<b>\$172</b>	<b>\$45</b>	<b>\$44</b>	<b>\$863</b>	<b>\$733</b>	<b>\$130</b>	<b>17.7%</b>
1/1/2022	648	\$609	\$85	\$47	\$48	\$791	\$774	\$17	2.2%
2/1/2022	643	-\$259	\$245	\$47	\$48	\$89	\$774	-\$684	-88.4%
3/1/2022	640	\$684	\$126	\$47	\$48	\$916	\$768	\$148	19.3%
4/1/2022	648	\$568	\$251	\$47	\$48	\$917	\$760	\$157	20.7%
5/1/2022	639	\$507	\$279	\$47	\$47	\$883	\$759	\$123	16.3%
6/1/2022	649	\$559	\$0	\$47	\$47	\$658	\$757	-\$99	-13.1%
7/1/2022	653	\$729	\$285	\$47	\$47	\$1,116	\$760	\$356	46.9%
8/1/2022	660	\$508	\$269	\$47	\$47	\$872	\$757	\$115	15.1%
9/1/2022	661	\$476	\$234	\$47	\$47	\$808	\$757	\$51	6.8%
10/1/2022									
11/1/2022									
12/1/2022									
<b>2022 Total</b>	<b>5,841</b>	<b>\$487</b>	<b>\$197</b>	<b>\$47</b>	<b>\$48</b>	<b>\$784</b>	<b>\$763</b>	<b>\$21</b>	<b>2.8%</b>
<b>2021 YTD vs 2022 YTD</b>	<b>-2%</b>	<b>6%</b>	<b>32%</b>	<b>5%</b>	<b>9%</b>	<b>12%</b>	<b>4%</b>		

Actual vs Budget (PEPM)





# Sample Client

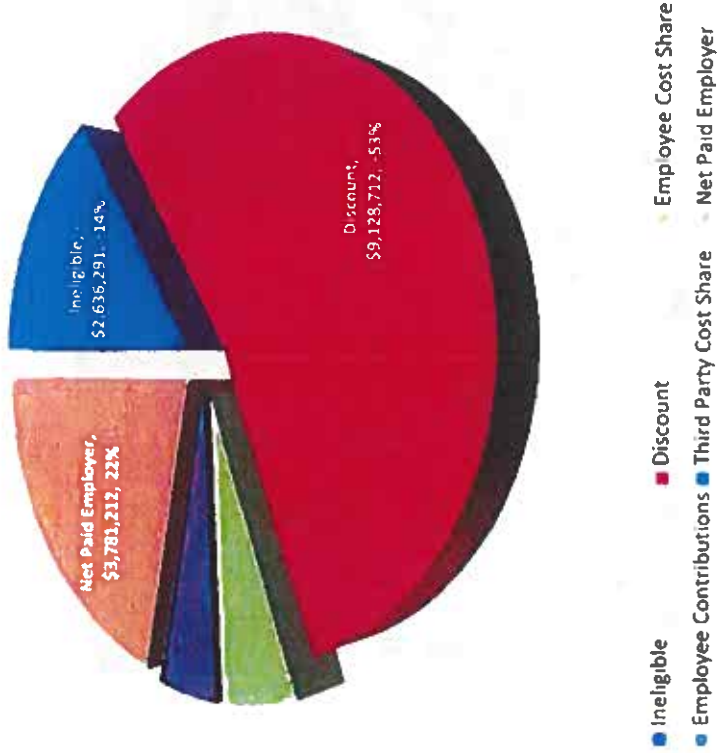
## Medical Savings Summary

Reporting Month: September 2022

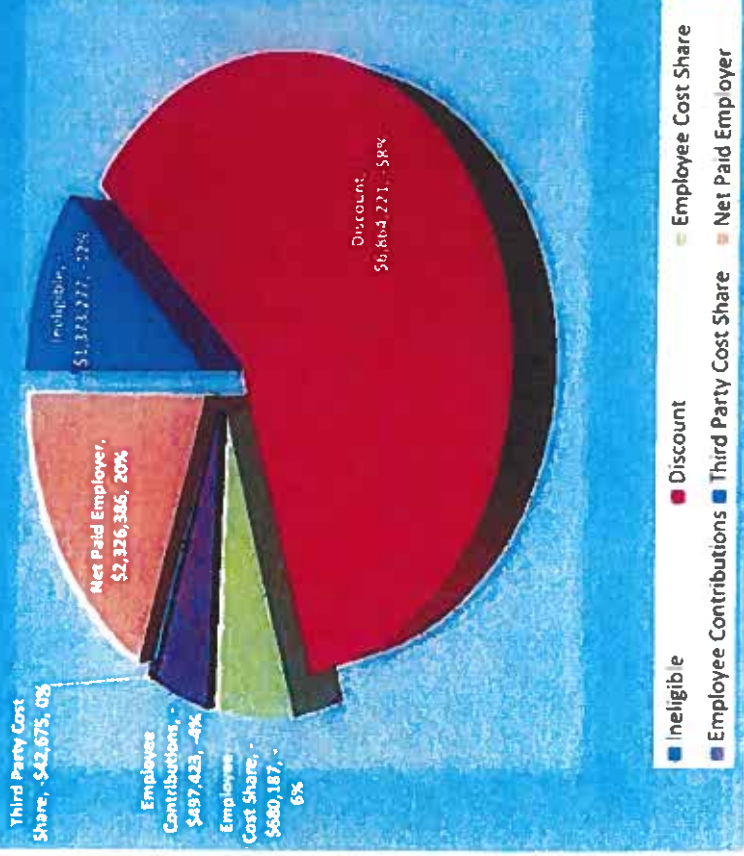


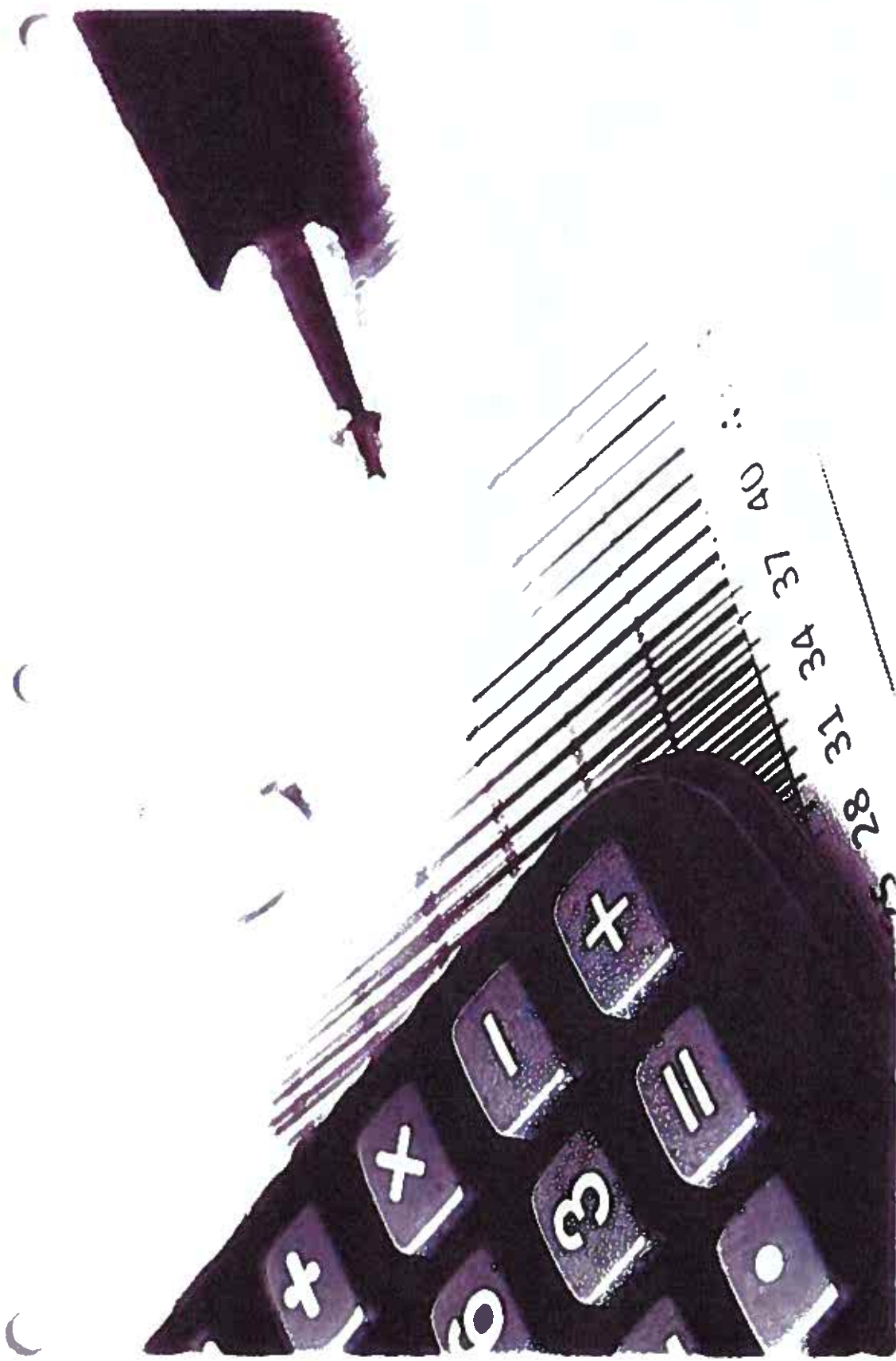


### Components of Total Charges 2021 Total



### Components of Total Charges 2022 Total





# Sample Client

## Aggregate Tracking

Reporting Month: September 2022



Sample Client

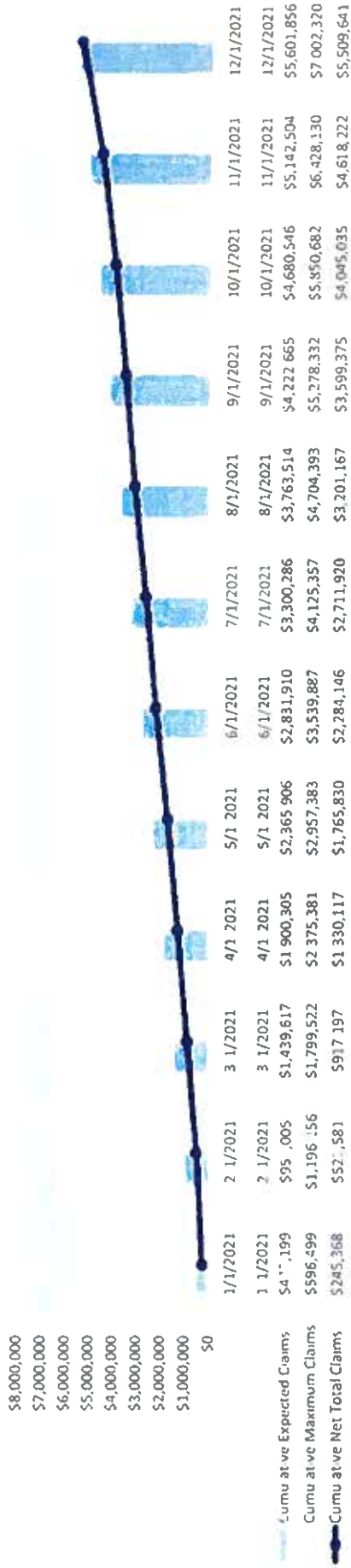


Reporting Month: September 2022

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Month	Cumulative Matured Claims	Cumulative Forwarded Claims	Cumulative Paid Medical Claims	Cumulative Paid Pharmacy Claims	Cumulative Net Total Claims	Maximum vs Net Total Claims
1/1/2021	\$596,499	\$477,199	\$134,596	\$113,772	\$245,368	\$351,132
2/1/2021	\$1,196,256	\$957,005	\$319,232	\$202,349	\$521,581	\$674,675
3/1/2021	\$1,799,522	\$1,439,617	\$553,060	\$364,137	\$917,197	\$882,325
4/1/2021	\$2,375,381	\$1,900,305	\$890,052	\$440,065	\$1,330,117	\$1,045,264
5/1/2021	\$2,957,383	\$2,365,906	\$1,223,023	\$542,807	\$1,765,830	\$1,191,553
6/1/2021	\$3,539,987	\$2,831,910	\$1,559,366	\$724,779	\$2,284,146	\$1,255,741
7/1/2021	\$4,125,357	\$3,300,286	\$1,837,809	\$874,110	\$2,711,920	\$1,413,438
8/1/2021	\$4,704,393	\$3,763,514	\$2,167,414	\$1,033,752	\$3,201,167	\$1,503,226
9/1/2021	\$5,276,332	\$4,222,665	\$2,438,484	\$1,160,891	\$3,599,375	\$1,678,956
10/1/2021	\$5,850,682	\$4,680,546	\$2,726,993	\$1,318,042	\$4,045,035	\$1,805,647
11/1/2021	\$6,428,130	\$5,142,504	\$3,139,105	\$1,479,118	\$4,618,222	\$1,809,907
12/1/2021	\$7,002,320	\$5,601,856	\$3,881,318	\$1,628,323	\$5,509,641	\$1,492,679
1/1/2022	\$7,002,320	\$5,601,856	\$4,138,373	\$1,624,040	\$5,762,413	\$1,239,907
2/1/2022	\$7,002,320	\$5,601,856	\$4,163,727	\$1,624,040	\$5,787,766	\$1,214,553
3/1/2022	\$7,002,320	\$5,601,856	\$4,163,230	\$1,624,040	\$5,787,270	\$1,215,049
4/1/2022	\$7,002,320	\$5,601,856	\$4,173,951	\$1,624,040	\$5,797,991	\$1,204,329
5/1/2022	\$7,002,320	\$5,601,856	\$4,205,419	\$1,624,040	\$5,829,459	\$1,172,861
6/1/2022	\$7,002,320	\$5,601,856	\$4,215,187	\$1,624,040	\$5,839,227	\$1,163,093
<b>2021 Total</b>	<b>\$7,002,320</b>	<b>\$5,601,856</b>	<b>\$4,330,648</b>	<b>\$1,624,040</b>	<b>\$5,954,688</b>	<b>\$1,047,631</b>
1/1/2022	\$618,239	\$494,591	\$137,299	\$153,578	\$290,876	\$327,363
2/1/2022	\$1,232,685	\$986,148	\$420,594	\$311,188	\$731,783	\$500,902
3/1/2022	\$1,840,456	\$1,472,365	\$819,306	\$481,121	\$1,300,427	\$540,028
4/1/2022	\$2,452,179	\$1,961,743	\$1,156,752	\$643,953	\$1,800,705	\$651,475
5/1/2022	\$3,054,468	\$2,443,574	\$1,449,530	\$821,986	\$2,271,517	\$782,951
6/1/2022	\$3,663,530	\$2,930,824	\$1,802,773	\$955,641	\$2,758,413	\$905,116
7/1/2022	\$4,278,233	\$3,422,586	\$2,168,463	\$1,141,629	\$3,310,092	\$968,141
8/1/2022	\$4,897,107	\$3,917,685	\$2,498,863	\$1,319,018	\$3,817,882	\$1,079,225
9/1/2022	\$5,516,577	\$4,413,261	\$2,811,988	\$1,473,722	\$4,285,710	\$1,230,866
<b>2022 Total</b>	<b>\$5,516,577</b>	<b>\$4,413,261</b>	<b>\$2,811,988</b>	<b>\$1,473,722</b>	<b>\$4,285,710</b>	<b>\$1,230,866</b>
<b>2021 YTD vs 2022 YTD</b>	<b>5%</b>	<b>5%</b>	<b>15%</b>	<b>27%</b>	<b>13%</b>	<b>-27%</b>

Aggregate Tracking (Incurred Contract)



Aggregate Tracking (Incurred Contract)







# Sample Client

## Large Claimants

Reporting Month: September 2022

Reporting Month: September 2022

Claimant	Relationship	Age	Plan	Status	Amount Paid 2020	Amount Paid 2021	% of Specific Deductible	% of Total Claims	Flg to be Reimbursed
Claimant 7	Employee			Termed	N/A	\$704,776	470%	11%	\$554,776
Claimant 2	Employee			Active	N/A	\$223,658	149%	4%	\$73,658
Claimant 8	Employee			Active	N/A	\$205,885	137%	3%	\$55,885
Claimant 1	Employee			Active	\$148,537.23	\$167,736	112%	3%	\$17,736
Claimant 4	Employee			Active	N/A	\$160,693	107%	3%	\$10,693
Claimant 5	Employee			Active	N/A	\$131,570	88%	2%	\$0
Claimant 9	Employee			Termed	N/A	\$118,181	79%	2%	\$0
Claimant 3	Spouse			Active	\$76,134.35	\$117,185	78%	2%	\$0
Claimant 10	Spouse			Active	N/A	\$87,475	58%	1%	\$0
Claimant 6	Spouse			Active	N/A	\$83,184	55%	1%	\$0
<b>Total</b>					<b>10</b>	<b>\$224,672</b>	<b>\$2,000,344</b>	<b>31.4%</b>	<b>\$712,748</b>
<b>% Total Paid Claims YTD (Large Claimants)</b>						<b>\$2,000,344</b>			<b>\$150,000</b>
<b>Total Paid Claims YTD (All Other Employees)</b>						<b>\$4,375,378</b>			<b>\$100,000</b>
<b>Total Paid Claims YTD (All Claimants)</b>						<b>\$6,375,722</b>			<b>\$612,748</b>
<b>Total Members</b>									<b>1,218</b>
<b>Large Claimants</b>									<b>10</b>
<b>% of Total</b>									<b>0.82%</b>

Total Paid Claims (Large)  
 Other Employees  
 Total Paid Claims YTD (Large Claimants)

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Claimant	Relationship	Age	Plan	Status	Amount Paid 2022	Amount Paid 2021	Amount Paid 2020	% of Specific Deductible	Total Paid Claims	Total Paid Claims % of Total											
Claimant 1	SPOUSE		PPO	ACTIVE	\$180,202.27	N/A	N/A	120%	\$30,202	4%											
Claimant 3	EMPLOYEE		PPO	ACTIVE	\$143,107.65	\$205,884.69	N/A	95%	\$0	3%											
Claimant 2	EMPLOYEE		PPO	ACTIVE	\$141,764.21	\$223,657.82	N/A	95%	\$0	3%											
Claimant 4	SPOUSE		PPO	ACTIVE	\$113,418.94	\$87,475.16	N/A	76%	\$0	2%											
Claimant 6	EMPLOYEE		PPO	ACTIVE	\$108,760.80	N/A	N/A	73%	\$0	2%											
Claimant 5	EMPLOYEE		PPO	ACTIVE	\$101,755.67	\$131,569.98	N/A	68%	\$0	2%											
Claimant 8	SPOUSE		PPO	ACTIVE	\$100,471.07	N/A	N/A	67%	\$0	2%											
Claimant 7	EMPLOYEE		PPO	ACTIVE	\$87,989.33	N/A	N/A	59%	\$0	2%											
<b>Total</b>					<b>\$977,470</b>	<b>\$1,272,548</b>	<b>\$0</b>		<b>\$30,202</b>	<b>20.4%</b>											
<table border="1"> <tr> <td>Total Paid Claims YTD (Large Claimants)</td> <td>\$977,470</td> <td>Total Members</td> <td>1,217</td> </tr> <tr> <td>Total Paid Claims YTD (All Other Employees)</td> <td>\$3,813,692</td> <td>Large Claimants</td> <td>8</td> </tr> <tr> <td>Total Paid Claims YTD (All Combined)</td> <td>\$4,791,162</td> <td>% of Total</td> <td>0.66%</td> </tr> </table>										Total Paid Claims YTD (Large Claimants)	\$977,470	Total Members	1,217	Total Paid Claims YTD (All Other Employees)	\$3,813,692	Large Claimants	8	Total Paid Claims YTD (All Combined)	\$4,791,162	% of Total	0.66%
Total Paid Claims YTD (Large Claimants)	\$977,470	Total Members	1,217																		
Total Paid Claims YTD (All Other Employees)	\$3,813,692	Large Claimants	8																		
Total Paid Claims YTD (All Combined)	\$4,791,162	% of Total	0.66%																		
<table border="1"> <tr> <td>Specific Deductible</td> <td>\$150,000</td> </tr> <tr> <td>Aggregating Specific Deductible</td> <td>\$100,000</td> </tr> <tr> <td>Net Reimbursable Claims*</td> <td>\$0</td> </tr> </table>										Specific Deductible	\$150,000	Aggregating Specific Deductible	\$100,000	Net Reimbursable Claims*	\$0						
Specific Deductible	\$150,000																				
Aggregating Specific Deductible	\$100,000																				
Net Reimbursable Claims*	\$0																				

\$0  
Total Paid Claims r1D (All Other Employees)  
Total Paid Claims r1D (Large Claimants)



# Sample Client

## Top 25 Prescriptions

Reporting Month: September 2022



# Sample Client



Reporting Month: September 2022

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Rank	Drug Name	Condition(s) treated	Total Paid	Total Scripts	% of Total Scripts	Paid per Script
1	Enbrel	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$133,690	24	0.15%	\$5,570
2	Aprémilast Tab 30 Mg	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$72,826	20	0.13%	\$3,641
3	Not Reportable	NOT REPORTABLE	\$61,873	27	0.17%	\$2,292
4	Hizentra	SERUMS	\$56,352	22	0.14%	\$2,561
5	Humira	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$50,175	9	0.06%	\$5,575
6	Palbociclib Tab 125 Mg	ANTINEOPLASTIC AGENTS	\$39,500	3	0.02%	\$13,167
7	Not Reportable	NOT REPORTABLE	\$36,954	12	0.08%	\$3,080
8	Trulicity	INCRETIN MIMETICS	\$31,846	51	0.32%	\$624
9	Vyvanse	AMPHETAMINES	\$31,172	107	0.68%	\$291
10	Dupixent	SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	\$29,944	10	0.06%	\$2,994
11	Linzess	GI DRUGS, MISCELLANEOUS	\$27,034	40	0.25%	\$676
12	Farxiga	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$26,916	41	0.26%	\$656
13	Ozempic	INCRETIN MIMETICS	\$24,822	37	0.24%	\$671
14	Jardiance	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$24,257	52	0.33%	\$466
15	Oxycontin	OPIATE AGONISTS	\$24,085	12	0.08%	\$2,007
16	Stelara	SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	\$23,296	1	0.01%	\$23,296
17	Trelegy Ellipta	CORTICOSTEROIDS	\$22,524	47	0.30%	\$479
18	Tresiba Flextouch	INSULINS	\$22,480	33	0.21%	\$681
19	Januvia	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	\$21,901	39	0.25%	\$562
20	Amphetamine/Dextroamphetamine	AMPHETAMINES	\$19,026	207	1.32%	\$92
21	Emgality	CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	\$18,813	35	0.22%	\$538
22	Pfizer Biontech Covid-19	VACCINES	\$17,939	568	3.61%	\$32
23	Novolog	INSULINS	\$17,526	23	0.15%	\$762
24	Glyxambi	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$16,566	30	0.19%	\$552
25	Symbicort	CORTICOSTEROIDS	\$14,636	40	0.25%	\$366
26	All Others		\$752,934	14,244	90.53%	\$53
<b>Total</b>	<b>All Prescriptions</b>		<b>\$1,619,085</b>	<b>15,734</b>	<b>100%</b>	<b>\$103</b>



Rank	Drug Name	Condition(s) Treated	Total Paid	Total Scripts	% of Total Scripts	Paid per Script
1	Embril	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$108,240	41	0.35%	\$2,640
2	Palbociclib Tab 125 Mg	ANTINEOPLASTIC AGENTS	\$99,759	9	0.08%	\$11,084
3	Humira	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$89,435	24	0.20%	\$3,726
4	Hizentra	SERUMS	\$57,985	32	0.27%	\$1,812
5	Apremilast Tab 30 Mg	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$51,098	33	0.28%	\$1,548
6	Dupixent	SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	\$43,355	21	0.18%	\$2,065
7	Not Reportable	NOT REPORTABLE	\$40,352	18	0.15%	\$2,242
8	Not Reportable	NOT REPORTABLE	\$32,660	10	0.08%	\$3,266
9	Ozempic	INCRETIN MIMETICS	\$32,166	46	0.39%	\$699
10	Jardiance	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$26,270	54	0.46%	\$486
11	Vyvanse	AMPHETAMINES	\$20,892	95	0.80%	\$220
12	Emgality	CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	\$20,346	40	0.34%	\$509
13	Januvia	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	\$20,193	25	0.21%	\$808
14	Trelegy Ellipta	CORTICOSTEROIDS	\$18,874	50	0.42%	\$377
15	Rimegepant Sulfate Tab Disint 75 Mg	CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	\$18,790	24	0.20%	\$783
16	Trulicity	INCRETIN MIMETICS	\$18,727	37	0.31%	\$506
17	Oxycontin	OPIATE AGONISTS	\$18,247	9	0.08%	\$2,027
18	Farniga	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$17,450	24	0.20%	\$727
19	Eliquis	ANTICOAGULANTS	\$17,445	30	0.25%	\$581
20	Amphetamine/Dextroampheta	AMPHETAMINES	\$14,625	145	1.22%	\$101
21	Glatiramer Acetate	IMMUNOMOD AGNTS	\$13,502	4	0.03%	\$3,376
22	Glyxambi	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2)	\$13,001	18	0.15%	\$722
23	Linzess	GI DRUGS, MISCELLANEOUS	\$10,476	16	0.14%	\$655
24	Novolog	INSULINS	\$9,109	10	0.08%	\$911
25	Dulaglutide Soln Pen-Injector	INCRETIN MIMETICS	\$8,812	12	0.10%	\$734
26	All Others		\$647,880	11,024	93.02%	\$59
<b>Total</b>	<b>All Prescriptions</b>		<b>\$1,459,687</b>	<b>11,851</b>	<b>100%</b>	<b>\$124</b>



# Sample Client

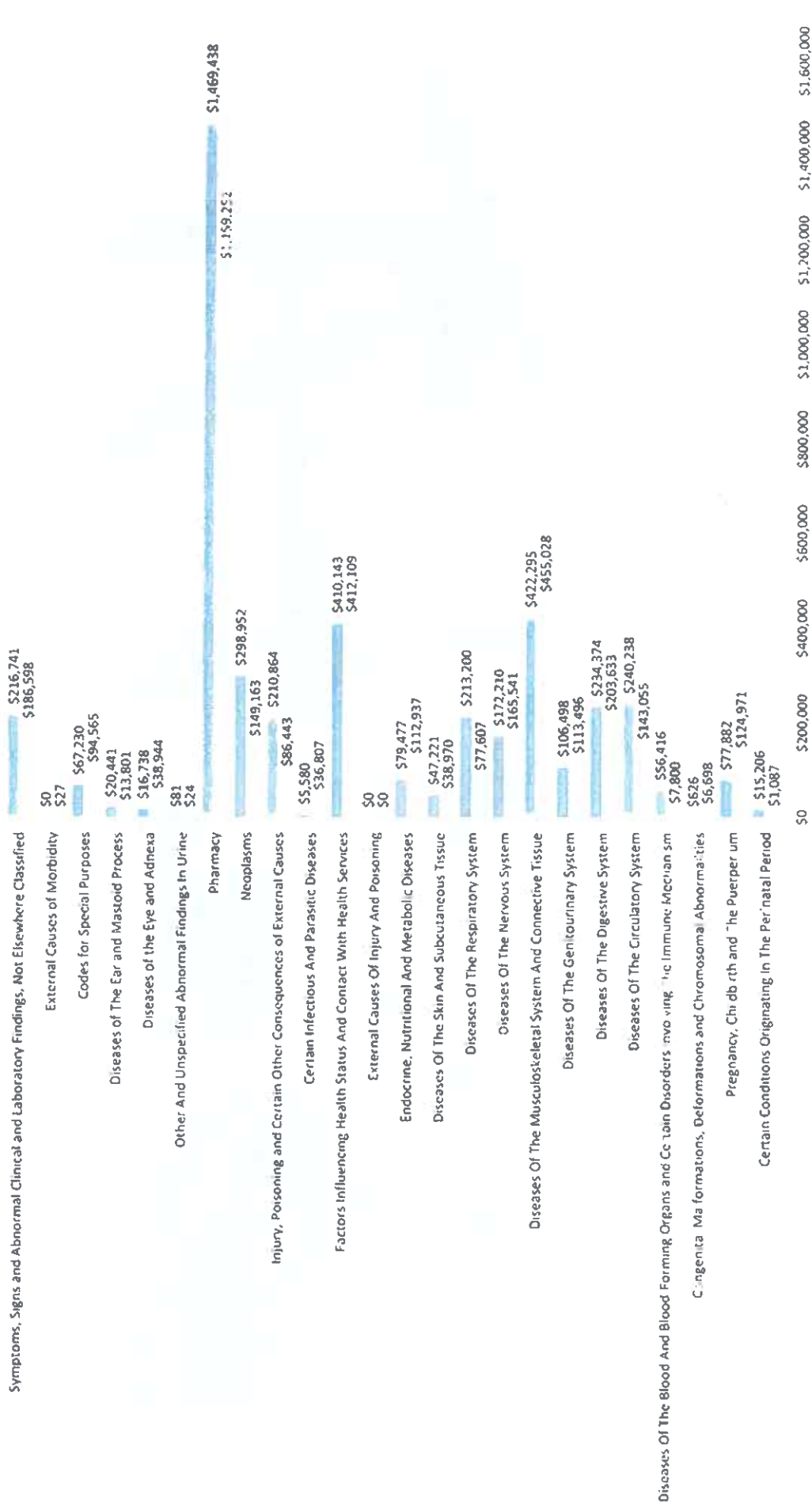
Infographics

Reporting Month: September 2022





Medical and Pharmacy Claims by Major Disease Category



JAN 22 SEP 22 JAN 21 SEP 21



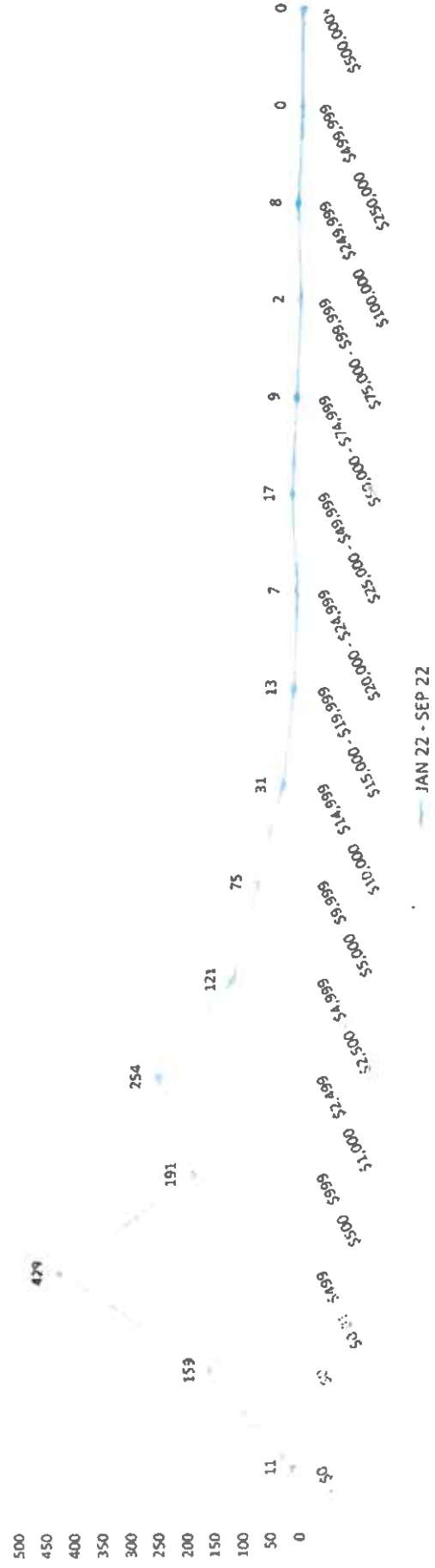
September 2022

Claimant Counts by Medical and Pharmacy Claims Cost Bands



JAN 21 - SEP 21

Claimant Counts by Medical and Pharmacy Claims Cost Bands

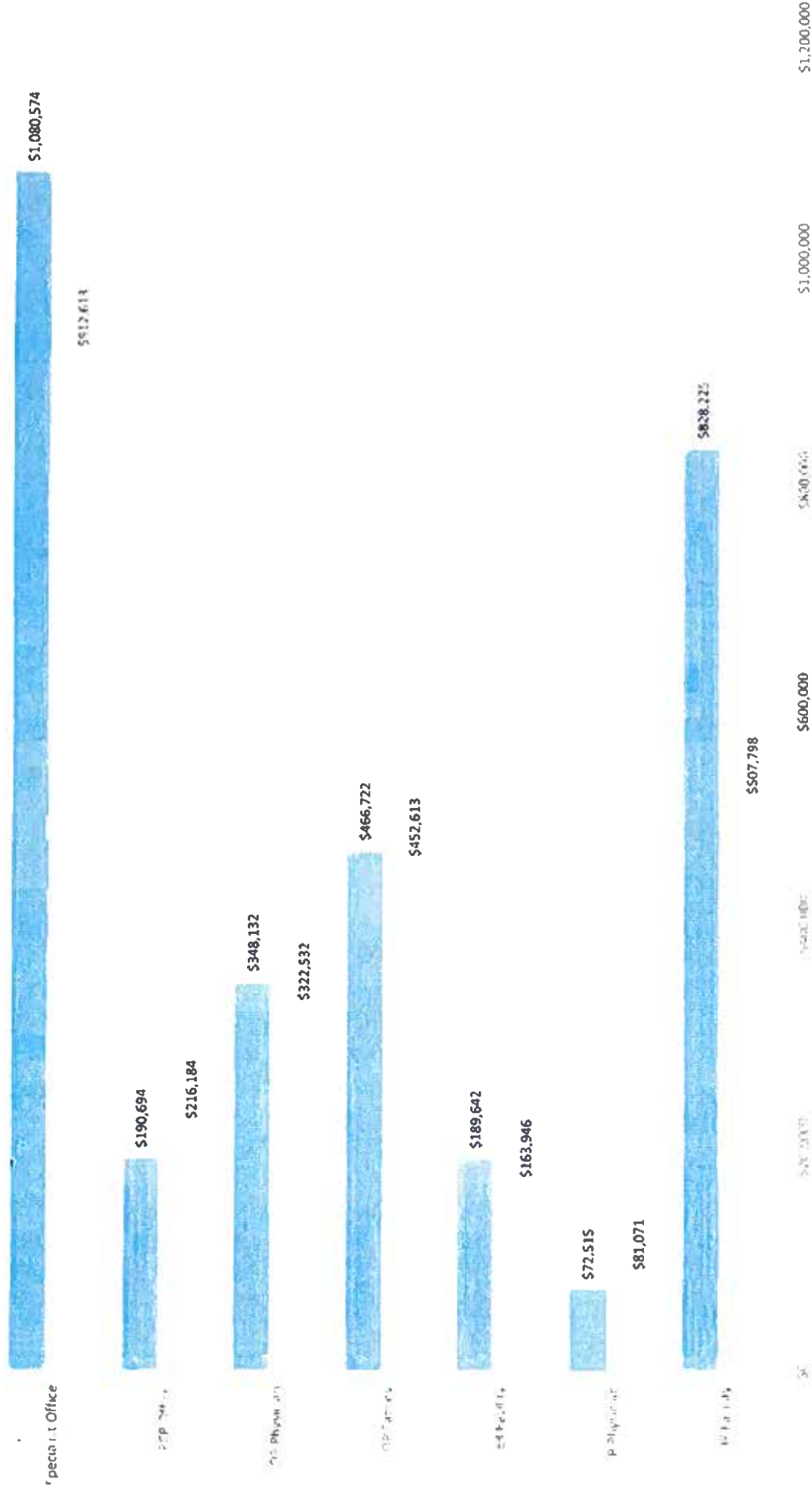


JAN 22 - SEP 22



Medical and Pharmacy Claims by Place of Service

Medical and Pharmacy Claims by Place of Service



\$1,200,000

\$1,000,000

\$800,000

\$600,000

\$400,000

\$200,000

\$0

JAN 22

SEP 22

JAN 21

SEP 21

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**Appendix D:  
Communications**

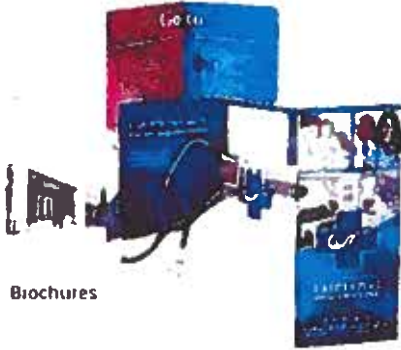
# Sample Communications



Benefits Guides



Posters & Email Blast



Brochures



Flyers



Benefit Guide



OE Presentation

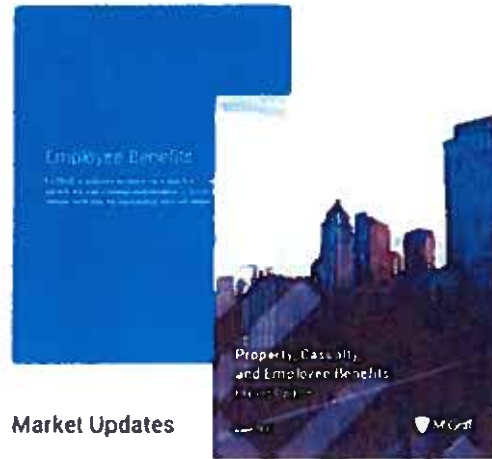


OE Presentation Spanish

Sample digital benefits guide: <https://www.flipsnack.com/CC65E69CSA8/mcgriff-digital-guide-example/full-view.html>



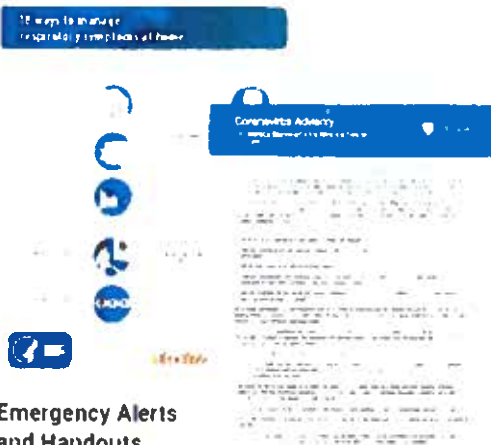
Newsletters



Market Updates

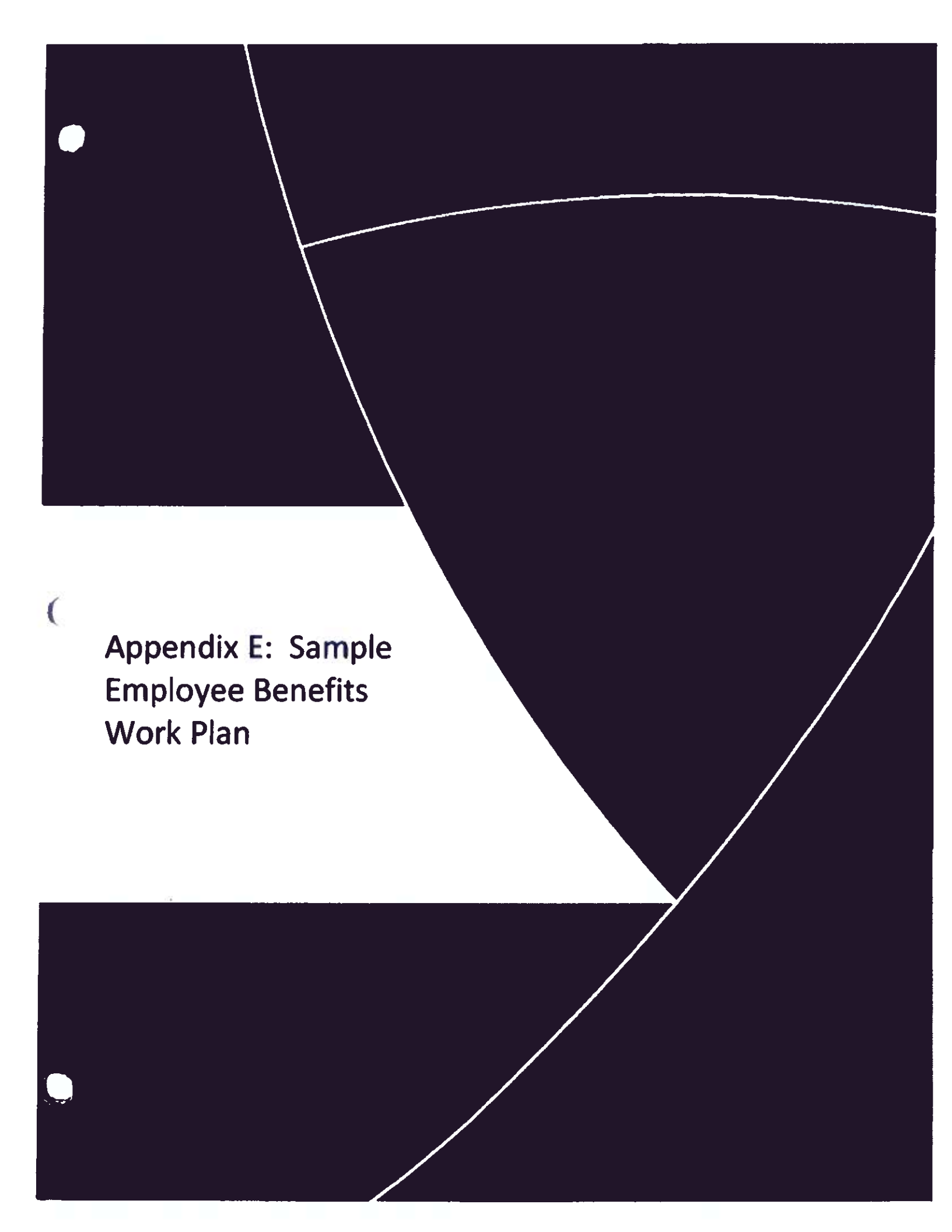


Compliance Alerts



Emergency Alerts and Handouts





**Appendix E: Sample  
Employee Benefits  
Work Plan**



# 2024 Annual Work Plan Review

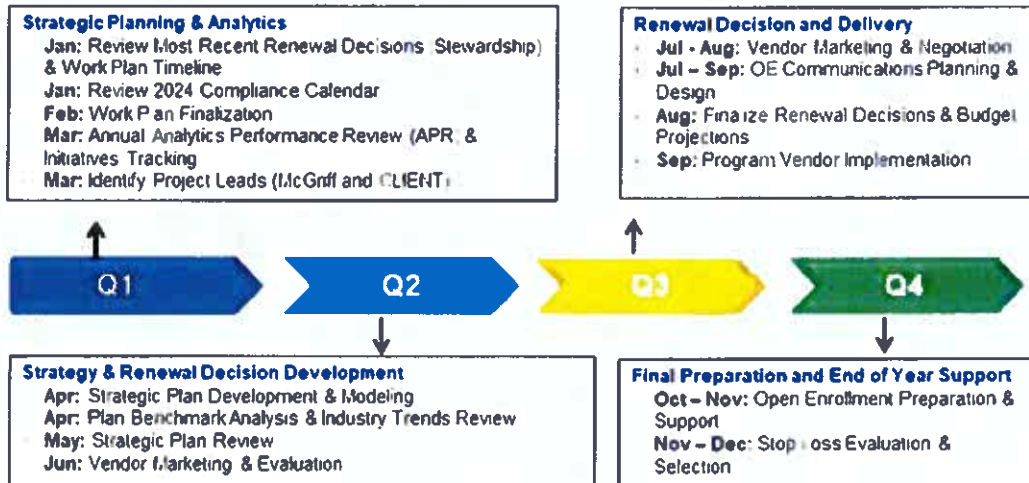
## Employee Benefits

January 2024



# Annual Consulting Calendar

- The timeline below reflects a high-level summary of key EB consulting activities during the plan year; subsequent slides drill into greater detail and include additional and ongoing activities within our scope of services



- CLIENT's key dates & meetings that may influence the annual timeline
  - Board and/or Senior Leadership Meetings
  - Workday deadlines (renewal decisions, new vendor implementations) HRIS needs final decisions by August 15<sup>th</sup>
  - Open Enrollment



# 2024 Timeline

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Consulting, Strategy & Support	Stewardship	•										
	Work Plan	•	•									
	Annual Compliance Calendar Review	•										
	Benchmark Analysis & Industry Trends		•									
	Annual Analytics Performance Review & Initiatives Scorecard			■								
	Strategic Planning Development & Review & Finalization				•	■			■			
Financial Management & Data Analytics	Self Funded Re-Projection/Projection					•			•			
	Self Funded Premium Equivalents/COBRA Rates and Employee Contributions								•			
	Year End IBHR		•									
	Monthly Plan Performance Report (PPR)	•	•	•	•	•	•	•	•	•	•	•
	Quarterly Health Plan Utilization Dashboard		•			•			•		•	



# 2024 Timeline

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan & Vendor Management & Evaluation	Camera Review Meetings			*	*	*	*					
	Camera Strategy				*	*						
	Request Renewal Marketing(s)					*						
	Evaluate Cameras					*	*					
	Plan/Program Design Modeling				*	*	*	*				
	Review of Benefits Considered but Not Implemented in 2023				*							
	Finalize, Implement and Communicate								*	*	*	

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Compliance & HR Advisory	See Supplemental Calendar & Reporting Disclosure Guide											
	Alerts, Seminars, Guides and Training	*	*	*	*	*	*	*	*	*	*	*
	Ad Hoc HR Education & Support	*	*	*	*	*	*	*	*	*	*	*



# 2024 Timeline

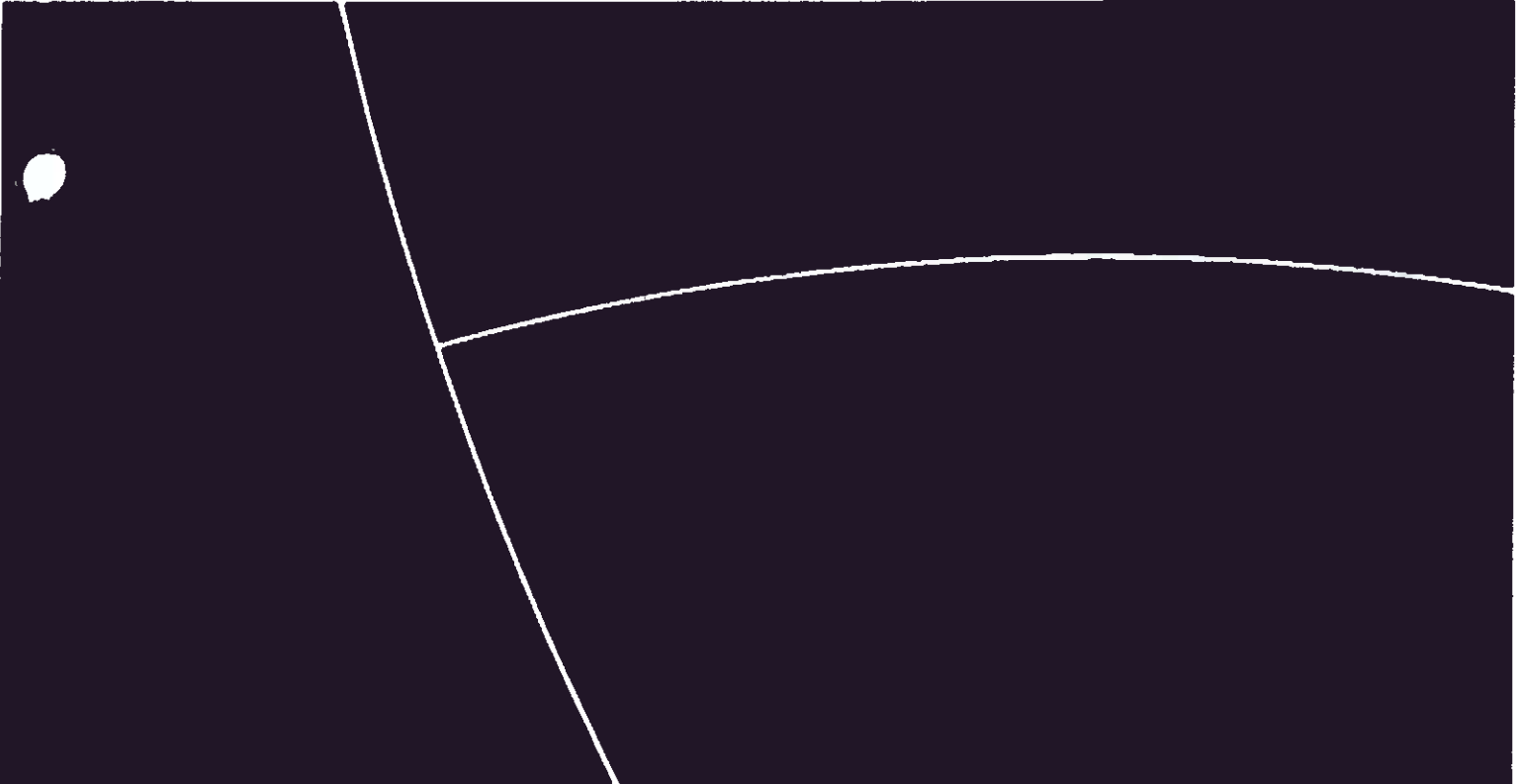
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Wellness, Health Management & Engagement	Wellness Health Promotion Consulting & Program management			*	*	*	*					
	Targeted Solution Vendors including Evaluation and Implementation		*	*	*	*	*	*				
	Incentive Strategy & Design				*	*	*	*				
Communications	Open Enrollment Materials Development	*	*	*	*	*	*	*	*	*	*	*
	New Hire Guides (BAAG)	*										
	Ongoing support											

# 2024 Timeline

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Wellness, Health Management & Engagement	Wellness Health Promotion Consulting & Program management		*	*	*	*						
	Targeted Solution Vendors including Evaluation and Implementation		*	*	*	*	*	*				
	Incentive Strategy & Design			*	*	*	*					
Communications	Open Enrollment Material Development						*	*	*	*		
	New Hire Guides (BAAG)	*										
	Ongoing support											







**Appendix F: Peak  
Health Case Study**







PEAK HEALTH



# Case Study

Client: **TRUIST** 

Peak Health is a high-touch, outcomes based, lifestyle behavior change program that is Registered Nurse-led and data driven. Nurses deliver onsite, individualized health evaluation, coaching, and navigation with personalized goals to improve health and compliance with clinical care guidelines.

BB&T, now Truist, began using Peak Health in 1989. This case study highlights several achievements of the nurse-based employee wellness program at Truist based on the following:

- Improved Modifiable Risk Factors
- Improved Biometrics
- Improved Overall Health Status
- Sustained Results
- Optimized Medical Utilization
- Financial impact

## Peak Health: Program Overview

The program is based on data and clinical grade science. It requires participants to complete a comprehensive set of labs and biometrics every year. Participants also must complete a Health Assessment which includes questions about their physical activity, diet, alcohol consumption, smoking, basic biometrics, and stress.

During a participant visit, a Peak Health nurse will review all of these data points and conduct tests to evaluate the participant's cardiovascular fitness and body fat percentage. The nurse considers all of these factors to "phase" the participant according to their health risk, with Phase 1 being the unhealthiest and Phase 5 being most healthy. The nurse also coaches participants on ways to improve their phase score, encourages them for actively pursuing their health goals and previous advice, and suggests ways to address conditions like stress, specific diseases and conditions.

The nurses meet with a participant, more or less frequently based on their health status, behaviors, and risk factors, sometimes as often as every 4 months. In Truist's program, called "LifeForce," participants also receive discounts on their health insurance premium contribution according to their phase and other factors (e.g. salary band, # of family members on health plan).

## Improved Modifiable Risk Factors

Oft-cited statistics from the Network for Excellence in Health Innovation and the University of Wisconsin Population Health Institute show that while medical care accounts for 88% of healthcare dollars spent, it only accounts for 20% of outcomes. In fact, 30% of outcomes are attributable to modifiable health behaviors such as smoking, alcohol consumption, physical activity, and sleep.

In the LifeForce program, a significant portion of the employee population is motivated to modify their behaviors for better health. This is because Peak Health nurses, as trusted clinical professionals, not only provide education and encouragement on healthier behavior, but also control health risk assessments that drive premium contribution discounts. This combination helps participants feel more accountable for their behaviors and motivates them to improve.

As shown in Table 1, the program has demonstrated significant impact on a variety of modifiable risk factors. The data show progress in eliminating risk factors through the course of participants' engagement in the program. For example, with obesity, 5,158 people were measured as obese when they entered the program, but by their last visit, 1,785 of those participants (35%) are no longer obese.

**Table 1: Improving Modifiable Risk Factors**

*Elimination of Modifiable Risk Factors over Lifetime in the Program*

Risk Factor	Initial # Starting Program With Risk Factor	Still At Risk	Risk Eliminated While In Program	% Risk Eliminated
Obesity <sup>1</sup>	5,158	3,373	1,785	35%
High Total Cholesterol <sup>2</sup>	1,424	703	721	51%
High Blood Pressure <sup>3</sup>	546	184	362	66%
Low HDL <sup>4</sup>	2,752	1,823	929	34%
High Blood Glucose <sup>5</sup>	3,242	2,386	856	28%
Poor Health <sup>2</sup>	14,721	4,731	9,990	68%
Using Tobacco <sup>6</sup>	1,082	494	588	54%
Not Using Seat Belt <sup>7</sup>	158	43	115	73%
Excessive Alcohol Use <sup>8</sup>	1,153	866	287	25%
Inactive <sup>9</sup>	5,938	703	5,235	88%
<b>TOTALS</b>	<b>36,174</b>	<b>12,920</b>	<b>20,868</b>	<b>58%</b>

**Mayo Clinic Health Assessment guidelines**

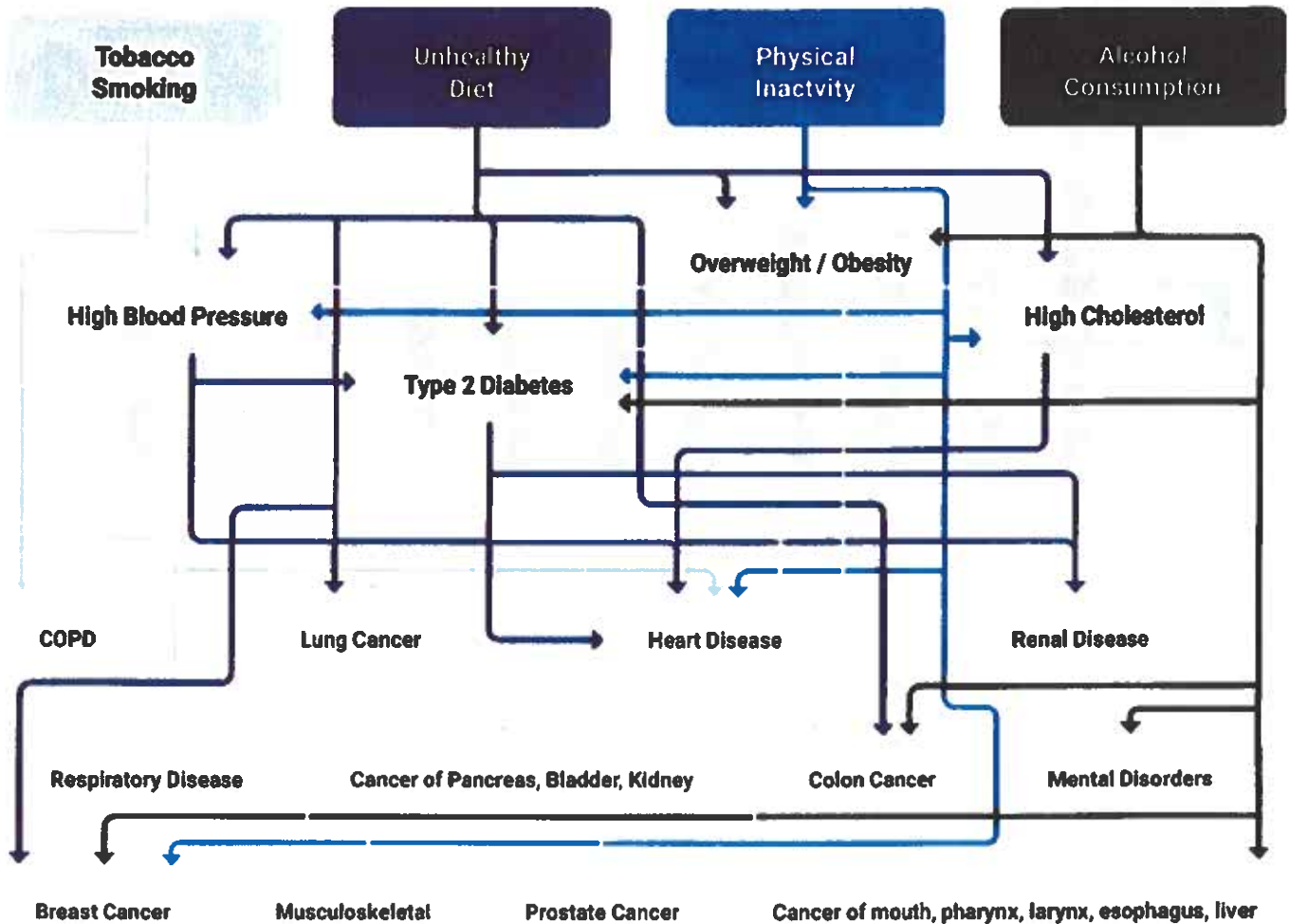
- \* Obesity: BMI >= 30
- \* High cholesterol >=240 mg/dL
- \* High Blood Pressure > 140/90 mm Hg
- \* Low HDL (High Density Lipoprotein): < 40 mg/dL
- \* Tobacco use
- \* Excessive alcohol use: > 14 drinks/week (men) or > 7 drinks/week (women)
- \* Inactive: < 30 min of moderate activity 5 or more days / week, or < 60 min of vigorous activity weekly
- \* High blood glucose: fasting blood glucose >= 100mg/dL; non fasting blood glucose > 140mg/dL

Peak Health defines Poor Health as being placed in Phase 1 or Phase 2 according to the program's evaluation protocol

While some risk factors are self-reported, others can be measured, which shows these improvements are not merely subjective.

Ultimately, reduction in modifiable risk factors helps avoid the downstream risk of chronic disease as illustrated by Figure 1. The more we reduce the risk factors associated with chronic disease, the more we avoid the corresponding high costs.

**Figure 1: Common Chronic Disease Risk Factors**



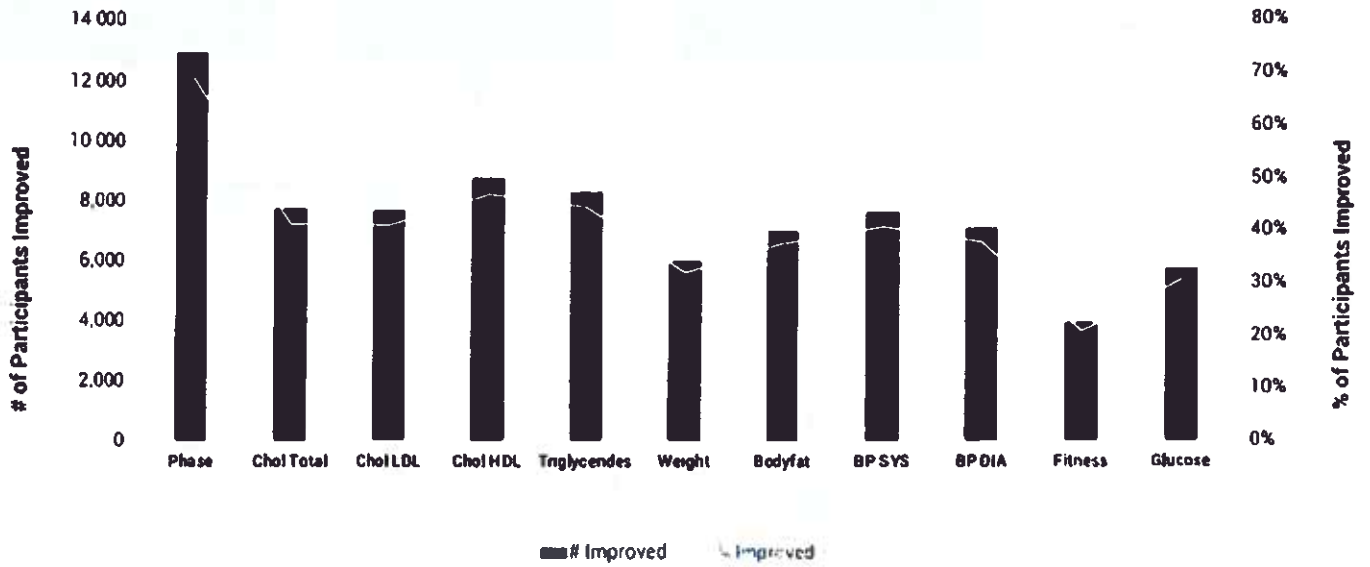
**Improved Biometrics**

As shown in Figure 2, the program has also resulted in progress on a variety of biometrics. This chart is based on 18,264 participants who have at least two sets of biometric data for the reporting period in order to make the comparison. The blue bars represent number of participants improving, based on the left vertical axis. The height of the light blue line at each blue bar represents the % improvement in the population, based on the right vertical axis. Clearly, on all factors, a significant portion of the population has made progress. Note: progressing in "Phase" means participants "improved" in their Peak Health phase score during the measured time period.

*"Becoming a new mom is exhausting enough, let alone returning to the office. I thought my exhaustion was simply due to being a new mom, however a routine Peak Health appointment resulted in labs that identified a potential thyroid disease, and the need for further testing. It turned out I had Hashimoto's disease. Without Peak Health annual labs, I may never have sought or found a solution. My energy has improved tremendously."*

- Peak Participant

**Figure 2: Biometric Progress for Participants in the Program for at least 1 year and with 2 data points (previous and last)**



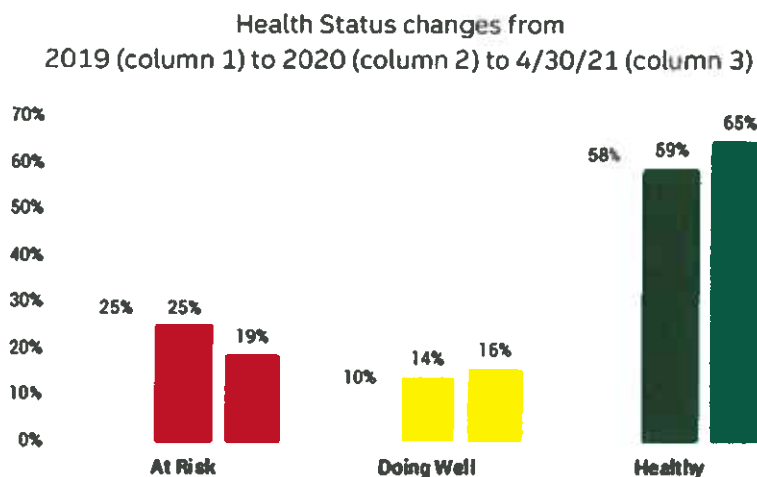
### Improved Overall Health Status

As described earlier, participants are placed in a phase following their initial health risk assessment, and can then engage in healthier behaviors and/or improve their health in order to move up to a higher phase. Participants are placed in Phase 0 if they have enrolled in the program but have not yet met with the nurse for an evaluation. Participants in Phase 1 and Phase 2 are considered "At Risk," participants in Phase 3 are considered to be "Doing Well," and participants in Phase 4 and Phase 5 are considered "Healthy." Table 2 shows that the overall average phase has continued to improve over the tracking period, even as the number of enrolled participants increases. Figure 3 provides a visual of the same information from 2019 - April 2021.

**Table 2: Phase and Health Status Distribution by Year From 2018 - Apr 2021**

Snapshot	# Enrolled	Pending	At Risk		Doing Well	Healthy		Average Phase
			% No Phase	% in Phase 1	% in Phase 2	% in Phase 3	% in Phase 4	
2018	20,415	0%	5%	27%	10%	27%	31%	3.51
2019	21,078	6%	4%	21%	10%	17%	41%	3.75
2020	27,569	2%	1%	24%	14%	23%	35%	3.69
2021 thru 4/30	26,980	1%	1%	17%	16%	29%	36%	3.82

**Figure 3: Health Status Distribution  
From 2019 - April 2021**



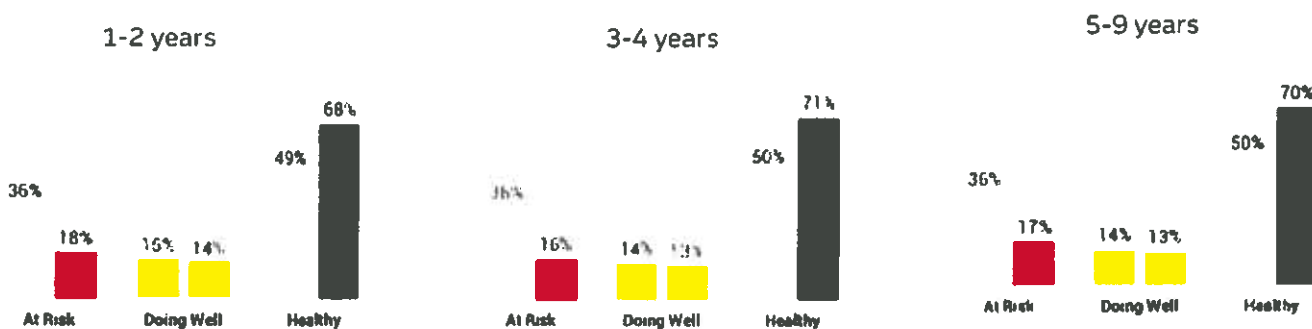
*"Just a fantastic experience. I got feedback on my current numbers, confirmation of my diet and exercise routines, resources for expanding my healthy options, and education on VO2 max and how to calculate. The bonus is that it was fun. I appreciate that it was a personal conversation and not a clinical check-the-box procedure."*

– Peak Participant

### Sustained Results

A frequently asked question regarding wellness programs is whether or not results are sustainable. Figure 4 shows that the Peak Health program at Truist has delivered consistent results for program participants, regardless of how long they were in the program. In general, the number of participants considered to be "At Risk" was cut in half (from 36% down to 17-18%) over the measured period. Additionally, there has been a marked increase in the number of people in each cohort who have become healthy over that period. According to this data, the program sustainably improves health for a portion of the population.

**Figure 4: Health Status Progress for Cohorts Separated by # of Years in Program**



### Optimized Medical Utilization

For self-insured employers like Truist, it is important to note that the Peak Health wellness program not only yields tangible results on employee health, but that this translates into optimal medical system utilization that ultimately results in lower claims, which can lead to lower insurance premiums.

Table 3 compares both participants and non-participants across both demographic risk and forward-looking risk. While the non-participants (who are younger, on average, than the participants) have an understandably lower demographic risk than participants, their forward-looking risk is actually higher than participants. We could therefore infer that because program participants are engaging in healthier behaviors and experiencing healthier outcomes, their overall forward-looking risk is actually lower, despite their higher demographic risk.

**Table 3: Comparison of Demographic and Relative Risk for Program Participants and Non-Participants**

	Demographic Risk	Avg Risk Score
Non-Participants	1.20	1.69
Participants	1.28	1.50

Further, Table 4 compares participants and non-participants across medical system utilization as well as predicted costs. On a normalized basis (i.e., per 1,000 employees), participants have had fewer hospital admissions and ER visits than non-participants, and more office visits. This is preferred behavior in terms of medical system utilization. We want employees to visit their doctors to complete gaps in care and not deteriorate to the point that they need to go to the ER and/or be admitted. Additionally, this utilization of the health system for preventative care (vs. reactive care in an ER or hospital) translates to lower costs. The last column of Table 4 supports this assertion, showing that non-participants are predicted to have higher costs than their program participant counterparts, despite their lower demographic risk.

**Table 4: Comparison of Medical System Utilization and Predicted Costs for Program Participants vs. Non-Participants**

	Admits / 1,000	ER visits / 1,000	Office Visits / 1,000	Predicted Cost
Non-Participants	63	237	3,917	\$8,673
Participants	38	147	4,224	\$8,562

## Financial Impact

The trend in wellness programs is toward VOI (Value on Investment) instead of ROI (Return on Investment), partly because it is hard to quantify how many "heart attacks did not happen" or "how many diseases were avoided" as a result of wellness program participation. That said, much research has been conducted to quantify the potential financial impact of reducing modifiable risk factors such as smoking and obesity. It focuses on improvements such as reduction in excess medical claims, increase in productivity (i.e. decreased presenteeism), and decrease in absenteeism. For this case study, we focus on the first two areas of improvement.

### Increased Productivity / Decreased Presenteeism

In terms of productivity, Riedel et al. have determined that each risk per employee results in \$1,494 in productivity loss (based on an average salary of \$50,000). Under Truist's average salary, each risk translates to \$2,343 of annual productivity loss. Next, looking at the risk factors eliminated in Table 1 and excluding "Poor Health" as defined by Peak Health, this still results in 10,878 risks eliminated. From a productivity standpoint, this translates to more than \$25.4 million in increased productivity annually.

### Reduced Medical Costs

Taking a very conservative approach in terms of excess costs associated with modifiable risks, we can review three common risks which can be proven to be objectively eliminated – and for which recent research is available on excess costs: obesity, high blood pressure, and high blood glucose. Table 5 shows that the estimated aggregate annual savings for eliminating these three risks in a portion of the Truist population is more than \$3.6 million.

**Table 5: Excess Medical Cost Savings Associated With Elimination of Objectively Measured Risk Factors**

Risk Factor	Initial # Starting Program With Risk Factor	Still At Risk	Risk Eliminated While In Program	% Risk Eliminated	Excess Annual Medical Cost Per Risk <sup>1</sup>	Total Excess Medical Costs Avoided
High Blood Glucose <sup>2</sup>	3,242	2,386	856	28%	\$1,694	\$1,450,064
Obesity <sup>2</sup>	5,158	3,373	1,785	35%	\$1,000	\$1,785,000
High Blood Pressure <sup>2</sup>	546	184	362	66%	\$1,077	\$389,874
<b>TOTAL</b>						<b>\$3,624,938</b>

Excess costs include medical expenditures such as inpatient care, outpatient care, emergency department visits, retail prescriptions, and preventive care. Based on several sources included in the references, the costs associated with certain modifiable risk factors are as follows:

- \* Obesity: \$1,000 [Goetzel, 2020]
- \* High Blood Pressure: \$1,077 [Kowlesar, 2011]
- \* High Blood Glucose: \$1,694 [Goetzel, 2020]

Additionally, it is worthwhile to consider other modifiable risk factors that do impact excess healthcare costs, even though their measures may be subjective. Specifically, we have looked at tobacco use and activity, both of which are self-reported. Admittedly, program participants could fail to report their continued tobacco use or physical inactivity in order to please their nurse and/or earn their premium contribution discount. We assume, however, that the majority of participants would accurately report their actual wellness activities (or lack thereof) and as importantly be motivated to do the right thing for their own health and wellness. Under that positive assumption, Table 6 shows that almost an additional \$2.6 million in excess medical claim costs could be attributable to the elimination of these risk factors. Combining these objective and subjective risk factors, the estimated annual savings from reducing excess medical costs is \$6.2 million.

**Table 6: Excess Medical Cost Savings Associated With Elimination of Subjectively Measured Risk Factors**

Risk Factor	Initial # Starting Program With Risk Factor	Still At Risk	Risk Eliminated While In Program	% Risk Eliminated	Excess Annual Medical Cost Per Risk <sup>1</sup>	Total Excess Medical Costs Avoided
Using Tobacco <sup>2</sup>	1,082	494	588	54%	\$659	\$387,492
Inactive <sup>2</sup>	5,938	703	5,235	88%	\$421	\$2,203,935
<b>TOTAL</b>						<b>\$2,591,427</b>

Excess costs include medical expenditures such as inpatient care, outpatient care, emergency department visits, retail prescriptions, and preventive care. Based on several sources included in the references, the costs associated with certain modifiable risk factors are as follows:

- \* Smoking: \$659 [Adams, 2020]
- \* Sedentary Lifestyle: \$421 [Goetzel, 2020]

Aggregating just the benefits of increased productivity (\$25.4 million) and the conservative estimate of decrease in excess medical expenses (\$6.2 million), **the total annual financial benefit for Truist's Peak Health program exceeds \$31.6 million.**

While this case study includes conservative financial impact estimates, it is worthwhile to reflect on the comments of Steve Reeder, EVP at Truist, and Director of Well-being who has witnessed firsthand the impact of the program on Truist (formerly BB&T) employees and the health plan for over three decades. Steve's comment (see the testimonial on this page) that the program has reduced medical claims by over 10% annually further accentuates the program's financial impact.

## Conclusion

In summary, whether considering critical factors important to the employer, the employees, or both, the Peak Health program has proven highly beneficial to Truist. The sustained results also support maintaining the wellness program in order to continue realizing these benefits.

*"The Peak Health program helps drive real behavior change by empowering people with information about their health.*

*It also establishes a bond between the employee and the nurse, such that the employees not only understand what they should do to improve their health and well-being, but also commit to accomplishing their goals by their next meeting.*

*We see significant engagement of high risk employees who would benefit from interventions, and this has led to more than a 10% reduction in annual medical claims."*

– Steve Reeder, EVP,  
Director of Benefits

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**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**POLICY & TECHNOLOGY COMMITTEE - Mrs. Amanda Faneck:**

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**PROPERTY COMMITTEE - Mr. Michael DiMare:**

1. Recommended that a resolution be adopted to permit the following organizations to use the Dallas School District facilities, as listed, contingent upon receipt by the School District of a Certificate of Insurance in accordance with the District's rules and regulations regarding school facility use requests, with utilization fees per policy 707, And in accordance with the state pandemic guidelines:

DHS Music Dept., DHS PAC, reserved for Fall Concert rehearsals, set-up, and tear-down beginning Monday, October 7 through Friday, October 11, 2024

DHS Music Dept., DHS PAC, music wing, amphitheater (weather permitting), Fall Concert, Thursday, October 10, 2024, from 6:00 - 9:00pm

DMS Drama, DMS Auditorium, reserved for stage build, Friday, October 18 through Tuesday, November 12, 2024; Sunday, December 1 through Sunday, December 22, 2024; Tuesday, February 18 through Sunday, March 23, 2025; Monday, April 28 through Friday, May 30, 2025

DMS Drama, DMS Auditorium, rooms 114, 115, 116, 117, Commons, Fall Play, Thursday, November 7 through Saturday, November 9, 2024, from 5:00 - 10:00pm; Sunday, November 10, 2024, from 12:00 - 5:00pm

DMS Chorus, DMS Auditorium, rooms 114, 115, 116, 117, Commons, Holiday Chorus Concert, Tuesday, December 10, 2024, from 5:00 - 10:00pm

DMS Drama, DMS Auditorium, rooms 114, 115, 116, 117, Commons, Spring Musical, Wednesday, March 19 through Saturday, March 22, 2025, from 5:00 - 10:00pm; Sunday, March 23, 2025, from 12:00 - 5:00pm

DMS Chorus, DMS Auditorium, rooms 114, 115, 116, 117, Commons, Spring Chorus Concert, Tuesday, May 6, 2025, from 6:00 - 10:00pm

PMEA (Hollie Baker), DMS Auditorium, rooms 114, 115, 116, 117, Commons, PMEA Chorus Fest 2025, Friday, May 9, 2025, from 6:00 - 10:00pm TENTATIVE IN CASE FIRST VENUE FALLS THROUGH

Dallas Band Boosters, DHS Commons, purse bingo fundraiser, Saturday, March 15, 2025, from 9:00am - 6:00pm

DHS Child Care Preschool Program, DHS PAC, graduation practices, recurring Tuesdays, Wednesdays, and Thursdays beginning April 1, and ending May 7, 2025, from 8:00am - 12:00pm (*no practices on April 16 & 17, 2025, due to Spring Break*)

DHS Child Care Preschool Program, DHS PAC & LGI, Graduation, Thursday, May 8, 2025, from 8:00am - 12:00pm (*graduation will be in PAC; celebration afterward will be in LGI*)

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**PROPERTY COMMITTEE - Mr. Michael DiMare:**

DMAC, DMS Natatorium, NEPA Summer Swim League Championships, Saturday, July 20, 2024,  
from 6:00am - 10:00pm

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**STUDENT ACTIVITIES COMMITTEE - Mrs. Sherri Newell:**

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**TRANSPORTATION AND SAFETY - Mrs. Christine Swailes:**

**BOARD OF SCHOOL DIRECTORS, REGULAR MEETING, JULY 8, 2024**  
**WELLNESS & CAFETERIA COMMITTEE- Mrs. Susan Allen:**

1. Recommended that a resolution be adopted to pay Metz, Inc. the following amount, for invoice to the Dallas School District, as attached:

Invoice #10420524	May 2024	\$107,276.00
Invoice #10420524B	May 2024	<u>\$287.18</u>
		\$107,563.18

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_



Invoice # 10420524

May-24

**Billed to :**

Dallas School District

2030 Conyngham Avenue  
Dallas, PA 18612

Invoice Date: 6/7/2024

Due Date: 6/17/2024

**Total Amount Due**

**\$ 107,276.00**

Service Dates : 05/01/2024 to 05/31/2024

Monthly Culinary Management Charges

**Purchases:**

<b>Food</b>		\$	33,776.07
Food: Program	\$	26,688.63	
Food: Non Program	\$	7,087.44	
Less: NOI discounts	\$	-	
Less: Rebates, Discounts, and Applicable Credits	\$	(1,282.09)	

**Direct Costs**

Background Checks, Fingerprinting, and/or Drug Testing	\$	-
Car/Truck Rental and/or Mileage	\$	(111.37)
Cleaning and Janitorial Supplies	\$	203.53
Computer and Technology	\$	329.00
Paper Products and Disposable Supplies	\$	2,051.01
Performance Bond	\$	382.56
Postage	\$	-
Promotional Materials (Program Specific)	\$	-
Smallwares/Replacement Wares	\$	50.41
Uniforms, Linens, and Laundry	\$	-

**\$ 35,399.12**

**Labor:**

Management Payroll & Benefits	\$	8,811.21
Base Payroll (Hourly)	\$	42,960.52
Payroll Taxes (Hourly)	\$	6,444.08
Benefits	\$	7,303.29
Accrued Vacation/Sick Pay plus benefits	\$	-
Contract Labor (Other)	\$	-

**\$ 65,519.09**

**Fees, Investments & Adjustments:**

Management Fee	\$	3,090.00
<b>Administrative Costs:</b>		
K-12 School Services Divisional Expenses		1,158.75
School Operational Expenses		746.75
Metz Corporate Expenses		669.50
Total Administrative Costs	\$	2,575.00
General Liability Insurance	\$	692.79
Depreciation/Amortization	\$	-

**\$ 6,357.79**

**For Information Only - Commodities**

Beginning Inventory	3,807.08
Received	6,286.67
Monthly Total	10,093.75
Ending Inventory	3,580.34
Monthly Cost	6,513.41

**Please remit to:**

Metz Culinary Management  
Attn: Accounts Receivable  
2 Woodland Drive  
Dallas, PA 18612  
(800) 675-2499

**Total \$ 107,276.00**

*Thank you for your business*





# Metz

CULINARY MANAGEMENT  
ENVIRONMENTAL SERVICES

Invoice # 10420524B

May-24

Invoice Date: 6/7/2024

Due Date: 6/17/2024

**Billed to :**

Dallas School District

2030 Conyngham Avenue  
Dallas, PA 18612

**Total Amount Due**

**\$ 287.18**

Service Dates : 05/01/2024 to 05/31/2024

Monthly Culinary Management Charges

**Non POC Expenses:**

<b>Food</b>	
Food: Program	
Food: Non Program	
Less: NOI discounts	
Less: Rebates, Discounts, and Applicable Credits	
<b>Office Supplies</b>	<b>\$ 285.33</b>

**\$ 285.33**

**Fees, Investments & Adjustments:**

General Liability Insurance	\$ 1.85
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**\$ 1.85**

**Please remit to:**

Metz Culinary Management  
Attn: Accounts Receivable  
2 Woodland Drive  
Dallas, PA 18612  
(800) 675-2499

**Total \$ 287.18**

*Thank you for your business*

