

*Marshall
& Sterling*

EMPLOYEE BENEFITS



Small Employer

Benefit Package Review



Village of Tuxedo Park

June 1, 2024

Corporate Overview

As one of the largest independent insurance and risk management agencies in the nation, Marshall & Sterling is a leader in group benefits, specializing in health, dental, life, disability and flex benefits. Our experienced professionals help clients advance the health, wealth and performance of their most vital resource - their people. Our firm also provides customized administration, technology and total benefit programs. Augmented by a broad spectrum of insurance, risk and wealth management, and financial planning offerings, Marshall & Sterling provides complete risk solutions for our clientele. This integrated, custom-tailored approach, utilizing uniquely developed strategies and service models, allows Marshall & Sterling the ability to develop programs which provide superior excellence in coverage, care and cost effectiveness.



- **Founded in 1864**
- Total written premiums in excess of **\$1 Billion**
- **550 Insurance Specialists**
- **36 branch offices** across New York, California, Florida, Michigan, Virginia and the U.S. Virgin Islands
- Group Benefits executives **serve on the Advisory Boards** of all four major health insurance carriers
- **An employee-owned company**
- One of the top 50* largest privately-held insurance brokers in the nation
- Nationally recognized for **outstanding service and Best Practices**

* Source: Insurance Journal Report

Simplified, Integrated Benefits Administration and Compliance Solutions

Marshall & Sterling strives to develop long-term, mutually beneficial partnerships with our employee benefit clients. We start by gaining an understanding of your organization, its history, competitive challenges, and future direction. We combine the perspectives and insights of your staff, human resources professionals, and executives, together with our decades of experience to find the best possible options for your organization. We don't push boxed solutions on our clients. Instead, we tailor our guidance to meet the unique goals of each organization.



Strategic Planning

- Review of all competitive plan designs and carriers
- Assessment of alternative funding opportunities
- Provider network analysis
- PEO analysis
- Employee contribution strategies



Flex Benefits

- Administration of FSA, HSA, HRA, DCAP and Transit plans
- COBRA administration
- Employee & employer online portals
- Mobile app, flex debit card and modern consumer features



Data Analytics

- Benchmarking measures key business metrics in employee benefit packages including plan options and average employee contributions in the small group market



Employee Tools and Education

- Online enrollment portal
- Plan selection assistance tool
- Benefit guides
- Customized election forms
- Employee open enrollment
- Education meetings
- Open enrollment videos



Technology/iNavigator

- Employee enrollment portal
- Secure electronic data transmission
- Employer reporting
- On-boarding/off-boarding assistance



Dedicated Assigned Account Manager and Service Team

- Direct access to the assigned account manager for day-to-day activities, open enrollment management and escalated issues
- Direct access to dedicated eligibility and claims specialist



Payroll Integration and Administration Access

- With several of the largest payroll vendors like ADP, Paylocity, Paycor, Ultipro, etc...



Compliance

- Online enrollment portal
- Plan selection assistance tool
- Benefit guides
- Customized election forms
- Employee open enrollment
- Education meetings
- Open enrollment videos



HR Services

- On-staff HR specialist available for day-to-day and high-level guidance
- Online HR library
- Handbook reviews and designs

Certain non-brokered services are regulated by NY Department of Financial Services and will require a separate contract or additional fees

Compliance Checklist



Group Health Plan Design:

- Cost Sharing Limits (\$9,450 per person and \$18,900 per family for the 2024 plan year)
- Health FSA Limit: No more than \$3,200 (2024 plan year)
- Health HSA Contribution Limit : Single: \$4,150 and Family:\$8,300 (for 2024) and \$1,000 Catch-up for those 55+
- Waiting Period (No more than 90 days)
- Individual Policy Reimbursement Prohibition (\$100/day/employee excise taxes)

Group Health Plan Taxes & Fees:

- Patient Centered Outcomes Research Institute (PCORI) fee: Employers with self-funded plans, including non-excepted HRAs and FSAs, are responsible for filing and paying the fee once per using IRS Form 720. The PCORI fee is in effect through 2029.

Notice & Disclosure Requirements:

- Summary of Benefits and Coverage (SBC) – typically provided by insurance carrier, but employer is responsible for distribution.
- Exchange (Marketplace) Notice – Employers must provide to all employees within 14 days of hire
- Grandfathered Plan Notice - Include with materials describing plan's benefits (enrollment materials, SPD)
- Notice of Patient Protections – (non-grandfathered plans only) provide at enrollment, and include SPD
- ERISA Required Disclosures – Summary Plan Description (SPD) Summary of Material Modification (SMM), COBRA/HIPAA/CHIPRA/WHCRA/GINA; other specific items, e.g. Wellness Program disclosure.

Recordkeeping:

Employers should maintain detailed documentation of all materials, data and records used in meeting their compliance requirements. Examples of essential recordkeeping elements include:

- A written plan that describes the benefit structure and guides day-to-day operations
- A system to track contribution and benefit payments, maintain participant and beneficiary information, and to accurately prepare any necessary reporting documents.
- Documents to provide plan information to employees participating in the plan and to the government, including copies of required notices and a description of the distribution processes.

Keeping track of compliance obligations under ERISA, COBRA, HIPAA, and the Affordable Care Act is no simple task. At Marshall & Sterling, we strive to keep clients informed with valuable and timely information issues that impact your business and benefit plans. The following checklist provides an overview of compliance items small employers should be aware of.

Small Business Health Plan Prevalence and Enrollment

The average number of medical plans (of any type) offered at largest worksites is 3

The average deductible range for the single premium is \$1,887 across the 3 plan types

The average deductible range for the family premium is \$2,285 per person across the 3 plan types

78% of Employers contribute to the single premium and 67% to the family premium

- The average annual cost per person:
 - Single - \$7,863
 - Family - \$21,661
- The average monthly premium paid by employer is \$524/\$1,314 and the employee covers \$132/\$491

35% of Employers Offer an HSA or HRA

- Average employer contribution amounts:
 - HSA \$648/\$1,117
 - HRA \$1,815/\$3,322



42% of Companies Offer Dental

64% of companies have employee contributions for dental

27% of Companies Offer Vision

60% of companies have employee contributions for vision



27% of Companies Offer Life Insurance

- 96% of these plans are noncontributory

Other Benefits Offered...



44%

Offer Voluntary Benefits such as LTD and STD



40%

Of workers are offered Dependent Care



53%

Provide an Employee Assistance Program



44%

Offer FSA



43%

Offer Wellness Programs



Renewal Analysis



**Marshall
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EMPLOYEE BENEFITS

Insurance Carrier	MVP-Current Plan	MVP W DEP TO AGE 30 RIDER-Renewal Plan	MVP W DEP TO AGE 30 RIDER	MVP W DEP TO AGE 30 RIDER	MVP W DEP TO AGE 30 RIDER	MVP W DEP TO AGE 30 RIDER	MVP W DEP TO AGE 30 RIDER
Plan Name	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 3 (HSA) "Exchange Certified Plan" National Network	MVP Silver 4 HRA EPOc "Exchange Certified Plan" National Network	MVP HMO HDHP Silver 3 (HSA) "Exchange Certified Plan" Regional Network	MVP Bronze 2 EPOc (Not HSA Qualified) "Exchange Certified Plan" National Network	MVP EPO HDHP Bronze 11 "Exchange Certified Plan" National Network "NEW"
Metal Level	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze
Ded. Type	Embedded	Embedded	Aggregate/Embedded	Embedded	Aggregate/Embedded	Embedded	Embedded
Plan Type	EPO HDHP	EPO HDHP	EPO HDHP	EPO HRA	HMO HDHP	EPO	EPO HDHP
Annual INN Ded. Individual	\$4,400	\$4,650	\$2,550	\$2,800	\$2,550	\$6,150	\$9,150
Annual INN Ded. Family	\$8,800	\$9,300	\$5,100	\$5,600	\$5,100	\$12,300	\$18,300
Coinsurance (In-Network)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	N/A (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	N/A (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	30% (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	N/A, (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)
Annual INN OOP Limits	\$6,900/\$13,800	\$7,600/\$15,200	\$6,350/\$12,700	\$7,200/\$14,400	\$6,350/\$12,700	\$8,900/\$17,800	\$9,150/\$18,300
Annual OON Ded. Coinsurance (Out of Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	100% after ded.	100% after ded.	\$25 Copay after ded.	\$20 Copay after ded.	\$25 Copay after ded.	3 visits at \$0, then \$35 after ded.	1 visit at \$0, then 100% after ded.
Specialist Visit	100% after ded.	100% after ded.	\$50 Copay after ded.	\$50 Copay after ded.	\$50 Copay after ded.	\$60 Copay after ded.	100% after ded.
Inpatient Hospital	100% after ded.	100% after ded.	\$500 Copay after ded.	\$800 Copay after ded.	\$500 Copay after ded.	30% after ded.	100% after ded.
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	100% after ded.-OP Hospital/Preferred Facility	\$250 Copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$225 Copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$250 Copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$300 Copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	100% after ded.
Urgent Care	100% after ded.	100% after ded.	\$50 Copay after ded.	\$50 Copay after ded.	\$50 Copay after ded.	\$60 Copay after ded.	100% after ded.
Emergency Room	100% after ded.	100% after ded.	\$300 Copay after ded.	\$300 Copay after ded.	\$300 Copay after ded.	\$350 Copay after ded.	100% after ded.
Outpatient Lab	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 Copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$20 Copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$25 Copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 Copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	100% after ded.
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 Copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$20 Copay after ded.-PCP \$100 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$25 Copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 Copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	100% after ded.
Rx Ded.	Integrated ded.	Integrated ded.	Integrated ded.	N/A	Integrated ded.	Integrated ded.	Integrated ded. Tier 2 & Tier 3
Tier 1/Tier 2/Tier 3	15/40/60	15/50/65	15/40/60	15/40/50%	15/40/60	10/40/60	100%/100%/100%
Creditable Coverage AM Best Rating***	YES Not Listed	YES Not Listed	YES Not Listed	YES Not Listed	YES Not Listed	YES Not Listed	YES Not Listed
RATES							
Single Plan Rate	3 \$930.81	\$995.34	\$1,029.73	\$1,015.09	\$946.79	\$849.87	\$848.31
Employee/Spouse Plan Rate	0 \$1,861.62	\$1,990.69	\$2,050.46	\$2,030.18	\$1,893.57	\$1,699.75	\$1,696.61
Employee/Child(ren) Plan Rate	1 \$1,582.38	\$1,692.08	\$1,750.55	\$1,725.65	\$1,609.54	\$1,444.78	\$1,442.12
Family Plan Rate	5 \$2,652.81	\$2,836.73	\$2,934.73	\$2,893.01	\$2,698.34	\$2,422.14	\$2,417.67
Monthly Total	\$17,638.86	\$18,861.75	\$19,513.39	\$19,235.97	\$17,941.61	\$16,105.09	\$16,075.40
Annual Total	\$211,666.32	\$226,341.00	\$234,160.68	\$230,831.64	\$215,299.32	\$193,261.08	\$192,904.80
Annual Difference		\$14,674.68 7%	\$22,494.36 11%	\$19,165.32 9%	\$3,633.00 2%	-\$18,405.24 -9%	-\$18,761.52 -9%
HRA FUNDING ANALYSIS							
HRA Set up Fees/PEPM:		\$250/\$2.50	\$250/\$2.50		\$250/\$2.50	\$250/\$2.50	\$250/\$2.50
HRA Funding*		100%	100%	100%	100%	100%	100%
Individual	3 \$4,400.00	\$4,650.00	\$2,550.00	\$2,800.00	\$2,550.00	\$6,150.00	\$9,150.00
Family	6 \$8,800.00	\$9,300.00	\$5,100.00	\$5,600.00	\$5,100.00	\$12,300.00	\$18,300.00
HRA Utilization							
100%	\$66,000.00	\$69,750.00	\$38,250.00	\$42,000.00	\$38,250.00	\$92,250.00	\$137,250.00
60%	\$39,600.00	\$41,850.00	\$22,950.00	\$25,200.00	\$22,950.00	\$55,350.00	\$82,350.00
Total at 60% Utilization	\$251,266.32	\$268,191.00	\$257,110.68	\$256,031.64	\$238,249.32	\$248,611.08	\$275,254.80
Annual Difference		\$16,924.68 7%	\$5,844.36 2%	\$4,765.32 2%	-\$13,017.00 -5%	-\$2,655.24 -1%	\$23,988.48 10%
Pediatric Dental		Included in Rates/ded. applies to HDHP Plans	Included in Rates/ded. applies to HDHP Plans	Included in Rates	Included in Rates/ded. applies to HDHP Plans	Included in Rates	Included in Rates/ded. applies to HDHP Plans



Insurance Carrier	MVP-Current Plan	CDPHP w Dep to Age 29 Rider (EOM)	CDPHP w Dep to Age 29 Rider (EOM)*	CDPHP w Dep to Age 29 Rider (EOM)*	CDPHP w Dep to Age 29 Rider (EOM)*	CDPHP w Dep to Age 29 Rider (EOM)*	CDPHP w Dep to Age 29 Rider (EOM)
Plan Name	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan"	CDPHP Qualified HDEPO (HSA) (331)	CDPHP HDHP EPO Qualified (HSA) (320)	CDPHP HDHP HMO Qualified (HSA) (327) "NEW"	CDPHP HDHP EPO HSA Qualified (326) "NEW"	CDPHP HDHP HMO HSA Qualified (324)	CDPHP Copay First EPO (\$3,000/\$6,000) (EPOc) (425) "Exchange Certified Plan"
Metal Level	National Network	"Exchange Certified Plan"	"Exchange Certified Plan"	"Exchange Certified Plan"	"Exchange Certified Plan"	"Exchange Certified Plan"	"Exchange Certified Plan"
Ded. Type	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Plan Type	Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded
Annual INN Ded. Individual	EPO HDHP	HDHP EPO	HDHP EPO	HDHP HMO	HDHP EPO	HDHP HMO	EPO
Annual INN Ded. Family	\$4,400	\$3,900	\$2,200	\$2,200	\$2,500	\$2,500	N/A P1;\$6,000 P2
Coinsurance (In-Network)	\$8,800	\$7,800	\$4,400	\$4,400	\$5,000	\$5,000	N/A P1;\$12,000 P2
Annual INN OOP Limits	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	50%(DME)/20%(RX in PCP/Specialist Office/OP Facility)P1 100%/Ded.(DME)/(RX in PCP/Specialist Office/OP Facility)P2
Annual OON Ded. Coinsurance (Out of Network)	\$6,900/\$13,800	\$6,900/\$13,800	\$7,050/\$14,100	\$7,050/\$14,100	\$6,500/\$13,000	\$6,500/\$13,000	\$6,000/\$12,000
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist Visit	100% after ded.	\$45 copay after ded.	\$30 copay after ded.	\$30 copay after ded.	\$25 copay after ded.	\$25 copay after ded.	\$30 copay to \$3,000/\$6,000 reached then 100% after ded.
Inpatient Hospital	100% after ded.	\$70 copay after ded.	\$40 copay after ded.	\$40 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay to \$3,000/\$6,000 reached then 100% after ded.
Outpatient Surgery	100% after ded.	\$1,500 copay after ded.	\$1,500 copay after ded.	\$1,500 copay after ded.	\$500 copay after ded.	\$500 copay after ded.	\$500 copay to \$3,000/\$6,000 reached then 100% after ded.
Urgent Care	100% after ded.-OP Hospital/Preferred Facility	\$250 copay after ded.;Cost Share may be less-Preferred Center	\$300 copay after ded.;Cost Share may be less-Preferred Center	\$300 copay after ded.;Cost Share may be less-Preferred Center	\$275 copay after ded.;Cost Share may be less-Preferred Center	\$275 copay after ded.;Cost Share may be less-Preferred Center	\$75 copay to \$3,000/\$6,000 reached then 100% after ded.
Emergency Room	100% after ded.	\$100 copay after ded.	\$60 copay after ded.	\$60 copay after ded.	\$60 copay after ded.	\$60 copay after ded.	\$60 copay up to \$3,000/\$6,000 reached then 100% after ded.
Outpatient Lab	100% after ded.	\$500 copay after ded.	\$500 copay after ded.	\$500 copay after ded.	\$300 copay after ded.	\$300 copay after ded.	\$75 copay up to \$3,000/\$6,000 reached then 100% after ded.
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Preferred Lab; \$70 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$50 after ded.-OP Hospital/Office	\$0 to \$3,000/\$6,000 then 100% after ded.-Preferred Lab \$50 to \$3,000/\$6,000 then 100% after ded.-OP Hospital/Office
Rx Ded.	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Preferred Center; \$70 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	\$0 to \$3,000/\$6,000 then 100% after ded.-Preferred Center \$50 copay to \$3,000/\$6,000 then 100% after ded.-OP Hospital/Office
Tier 1/Tier 2/Tier 3	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	N/A
Creditable Coverage AM Best Rating***	15/40/60	15/50/80 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/50/80 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/50/80 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/40/60 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/40/60 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/30/50 (P1);100% after ded.(P2) Preferred Rx 50% cost share for pharmacies not in Preferred Network
RATES	YES	YES	YES	YES	YES	YES	YES
Single Plan Rate	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed
Employee/Spouse Plan Rate	3	\$930.81	\$816.60	\$837.98	\$795.47	\$846.27	\$853.30
Employee/Child(ren) Plan Rate	0	\$1,861.62	\$1,633.20	\$1,675.96	\$1,590.94	\$1,692.54	\$1,706.60
Family Plan Rate	1	\$1,582.38	\$1,388.22	\$1,424.57	\$1,352.30	\$1,438.66	\$1,450.61
Monthly Total	5	\$2,652.81	\$2,327.31	\$2,388.24	\$2,267.09	\$2,411.87	\$2,431.91
Annual Total		\$17,638.86	\$15,474.57	\$15,879.71	\$15,074.16	\$16,036.82	\$16,170.06
Annual Difference		\$211,666.32	\$185,694.84	\$190,556.52	\$180,889.92	\$192,441.84	\$194,040.72
HRA FUNDING ANALYSIS							
HRA Set up Fees/PEPM:			\$250/\$3.45	\$250/\$3.45	\$250/\$3.45	\$250/\$3.45	\$250/\$3.45
HRA Funding*							
Individual	3	100%	100%	100%	100%	100%	100%
Family	6	\$4,400.00	\$3,900.00	\$2,200.00	\$2,200.00	\$2,500.00	\$2,500.00
HRA Utilization		\$8,800.00	\$7,800.00	\$4,400.00	\$4,400.00	\$5,000.00	\$5,000.00
Total at 60% Utilization	100%	\$66,000.00	\$58,500.00	\$33,000.00	\$33,000.00	\$37,500.00	\$45,000.00
Annual Difference	60%	\$39,600.00	\$35,100.00	\$19,800.00	\$19,800.00	\$22,500.00	\$27,000.00
Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family		\$251,266.32	\$220,794.84	\$210,356.52	\$200,689.92	\$214,941.84	\$205,231.56
Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family			-\$30,471.48	-\$40,909.80	-\$50,576.40	-\$36,324.48	-\$46,034.76
Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family			-12%	-16%	-20%	-14%	-18%
Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family							-12%
Pediatric Dental							

Insurance Carrier		MVP-Current Plan	CDPHP w Dep to Age 29 Rider (EOM)	CDPHP w Dep to Age 29 Rider (EOM)	Aetna w Dep to Age 30 Rider	Aetna w Dep to Age 30 Rider	Aetna w Dep to Age 30 Rider	Anthem w Dep to Age 29 Rider
		MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	CDPHP Qualified HDEPO (HSA) (421) "Exchange Certified Plan"	CDPHP Qualified HDEPO (HSA) (424) "Exchange Certified Plan"	Aetna Silver OAEPO \$3500 80% HDHP (HSA) Plan Year	Aetna Silver AWH OAEPO \$3200 80/60 HDHP (HSA) Plan Year	Aetna Bronze OAEPO \$4800 50% EPOc Calendar Year	Anthem Silver Blue Access EPO 20/50 3250 25% w/HSA A2Q2
Plan Name		Silver	Bronze	Bronze	Silver	Silver	Bronze	Silver
Metal Level		Embedded EPO HDHP	Embedded HDHP EPO	Aggregate/Embedded HDHP EPO	Embedded EPO HDHP	Embedded EPO HDHP	Embedded EPO	Embedded EPO HDHP
Ded. Type		\$4,400	\$7,050	\$6,100	\$3,500	T1: \$3,200/\$6,400	\$4,800	\$3,250
Plan Type		\$8,800	\$14,100	\$12,200	\$7,000	T2: \$5,000/\$10,000	\$9,600	\$6,500
Annual INN Ded. Individual								
Annual INN Ded. Family								
Coinsurance (In-Network)		N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A, (100% after Ded, DME & RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded then 20%;Ded then 50%(DME)	T1: Ded then 20%/50% (DME) T2:Ded then 40%/50% (DME)	Ded then 50%	N/A, Ded then 25% (DME)
Annual INN OOP Limits		\$6,900/\$13,800	\$7,050/\$14,100	\$7,200/\$14,400	\$7,500/\$15,000	T1: \$7,500/\$15,000 T2: \$7,500/\$15,000	\$8,700/\$17,400	\$8,000/\$16,000
Annual OON Ded.		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out of Network)		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit		100% after ded.	100% after ded.	\$40 copay after ded.	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	\$20 copay after ded.
Specialist Visit		100% after ded.	100% after ded.	\$60 copay after ded.	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	\$50 copay after ded.
Inpatient Hospital		100% after ded.	100% after ded.	\$1,000 copay after ded.	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	\$1,500 copay after ded
Outpatient Surgery		100% after ded.-OP Hospital/Preferred Facility	100% after ded.; Cost Share may be less Preferred Center	\$350 copay after ded.; Cost Share may be less-Preferred Center	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	Ded. then \$300 copay/Ded. then \$500 copay-Freestanding Center/OP Hospital
Urgent Care		100% after ded.	100% after ded.	\$80 copay after ded.	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	\$100 copay after ded.
Emergency Room		100% after ded.	100% after ded.	\$350 copay after ded.	20% after ded.	T1 & T2: 20% after ded.	50% after ded.	\$500 copay after ded.(copay waived if admitted)
Outpatient Lab		100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded./Preferred Lab/OP Hospital/Office	100% after ded.-Preferred Lab; \$60 after ded.-OP Hospital/Office	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	100% after ded.-Preferred Lab \$25 copay after ded.-Office/OP Hospital/Freestanding Lab
Outpatient X-Ray		100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded./Preferred Center/OP Hospital/Office	100% after ded.-Preferred Center; \$60 after ded.-OP Hospital/Office	20% after ded.	T1: 20% after ded. T2: 40% after ded.	50% after ded.	\$50 after ded.-Office \$150 after ded.-OP Hospital/Freestanding Lab
Rx Ded.		Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3		15/40/60	100%/100%/100% Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/50/80 Preferred Rx 50% cost share for pharmacies not in Preferred Network	10/50/90	10/50/90	10/65/120	10/50/90
Creditable Coverage AM Best Rating***		YES Not Listed	YES Not Listed	YES Not Listed	YES A	YES A	YES A	YES A
RATES								
Single Plan Rate	3	\$930.81	\$742.78	\$739.83	\$1,008.85	\$907.56	\$899.43	\$1,101.96
Employee/Spouse Plan Rate	0	\$1,861.62	\$1,485.56	\$1,479.66	\$2,017.71	\$1,815.12	\$1,798.86	\$2,203.92
Employee/Child(ren) Plan Rate	1	\$1,582.38	\$1,262.73	\$1,257.71	\$1,715.05	\$1,542.86	\$1,529.03	\$1,873.33
Family Plan Rate	5	\$2,652.81	\$2,116.92	\$2,108.52	\$2,875.24	\$2,586.55	\$2,563.37	\$3,140.59
Monthly Total		\$17,638.86	\$14,075.67	\$14,019.80	\$19,117.80	\$17,198.29	\$17,044.17	\$20,882.16
Annual Total		\$211,666.32	\$168,908.04	\$168,237.60	\$229,413.60	\$206,379.48	\$204,530.04	\$250,585.92
Annual Difference			-\$42,758.28 -20%	-\$43,428.72 -21%	\$17,747.28 8%	-\$5,286.84 -2%	-\$7,136.28 -3%	\$38,919.60 18%
HRA FUNDING ANALYSIS								
HRA Set up Fees/PEPM:			\$250/\$3.45	\$250/\$3.45	\$1,000/\$0.00	\$1,000/\$0.00	\$1,000/\$0.00	\$0.00/\$2.25
HRA Funding*		100%	100%	100%	100%	100%	100%	100%
Individual	3	\$4,400.00	\$7,050.00	\$6,100.00	\$3,500.00	\$3,200.00	\$4,800.00	\$3,250.00
Family	6	\$8,800.00	\$14,100.00	\$12,200.00	\$7,000.00	\$6,400.00	\$9,600.00	\$6,500.00
HRA Utilization								
100%		\$66,000.00	\$105,750.00	\$91,500.00	\$52,500.00	\$48,000.00	\$72,000.00	\$48,750.00
60%		\$39,600.00	\$63,450.00	\$54,900.00	\$31,500.00	\$28,800.00	\$43,200.00	\$29,250.00
Total at 60% Utilization		\$251,266.32	\$232,358.04	\$223,137.60	\$260,913.60	\$235,179.48	\$247,730.04	\$279,835.92
Annual Difference			-\$18,908.28 -8%	-\$28,128.72 -11%	\$9,647.28 4%	-\$16,086.84 -6%	-\$3,536.28 -1%	\$28,569.60 11%
Pediatric Dental			Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family	Additional cost added to dependents under age 19: \$18.45 x max 3 dependents per family	Included in Rates	Included in Rates	Included in Rates	Included in Rates

Insurance Carrier		MVP-Current Plan	Anthem w Dep to Age 29 Rider	Anthem w Dep to Age 29 Rider	Oxford W DEP TO AGE 29 RIDER	Oxford W DEP TO AGE 29 RIDER	Oxford W DEP TO AGE 29 RIDER	Oxford W DEP TO AGE 29 RIDER
Plan Name		MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	Anthem Silver Blue Access EPO 20/50 4000 30% w/HSA A2QN	Anthem Bronze Blue Access EPO 20/50 6100 50% w/HSA 9F S4	Freedom Non-Gated EPO HSA 30/60/3000/80	Liberty Non-Gated EPO HSA 30/60/3000/80	Liberty Non-Gated EPO HSA 4000/80 PR	Liberty Non-Gated EPO HSA 25/75/5750/70
Metal Level		Silver	Silver	Bronze	Silver	Silver	Silver	Bronze
Ded. Type		Embedded	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded	Aggregate/Embedded
Plan Type		EPO HDHP	EPO HDHP	EPO HDHP	Freedom Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO
Annual INN Ded. Individual		\$4,400	\$4,000	\$6,100	\$3,000	\$3,000	\$4,000	\$5,750
Annual INN Ded. Family		\$8,800	\$8,000	\$12,200	\$6,000	\$6,000	\$8,000	\$11,500
Coinsurance (In-Network)		N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A, Ded then 30% (DME)	N/A; Ded then 50% (DME)	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 30%
Annual INN OOP Limits		\$6,900/\$13,800	\$8,000/\$16,000	\$8,000/\$16,000	\$7,150/\$14,300	\$7,150/\$14,300	\$8,000/\$16,000	\$8,000/\$16,000
Annual OON Ded.		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out of Network)		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit		100% after ded.	\$20 copay after ded.	\$20 copay after ded.	\$30 copay after ded.	\$30 copay after ded.	20% after ded.	\$25 copay after ded.
Specialist Visit		100% after ded.	\$50 copay after ded.	\$50 copay after ded.	\$60 copay after ded.	\$60 copay after ded.	20% after ded.	\$75 copay after ded.
Inpatient Hospital		100% after ded.	\$1,500 copay after ded.	\$1,000 copay after ded.	20% after ded.	20% after ded.	20% after ded.	30% after ded.
Outpatient Surgery		100% after ded.-OP Hospital/Preferred Facility	Ded, then \$300 copay/Ded, then \$500 copay-Freestanding Center/OP Hospital	Ded, then \$300 copay/Ded, then \$500 copay-Freestanding Center/OP Hospital	\$150after ded- PCP/Freestand.Fac. \$250 copay after ded.-Hospital	\$150after ded- PCP/Freestand.Fac. \$250 copay after ded.-Hospital	20% after ded.-PCP/Freestanding Facility/Hospital	30% after ded.-PCP/Freestanding Facility/Hospital
Urgent Care		100% after ded.	\$100 copay after ded.	\$100 copay after ded.	\$75 copay after ded.	\$75 copay after ded.	20% after ded.	30% after ded.
Emergency Room		100% after ded.	\$500 copay after ded. (copay waived if admitted)	\$500 copay after ded. (copay waived if admitted)	\$500 copay after ded., (copay waived if admitted)	\$500 copay after ded., (copay waived if admitted)	50% after ded. (coinsurance waived if admitted)	50% after ded. (coinsurance waived if admitted)
Outpatient Lab		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-Preferred Lab \$25 copay after ded.-Office/OP Hospital/Freestanding Lab	100% after ded.-Preferred Lab \$25 copay after ded.-Office/OP Hospital/Freestanding Lab	20% after ded.	20% after ded.	20% after ded.	30% after ded.
Outpatient X-Ray		100% after ded.- PCP/Specialist/OP Hospital/Preferred Provider Facility	\$50 after ded.-Office \$150 after ded.-OP Hospital/Freestanding Lab	\$50 after ded.-Office \$150 after ded.-OP Hospital/Freestanding Lab	\$90 copay after ded.	\$90 copay after ded.	20% after ded.	30% after ded.
Rx Ded.		Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3		15/40/60	10/50/90	50%/50%/50%	10/40/80	10/50/90	10/50/90	30%/30%/30%
Creditable Coverage AM Best Rating***		YES Not Listed	YES A	NO A	YES A+	YES A+	YES A+	YES A+
RATES								
Single Plan Rate	3	\$930.81	\$1,073.93	\$980.56	\$997.38	\$943.06	\$893.77	\$848.70
Employee/Spouse Plan Rate	0	\$1,861.62	\$2,147.86	\$1,961.12	\$1,994.76	\$1,886.12	\$1,787.54	\$1,697.40
Employee/Child(ren) Plan Rate	1	\$1,582.38	\$1,825.68	\$1,666.95	\$1,695.54	\$1,603.20	\$1,519.41	\$1,442.79
Family Plan Rate	5	\$2,652.81	\$3,060.70	\$2,794.60	\$2,842.53	\$2,687.72	\$2,484.54	\$2,418.79
Monthly Total		\$17,638.86	\$20,350.97	\$18,581.63	\$18,900.33	\$17,870.98	\$16,623.42	\$16,082.84
Annual Total		\$211,666.32	\$244,211.64	\$222,979.56	\$226,803.96	\$214,451.76	\$199,481.04	\$192,994.08
Annual Difference			\$32,545.32 15%	\$11,313.24 5%	\$15,137.64 7%	\$2,785.44 1%	-\$12,185.28 -6%	-\$18,672.24 -9%
HRA FUNDING ANALYSIS								
HRA Set up Fees/PEPM:			\$0.00/\$2.25	\$0.00/\$2.25				
HRA Funding*		100%	100%	100%	100%	100%	100%	100%
Individual	3	\$4,400.00	\$4,000.00	\$6,100.00	\$3,000.00	\$3,000.00	\$4,000.00	\$5,750.00
Family	6	\$8,800.00	\$8,000.00	\$12,200.00	\$6,000.00	\$6,000.00	\$8,000.00	\$11,500.00
HRA Utilization		100%	\$66,000.00	\$60,000.00	\$91,500.00	\$45,000.00	\$60,000.00	\$86,250.00
	60%	\$39,600.00	\$39,600.00	\$54,900.00	\$27,000.00	\$27,000.00	\$36,000.00	\$51,750.00
Total at 60% Utilization		\$251,266.32	\$280,211.64	\$277,879.56	\$253,803.96	\$241,451.76	\$235,481.04	\$244,744.08
Annual Difference			\$28,945.32 12%	\$26,613.24 11%	\$2,537.64 1%	-\$9,814.56 -4%	-\$15,785.28 -6%	-\$6,522.24 -3%
Pediatric Dental			Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates	Included in Rates



Insurance Carrier		MVP-Current Plan	Oxford W DEP TO AGE 29 RIDER	Oxford W DEP TO AGE 29 RIDER
		MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan"	Freedom Non-Gated EPO HSA	Liberty Non-Gated EPO HSA
Plan Name		National Network	5000/50	7250/100
Metal Level		Silver	Bronze	Bronze
Ded. Type		Embedded	Aggregate/Embedded	Aggregate/Embedded
Plan Type		EPO HDHP	Freedom Non-Gated HDHP EPO	Liberty Non-Gated HDHP EPO
Annual INN Ded. Individual		\$4,400	\$5,000	\$7,250
Annual INN Ded. Family		\$8,800	\$10,000	\$14,500
Coinsurance (In-Network)		N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	Ded then 50%	100% after Ded
Annual INN OOP Limits		\$6,900/\$13,800	\$8,000/\$16,000	\$7,250/\$14,500
Annual OON Ded.		N/A	N/A	N/A
Coinsurance (Out of Network)		N/A	N/A	N/A
Annual OUT OOP Limits		N/A	N/A	N/A
Primary Care Visit		100% after ded.	50% after ded.	100% after ded.
Specialist Visit		100% after ded.	50% after ded.	100% after ded.
Inpatient Hospital		100% after ded.	50% after ded.	100% after ded.
Outpatient Surgery		100% after ded.-OP Hospital/Preferred Facility	50% after ded.-PCP/Freestanding Facility/Hospital	100% after ded.-PCP/Freestanding Facility/Hospital
Urgent Care		100% after ded.	50% after ded.	100% after ded.
Emergency Room		100% after ded.	50% after ded. (coinsurance waived if admitted)	100% after ded.
Outpatient Lab		100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	50% after ded.	100% after ded.
Outpatient X-Ray		100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	50% after ded.	100% after ded.
Rx Ded.		Integrated ded.	Integrated ded.	Integrated ded.
Tier 1/Tier 2/Tier 3		15/40/60	10/40/80	100%/100%/100%
Creditable Coverage		YES	NO	NO
AM Best Rating**		Not Listed	A+	A+
RATES				
Single Plan Rate	3	\$930.81	\$901.79	\$862.23
Employee/Spouse Plan Rate	0	\$1,861.62	\$1,803.58	\$1,724.46
Employee/Child(ren) Plan Rate	1	\$1,582.38	\$1,533.04	\$1,465.79
Family Plan Rate	5	\$2,652.81	\$2,570.10	\$2,457.35
Monthly Total		\$17,638.86	\$17,088.91	\$16,339.23
Annual Total		\$211,666.32	\$205,066.92	\$196,070.76
Annual Difference			-\$6,599.40	-\$15,595.56
			-3%	-7%
HRA FUNDING ANALYSIS				
HRA Set up Fees/PEPM:				
HRA Funding*		100%	100%	100%
Individual	3	\$4,400.00	\$5,000.00	\$7,250.00
Family	6	\$8,800.00	\$10,000.00	\$14,500.00
HRA Utilization				
	100%	\$66,000.00	\$75,000.00	\$108,750.00
	60%	\$39,600.00	\$45,000.00	\$65,250.00
Total at 60% Utilization		\$251,266.32	\$250,066.92	\$261,320.76
Annual Difference			-\$1,199.40	\$10,054.44
			0%	4%
Pediatric Dental			Included in Rates	Included in Rates

Advantages of a PEO

What is a PEO?

A Professional Employer Organization (PEO) is a one-stop service provider that allows business owners to concentrate on running their business without getting bogged down with administrative details. It also allows them to provide employees with the benefits normally provided by much larger companies.

Few small businesses can afford a full-time staff consisting of an accountant, human resource professional, attorney, risk manager, benefits manager, etc. A PEO delivers these services by establishing and maintaining an employer relationship with the employees at the clients' worksite and by contractually assuming certain employer responsibilities, rights and risk. Often referred to as the co-employment model, a PEO becomes the legal "employer of record" for employment and benefit purposes, assuming many of the responsibilities and liabilities of every business, while allowing the business to focus on the fundamentals of their business.

- PEO arrangements offer a **broad array of HR-related services.**
- Competitive Fortune 500 Benefits otherwise not offered to small employers.
- **Generally Lower Health Insurance Premiums.**
- Maintain compliance with State and Federal regulations.
- PEO clients spend less on HR administration than similarly-sized peers.
- PEO's play a major role in helping businesses attract and retain their employees.
- Executives and managers of PEO clients can focus more of their time on strategy and growth.
- **PEOs make it possible for a small business to grow more quickly than their peers.**



Marshall & Sterling is constantly researching the market for viable benefit solutions for our valued clients. As we near your health insurance anniversary, we would like to make you aware of our preferred relationships with several PEO options.

Renewal Checklist

What you need to know about your renewal



Carrier Submission Deadlines

Important – please review Carefully. Late submissions are resulting in denial of coverage

Renewal – Submission to the Carrier

*Decisions to the carrier are requested 30 days prior to the effective date (completed paperwork)
Adding a carrier?*

- New Group Paperwork is due anywhere from 30-45 days in advance of the effective date
- New HRA Paperwork is Due 30-60 days installation requirement

Employee Open Enrollment

- Enrollments/changes/additions – Due to the carrier by the 10th of the prior month
- ID Cards – are not guaranteed to be issued before the effective date of coverage for late submissions (after the 10th of the prior month).

Decisions

Prior to carrier deadline, email the following:

- Plan Selections
- HRA
- Other lines of coverage

Carrier Paperwork Requirements

- Carrier requirements will be provided to you in a detailed email
- Tax Documents: may be required for renewal, will be required for new group applications

Please keep in mind that we need 3-5 business days to scrub and process your paperwork before submission to the carrier, this is not included in the carrier deadlines/timelines.

Please Note...

Large Group vs. Small Group:

Under 100 full-time equivalent Employees (FTE) – considered Small Group – Community Rated

ACA Compliance:

Employers with 50 or more FTE (based on prior calendar year) will be required to meet affordability requirements and also will be required to file and report to the IRS – 1094 & 1095 forms.

Medicare & Group Medical Plan:

Determining the Primary Insurance Provider – this is based on the total number of employees (FT/PT)

- **Medicare is Primary** when total employee count is under 20
- **Group Coverage is Primary** when total employee count is 20 or more.

Contact Our Team

Nicole Fiore

Account Manager

Phone: 845-226-3083, Ext.2478

Fax: 845-452-6382

nfiore@marshallsterling.com

Open Enrollment process/conducts meetings, manager and directs day-to-day process, has dedicated team to assist in eligibility, escalated claims, etc.

Ginny Rogers

Client Service Representative

Phone: 845-226-3083, Ext.2504

Fax: 845-452-6382

vrogers@marshallsterling.com

Day-to-day back up for Account Managers with eligibility, claims, general questions, client in-house contact.

Kristy Ott

Assistant Client Service Specialist

Phone: 845-226-3083, Ext. 2526

Fax: 845-452-6382

kott@marshallsterling.com

Day-to-day back up for Client Service Representative with eligibility, functions, provider listing and provider searches, claims research and analysis, general questions & notifications, client in-house contact.

Fee for Service Package Offerings



Flex (bundled service)

\$4.50 PPPM

Third party administration by our in-house team, including employee and employer online portals for easy plan management.

- FSA and/or LPPFSA
- DCA
- HSA
- HRA
- Transit Plans



Compliance with ACA Tracking & Reporting **\$1.75 PEPM**

A suite of products and services designed to ensure you – and your plans – are covered from every angle.

- Mineral Interactive HR Platform
- HR360
- COBRA Administration
- Wrap SPD & POP Plan Documents
- Creditable Coverage Reporting
- ACA Tracking & Reporting (50+ FTEs)
- 5500 Filing (100+ enrollees)



Communications

\$1.50 PEPM

Ensure your employees have easy access to the information they need with our multimedia approach to benefits education and engagement.

- iNavigator HRIS & Enrollment Portal
- Printed Benefit Guides
- Benefit Videos



HR Dedicated Support

We encourage clients to maximize Mineral and HR360, but when more detailed guidance is needed, we offer additional solutions for human resource compliance matters.

- Four hours/year of dedicated HR support via email or phone
\$500 flat fee
- Review or creation of job descriptions
Project pricing
- Review recruitment, onboarding and orientation strategy
Project pricing
- One-time handbook review
Complimentary
- HR Newsletter
Complimentary



Please note: A \$600 annual per package billing minimum applies. Compliance & Communications are paid annually & Flex services are paid monthly via ACH.

Group Personal Insurance Program for Employees

A program designed to help offer your employees an added benefit

How the program works:

- Program designed to fit your organization's employee needs
- Virtual or in person presentation meetings to groups or individuals
- iNavigator integration
- Posters, informational flyers, brochures in standard or electronic format
- Presentations designed around other events such as safety meetings, annual meetings, open enrollment or events specific to your organization
- No cost to the employer
- Group excess programs available*
- Discount options for employer groups 500+ **

* There is a cost associated with the Group Excess Program.

** Qualification for discount program is subject to agent, carrier, and employer agreement and contract.

Program benefits:



Provides a benefit that your HR team can offer that is no-cost to your company



Enables your employees to get a quote right at work, preventing them from spending "company time" searching for insurance savings



Marshall & Sterling professionals provide all-in-one service model, making the whole process quick and easy



Dedicated customized service team



No cost or time drain for the employer

Disclaimer

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

AM Best Carrier Rating – listed on your insurance quote is the AM Best Carrier Rating for each insurance carrier. As you may be aware, the financial strength of insurance companies is rated by several entities. One of these entities is known as AM Best. It is Marshall & Sterling’s policy to make every effort to work with insurance companies that have a rating of at least A- from AM Best. AM Best is a widely recognized authority on evaluation and the rating of the strength and services of insurance companies. A++, A+, A, and A- are the four (4) highest ratings given by AM Best. A guide to the ratings is included to the right. More information and all carrier ratings can be found at www.ambest.com. We try to include in our proposals quotes from one or more alternative insurance companies that are currently A- or better.

GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS			
A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.			
Best's Financial Strength Ratings			
	Rating	Descriptor	Definition
Secure	A++, A+	Superior	Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
	A, A-	Excellent	Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
	B++, B+	Good	Assigned to companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Vulnerable	B, B-	Fair	Assigned to companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C++, C+	Marginal	Assigned to companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C, C-	Weak	Assigned to companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
	D	Poor	Assigned to companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.
	E	Under Regulatory Supervision	Assigned to companies (and possibly their subsidiaries/affiliates) placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal, ongoing insurance operations.
	F	In Liquidation	Assigned to companies placed in liquidation by a court of law or by a forced liquidation.
	S	Suspended	Assigned to rated companies when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.
Rating Modifiers			
Modifier	Descriptor	Definition	
u	Under Review	Indicates the rating may change in the near term, typically within six months. Generally is event driven, with positive, negative or developing implications.	
pd	Public Data	Indicates rating assigned to insurer that chose not to participate in A.M. Best's interactive rating process. (Discontinued in 2010)	
s	Syndicate	Indicates rating assigned to a Lloyd's syndicate.	
Rating Outlooks			
Indicates potential direction of a Best's Financial Strength Rating over an intermediate term, generally defined as 12 to 36 months.			
Positive	Indicates possible rating upgrade due to favorable financial/market trends relative to the current rating level.		
Negative	Indicates possible rating downgrade due to unfavorable financial/market trends relative to the current rating level.		
Stable	Indicates low likelihood of a rating change due to stable financial/market trends.		
Under Review Implications			
Indicates the potential direction of a Best's Financial Strength Rating that is in Under Review status based on information currently available.			
Positive	Indicates there is a reasonable likelihood the company's rating will be raised as a result of A.M. Best's analysis of a recent event.		
Negative	Indicates there is a reasonable likelihood the company's rating will be lowered as a result of A.M. Best's analysis of a recent event.		
Developing	Indicates there is uncertainty as to the final rating outcome, but there is a reasonable likelihood the company's rating will change as a result of A.M. Best's analysis of a recent event.		
Not Rated Designation			
NR: Assigned to companies that are not rated by A.M. Best.			
Rating Disclosure			
A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. The ratings are not assigned to specific insurance policies or contracts and do not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. A Best's Financial Strength Rating is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In arriving at a rating decision, A.M. Best relies on third-party audited financial data and/or other information provided to it. While this information is believed to be reliable, A.M. Best does not independently verify the accuracy or reliability of the information. For additional details, see A.M. Best's <i>Terms of Use</i> at www.ambest.com .			
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Marshall & Sterling Small Group Financial Ratings and Consolidated Appropriations Act (CAA) Disclosure

A.M. Best's Ratings as
of 01/03/2022

Company Name	Ticker	AM Best Rating	Outlook	Change	Last Updated	Filed - Standard Medical Commission
Small Group Medical Carriers						
Aetna - Aetna Life Insurance Company	CVS	A	Stable	None	12/16/2021	\$20 PEPM
CDPHP - HMO	*Not rated on AM Best Withdrew from A.M. Best 05/2013			Was C++	5/7/2013	4%
CDPHP - Other	*Not rated on AM Best Withdrew from A.M. Best 05/2013			Was C++	5/7/2013	3.75%
Emblem Health Insurance Company	N/A	C	Negative	C+	6/23/2023	4%
Empire BCBS (Anthem, Inc.) Empire HealthChoice Assurance, Inc.	ANTM	A	Stable	None	12/1/2021	4%
Excellus Health Plan, Inc.	*Not rated on AM Best Withdrew from A.M. Best 1/2016			Was B++	1/28/2016	4%
Healthfirst	N/A	NR				4%
Highmark BCBS	*Not listed on AM Best					3.75%
MVP Health Plan, Inc.	*Not rated on AM Best Withdrew from A.M. Best 12/20/2017			Was B+	12/20/2017	4.25%
OELS PEO	*Not listed on AM Best					If presented, see PCPM on rate page.
Oscar	OSCR	NR				4%
Oxford Oxford Health Insurance, Incorporated	UNH	A+	Stable	Was A	12/9/2022	3.75%
United Benefit Fund UBF	*Not listed on AM Best					\$25 Single / \$40 EE+1 / \$60 Fam

In accordance with the Consolidated Appropriations Act (CAA), this overview is a required report of service and compensation provided by Marshall & Sterling Employee Benefits (MSEB). Our services include, but are not limited to, providing brokerage and consulting services, selection of insurance products, insurance vendor selection, recordkeeping services, medical management with vendors, benefits administration, stop-loss insurance, pharmacy benefit management services, wellness design management services, transparency tools, group purchasing organization agreements, participation in and services from preferred vendor panels, disease management, compliance services, employee assistance programs, or third party administration services, among other solutions. We do not provide services to the health plan as fiduciary.

MSEB may receive additional commission in the form of future incentive compensation from the insurer, including contingent commissions and other awards and bonuses based upon factors that typically include total sales volume, growth, profitability, and retention of business placed. Any additional incentive compensation is only paid if the performance criteria established in the Agency/Insurer agreement is met. Although the exact amount, if any, is unknown, we estimate this to be <.03% of premium under management based on history.

Marshall & Sterling Small Group Financial Ratings and Consolidated Appropriations Act (CAA) Disclosure

A.M. Best's Ratings as
of 07/20/2023

Company Name	Ticker	AM Best Rating	Outlook	Change	Last Updated	Filed - Standard Dental Commission
Small Group Dental Carriers						
Aetna	CVS	A	Stable	None	12/16/2021	
*CDPHP / Delta Dental	*Not rated on AM Best Withdrew from A.M. Best 05/2013			Was C++	5/7/2013	5%
Delta Dental Insurance Company	N/A	A	Stable	None	6/30/2021	10%
Empire BCBS (Anthem, Inc.) Empire HealthChoice Assurance, Inc.	ANTM	A	Stable	None	12/1/2021	10%
Equitable Financial Life Insurance Company (formally AXA Equitable Life Insurance Company)	EQH	A	Stable	None	1/13/2021	Decreasing scale starts with 10%
Guardian Life Insurance Company of America	N/A	A++	Stable	None	7/13/2021	Decreasing scale starts with 8%
Highmark BCBS	*Not listed on AM Best					3.75%
Lincoln Financial	LNC	A+	Stable	None	3/26/2021	Decreasing scale starts with 10%
MetLife	MET	A+	Stable	None	12/17/2021	Decreasing scale starts with 10%
*MVP Health Plan, Inc. / Delta Dental	*Not rated on AM Best Withdrew from A.M. Best 12/20/2017			Was B+	12/20/2017	5.00%
Oxford Benefit Management (OBM)	UNH	A+	Stable	Was A	12/9/2021	10%
Principal Life Insurance Company	PFG	A+	Stable	None	2/19/2021	Decreasing scale starts with 10%
ShelterPoint	N/A	A-	Stable	None	11/12/2021	Decreasing scale starts with 15%
Solstice	*Not listed on AM Best					10%
SunLife	N/A	A+	Stable	None	7/20/2023	10%
United Concordia Companies, Inc.	N/A	A	Stable	None	9/17/2021	10%
UnitedHealthcare Insurance Company	UNH	A+	Stable	Was A	12/9/2021	Decreasing scale starts with 10%

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Marshall & Sterling Small Group Financial Ratings and Consolidated Appropriations Act (CAA) Disclosure

A.M. Best's Ratings as
of 07/20/2023

Company Name	Ticker	AM Best Rating	Outlook	Change	Last Updated	Filed - Standard Vision Commission
Small Group Vision Carriers						
MW Davis Vision	* Not listed on AM Best					10%
Ameritas	N/A	A	Stable	None	4/16/2021	10%
Empire BCBS (Anthem, Inc.) Empire HealthChoice Assurance, Inc.	ANTM	A	Stable	None	12/1/2021	10%
EyeMed Vision EyeMed Insurance Company	N/A	A	Stable	None	1/7/2021	10%
Equitable Financial Life Insurance Company (formally AXA Equitable Life Insurance Company)	EQH	A	Stable	None	1/13/2021	10%
Guardian Life Insurance Company of America	N/A	A++	Stable	None	7/13/2021	Decreasing scale starts with 10%
Lincoln Financial	LNC	A+	Stable	None	12/17/2021	10%
MetLife	MET	A+	Stable	None	12/17/2021	10%
MVP Health Plan, Inc.	*Not rated on AM Best Withdrew from A.M. Best 12/20/2017			Was B+	12/20/2017	10%
Principal Life Insurance Company	PFG	A+	Stable	None	2/19/2021	Decreasing scale starts with 10%
ShelterPoint	N/A	A-	Stable	None	11/12/2021	12%
Solstice	*Not Listed on AM Best					10%
SunLife	N/A	A+	Stable	None	7/20/2023	10%
UnitedHealthcare Insurance Company	UNH	A+	Stable	Was A	12/9/2021	10%
MW VSP/Vision Service Plan	N/A	A-	Stable	None	5/14/2021	10%
VSP Direct	N/A	A-	Stable	None	5/14/2021	Decreasing scale starts with 10%

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