OKHEEI 2026 May Board Meeting

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May 6, 2026



Gallagher

Insurance | Risk Management | Consulting

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Agenda

- Renewal Objectives
- Plan Performance Reporting
- Non-Medical Plan Renewal
- Medical Plan Renewal
- 2027 Planning

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Renewal Objective

Objective:

Provide a quality and valuable benefits program for recruitment and retention of OKHEEI employees that fits within budget.

Maintain high level of benefits at minimum cost increase to members.

Challenges to Objective:

Rising trend, aging population, network contract negotiations, rise in large claimants (**cardiac, cancer, prescriptions**). Resulted in budget overruns.

Today's HealthCare Trends

Summary of previously reviewed information:

2026 expected trend is 9.2% to 11%.

Key Drivers of Trend Include:

- Impact of General Inflation on renewing provider contracts
- Rising Drug Costs
- Impact of Cardiac and Cancer Cost as large claimants

Challenge: Even stable claims won't offset cost inflation

Plan Performance Reporting

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Historical Plan Cost Summary

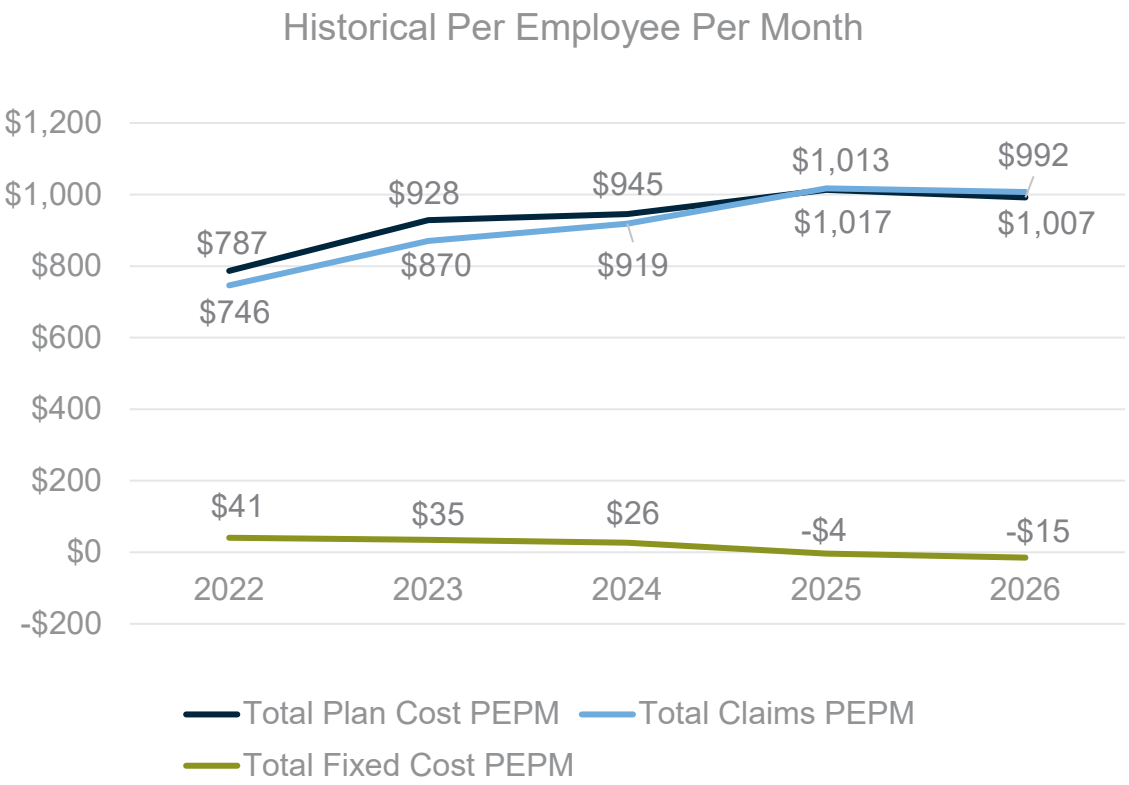
Month	2024	2025	2026
January	$2,651,862	$3,058,313	$3,106,080
February	$2,210,487	$2,648,866	$2,834,342
March	$3,108,191	$2,114,719	$3,186,262
April	$1,658,869	$2,796,411	
May	$2,191,666	$3,258,514	
June	$2,405,874	$3,056,060	
July	$3,211,351	$3,248,965	
August	$3,006,994	$3,455,324	
September	$2,784,221	$3,024,515	
October	$3,169,249	$3,391,030	
November	$3,273,793	$3,365,152	
December	$3,404,993	$3,159,101	
Net Claims	**$33,077,549**	**$36,576,970**	**$9,126,685**
Average Monthly Enrollment	**3001**	**2997**	**3021**
Net Claims PEPM	**$918.67**	**$1,017.19**	**$1,007.14**
% Increase/Decrease from Prior	**5.55%**	**10.72%**	**-0.99%**
Admin Fees	**-$1,621,350**	**-$3,063,347**	**-$944,985**
Consulting Fees	**$144,000**	**$144,000**	**$36,000**
Stop Loss Fees	**$2,072,145**	**$2,309,647**	**$644,489**
Total Fixed Costs	**$594,795**	**-$609,701**	**-$264,496**
Total Fixed Costs PEPM	**$16.52**	**-$16.96**	**-$29.19**

Claims Cost is 1% under 2025

Fixed cost is 72% under 2025

Cost above does not include Empyrean or other administrative costs

Historical Analysis



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2026 Plan Cost Summary

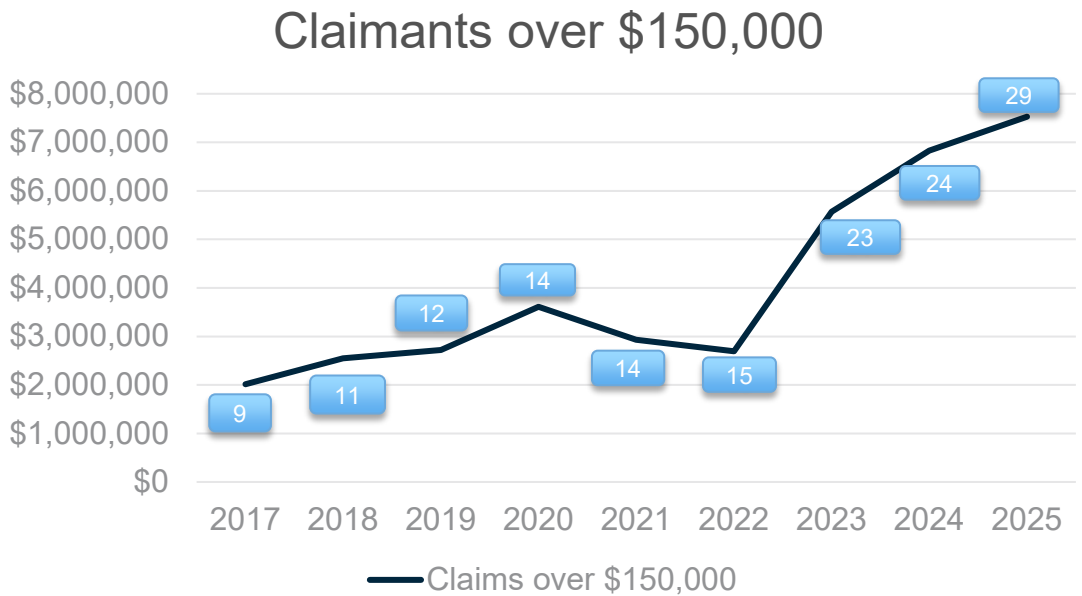
Paid Month	Jan-26	Feb-26	Mar-26	Year-to-Date Total	Year-to-Date PEPM
Enrollment					
Subscribers	3,011	3,029	3,022	9,062	
Members	4,122	4,152	4,140	12,414	
Contract Size	1.37	1.37	1.37	1.37	
Claim Payments					
Medical Claims	$1,535,224	$1,388,947	$1,481,322	$4,405,493	$486.15
Pharmacy Claims	$1,368,325	$1,170,872	$1,321,690	$3,860,887	$426.05
Rx Rebates	$0	$0	$0	$0	$0.00
Access Fees	$1,575	$96	$126	$1,797	$0.20
Claims Over Specific	$0	$0	$0	$0	$0.00
Total Claim Payments	**$2,905,124**	**$2,559,915**	**$2,803,138**	**$8,268,177**	**$912.40**
Total Claim Payments PEPM	$964.84	$845.14	$927.58		
ZERO Card					
Claims	$200,956	$274,428	$383,124	$858,508	$94.74
Fee	$30,143	$41,164	$57,469	$128,776	$14.21
Total ZERO Card Cost	**$231,099**	**$315,592**	**$440,593**	**$987,284**	**$108.95**
Fixed Costs					
Administrative Fees	($313,987)	($315,864)	($315,134)	($944,985)	($104.28)
Consulting Fee	$12,000	$12,000	$12,000	$36,000	$3.97
Stop Loss Premiums	$214,142	$215,422	$214,925	$644,489	$71.12
Total Fixed Costs	**($87,845)**	**($88,442)**	**($88,210)**	**($264,496)**	**($29.19)**
Total Plan Cost	**$3,048,379**	**$2,787,065**	**$3,155,521**	**$8,990,965**	**$992.16**
Employee Contributions [1]	$408,559	$412,000	$407,398	$1,227,957	$135.51
Employer Cost	**$2,639,820**	**$2,375,065**	**$2,748,123**	**$7,763,007**	**$856.65**
Budget Comparison					
Budgeted Cost [1]	$2,986,245	$3,004,247	$2,993,483	$8,983,975	$991.39
Actual Cost	$3,048,379	$2,787,065	$3,155,521	$8,990,965	$992.16
Surplus/(Deficit)	**($62,134)**	**$217,182**	**($162,038)**	**($6,990)**	**($0.77)**

- $76k in stop loss reimbursement coming in April
- $881,338.41 in Gallagher/BCBS Rx Reconciliation coming in May
- Medical claims PEPM in 2025 was $564.66 (14% reduction)
- Zero Card cost PEPM in 2025 was $99.04
- *Budget does not include Empyrean or other administrative costs to OKHEEI. Also does not include assessment

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Year over Year Large Claim Trend

2017 – 2025



Note: Blue boxes represent # of members that exceeded $150k in claims
2023 – Above members represent $5,567,852 in paid claims
2024 – Above members represent $6,829,824 in paid claims
2025 – Above members represent $7,527,347 in paid claims
2026 – 2 claimants represent $369,898 in paid claims

Top 20 Large Claim Trend

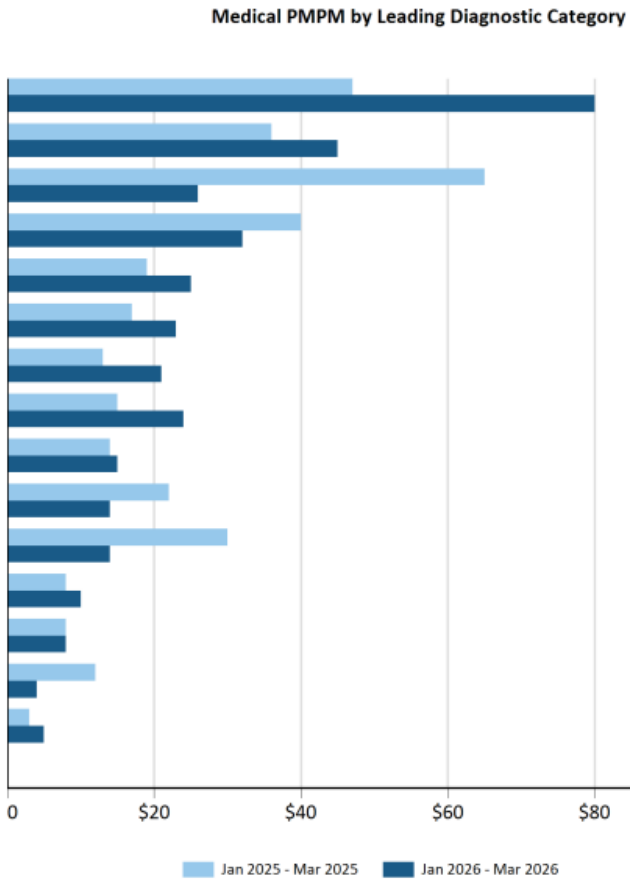
Jan 2026 - Mar 2026

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
6365224621760298047	Subscriber	Male 40-49	Neoplasms	$32,429	$179,848	$2,927	$0	**$215,204**	Yes
1239563844408761600	Subscriber	Female 60-64	Neoplasms	$0	$153,190	$1,485	$19	**$154,694**	Yes
5660217277286092197	Subscriber	Female 40-49	Not Available	$0	$747	$2,348	$138,566	**$141,661**	Yes
2259907664559702781	Subscriber	Female 40-49	Neoplasms	$0	$71,729	$13,121	$33,414	**$118,264**	Yes
7342184672468066337	Subscriber	Male 50-59	Neoplasms	$0	$2,644	$101,484	$33	**$104,161**	Yes
2720276096689917883	Subscriber	Female 50-59	Genitourinary	$26,399	$61,668	$8,902	$155	**$97,124**	Yes
6847200099060149722	Subscriber	Male 40-49	Not Available	$0	$1,089	$483	$78,879	**$80,451**	Yes
6141647802066668325	Subscriber	Female 60-64	Musculoskeletal	$0	$51,851	$1,951	$24,530	**$78,332**	Yes
8880115032550339391	Subscriber	Female 50-59	Not Available	$12,863	$22,873	$8,072	$34,336	**$78,144**	Yes
2705283036506510957	Dependent	Male 30-39	Not Available	$0	$182	$54	$76,175	**$76,411** ★	No
7764661127623599758	Subscriber	Female 60-64	Respiratory	$35,961	$27,693	$6,953	$1,796	**$72,403**	Yes
8418419379442511949	Spouse	Male 40-49	Genitourinary	$51,842	$12,807	$3,717	$1,584	**$69,950**	Yes
1330411596435899271	Spouse	Male 50-59	Neoplasms	$0	$63,000	$2,695	$200	**$65,895**	Yes
717771916528508622	Subscriber	Female 30-39	Neoplasms	$47,449	$1,844	$15,777	$0	**$65,070**	Yes
8285871585186518190	Subscriber	Male 40-49	Nervous	$0	$38,396	$22,155	$0	**$60,551**	Yes
1028897575946136215	Subscriber	Female 50-59	Neoplasms	$0	$33,119	$9,344	$16,335	**$58,798**	Yes
699753437261922151	Subscriber	Male 50-59	Not Available	$0	$0	$152	$56,628	**$56,780**	Yes
4593798785608624029	Subscriber	Male 50-59	Neoplasms	$50,064	$3,370	$2,925	$2	**$56,361**	Yes
8892446909409978230	Subscriber	Female 60-64	Not Available	$0	$663	$205	$54,924	**$55,792**	Yes
3450973281981287829	Spouse	Female 50-59	Blood	$0	$21,318	$27,905	$3,938	**$53,161**	Yes
High Cost Claimant Total				**$257,007**	**$748,031**	**$232,655**	**$521,514**	**$1,759,207**	

8 claimants have cancer diagnosis. Plan had 4 this time last year

Leading Diagnostic Categories

Paid Period	Mar 2026	Jan 2025 - Mar 2025	Jan 2026 - Mar 2026	% Change
Leading Diagnostic Category	**Paid PMPM**	**Paid PMPM**	**Paid PMPM**	**Paid PMPM**
Neoplasms	$73	$47	$80	70.2%
Musculoskeletal	$67	$36	$45	25.0%
Circulatory	$34	$65	$26	-60.0%
Health Status	$33	$40	$32	-20.0%
Digestive	$30	$19	$25	31.6%
Mental Health	$25	$17	$23	35.3%
Symptoms/Ill-Defined	$21	$13	$21	61.5%
Genitourinary	$20	$15	$24	60.0%
Endocrine	$10	$14	$15	7.1%
Injury/Poisoning	$9	$22	$14	-36.4%
Nervous	$9	$30	$14	-53.3%
Respiratory	$6	$8	$10	25.0%
Pregnancy	$4	$8	$8	0.0%
Blood	$4	$12	$4	-66.7%
Eye	$4	$3	$5	66.7%
All Other Values	$7	$30	$9	-70.0%
Summary	$357	$380	$355	-6.6%



Top Non-Specialty Drugs by Plan Paid

January-March Comparison

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Current/ Prior Rank		Plan Therapeutic Class (Jan-Mar 2026)	Prescriptions	Utilizing Members	Ingredient Cost	Cost/ Prescription (Current)
1	2	Anti-Obesity Agents	658	264	$723,949	$1,100.23
2	1	Incretin Mimetic Agents	534	214	$550,926	$1,031.70
3	3	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	157	64	$170,161	$1,083.83
4	4	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	211	78	$81,584	$386.65
5	6	Sympathomimetics	364	205	$71,900	$197.53
6	5	Direct Factor Xa Inhibitors	125	48	$50,747	$405.98
7	7	Antipsychotics - Misc.	37	15	$38,133	$1,030.61
8		Digestive Enzymes	5	3	$27,727	$5,545.41
9	8	Insulin	89	31	$24,957	$280.41
10		Immunosuppressive Agents	52	11	$22,648	$435.54
		All Other	16,408	2,483	$704,257	$42.92
		Summary	**18,640**	**2,588**	**$2,466,990**	**$132.35**

Current/ Prior Rank		Plan Therapeutic Class (Jan- Mar 2025)	Prescriptions	Utilizing Members	Ingredient Cost	Cost/ Prescription (Current)
1	1	Incretin Mimetic Agents	473	203	$463,429	$979.77
2	2	Anti-Obesity Agents	393	167	$435,890	$1,109.13
3	4	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	147	57	$151,962	$1,033.76
4	3	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	177	68	$98,013	$553.75
5	5	Direct Factor Xa Inhibitors	122	47	$68,327	$560.06
6	6	Sympathomimetics	396	256	$66,247	$167.29
7		Cystic Fibrosis Agents	2	1	$59,138	$29,568.79
8		Antipsychotics - Misc.	47	21	$37,683	$801.77
9	8	Insulin	94	29	$29,962	$318.74
10		Antiviral Combinations	20	20	$28,291	$1,414.54
		All Other	15,259	2,487	$675,550	$44.27
		Summary	**17,130**	**2,562**	**$2,114,491**	**$123.44**

Anti-Obesity Agents:

- 2025 cost to the Plan was $1,228,436 over 2024 spend which accounted for 41% of the budget deficit
- 2026 annualized cost to be *$2,895,800
- 2025 annual cost was $2,223,686

*timing of fill can affect expected 2026 annual cost

2027 Renewal

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YOY Fixed Cost Renewal History

Recap	Response
BCBSOK 2024 Renewal Recap	0% Increase in funding • Starting in 2024, Flex Access was added to result in $700k estimated savings to Rx Specialty spend • For 2024, Gallagher Pharmacy Team negotiated contract with Prime for an estimated 3-5% of savings • In 2024, OKHEEI increased plan cost share to Blue Options Plans to decrease member cost share outside the state of Oklahoma • In 24/25, OKHEEI streamlined the retiree eligibility process
BCBSOK 2025 Renewal Recap	Released Fixed cost Renewal at +86%; Revised Fixed Cost Renewal -88.7% ($531,188) • Did not require a change in stop loss contracts Final renewal increase of 15.7% in funding (claims driven) Several Cost Containment Approaches were evaluated, below was executed • Plan OOP Max's & Rx Specialty Change - $794k est. savings • Prime Formulary Move - $493k est. savings • No New Laser provision in Stop Loss Contract • Realignment of Employee Contribution Strategy by College – Savings ranged by college
BCBSOK 2026 Renewal Recap	Released Fixed cost Renewal at +18%; Revised Fixed Cost Renewal -58.5% ($444,176) • Did not require a change in stop loss contracts Final renewal increase of 9% in funding (claims driven) Several Cost Containment Approaches were evaluated, below was executed • Moving All Plans to Blue Advantage network for larger network discounts and increasing OOP Max on Plan C by $500 • Add Plan equal to $2,000 Plan, but with Blue Options • Worked on Employee Contribution Strategy by College – Savings ranged by college • Moved Advantage and PDP to BCBS for immediate savings

2027 Ancillary Renewal

Objective: Improve customer service, HR admin access, and add tech credits to subsidize Empyrean admin fees at same or better benefits.

Line of Coverage	Carrier/ Vendor	EE/ER Paid	Status	Recommendation
Dental	Delta Dental	EE/ER	Rate Pass through 1/1/2028	Renew with Delta Dental
Vision	VSP	EE/ER	Rate Pass through 1/1/2028	Renew with VSP
Basic Life and AD&D	Standard	ER	Up for Renewal 1/1/2027	Marketed
Voluntary Life and AD&D	Standard	EE	Up for Renewal 1/1/2027	Marketed
Short Term Disability	Standard	EE/ER	Up for Renewal 1/1/2027	Marketed
Long Term Disability	Standard	EE/ER	Up for Renewal 1/1/2027	Marketed
Critical Illness	VOYA	EE	Rate Pass	Marketed
Hospital Indemnity	VOYA	EE	Rate Pass	Marketed
Accident	VOYA	EE	Rate Pass	Marketed

Notes:

- **Marketing Life/DI along with Worksite will maximize bundled savings opportunities**
- **Required Criteria for all Finalist:**
  - **Integration with Empyrean**
  - **Ability to provide Benefit Coordinators access for EOI and claims**
  - **Continued tax services for W-2 Reporting and FICA tax payment on LTD**

2027 Ancillary Marketing

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Line of Coverage	Carrier Name	Response	**AM Best Rating	Rate Guarantee
Basic Life and AD&D	**The Standard**	**Current / Renewal**	**A / XV**	**3 Year**
	Guardian	Quote	DTQ	
	Sun Life	Quote	A+ / XV	3 Year
	Voya	Quote	A / XIII	3 Year
	Prudential	Quote	A+ / XV	3 Year
	Symetra	Quote	A / XV	3 Year
	Mutual of Omaha	Quote	A+ / XV	3 Year
	Reliance Standard	Quote	A++ / XV	3 Year
	Reliance Matrix	Quote	A++ / XV	3 Year
Voluntary Life and AD&D	**The Standard**	**Current / Renewal**	**A / XV**	**3 Year**
	Sun Life	Quote	A+ / XV	3 Year
	Reliance Standard	Quote	A++ / XV	3 Year
	Reliance Matrix	Quote	A++ / XV	3 Year
	Guardian	Quote	DTQ	
	Voya	Quote	A / XIII	3 Year
	Prudential	Quote	A+ / XV	3 Year
	Symetra	Quote	A / XV	3 Year
	Mutual of Omaha	Quote	A+ / XV	3 Year
STD	**The Standard**	**Current / Renewal**	**A / XV**	**3 Year**
	Guardian	Quote	DTQ	
	Sun Life	Quote	A+ / XV	3 Year
	Voya	Quote	A / XIII	3 Year
	Prudential	Quote	A+ / XV	3 Year
	Symetra	Quote	A / XV	3 Year
	Reliance Standard	Quote	A++ / XV	2 Year
	Mutual of Omaha	Quote	A+ / XV	3 Year
LTD	**The Standard**	**Current / Renewal**	**A / XV**	**3 Year**
	Sun Life	Quote	A+ / XV	3 Year
	Voya	Quote	A / XIII	3 Year
	Prudential	Quote	A+ / XV	3 Year
	Symetra	Quote	A / XV	3 Year
	Mutual of Omaha	Quote	A+ / XV	3 Year
Basic Life and AD&D, Voluntary Life, STD & LTD	American Fidelity	Decline to Quote Similar Benefits / Empyrean Integration		

2027 Ancillary Renewal

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Total Cost Summary				MOO	Sunlife	Symetra
	CURRENT	INITIAL	NEGOTIATED	PACKAGE OPTIONS		
	2026 Plan Year	Renewal	Renewal	Option 1	Option 2	Option 3
PREMIUM						
Dental (Delta)	$2,763,881	$2,763,881	$2,763,881	$2,763,881	$2,763,881	$2,763,881
Vision (VSP)	$488,433	$488,441	$488,441	$488,433	$488,441	$488,441
Basic Life & AD&D	$662,292	$662,292	$642,698	$505,537	$352,700	$564,320
Short Term Disability	$137,022	$137,022	$137,022	$137,022	$137,022	$137,022
Long Term Disability	$285,498	$285,498	$285,498	$261,017	$345,330	$288,717
COMBINED ANNUAL COST						
Annual Plan Cost	**$4,337,126**	**$4,337,134**	**$4,317,539**	**$4,155,889**	**$4,087,373**	**$4,242,381**
Dollar Difference from Current		**-8**	**-$19,586**	**-$181,236**	**-$249,752**	**-$94,745**
Percent Change from Current		**-0.0%**	**-0.5%**	**-4.2%**	**-5.8%**	**-2.2%**

Notes:

- **Marketing Life/DI along with Worksite will maximize bundled savings opportunities**
- **Required Criteria for all Finalist:**
  - **Integration with Empyrean**
  - **Ability to provide Benefit Coordinators access for EOI and claims**
  - **Continued tax services for W-2 Reporting and FICA tax payment on LTD**

Comparison of Ancillary Offer Financials

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Mutual of Omaha:

Premium Savings Compared to Current: **$181,236**

Technology Credits (based on % of Premium):
Year 1: $300,500
Year 2: $300,500
Year 3: $240,500

Includes: Self Bill Pro (value of $50K)
Offers Bulk Payout of Wellness Claims based on incurred medical claims

Overall Savings to OKHEEI compared to Current:
(Premium savings and Additional $ to Pay for Benefits Admin)

Year 1: $361,736
Year 2: $361,736
Year 3: $301,736

Sun Life:

Premium Savings Compared to Current: **$249,752**

Technology Credits (based on % of Premium):
Year 1: $200,000
Year 2: $160,000
Year 3: $160,000

Includes: Automatic Payout of Wellness Credit to all enrolled members after second year on Worksite Plans

Overall Savings to OKHEEI compared to Current:
(Premium savings and Additional $ to Pay for Benefits Admin)

Year 1: $329,752
Year 2: $289,752
Year 3: $289,752

Notes:

- Assumes move of Life/DI along with Voya Worksite for maximized bundled savings opportunities
- **Currently Empyrean cost about $370,000 annually**
  - **Credits/offset is approximately: $120,000**

2027 Voluntary Benefits Renewal

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Carrier Information	VOYA FINANCIAL	Mutual of Omaha	Sun Life
Inforce			
1. AM Best / Financial Rating	A (Excellent) XIII (USD 1.25 Billion to Less than 1.50 Billion)	A+ (Superior) XV (Greater than or Equal to USD 2.00 Billion)	A+ (Superior) XV (Greater than or Equal to USD 2.00 Billion)
2. Products Quoted	Accident Insurance Critical Illness Insurance Hospital Indemnity Insurance	Accident Insurance Critical Illness Insurance Hospital Indemnity Insurance	Accident Insurance Critical Illness Insurance Hospital Indemnity Insurance
3. HSA Compliant	Yes	Yes	Yes
4. Rate Guarantees	Expired	3 Years	4 Years
5. Employee Eligibility	Actively at Work; 30+ Hours / Week; Temporary & Seasonal Workers Are Excluded	Actively at Work; 30+ Hours / Week	Actively at Work; 20+ Hours / Week; 30 Days Active Service Required; Excludes Retired, Temporary, PT, Seasonal, Leased & Contracted Employees (1099)
6. Billing Process / Method	Self-Bill	Self-Bill via Self Bill Pro	Self-Bill
7. Group or Individual Level Premium Accounting	Group	Group	Group
8. Claims Turnaround Time	5 - 10 Business Days	5 - 7 Business Days	6 - 10 Business Days
9. VB Claims Integration With Other Benefits (Life, Disability & Medical)	Yes; Available but not currently with OKEEHI	Yes; Auto-Notification, Auto-Submission & Claims Integration Among Different Carriers Available	Yes; Auto-Notification, Auto-Submission & Claims Integration Among Different Carriers Available
10. Enrollment Method / Platform	Self-Serve / Empyrean	Self-Serve / Empyrean	Self-Serve / Empyrean
11. Compatibility With BenAdmin System / Enrollment Platform / Payroll System	Yes	Yes	Yes

Gallagher went to market across multiple providers. Above are the top 2 most competitive options for price and increase in benefits.

2027 Voluntary Benefits Renewal

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	Inforce Accident - Low Situs State: OK	Accident - (Low) Situs State: OK	Accident - Enhanced (Low) Situs State: OK
1. Issue Ages	Employee: Actively at Work; Ages Unknown Spouse: Ages Unknown Child: Birth to Age 26	Employee: Actively at Work; Ages 18-79 Spouse: Ages 18-79 Child: Birth to Age 26	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26
2. Participation Requirement	Inforce	None	None
3. Guaranteed Issue	Yes	Yes	Yes
4. 24 Hour / Off Job	Off Job	24 Hour	Off Job
5. Hospital Admission	$2,000	$2,000	$2,000
6. Hospital ICU Admission	Payable Under Hospital Admission	Payable Under Hospital Admission	Payable Under Hospital Admission
7. Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident	Either Admission or ICU Admission Benefit is Payable 1x Per Calendar Year
8. Hospital Confinement Per Day	$250 (Up to 365 Days, Beginning Day 2)	$400 (Up to 365 Days, Beginning Day 1)	$300 (Up to 365 Days Beginning Day 1)
9. Hospital ICU Confinement Per Day	$450 (Up to 15 Days, Beginning Day 2)	$800 (Up to 30 Days, Beginning Day 1)	$300 (Up to 15 Days, Beginning Day 1)
10. Confinement Benefit Payments	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident	Confinement and ICU Confinement Benefits Can Be Paid Simultaneously Per Covered Accident
11. Emergency Room Benefit	$150	$300	$250
12. Non-Emergency Room Care	$75 Physician's Office / $150 Urgent Care	$100 Physician's Office / $225 Urgent Care	$250 Physician's Office / Urgent Care
13. Physician Follow-Up	$75 (Up to 6 Visits)	$100 (Up to 6 Visits)	$100 (Up to 6 Visits)
14. X-Ray	$75	$100	$100
15. Ambulance Ground / Air	$360 / $1,500	$300 / $1,500	$400 / $1,500
16. Physical Therapy	$45 (Up to 6 Visits)	$50 (Up to 6 Visits)	$50 (Up to 10 Visits)
17. Single Fractures / Dislocations	Up to $6,720 / Up to $7,700	Up to $9,000 / Up to $10,000	Up to $7,500 / Up to $8,000
18. Lacerations	Up to $480	Up to $900	Up to $700
19. Employee Accidental Death, Dismemberment & Catastrophic Benefits	Up to $50,000	Up to $70,000	Up to $50,000
20. Organized Sport Benefit	25% Sports Accident Benefit (Up to $1,000 Max)	10% Child Sports Injury Booster, No Max	None
21. Wellness	EE, SP: $100 Per Insured Per Year CH: 50% of Employee Amount (Up to $200 Per Year for All Children)	$100 Per Insured Per Calendar Year	$100 Per Insured Per Calendar Year
22. Miscellaneous	None	Express Benefit: $100	None
23. Portability	Included, See Policy for Full Details	Included, See Policy for Full Details	Included, See Policy for Full Details
24. Value-Add	Travel Assistance	None	None
Rates	**Monthly Premium**	**Monthly Premium**	**Monthly Premium**
25. Employee Only	$10.37	$10.37	$10.37
26. Employee & Spouse	$18.53	$18.53	$18.53
27. Employee & Children	$21.20	$21.20	$21.20
28. Family	$29.36	$29.36	$29.36

Above rates are based on package with Ancillary

2027 Voluntary Benefits Renewal

Gallagher

Accident Insurance

VOYA FINANCIAL | Mutual of Omaha | Sun Life

	Inforce Accident - High Situs State: OK	Accident - (High) Situs State: OK	Accident - Premier (High) Situs State: OK
1. Issue Ages	Employee: Actively at Work; Ages Unknown Spouse: Ages Unknown Child: Birth to Age 26	Employee: Actively at Work; Ages 18-79 Spouse: Ages 18-79 Child: Birth to Age 26	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26
2. Participation Requirement	Inforce	None	None
3. Guaranteed Issue	Yes	Yes	Yes
4. 24 Hour / Off Job	Off Job	24 Hour	Off Job
5. Hospital Admission	$3,000	$3,000	$3,000
6. Hospital ICU Admission	Payable Under Hospital Admission	Payable Under Hospital Admission	Payable Under Hospital Admission
7. Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident	Either Admission or ICU Admission Benefit is Payable 1x Per Calendar Year
8. Hospital Confinement Per Day	$400 (Up to 365 Days, Beginning Day 2)	$600 (Up to 365 Days, Beginning Day 1)	$400 (Up to 365 Days Beginning Day 1)
9. Hospital ICU Confinement Per Day	$600 (Up to 15 Days, Beginning Day 2)	$1,000 (Up to 30 Days, Beginning Day 1)	$400 (Up to 15 Days, Beginning Day 1)
10. Confinement Benefit Payments	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident	Confinement and ICU Confinement Benefits Can Be Paid Simultaneously Per Covered Accident
11. Emergency Room Benefit	$200	$400	$300
12. Non-Emergency Room Care	$100 Physician's Office / $200 Urgent Care	$175 Physician's Office / $325 Urgent Care	$300 Physician's Office / Urgent Care
13. Physician Follow-Up	$100 (Up to 6 Visits)	$150 (Up to 6 Visits)	$200 (Up to 6 Visits)
14. X-Ray	$100	$100	$200
15. Ambulance Ground / Air	$600 / $2,500	$400 / $2,000	$600 / $2,500
16. Physical Therapy	$55 (Up to 6 Visits)	$75 (Up to 6 Visits)	$75 (Up to 10 Visits)
17. Single Fractures / Dislocations	Up to $12,000 / Up to $10,000	Up to $12,000 / Up to $12,000	Up to $12,000 / Up to $10,000
18. Lacerations	Up to $960	Up to $1,500	Up to $700
19. Employee Accidental Death, Dismemberment & Catastrophic Benefits	Up to $100,000	Up to $110,000	Up to $100,000
20. Organized Sport Benefit	25% Sports Accident Benefit (Up to $1,000 Max)	10% Child Sports Injury Booster	None
21. Wellness	EE, SP: $100 Per Insured Per Year CH: 50% of Employee Amount (Up to $200 Per Year for All Children)	$100 Per Insured Per Calendar Year	$100 Per Insured Per Calendar Year
22. Miscellaneous	None	Express Benefit: $175	None
23. Portability	Included, See Policy for Full Details	Included, See Policy for Full Details	Included, See Policy for Full Details
24. Value-Add	Travel Assistance	None	None
Rates	Monthly Premium	Monthly Premium	Monthly Premium
25. Employee Only	$15.12	$15.12	$15.12
26. Employee & Spouse	$27.30	$27.30	$27.30
27. Employee & Children	$30.01	$30.01	$30.01
28. Family	$42.19	$42.19	$42.19

Above rates are based on package with Ancillary

2027 Voluntary Benefits Renewal

Gallagher

Critical Illness Insurance

	VOYA FINANCIAL	Mutual of Omaha	Sun Life
	Inforce Critical Illness **Situs State: OK**	**Voluntary Critical Illness** **Situs State: OK**	**Critical Illness - Series 23** **Situs State: OK**
1. Issue Ages	Employee: Actively at Work; Ages Unknown Spouse: Ages Unknown Child: Birth to Age 26	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26
2. Participation Requirement	Inforce	None	None
3. Guaranteed Issue Maximum	Employee: Choice of $15,000 or $30,000 Spouse, Child: 100% of Employee Coverage Amount	Employee: Choice of $15,000 or $30,000 Spouse, Child: 100% of Employee Coverage Amount	Employee: Choice of $15,000 or $30,000 Spouse, Child: 100% of Employee Coverage Amount
4. Children Coverage	Additional	Included	Included
5. Pre-Existing Condition Limitations*	None	None	None
6. Covered Critical Illnesses	Cancer, Heart Attack, Stroke, Major Organ Transplant (Includes Heart, Lung, Pancreas, Entire Kidney or Liver, or Any Combination Thereof)	Cancer, Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure	Cancer, Heart Attack (100% or 25% Dependent on Diagnosis), Stroke, Major Organ Failure, End-Stage Kidney Disease
7. Other Covered Critical Illnesses	**Covered At 100%** Coronary Artery Bypass, Benign Brain Tumor, Permanent Paralysis, Loss of Hearing / Sight / Speech, Coma, Advanced Dementia (Including Alzheimer's Disease) 9 Additional Conditions For Children **Covered At 25%** Carcinoma in Situ, Infectious Disease (Including COVID-19, 5+ Days Hospital Confinement Required or 14+ Days in a Transitional Facility) Bone Marrow Transplant, Stem Cell Transplant, Parkinson's, ALS, MS, Huntington's Disease, Muscular Dystrophy, Myasthenia Gravis, SLE (Lupus) **Covered At 10%** Skin Cancer, Addison's Disease, Scleroderma	**Covered At 100%** *ALS*, Dementia, Alzheimer's, *Parkinson's, MS*, Bone Flap/Skull Defect, Bone Marrow/Stem Cell Recipient, Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor, Sudden Cardiac Arrest, Coma, Severe Burns, Loss of Hearing, Speech, Sight in Both Eyes, Paralysis 5 Additional Condition Categories for Children **Covered At 50%** ***Coronary Artery Disease (Major)*** **Covered At 25%** Coronary Artery Disease (Minor), Carcinoma in Situ Acute Respiratory Distress Syndrome (ARDS), Inflammatory Bowel Disease **Covered At 10%** TIA **Covered at $500 per Year** Skin Cancer	**Covered At 100%** Coronary Artery Obstruction, Sudden Cardiac Arrest, Heart Valve Disease (Open Heart), Benign Brian or Spinal Cord Tumor, Severe Burns, Coma, Paralysis, Loss of Hearing / Sight (Blindness) / Speech, Occupational Infectious Disease, ALS, Advanced Dementia, Advanced Huntington's Disease, Advanced MS, Advanced Parkinson's Disease 6 Additional Conditions For Children **Covered At 75%** Metastasis of Non-Invasive Cancer **Covered At 50%** Heart Valve Disease (Minimally Invasive), Congestive Hear Failure (Stage 3+) **Covered At 25%** Carcinoma in Situ, Heart Arrhythmia, Severe Infectious Disease (Including COVID-19; 1x Per 12 Months; Requires 5 Consecutive Day Hospital Confinement) **Covered At 10%** Early Stage Dementia, Skin Cancer (Additional 3 Conditions At 10%)
8. Same Illness Diagnosis (Recurrence)	100% Recurrence (6 Month Separation Period)	100% Recurrence (90 Days Separation Period)	100% Recurrence (Excludes Supplemental Conditions; Coronary Artery Obstruction is 25%)(6 Month Separation Period; Cancer Requires 6 Months Treatment-Free)
9. Different Illness Diagnosis	1 x Each Illness (No Separation Period; Cancer That Has Spread to a Different Area of the Body is Not a Different Illness/Condition and is Subject to a 30 Day Separation Period)	1 x Each Illness (No Separation Period)	1 x Each Illness (No Separation Period)
10. Maximum Benefit	5x The Benefit Amount for Each Covered Condition	1,000% Maximum Benefit Payout	No Maximum Benefit Payout As Long As Separation Period is Met
11. Benefit Reduction	None	None	None
12. Wellness	EE, SP: $100 Per Insured Per Year CH: 50% of Employee Amount (Up to $200 Per Year for All Children)	$100 Per Insured Per Calendar Year (Up to 6 per Family Per Year)	$100 Per Insured Per Calendar Year
13. Miscellaneous	None	None	None
14. Portability	Included, See Policy for Full Details	Included, See Policy for Full Details	Included, See Policy for Full Details
15. Value-Add	Unknown	None	Health Care Navigator Help Line
Rates	**Monthly Premium** **$15,000 Employee Only** **Spouse & Dependent Rates Are Included in the Proposal**	**Monthly Premium** **$15,000 Employee Only** **Spouse & Dependent Rates Are Included in the Proposal**	**Monthly Premium** **$15,000 Employee Only** **Spouse & Dependent Rates Are Included in the Proposal**
	Non-Tobacco *Attained Age* *11 Total Age Bands*	*Non-Tobacco* *Attained Age* *13 Total Age Bands*	*Non-Tobacco* *Attained Age* *12 Total Age Bands*
16. Age 35	$9.00	$9.00	$9.00
17. Age 45	$17.85	$17.85	$17.85
18. Age 55	$32.25	$32.25	$32.25

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements, Waived Pre-Ex Definitions and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

2027 Voluntary Benefits Renewal

Gallagher

Sun Life

Hospital Indemnity Insurance

VOYA FINANCIAL

Mutual of Omaha

	Inforce Hospital Indemnity - Low Situs State: OK	Hospital Indemnity - (Low) Situs State: OK	Hospital Indemnity - Low Situs State: OK
1. Issue Ages	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26	Employee: Actively at Work; Ages 18-79 Spouse: Ages 18-79 Child: Birth to Age 26	Employee: Actively at Work, Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26
2. Participation Requirement	Inforce	None	None
3. Guaranteed Issue	Yes	Yes	Yes
4. Pre-Existing Condition Limitations*	Unknown	None	None
5. Hospital Admission	$600	$600	$1,000
6. Hospital ICU Admission	$1,200	$1,200	$1,500
7. Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident / Illness; Max 8x Per Calendar Year	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident / Illness; Max 5x Per Calendar Year (30 Day Separation Period)	Either Admission or ICU Admission Benefit is Payable 10x Per Calendar Year (90 Day Separation Period)
8. Hospital Confinement Per Day	$100 (Up to 10 Days, Beginning Day 2)	$100 (Up to 10 Days Per Benefit Year, Beginning Day 2)	$100 (Up to 30 Days Per Calendar Year, Beginning Day 2)
9. Hospital ICU Confinement Per Day	$200 (Up to 10 Days, Beginning Day 2)	$200 (Up to 10 Days Per Benefit Year, Beginning Day 2)	$100 (Up to 30 Days Per Calendar Year, Beginning Day 2)
10. Confinement Benefit Payments	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident / Illness	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident / Illness	Confinement and ICU Confinement Benefit Can Be Paid Simultaneously Per Covered Accident / Illness
11. Pregnancy	Covered	Covered	Covered
12. Newborn Benefits	If Child Coverage is Effective: Same as Any Other Child If Child Coverage is Not Effective: $100 (1x for Newborn Child's Birth)	Newborn Nursery Care Confinement: $75 (Up to 2 Days Per Benefit Year)	Nursery Newborn Confinement: $100 (Up to 3 Days)
13. Mental Wellness & Addiction Recovery	Covered (Exclusion Does Not Apply to a Confinement in an Eligible Hospital or Rehabilitation Facility for the Purpose of Treatment for Alcoholism or Drug Addiction)	Mental/Nervous Facility and Substance Abuse Facilty Admissions: $1,000 per day, Up to 1 Admission per Policy Year Daily Mental/Nervous Facility and Substance Abuse Facility Confinement: $100 per day, Up to 30 Days per Policy Year; Lifetime Max of 180 Days	Covered as Normal Hospitalization
14. Wellness	None	$100 Per Insured Per Calendar Year (Up to 6 per Family Per Year)	$50 Per Insured Per Calendar Year
15. Miscellaneous	Rehabilitation Facility: $50 (Up to 10 Days, Beginning Day 2)	Express Benefit: $100 per Hospital Admission	Rehabilitation Unit: $50 (Up to 60 Days Per Calendar Year)
16. Portability	Active Employees Can Port Coverage Even if Group Master Policy Terminates, Not Portable if Group Master Policy is Replaced; Must Port Prior to Age 70; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums	Active Employees Can Port Coverage Until Group Master Policy Terminates, Not Portable if Group Master Policy is Replaced, Max Port Age is 69; Must Have Policy for 6 Months Minimum to Port. Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums, Terminates at Age 80	Active Employees Can Port Coverage Even if Group Master Policy Terminates or is Replaced; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums to the Greater Age of 70 or 12 Months (Continuation of Coverage Will Be Offered if Portability is Not Approved in the State - Master Policy Would Need to Remain Inforce to Continue Coverage)
17. Value-Add	None	None	None
Rates	**Monthly Premium**	**Monthly Premium**	**Monthly Premium**
18. Employee Only	$8.96	$8.96	$8.96
19. Employee & Spouse	$17.83	$17.83	$17.83
20. Employee & Children	$14.59	$14.59	$14.59
21. Family	$23.46	$23.46	$23.46

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements, Waived Pre-Ex Definitions and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

2027 Voluntary Benefits Renewal

Gallagher

Hospital Indemnity Insurance

VOYA FINANCIAL | Mutual of Omaha | Sun Life

	Inforce Hospital Indemnity - High Situs State: OK	Hospital Indemnity - (High) Situs State: OK	Hospital Indemnity - High Situs State: OK
1. Issue Ages	Employee: Actively at Work; Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26	Employee: Actively at Work; Ages 18-79 Spouse: Ages 18-79 Child: Birth to Age 26	Employee: Actively at Work, Ages 18+ Spouse: Ages 18+ Child: Birth to Age 26
2. Participation Requirement	Inforce	None	None
3. Guaranteed Issue	Yes	Yes	Yes
4. Pre-Existing Condition Limitations*	Unknown	None	None
5. Hospital Admission	$1,200	$1,200	$2,000
6. Hospital ICU Admission	$2,400	$2,400	$3,000
7. Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident / Illness; Max 8x Per Calendar Year	Either Admission or ICU Admission Benefit is Payable 1x Per Covered Accident / Illness; Max 5x Per Calendar Year (30 Day Separation Period)	Either Admission or ICU Admission Benefit is Payable 10x Per Calendar Year (90 Day Separation Period)
8. Hospital Confinement Per Day	$200 (Up to 10 Days, Beginning Day 2)	$200 (Up to 10 Days Per Benefit Year, Beginning Day 2)	$200 (Up to 30 Days Per Calendar Year, Beginning Day 2)
9. Hospital ICU Confinement Per Day	$400 (Up to 10 Days, Beginning Day 2)	$400 (Up to 10 Days Per Benefit Year, Beginning Day 2)	$200 (Up to 30 Days Per Calendar Year, Beginning Day 2)
10. Confinement Benefit Payments	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident / Illness	Either Confinement or ICU Confinement Benefit is Payable Per Covered Accident / Illness	Confinement and ICU Confinement Benefit Can Be Paid Simultaneously Per Covered Accident / Illness
11. Pregnancy	Covered	Covered	Covered
12. Newborn Benefits	If Child Coverage is Effective: Same as Any Other Child If Child Coverage is Not Effective: $100 (1x for Newborn Child's Birth)	Newborn Nursery Care Confinement: $75 (Up to 2 Days Per Benefit Year)	Nursery Newborn Confinement: $100 (Up to 3 Days)
13. Mental Wellness & Addiction Recovery	Covered (Exclusion Does Not Apply to a Confinement in an Eligible Hospital or Rehabilitation Facility for the Purpose of Treatment for Alcoholism or Drug Addiction)	Mental/Nervous Facility and Substance Abuse Facilty Admissions: $1,000 per day, Up to 1 Admission per Policy Year Daily Mental/Nervous Facility and Substance Abuse Facility Confinement: $100 per day, Up to 30 Days per Policy Year; Lifetime Max of 180 Days	Covered as Normal Hospitalization
14. Wellness	None	$100 Per Insured Per Calendar Year (Up to 6 per Family Per Year)	$50 Per Insured Per Calendar Year
15. Miscellaneous	Rehabilitation Facility: $100 (Up to 10 Days, Beginning Day 2)	Express Benefit: $200 per Hospital Admission	Rehabilitation Unit: $100 (Up to 60 Days Per Calendar Year)
16. Portability	Active Employees Can Port Coverage Even if Group Master Policy Terminates, Not Portable if Group Master Policy is Replaced; Must Port Prior to Age 70; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums	Active Employees Can Port Coverage Until Group Master Policy Terminates, Not Portable if Group Master Policy is Replaced, Max Port Age is 69; Must Have Policy for 6 Months Minimum to Port. Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums, Terminates at Age 80	Active Employees Can Port Coverage Even if Group Master Policy Terminates or is Replaced; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums to the Greater Age of 70 or 12 Months (Continuation of Coverage Will Be Offered if Portability is Not Approved in the State - Master Policy Would Need to Remain Inforce to Continue Coverage)
17. Value-Add	None	None	None
Rates	**Monthly Premium**	**Monthly Premium**	**Monthly Premium**
18. Employee Only	$17.59	$17.59	$17.59
19. Employee & Spouse	$35.32	$35.32	$35.32
20. Employee & Children	$28.84	$28.84	$28.84
21. Family	$46.57	$46.57	$46.57

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements, Waived Pre-Ex Definitions and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

2027 Medical Marketing

Line of Coverage	Carrier Name	Response
Medical TPA/Network, PBM, and Stop Loss Marketing	**BCBS**	**Current / Renewal**
	Luminaire/BCBS	Does not access Blue Advantage Network
	Collective Health/BCBS	Does not access Blue Advantage Network
	Aetna (Meritain)	Uncompetitive
	Aetna (ASO)	Uncompetitive
	UHC Surest	Quoted
	Optum	Stop loss 50% above current
	Symetra	Stop loss 17% above current
	SunLife	See Spreadsheet
	HM	Need claims data through June to provide a 1/1 quote
	BCS	Does not quote advance renewal date yet
	HCC/Tokio Marine	We require seven months of current plan year data to provide a quote
	Voya	Quoting for 1/1/27 business will not commence until July 15th
	Cigna – ASO	Uncompetitive
	Cigna – TPA	Uncompetitive
	Wellpoint	Need claims data through June to provide a 1/1 quote

All quoted carrier pricing assumes all universities enrolled as of 1/1/2027. Any change in MEWA requires new underwriting and will affect pricing.

2027 Medical Renewal

	Current 2026 Budget	Current Contract 2026	Initial Renewal 2027 No Changes BCBS	Renewal 2027 No Changes BCBS/SunLife	Renewal 2027 No Changes Gallagher Projection
Contract	**$300,000 Paid**	**$300,000 Paid**	**$300,000 Paid**	**$300,000 24/12**	**$300,000 Paid**
TPA Administration	$52.33	$52.33	$55.19	$57.19	$55.19
BCBS Fiduciary	$1.00	$1.00	$1.00	$1.00	$1.00
Annual Services Charge/Credit	$4,000.00	$4,000.00	$2,000.00	$2,000.00	$2,000.00
Rx Rebate	-$151.14	-$151.14	-$178.24	-$178.24	-$178.24
Medical Rebate	-$2.50	-$2.50	-$2.50	-$2.50	-$2.50
Individual Stop Loss Premium	$70.08	$70.08	$84.10	$83.92	$84.10
Family Stop Loss Premium	$70.08	$70.08	$84.10	$83.92	$84.10
Aggregate Premium	$1.04	$1.04	$1.09	$1.97	$1.09
TOTAL Monthly FIXED	-$84,592	-$84,592	-$117,470	-$109,263	-$117,458
Annual Fixed	-$1,015,100	-$1,015,100	-$1,409,637	-$1,311,157	-$1,409,491
Carrier Credits	$0	$0	$0	$0	$0
TOTAL ANNUAL FIXED	**-$1,015,100**	**-$1,015,100**	**-$1,409,637**	**-$1,311,157**	**-$1,409,491**
% inc			**-38.9%**	**-29.2%**	**-38.9%**
Aggregate Factors EE		$1,282.16	$1,317.75	$1,406.01	$1,496.05
Aggregate Factors EF		$1,282.16	$1,317.75	$1,406.01	$1,406.05
TOTAL Monthly Aggegrate		$3,891,363	$3,999,371	$4,267,240	$4,540,512
Annual Aggregate		$46,696,358	$47,992,455	$51,206,884	$54,486,141
Total Expected Claims	$32,566,591	$37,357,087	$38,393,964	$40,965,507	$43,588,913
Zero Card Expected Claims	$3,096,569	$3,096,569	$3,096,569	$3,096,569	
Zero Card Expected Fee	$465,480	$465,480	$465,480	$465,480	$465,480
TOTAL EXPECTED COST	**$36,128,640**	**$39,904,036**	**$40,546,376**	**$43,216,399**	**$42,644,902**
TOTAL EXPECTED COST PEPM	**$992**	**$1,096**	**$1,113**	**$1,187**	**$1,171**
% Inc to Current Budget $992 PEPM			**12.2%**	**19.6%**	**18.0%**

Notes: BCBS Stop Loss renewal rates are estimated at 20% increase

2027 Medical Renewal (Surest Plans)

	Current 2026 Budget	Option 1 Surest Option	Option 1 Surest Option (With Est. Rx Rebates)
Contract	**$300,000 Paid**	**$300,000 24/12**	**$300,000 24/12**
TPA Administration	$52.33	$54.88	$54.88
BCBS Fiduciary	$1.00	$0.00	$0.00
Annual Services Charge/Credit	$4,000.00	$0.00	$0.00
Rx Rebate	-$151.14	-$49.50	-$49.50
Medical Rebate	-$2.50	$0.00	$0.00
Individual Stop Loss Premium	$70.08	$86.64	$86.64
Family Stop Loss Premium	$70.08	$86.64	$86.64
Aggregate Premium	$1.04	$4.34	$4.34
TOTAL Monthly FIXED	-$84,592	$292,453	$292,453
Annual Fixed	-$1,015,100	$3,509,431	$3,509,431
Carrier Credits	$0	-$300,000	-$300,000
TOTAL ANNUAL FIXED	**-$1,015,100**	**$3,209,431**	**$3,209,431**
% inc		**416.2%**	**416.2%**
Aggregate Factors EE		$1,356.58	$1,356.58
Aggregate Factors EF		$1,356.58	$1,356.58
TOTAL Monthly Aggegrate		$4,117,220	$4,117,220
Annual Aggregate		$49,406,644	$49,406,644
Total Expected Claims	$32,566,591	$39,525,315	$39,525,315
Zero Card Expected Claims	$3,096,569	$0	$0
Zero Card Expected Fee	$465,480	$0	$0
TOTAL EXPECTED COST	**$36,128,640**	**$42,734,746**	**$42,734,746**
Expected Cost With Rx Rebates:			**$39,734,746**
TOTAL EXPECTED COST PEPM	**$992**	**$1,173**	**$1,091**
% Inc to Current Budget $992 PEPM		**18.3%**	**10.0%**

Notes:

Expected Cost with Rx Rebates is with the Estimated Rebates that would be received quarterly but are not guaranteed. **Above does not include run-out fees from BCBS (est. $126,000)**

If OKHEEI terminates the Agreement prior to 12/31/2029, OKHEEI will repay United a prorated portion of the amount of credit that has been paid as of the termination date.

Current Health Plans

Gallagher

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F
	Blue Advantage	**Blue Advantage**	**Blue Advantage**	**Blue Options**	**Blue Advantage**
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	$750 single / $2,250 family	$1,250 single / $3,750 family	$2,000 single / $5,000 family	$2,000 single / $5,000 family	$3,500 single / $7,000 family
Annual Out-of-Pocket Maximum	$3,500 single / $10,500 family	$4,000 single / $12,000 family	$5,500 single / $15,000 family	$5,500 single / $15,000 family	$6,650 single / $13,300 family
Coinsurance	20%	20%	20%	20%	20%
DOCTOR'S OFFICE					
Primary Care Office Visit	$20 copay per visit	$25 copay per visit	$35 copay per visit	$35 copay per visit	20% after deductible
Specialist Office Visit	$40 copay per visit	$40 copay per visit	$50 copay per visit	$50 copay per visit	20% after deductible
Preventive Care (screening, immunization)	0%	0%	0%	0%	0%
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
HOSPITAL SERVICES					
Emergency Room	$100 copay per visit ** + 20% after deductible	$150 copay per visit ** + 20% after deductible	$150 copay per visit ** + 20% after deductible	$150 copay per visit ** + 20% after deductible	20% after deductible
Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care	$40 copay per visit	$40 copay per visit	$50 copay per visit	$50 copay per visit	20% after deductible
PRESCRIPTION DRUGS***					
Generic Drugs	**Retail:** $30 copay **Mail Order:** $90 copay				20% after deductible
Preferred Drugs	**Retail:** $60 copay **Mail Order:** $180 copay				20% after deductible
Non-Preferred Drugs	**Retail:** $90 copay **Mail Order:** $270 copay				20% after deductible
Specialty Drugs	**Retail:** $150 copay, deductible does not apply Must be ordered through Prime Oklahoma Specialty Network (no mail order available)				20% after deductible
Supply Limits	**Retail:** 30 Day Supply **Mail Order:** 90 Day Supply				

Rates Based on Renewal Percentage 18.3%

Gallagher

Coverage Tier	Enrollment	Current 2026 Rates	Renewal 2027 2027 Rates 18.30%	Renewal 2027 Separated Active	Pre-65 Retirees	Active 14.20%	Pre-65 Retirees 70.20%
Plan A							
Employee Only	156	$1,065.54	$1,260.53	135	21	$1,216.85	$1,813.55
Employee + Spouse	3	$2,074.34	$2,453.94	2	1	$2,368.90	$3,530.53
Employee + Child	9	$1,361.64	$1,610.82	9	0	$1,554.99	$2,317.51
Employee + Children	4	$1,840.38	$2,177.17	4	0	$2,101.71	$3,132.33
Employee + Family	1	$2,657.69	$3,144.05	1	0	$3,035.08	$4,523.39
Plan B							
Employee Only	1140	$913.27	$1,080.40	1050	90	$1,042.95	$1,554.39
Employee + Spouse	45	$1,654.88	$1,957.72	43	2	$1,889.87	$2,816.61
Employee + Child	106	$1,173.51	$1,388.26	104	2	$1,340.15	$1,997.31
Employee + Children	55	$1,594.26	$1,886.01	55	0	$1,820.64	$2,713.43
Employee + Family	38	$2,167.56	$2,564.22	37	1	$2,475.35	$3,689.19
Plan C							
Employee Only	825	$761.83	$901.24	788	37	$870.01	$1,296.63
Employee + Spouse	60	$1,465.91	$1,734.17	60	0	$1,674.07	$2,494.98
Employee + Child	157	$1,010.26	$1,195.14	153	4	$1,153.72	$1,719.46
Employee + Children	68	$1,411.88	$1,670.25	68	0	$1,612.37	$2,403.02
Employee + Family	59	$1,955.29	$2,313.11	59	0	$2,232.94	$3,327.90
Plan F							
Employee Only	44	$727.76	$860.94	41	3	$831.10	$1,238.65
Employee + Spouse	2	$1,369.97	$1,620.67	2	0	$1,564.51	$2,331.69
Employee + Child	15	$928.47	$1,098.38	15	0	$1,060.31	$1,580.26
Employee + Children	7	$1,315.29	$1,555.99	7	0	$1,502.06	$2,238.62
Employee + Family	3	$1,888.53	$2,234.13	3	0	$2,156.70	$3,214.28
Plan D							
Employee Only	185	$964.48	$1,140.98	177	8	$1,101.44	$1,641.54
Employee + Spouse	9	$1,747.68	$2,067.51	8	1	$1,995.85	$2,974.55
Employee + Child	24	$1,239.32	$1,466.12	23	1	$1,415.30	$2,109.32
Employee + Children	2	$1,683.65	$1,991.76	2	0	$1,922.73	$2,865.57
Employee + Family	5	$2,289.11	$2,708.02	5	0	$2,614.16	$3,896.07
Total Enrollment	**3022**			**2851**	**171**		
Plan Cost Composite PEPM		**$990.98**	**$1,172.28**			**$1,135.59**	**$1,588.82**
PCORI Fees		**$0.42**	**$0.44**			**$0.44**	**$0.44**
Annual		**$35,937,025.56**	**$42,511,439.27**			**$38,850,801.06**	**$3,260,250.38**

Rates Based on Renewal Percentage 14%

Gallagher

Coverage Tier	Enrollment	Current 2026 Rates	Renewal 2027 2027 Rates 14.00%	Renewal 2027 Separated Active	Pre-65 Retirees	Active 10.50%	Pre-65 Retirees 68.70%
Plan A							
Employee Only	156	$1,065.54	$1,214.72	135	21	$1,177.42	$1,797.57
Employee + Spouse	3	$2,074.34	$2,364.75	2	1	$2,292.15	$3,499.41
Employee + Child	9	$1,361.64	$1,552.27	9	0	$1,504.61	$2,297.09
Employee + Children	4	$1,840.38	$2,098.03	4	0	$2,033.62	$3,104.72
Employee + Family	1	$2,657.69	$3,029.77	1	0	$2,936.75	$4,483.52
Plan B							
Employee Only	1140	$913.27	$1,041.13	1050	90	$1,009.16	$1,540.69
Employee + Spouse	45	$1,654.88	$1,886.56	43	2	$1,828.64	$2,791.78
Employee + Child	106	$1,173.51	$1,337.80	104	2	$1,296.73	$1,979.71
Employee + Children	55	$1,594.26	$1,817.46	55	0	$1,761.66	$2,689.52
Employee + Family	38	$2,167.56	$2,471.02	37	1	$2,395.15	$3,656.67
Plan C							
Employee Only	825	$761.83	$868.49	788	37	$841.82	$1,285.21
Employee + Spouse	60	$1,465.91	$1,671.14	60	0	$1,619.83	$2,472.99
Employee + Child	157	$1,010.26	$1,151.70	153	4	$1,116.34	$1,704.31
Employee + Children	68	$1,411.88	$1,609.54	68	0	$1,560.13	$2,381.84
Employee + Family	59	$1,955.29	$2,229.03	59	0	$2,160.60	$3,298.57
Plan F							
Employee Only	44	$727.76	$829.65	41	3	$804.17	$1,227.73
Employee + Spouse	2	$1,369.97	$1,561.77	2	0	$1,513.82	$2,311.14
Employee + Child	15	$928.47	$1,058.46	15	0	$1,025.96	$1,566.33
Employee + Children	7	$1,315.29	$1,499.43	7	0	$1,453.40	$2,218.89
Employee + Family	3	$1,888.53	$2,152.92	3	0	$2,086.83	$3,185.95
Plan D							
Employee Only	185	$964.48	$1,099.51	177	8	$1,065.75	$1,627.08
Employee + Spouse	9	$1,747.68	$1,992.36	8	1	$1,931.19	$2,948.34
Employee + Child	24	$1,239.32	$1,412.82	23	1	$1,369.45	$2,090.73
Employee + Children	2	$1,683.65	$1,919.36	2	0	$1,860.43	$2,840.32
Employee + Family	5	$2,289.11	$2,609.59	5	0	$2,529.47	$3,861.73
Total Enrollment	**3022**			**2851**	**171**		
Plan Cost Composite PEPM		**$990.98**	**$1,129.68**			**$1,098.81**	**$1,574.82**
PCORI Fees		**$0.42**	**$0.44**			**$0.44**	**$0.44**
Annual		**$35,937,025.56**	**$40,966,802.10**			**$37,592,550.04**	**$3,231,525.22**

Rates Based on Renewal Percentage 12.1%

Gallagher

Coverage Tier	Enrollment	Current 2026 Rates	Renewal 2027 2027 Rates 12.10%	Renewal 2027 Separated Active	Pre-65 Retiree	Active 9.20%	Pre-65 Retirees 65.00%
Plan A							
Employee Only	156	$1,065.54	$1,194.47	135	21	$1,163.57	$1,758.14
Employee + Spouse	3	$2,074.34	$2,325.34	2	1	$2,265.18	$3,422.66
Employee + Child	9	$1,361.64	$1,526.40	9	0	$1,486.91	$2,246.71
Employee + Children	4	$1,840.38	$2,063.07	4	0	$2,009.69	$3,036.63
Employee + Family	1	$2,657.69	$2,979.27	1	0	$2,902.20	$4,385.19
Plan B							
Employee Only	1140	$913.27	$1,023.78	1050	90	$997.29	$1,506.90
Employee + Spouse	45	$1,654.88	$1,855.12	43	2	$1,807.13	$2,730.55
Employee + Child	106	$1,173.51	$1,315.50	104	2	$1,281.47	$1,936.29
Employee + Children	55	$1,594.26	$1,787.17	55	0	$1,740.93	$2,630.53
Employee + Family	38	$2,167.56	$2,429.83	37	1	$2,366.98	$3,576.47
Plan C							
Employee Only	825	$761.83	$854.01	788	37	$831.92	$1,257.02
Employee + Spouse	60	$1,465.91	$1,643.29	60	0	$1,600.77	$2,418.75
Employee + Child	157	$1,010.26	$1,132.50	153	4	$1,103.20	$1,666.93
Employee + Children	68	$1,411.88	$1,582.72	68	0	$1,541.77	$2,329.60
Employee + Family	59	$1,955.29	$2,191.88	59	0	$2,135.18	$3,226.23
Plan F							
Employee Only	44	$727.76	$815.82	41	3	$794.71	$1,200.80
Employee + Spouse	2	$1,369.97	$1,535.74	2	0	$1,496.01	$2,260.45
Employee + Child	15	$928.47	$1,040.81	15	0	$1,013.89	$1,531.98
Employee + Children	7	$1,315.29	$1,474.44	7	0	$1,436.30	$2,170.23
Employee + Family	3	$1,888.53	$2,117.04	3	0	$2,062.27	$3,116.07
Plan D							
Employee Only	185	$964.48	$1,081.18	177	8	$1,053.21	$1,591.39
Employee + Spouse	9	$1,747.68	$1,959.15	8	1	$1,908.47	$2,883.67
Employee + Child	24	$1,239.32	$1,389.28	23	1	$1,353.34	$2,044.88
Employee + Children	2	$1,683.65	$1,887.37	2	0	$1,838.55	$2,778.02
Employee + Family	5	$2,289.11	$2,566.09	5	0	$2,499.71	$3,777.03
Total Enrollment	**3022**			**2851**	**171**		
Plan Cost Composite PEPM		**$990.98**	**$1,110.86**			**$1,085.89**	**$1,540.29**
PCORI Fees		**$0.42**	**$0.44**			**$0.44**	**$0.44**
Annual		**$35,937,025.56**	**$40,284,288.00**			**$37,150,461.84**	**$3,160,669.84**

Considerations

- OKHEEI elected for highest performing network within BCBS for 2026. Has already resulted in a 2% increase in claims discount through March. This percentage savings should grow.
  - This savings is estimated at $440,000 in claims spend for 2026 (estimate based off 2025 medical claims spend if only 2%)

- Anti-Obesity Rx has increase from 905 to 2,016 prescriptions. Cost to the Plan has been $1,228,436 which accounted for 41% of the budget deficit in 2026. Budget will need to increase this year to account for GLP-1 Anti-Obesity Coverage.
  - Consideration given to remove GLP-1 Anti-Obesity coverage. Rebate impact analysis below.

		Current Rx Rebate Credit	Renewal Rx Rebate Credit	Rebate Credit for Removal of Weight Loss	Guaranteed Loss of Rebate for Weight Loss Removal
Total Enrolled	3034	$151.14	$178.24	$120.85	-$57.39
Annual Rebate $		$5,502,705.12	$6,489,361.92	$4,399,906.80	-$2,089,455.12

	Cost per Script 2025	Number of Scripts 2025	Gross Costs of Meds	
Wegovy	$1,286.80	530	$682,004.00	
Zepbound	$1,040.46	1473	$1,532,597.58	DIFFERENCE not factoring surplus
TOTAL		**2003**	**$2,214,601.58**	**$125,146.46**

Factors at Play

$881k Surplus rebates driven by rebate target guarantees. Surplus will decrease
Shift from meds perscribed under weight loss to other diagnosis (Type 2 Diabetes, Sleep Apnea)
Rebate per drug is $500-$600
Manufacturers/PBM's anticipate decrease in cost of medications prior to 2028

2027 Renewal

Plan Change Options

Option 1: Renewing with BCBS with no plan changes

- Carrier's projection is a 12.1% increase to current budget. Budget on projected expected cost, leaves little room for variance.
- Gallagher's projection is a 18% increase to current budget. Allows more margin for variance and expectation to build back reserves.

Option 2: Renew moving to Surest

- Would remove Zero Card as members would no longer have a deductible
- 3 Plan Options (eliminates HDHP Plan)
- Some disruption to pharmacy providers in-network (Full Disruption reports sent to board and OKHEEI members in April)

Additional Considerations for 2027

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Follow up items and
and other news…

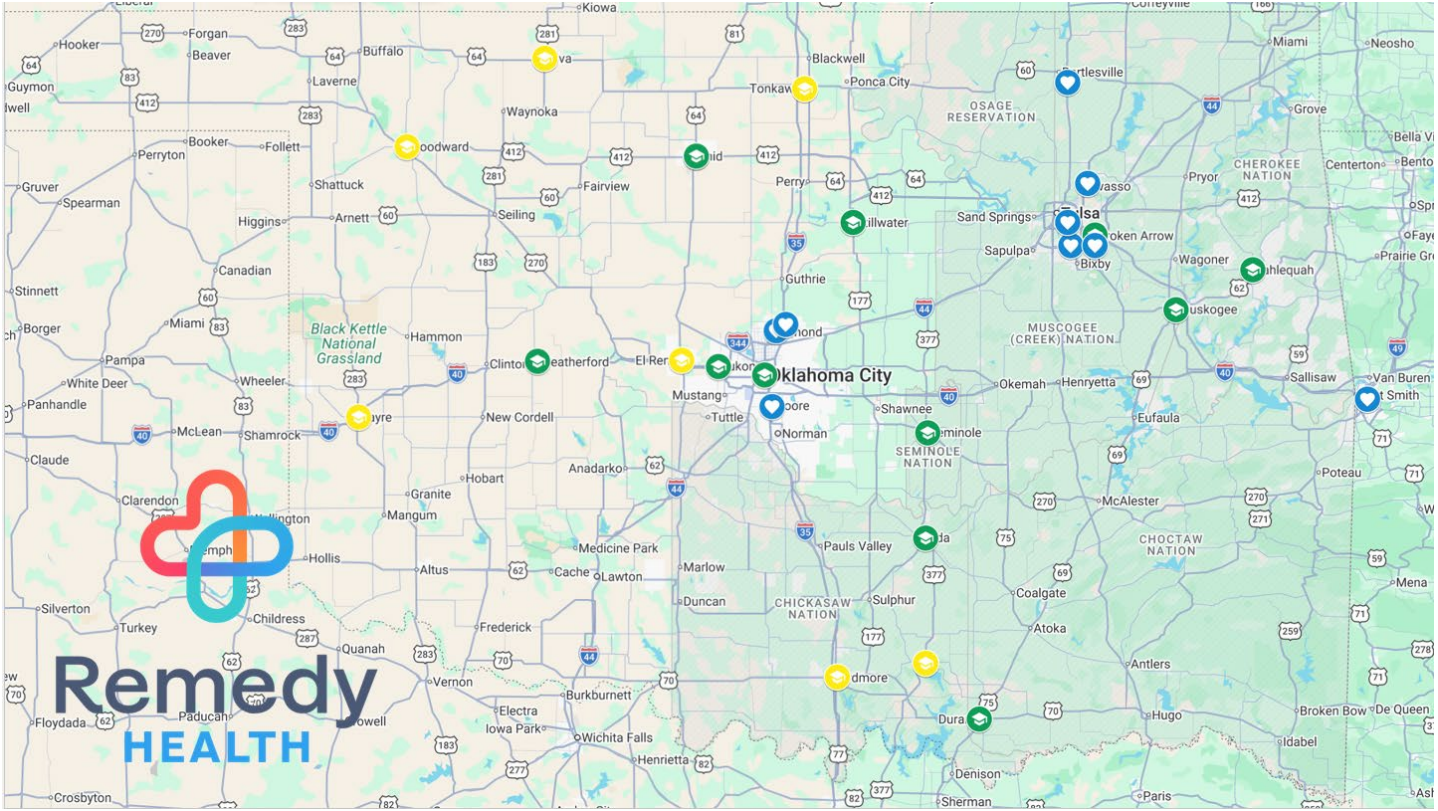
Remedy Health
- Problem – Access to Primary Health/Utilization of Wellness Screenings
- Solution – Provide dedicated access with no member cost share (remove barriers to care)
- $129 per family – Requires >100 enrolled
- Hard to budget into a plan at this time due to up front fixed cost.

Out Of State Employees reminder
- Active subscribers: 181
- Retirees, Retiree Spouse, and Surviving Spouse: 172

Pre-65 Retiree
- Funding model coming for renewal – Retirees ran $532.72 PEPM over budget.

Other News
- Integris Closures Announced
    - Service line adjustments: Either reducing the number of physicians in a specialty or fully closing it
    - Clinic closures: Multiple specialty clinics are expected to shut down, including dermatology clinics, weight loss programs, mental health services, and pediatric specialty clinics.
    - Workforce reductions: Some providers and staff may lose their jobs; exact numbers and locations are not yet disclosed.
    - Timeline: Changes will occur over the next three to six months to allow for provider transitions and continuity of care.

Remedy



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Remedy

College or University	City	State	Employees	Clinic Opening	Clinic Location
Northeastern State University (730)	Tahlequah	OK	730	Jan-27	Tahlequah
Southwestern Oklahoma State Univesity (489)	Weatherford	OK	489	Jan-27	Weatherford
Southeastern Oklahoma State University (460)	Durant	OK	460	Jul-26	Durant
East Central University (380)	Ada	OK	380	Jan-27	Ada
Northwestern Oklahoma State University (208)	Alva	OK	208	Jan-27	Alva
Murray State College (150)	Tishomingo	OK	150	Jan-27	Tishomingo
Northeastern State University (150)	Broken Arrow	OK	150	Existing	Broken Arrow
Northern Oklahoma College (145)	Tonkawa	OK	145	TBD	Ponca City
Seminole State College (132)	Seminole	OK	132	Jan-27	Seminole
Redlands Community College (108)	El Reno	OK	108	TBD	El Reno
Northern Oklahoma College (52)	Enid	OK	52	Jan-27	Enid
Northwestern Oklahoma State University (34)	Enid	OK	34	Jan-27	Enid
Northern Oklahoma College (25)	Stillwater	OK	25	Jan-July 2027	Stillwater
Murray State College (20)	Ardmore	OK	20	TBD	Ardmore
Northeastern State University (20)	Muskogee	OK	20	Jul-26	Muskogee
Southwestern Oklahoma State Univesity (10)	Sayer	OK	10	TBD	
RUSO Office (6)	Oklahoma City	OK	6	Existing	Edmond, Moore
Northwestern Oklahoma State University (4)	Woodward	OK	4	TBD	
Southwestern Oklahoma State Univesity (1)	Yukon	OK	1	Existing	El Reno, Edmond, Moore

From Remedy: Above listing of educational institutions and when and where a Remedy Health clinic can be operational. 500 ee's in given location (across any employer) is required for future clinics.

- Green represents clinic accessibility by January 2027 (or earlier).
- Yellow represent clinic accessibility will come sometime in 2027, but certainly by January 2028.

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Gallagher Services

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Gallagher Scope of Services

Renewal Analysis:

- Review and evaluate carrier projections
- Prepare “shadow” renewal projection
- Create financial modeling reports
- Coordinate carrier negotiations
- Create employee contribution modeling reports
- Review identified benchmarks of projected plan costs
- Develop “working” rates for Client analysis and approval
- Assist with budget projections
- Provide renewal alternatives with cost impact of benefit plan changes

Periodic Plan Financial Reports: (Frequency To Be Mutually Agreed Upon)

- Summary of plan costs
- Analysis of actual vs. budget
- Employee contributions
- Large claims tracking
- Identification of costs for specific line of coverage
- Comparison of plan costs to aggregate stop-loss projections, if applicable
- Utilization review
- Comparison to prior claim period
- Plan trends

Annual Financial Reports (End of Year Accounting):

- Executive summary of program expenses
- Comparison of current costs to renewal costs
- Incurred But Not Reported (IBNR) claims analysis
- Overview of specific Stop-loss projections
- Future plan costs projections
- Dollars saved by contract negotiation
- Benefits paid by type of service
- Plan funding/budget comparison
- Fixed expense comparison

Carrier Marketing and Negotiations, as directed by Client:

- Work with Client to develop a strategy to identify goals, analyze program costs and review both current and alternative funding arrangements
- Manage the renewal process with the current carrier to control costs
- Implement carrier renewal strategies with Client
- Develop timeline covering every aspect from RFP preparation to the delivery of employee communications
- Provide analysis of employee disruption report and preparation of geo-access report
- Manage RFP development that tailors the RFP to the desires, needs and financial directions provided by Client
- Explore alternative funding solutions
- Evaluate vendor responses to track variations in coverage and costs as they are identified
- Conduct finalist interviews to investigate and document intangibles such as personalities, service orientation and responsiveness
- Draft renewal analysis report, based on renewal negotiation, covers program and claims cost projections as well as complete information on benefit designs
- Facilitate decision process by coordinating close collaboration and discussions among the Gallagher team and Client

Gallagher Scope of Services (cont.)

Legislative and regulatory Compliance Support:

- Provide legislative updates, including Compliance Alerts, Webinars, Technical Bulletins and Directions newsletter
- Evaluate plan design to assist with compliance with state and federal regulations
- Provide general information and guidance to assist with compliance with ACA, COBRA, and other Federal legislation that directly affects the administration of plan benefits
- Provide template or sample compliance notices and enrollment forms as reasonably requested by Client
- Provides PCORI Fees for July 31st Deadline
- Provides guidance on RxDC and Gap regulatory compliance
- Reviews SPD's, Carrier Certificates, and Wrap Document annually.

Day to Day Administrative Assistance:

- Provide assistance to Client's HR/benefits contacts to help with resolving carrier service issues
- Coordinate and participate in monthly meetings with HR Benefit Coordinators
- Participate in monthly Empyrean Calls
- Participate in monthly Reconciliation calls

Communication Materials:

- Assist with the drafting and distribution of Open Enrollment- and any other communications pertaining to the health and welfare program
- Provide annual open enrollment guidance and employee meeting materials
- Assist with participant wellness initiatives, as directed by Client
- Produce Benefit Webinars for Open Enrollment

Benefit Administration Assessment:

- Periodic evaluation of internal plan enrollment and benefit termination processes
- Review, coordinate and implement Client agreed upon plan "best practices" to help limit plan liability and increase participant satisfaction
- Help identify opportunities for streamlining and improving administration procedures

Market Benchmarking Studies:

- Industry Surveys

Benefit Plan Design (or Redesign):

- Help Client identify business and HR objectives that impact benefits
- Review with Client possible benefit strategies to meet their objectives
- Help Client evaluate/review current scope of benefits package – e.g., types & levels of coverage
- Work with Client to develop funding and contribution strategies
- Assist with budget projections for design alternatives

Medicare Retiree Support and Marketing:

- Marketing of Retiree Plans
- Support with vendor selection

Gallagher Scope of Services Fee

- Gallagher current fee is $3.97 PEPM on average ($144,000 annual fee)
- Gallagher fee has not increased since the initial contract for 3 years. Currently in fourth year of relationship.
- Gallagher is being asked to increase services to include on-site meeting support.
- Gallagher fee request would move to $5.38 PEPM on average. ($194,000 annual Fee) effective 1/1/2027.

Renewal Timeline – OKHEEI

Activity	Target Date
Pre-Renewal Strategy Meetings	January & February
Census Request Due Date	February 1st
Expected Renewal Receipt from Incumbent Carrier	March 20th
Initial Renewal Indications	April Board Meeting
Renewal Presentation	May Board Meeting
Renewal Decisions/College Contributions Due	August 1st
Annual Open Enrollment (Allows for 2-week OE and Thanksgiving)	October 12th - 23rd
OE Elections Due to Carriers	November 15th
Renewal Effective Date	January 1, 2027

Renewal Timeline above is set to ensure the best experience for employers and employees. Timeline may adjust due to benefit administration system requirements, holidays, or to allow for a transition to new carriers.

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Continued Discussions for Upcoming Board Meetings

- Final Rates from Medical Marketing
- Contribution Strategy from each school
- Remedy decisions from OKHEEI
- Zero Card Alternative
  - Connect Benefit – Potential savings of $390,000
  - Adds Medical Management
  - Adds Nurse Case Management for Cancer
- Empyrean Renewal (May 2027) – No expected increase
  - Negotiations have resulted in $16,000 decrease thus far
- FSA/HSA Renewal
  - Consideration of move to HRPro

General Disclaimers

Coverage Disclaimer

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

Renewal / Financial Disclaimer

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

Legal

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

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General Disclaimers

Gallagher

Disclosures and Disclaimers
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