

### NORTH FRONT RANGE WATER QUALITY PLANNING ASSOCIATION

257 Johnstown Center Dr.; Unit 206

Johnstown, CO 80534

970-587-8872 - http://www.nfrwqpa.org

#### **EXECUTIVE COMMITTEE AGENDA**

May 6, 2021 8:00 AM

**Remote Meeting Only** 

### Microsoft Teams meeting

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+1 720-739-6745,,838481751# United States, Denver

Phone Conference ID: 838 481 751#

Notice is given to the North Front Range Water Quality Planning Association (NFRWQPA) members and the general public. The Association will hold its Executive Committee meeting, which is open to the public, at the date posted above at the NFRWQPA office at 257 Johnstown Center Dr., Unit 207 Johnstown, CO 80534.

1. CALL MEETING TO ORDER.

#### 2. DETERMINATION OF A QUORUM.

Thomas Acampora -Chair, Jason Graham -Vice Chair, Rob Fleck-Treasure, Jeremy Woolf, Chris Bieker, Brain Zick, & Marco Carani.

- 3. APPROVAL OF AGENDA.
- 4. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST.
- 5. PUBLIC COMMENTS.
- **6. APPROVAL OF PAST MINUTES.** Attachment #1 (pages 3-5).

For review and consideration are March 4th, 2021, Executive Committee meeting minutes.

7. ACCOUNTS RECEIVABLES AND PAYABLES REVIEW. - Attachment #2 (pages 6-8).

For review and consideration are the accounts receivables and payables for February & March 2021.

**8. DECISION ITEM.** 2022 Proposed Association Budget-Attachments 3, 4, 5, & 6 (pages 9-52).

The Articles of Association require the Association to present a proposed budget to members by July 1<sup>st</sup> annually. The Executive Committee may review the proposed budget to submit to the membership during the June 24<sup>th</sup>, 2021, Association meeting for approval. The Association was accepted into the Colorado Employee Benefits Trust (CEBT), allowing the Association to offer the manager and any future employee Medical, Dental, Vision, and Life insurance at an economical group rate. Within the 2022 budget, the Executive Committee will determine; 1) if the Association will join CEBT offering benefits to employees, 2) will benefits be offered to only the employees, or extended to an employee family members, i.e., spouse, children, or family, 3) the percentages in which the Association and employees' pay the premiums at each level, i.e., employee, spouse, children, and family, or 4) should the Association continue with the current stipend where employees' are responsible for their benefits?

9. <u>DISCUSSION ITEM.</u> UPDATE: NFRWQPA Code of Ethics & Designated Management and Operation Agency Responsibilities for Consideration.

During the March 4<sup>th</sup>, 2021 Executive Committee meeting discussing the Association's role in the Town of Johnstown's compliance issues, the Executive Committee expressed the desire for members to have a Code of

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Ethics and define Designated Management and Operation Agency Responsibilities concerning 208 Planning. A NFRWQPA Code of Ethics and Designated Management and Operation Agency Responsibilities has been drafted for consideration to present to the membership for approval during a future meeting. The Executive Committee will consider these documents at the July 8<sup>th</sup>, 2021 meeting.

10. **DECISION ITEM.** When Should In-person Meetings Resume?

The Executive Committee can make a recommendation on when in-person meetings should resume.

- 11. OTHER BUSINESS.
- 12. ADJOURN.

Attachment #1



## NORTH FRONT RANGE WATER QUALITY PLANNING ASSOCIATION

257 Johnstown Center Dr.; Unit 206

Johnstown, CO 80534

970-587-8872 - <a href="http://www.nfrwqpa.org">http://www.nfrwqpa.org</a>

#### **EXECUTIVE COMMITTEE MINUTES**

#### March 4, 2021 8:00 AM

**Remote Meeting Only** 

#### 1. CALL MEETING TO ORDER.

The meeting was called to order at 8:90 AM by Mr. Thomas.

#### 2. DETERMINATION OF A QUORUM.

Jason Graham-Vice-Chair, Rob Fleck-Treasure, Brian Zick, Marco Carani & Jeremy Woolf participated. Jason. A quorum was announced.

#### 3. APPROVAL OF AGENDA.

Mr. Woolf moved to approve the agenda seconded by Mr. Zick. – motion carried unanimously.

#### 4. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST.

No conflicts of interest were disclosed during the meeting.

#### 5. PUBLIC COMMENTS.

No members of the public were present, and there were no public comments.

#### 6. APPROVAL OF PAST MINUTES.

Meeting minutes from January 7, 2021, were presented for review and consideration. Mr. Graham moved to approve the minutes seconded by Mr. Zick. – motion carried unanimously.

#### 7. ACCOUNTS RECEIVABLES AND PAYABLES REVIEW.

The accounts receivables and payables for January 2021 were presented and reviewed. Mr. Woolf moved to approve the reviewed accounts receivables and payables for January 2021, seconded by Mr. Carani. – motion carried unanimously.

#### **8. DISCUSSION ITEM.** 2022 Association Dues.

Mr. Thomas informed the Executive Committee that the Association has engaged with legal counsel to ensure the proposed 2022 Association Dues model does not jeopardize our 501(C)1 status as an organization. From the February 25, 2021Association meeting, the Executive Committee determined membership dues for industries to be an equal contribution of Associates at \$1,275.

#### 9. **DISCUSSION ITEM.** 208 Areawide Water Quality Management Plan.

Mr. Thomas informed the Executive Committee of the Association's ongoing Division concerning feedback, comments, and concerns for our 2020 DRAFT 208 Areawide Water Quality Management Plan. Specifically, regarding summarizing the EPA Use Classifications of Regulation # 93 in an amortized approach to detail the region's water quality and water quality trends.

#### **10. <u>DISCUSSION ITEM.</u>** NFRWQPA Role in the Town of Johnstown.

The Executive Committee had a robust discussion regarding the Association's role in allowing or preventing a member from being in the situation that the City of Johnstown is with the Division. The discussion's main topics included designated management and operation agencies' leadership, accountability, integrity, and ethics regarding fulfilling their roles and responsibilities of the

Association concerning 208 planning. The Executive Committee suggested constructing an Association Code of Ethics and defining designated management and operation agencies' responsibilities within the 208 Areawide Water Quality Management Plan and their Regulation 100 obligations. The Association could provide an avenue for members to anonymously report ethics violations by phone or the website utilizing an Ethics Hotline. Regarding accountability, the Executive Committee prefers membership assistance over punishment.

#### 11. DISCUSSION ITEM. 208 Planning meeting with the Division overview.

This agenda topic was not addressed or discussed during the meeting.

#### **12. DISCUSSION ITEM.** Town of Severance 208 Plan Amendment.

Mr. Thomas provided the Association authority and Regulation 22 "construction" references within Attachment #3 of the agenda regarding the Town of Severance's request to begin construction in another member's wastewater utility service area (WUSA). The Executive Committee collectively agreed not to allow construction within another member's WUSA.

#### 13. ADJOURN.

Attachment #2

### February 2021

NUMBER	DATE	DESCRIPTION OF TRANSACTION	PAYMENT/DEBIT		DEPOSIT/CREDIT	ВА	LANCE
		NFRWQPA - 6456	(-)		(+)	\$	18,446.19
		Electronic Deposits					
DEP	19-Feb	City of Loveland			\$ 6,597.00	\$	25,043.19
		9010-Membership Dues					
DEP	25-Feb	City of Fort Collins			\$ 14,094.00	\$	39,137.19
		9010-Membership Dues					
		Paper Deposits					
DEP	1-Feb	Ft. Lupton, Kersey, Evans			\$ 5,155.00	\$	44,292.19
		9010-Membership Dues					
DEP	4-Feb	Longmont, Hudson, Windsor			\$ 10,576.00	\$	54,868.19
		9010-Membership Dues					
DEP	9-Feb	Wellington, Metro, Lochbuie			\$ 4,819.50	\$	59,687.69
		9010-Membership Dues					
DEP	12-Feb	Mead, Eaton, Estes Park S.D.			\$ 1,454.50	\$	61,142.19
		9010-Membership Dues					
DEP	9-Feb	Accounitng adjustment error on deposit			\$ 8.00	\$	61,150.19
		9010-Membership Dues					
DEP	19-Feb	Galeton W&SD, LaSalle, Berthoud			\$ 825.62	\$	61,967.81
		9010-Membership Dues					
DEP	22-Feb	St. Vrain, Town of Ault			\$ 3,333.00	\$	65,300.81
		9010-Membership Dues					
						\$	65,300.81
_		Electronic Transactions					
Draft	3-Feb	PERA-Mark-Citistreet 401K	\$ 325.00			\$	64,975.81
- c	0.5.1	3100-Salary	4				60.110.71
Draft	3-Feb	PERA/FICA/IRS	\$ 1,865.27			\$	63,110.54
- c	40 - 1	3400-FICA/PERA Manager					61.010.71
Draft	16-Feb	Tus Nau, LLC-Rent	\$ 1,300.00			\$	61,810.54
D ()	27.5.1	5010-Rent & Utilities	d 5.054.03			<u> </u>	55.040.64
Draft	27-Feb	Payroll-Mark Thomas	\$ 5,961.93			\$	55,848.61
Draft	1 Fob	3100-Salary FICA-Co Withholding	\$ 1,344.09			\$	54,504.52
Diait	1-1-60	3100-Salary	\$ 1,344.09			Ş	34,304.32
AutoPay	N/A	First Nation Bank Credit Card				\$	54,504.52
Autoray	IN/ A	Thist Nation Bank Credit Card				Ţ	34,304.32
AutoPay	6-Feb	Century Link	\$ 143.38			\$	54,361.14
,		5130-Internet Service & Phone					,
AutoPay	2-Feb	Shaw & Associates (January 2021 services)	\$ 106.25			\$	54,254.89
,		5600-Accounting					
AutoPay	9-Feb	DigeTeks	\$ 1,548.00			\$	52,706.89
		5140-IT Support					
AutoPay	4-Feb	Mark Thomas Expense Check (Feb-2021)	\$ 75.00			\$	52,631.89
		5100-Telephone Cellular	\$ 75.00				
Check #		PAPER Transactions					
3745	2-Feb	Colorado Monitoring Framework	\$ 5,258.02			\$	47,373.87
		5400-NFR Dues & Subscriptions					
						\$	47,373.87
						\$	47,373.87
		TOTALS	\$ 17,926.94		\$ 46,862.62	\$	47,381.87
							Difference
			Bank Statement# En	ding Balance:	\$ 52,639.89	1.	-5,258.02
		Uncashed checks Total:	\$ 5,258.02		Balanced Amount	\$	-

#### March 2021

NUMBER I	DATE	DESCRIPTION OF TRANSACTION	PAYMENT/DEBIT			DEPOSI	T/CREDIT	BA	LANCE
		NFRWQPA - 6456	(-)				(+)	\$	52,639.89
		Electronic Deposits							,
		, = -						\$	52,639.89
								7	52,000.00
								\$	52,639.89
								ڔ	32,033.03
		Paner Denosits							
DED		Paper Deposits				ć	075.00	ć	F2 F4 4 00
DEP	1-Mar	Northern Water Conservation District				\$	875.00	\$	53,514.89
		9010-Membership Dues				4			
DEP	11-Mar	Carestream				\$	612.50	\$	54,127.39
		9010-Membership Dues							
DEP	22-Mar	Town of Pierce				\$	80.00	\$	54,207.39
		9010-Membership Dues							
DEP	24-Mar	Town of Severance				\$	612.50	\$	54,819.89
		9010-Membership Dues							
DEP	29-Mar	City of Northglenn				\$	3,460.50	\$	57,667.89
		9010-Membership Dues							
DEP	29-Mar	Pinnacol Assurance				\$	40.00	\$	57,707.89
		9990-Miscellaneous							
								\$	57,707.89
				Т	otal	Ś	5,680.50	Ť	,,,,,,,,,
		Electronic Transactions			l .	Ψ	5,000.50		
Draft		PERA-Mark-Citi street 401K	\$ 325.00					\$	57,382.89
Diait	3-IVIAI		\$ 323.00					Ş	37,302.03
D ft	2.14	3100-Salary	ć 4.00F.27					ć	FF F47 C2
Draft	3-IVIar	PERA/FICA/IRS	\$ 1,865.27					\$	55,517.62
- 6	40.4	3400-FICA/PERA Manager	<b>.</b>					_	
Draft	16-Mar	Tus Nau, LLC-Rent	\$ 1,300.00					\$	54,217.62
		5010-Rent & Utilities							
Draft	27-Mar	Payroll-Mark Thomas	\$ 5,961.93					\$	48,255.69
		3100-Salary							
Draft	1-Mar	FICA-Co Withholding	\$ 1,344.09					\$	46,911.60
		3100-Salary							
AutoPay	2-Mar	First Nation Bank Credit Card	\$ 832.55					\$	46,079.05
		5300-Office Supplies	\$ 634.05						
		5350-Postage	\$ 58.55						
		5140-IT Support	\$ 139.98						
AutoPay	3-Mar	Shaw & Associates (February Services)	\$ 302.50					\$	45,776.55
,		5600-Accounting	•						•
AutoPay	2-Mar	DigeTeks, LLC	\$ 240.00					\$	45,536.55
	_ 17101	5140-IT Support	÷ 210.00					Ť	.5,550.55
AutoPay	Q-Mar	Century Link	\$ 148.90					\$	45,387.65
, lator ay	J-ivial	5130-Internet Service & Phone	7 140.30					ڔ	-3,307.03
AutoBay	22 142-	Pinnacol Assurance (Audit Adjustment)	\$ 12.00					ć	/E 27/ CF
AutoPay	22-Mar		\$ 13.00					\$	45,374.65
Auto Deci	1.14-	3600-Workman's Compensation	ć 75.00					_	45 242 65
AutoPay	1-ivlar	Mark Thomas Expense Check (Feb)	\$ 75.00					\$	45,312.65
		5100-Telephone Cellular	\$ 75.00						
		5500-Mileage Reimbursement							
Check #		PAPER Transactions							
3746	8-Mar	Lyons Gaddis Attorneys & Counselors	\$ 14.00					\$	45,298.65
		5700-Legal							
3745	2-Feb	Uncashed Check From February (CMF Dues)	\$ 5,258.02					\$	40,040.63
		5400-NFR Dues & Subscriptions							
AutoPay	16-Mar	First National Bank-Deposit Slips	\$ 16.50					\$	40,024.13
		5300-Office Supplies							
								\$	40,024.13
		TOTALS	\$ 17,696.76			\$	5,680.50	\$	40,623.63
							, 50.00		Difference
			I Bank Statement# Er	iding P	alance:	\$	40,623.63		0.00
		Uncashed checks Total:		3.116			ed Amount	\$	0.00

Attachment #3

									2022 Propo	sed Budgets	
Accounts	Revenue	Approved 2018 Budget	2018 Year end Actuals	Approved 2019 Budget	2019 Year end Actuals	Approved 2020 Budget	2020 Year end Actuals	Approved 2021 Draft Budget 50% Reduction in Dues	2022 DRAFT Proposed Budget New Tiered Dues Model	2022 DRAFT Proposed Budget Current Population Based Dues Model	2022 Draft Budget by Month
9010	Membership Dues	\$159,941	\$172,674	\$172,627	\$174,257	\$172,627	\$174,202	\$90,484	\$159,375	\$174,190	\$13,281.2
9020	Interest Income	\$6,000	\$16,259	\$12,000	\$16,354	\$12,000	\$4,849	\$6,000	\$250	\$250	\$20.8
9030	CDPH & E	\$10,800	\$7,128	\$10,800	\$16,572	\$10,800	\$25,600	\$10,800	\$10,500	\$10,500	\$875.0
9990	Miscellaneous Total Revenue	\$0 \$176,741	\$531 \$196,592	\$0 \$195,427	\$1,661 \$208.844	\$0 \$195,427	\$204,244.60	\$0 \$107,284	\$0 \$170,125	\$0 \$184,940	\$0.0 \$14,177.0
	Expense	\$170,741	\$190,592	\$195,427	\$200,044	\$195,427	\$204,244.60	\$107,264	\$170,125	\$184,940	\$14,177.0
3100	Salary	\$86,800	\$86,435	\$87,500	\$87,521	\$90,563	\$90,563	\$92,374.26	\$98,517.66	\$100,000.00	\$8,209.8
3101	Health Ins Allowance	\$18,000	\$7,592	\$8,400	\$8.057	\$8,400	\$6,477	\$52,574.20	\$50,517.00	\$100,000.00	\$0.0
3102	Dental Insurance	\$700	\$50	\$0	\$0	\$0	\$0	\$0	\$2,000	\$2,000	\$166.6
3103	Vision Insurance	\$100	\$0	\$0	\$0	\$0	\$0	\$100	\$400	\$400	\$33.3
3110	Part Time Help	\$0	\$956	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.0
3200	Health Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$4,500	\$25,000	\$25,000	\$2,083.3
3210	Dental & Vision Insurance	\$0	\$0	\$0 \$0	\$0 \$0	\$0	\$0	\$1,000	\$0	\$0	\$0.0
3220	Life Insurance FICA/PERA Manager	\$500 \$7,168	\$0 \$12,870	\$0 \$12,100	\$0 \$14.477	\$0 \$16,000	\$0 \$14.944	\$1,000 \$17,000	\$500 \$20,000	\$500 \$20,000	\$41.6 \$1,666.6
3400	FICA/PERA Manager FICA Part Time Help	\$7,168	\$12,870	\$12,100 \$0	\$14,4//	\$16,000	\$14,944 \$0	\$17,000	\$20,000	\$20,000	\$1,666.6 \$0.0
3500	Long Term Disability	\$3,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0.0
3600	Workman's Compensation	\$425	\$319	\$425	\$321	\$425	\$257	\$425	\$425	\$425	\$35.4
3700	Colorado Unemployment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.0
3810	Contingency Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.0
5010	Rent & Utilities	\$3,600	\$12,450	\$15,300	\$15,225	\$15,500	\$15,252	\$16,000	\$16,250	\$16,250	\$1,354.1
5020	Telephone Service	\$400	\$133	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0	\$0	\$0.0
5030	Telephone Long Distance	\$100	\$31 \$250	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0.0
5040 5100	Copying Tolophono Collular	\$750 \$950	\$250 \$788	\$900	\$0	\$0	\$0 \$900	\$0 \$900	\$0 \$900	\$0 \$900	\$0.0 \$75.0
5120	Telephone Cellular Interest Paid	\$950	\$788	\$10	\$900	\$900	\$900	\$900	\$900	\$900	\$75.0
5130	Internet Service, Phone, & Long D	i \$1,870	\$1,490	\$2,400	\$1.828	\$2,400	\$1,523	\$2,000	\$2,000	\$2,000	\$166.6
5140	IT Support	\$2,500	\$1,383	\$2,500	\$1,559	\$3,000	\$2,950	\$3,000	\$3,000	\$3,000	\$250.0
5150	Advertising	\$1,200	\$946	\$1,200	\$674	\$1,200	\$0	\$500	\$500	\$500	\$41.6
5160	Insurance	\$450	\$350	\$450	\$362	\$450	\$401	\$450	\$450	\$450	\$37.5
5200	Printing	\$600	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$0	\$0.0
5250	Legal Notices	\$330	\$23	\$300	\$244	\$300	\$0	\$0	\$0	\$0	\$0.0
5300 5350	Office Supplies Postage	\$2,000 \$700	\$1,637 \$146	\$2,000	\$868 \$87	\$2,000 \$250	\$1,225 \$33	\$2,000 \$150	\$2,000 \$150	\$2,000 \$150	\$166.6 \$12.5
5400	NFR Dues & Subscriptions	\$6,000	\$5,929	\$6,000	\$6.255	\$7.500	\$6,394	\$7,500	\$7,500	\$7,500	\$12.5 \$625.0
5425	Intergovernmental Assistance	\$7,500	\$4,500	\$7,500	\$2,500	\$10,000	\$4,000	\$10,000	\$10,000	\$10,000	\$833.3
5450	Training	\$630	\$0	\$600	\$0	\$600	\$0	\$500	\$500	\$500	\$41.6
5500	Mileage Reimbursement	\$5,880	\$806	\$2,500	\$1,151	\$2,500	\$688	\$2,000	\$2,000	\$2,000	\$166.6
5510	Meals & Lodging	\$3,200	\$1,675	\$3,200	\$970	\$3,200	\$101	\$2,500	\$2,500	\$2,500	\$208.3
5520	Transportation, Plane, Car Rentals		\$5	\$500	\$0	\$500	\$0	\$500	\$500	\$500	\$41.6
5550 5600	Conferences	\$2,000 \$5,000	\$0 \$4,418	\$2,000	\$741 \$2,213	\$2,000	\$0	\$2,000 \$4,500	\$2,000 \$4,500	\$2,000	\$166.6 \$375.0
5650	Accounting Auditing	\$2,850	\$4,418	\$5,000	\$2,213	\$5,000 \$2,850	\$2,941 \$4,496	\$4,500	\$4,500	\$4,500 \$6,500	\$375.0 \$541.6
5700	Legal	\$2,000	\$2,800	\$2,000	\$11.414	\$10,000	\$1,557	\$10,000	\$10,000	\$10,000	\$833.3
5750	Bank Charges	\$50	\$25	\$50	\$0	\$50	\$0	\$50	\$50	\$50	\$4.1
5800	Capital Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$750	\$750	\$750	\$62.5
5850	Capital Expenditures	\$1,500	\$5,602	\$1,500	\$0	\$5,000	\$2,547	\$4,500	\$4,500	\$4,500	\$375.0
5900	Contingency Website	\$500	\$0	\$500	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0.0
6010	Contract Services - State/GIS	\$1,500	\$1,508	\$1,500	\$76,996	\$70,000	\$45,611	\$5,000	\$25,000	\$25,000	\$2,083.3
6011	Contract Services-Office Help	\$6,900	\$8,437	\$6,900	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0.0
6020 6025	Contract Supplies - State Operations Contingency w/Board /	\$350 Approval	\$0	\$350	\$0 \$0	\$350 \$10,000	\$0	\$0 \$15,000	\$0 \$15,000	\$0 \$15,000	\$0.0 \$1.250.0
6030	Depreciation	\$250	\$297	\$250	\$297	\$300	\$99	\$13,000	\$13,000	\$13,000	\$1,230.0
7000	Miscellaneous Expense	+=30	\$1,363	<del>+</del> 250	\$0	,	, , , , , , , , , , , , , , , , , , ,	\$100	\$100	\$100	\$8.3
	Total Expenses	\$179,878	\$165,216	\$177,435	\$234,656	\$281,748	\$202,957	\$212,809	\$263,503	\$264,985	\$21,958.5
	Difference in Revenue & Expenses	(\$3,137)	\$31,376	\$17,992	(\$25,812)	(\$86,321)	\$1,287	(\$105,526)	(\$93,378)	(\$80,045)	Ī
	Projected Budget Actuals from 202	\$ 184,563	\$ 165,216	\$ 224,497	\$ 234,656.02	\$ 221,747	\$ 234,656	\$ 165,216.00	\$ 164,415.00	\$ 164,415.00	\$13,701.2
	rojected Net Assets beginning of ye	Dec 31 2017	Dec 31 2017	Dec 31 2018	Dec 31 2019	Dec 31 2019	Dec 31 2019	Dec 31 2020	31-Dec-21	31-Dec-21	
		\$617,644	\$617,644	\$650,371	\$620,512	\$618,461	\$618,461	\$576,855	\$505,332	\$505,332	1
	Plus Difference in Revenue & Expe		\$31,376	\$17,992	(\$25,812)	(\$86,321)	\$1,287	(\$105,526)	(\$93,378)	(\$80,045)	
	Projected Percentage of Budget vs		100%	127%	100%	79%	116%	78%	62%	62%	1
	Projected Reserves year end Balar		\$ 483,804	\$ 443,866	\$ 360,044	\$ 310,393	\$ 385,092	\$ 306,114		\$ 260,872	
	Reserves Required based on 1.5*	\$ 269,817	\$ 247,824 \$649.020	\$ 266,153 \$668,363	\$ 351,984 \$594,700	\$ 422,622 \$532,140	\$ 304,436 \$619.748	\$ 319,214	\$ 395,254	\$ 397,478	
	Projected year end Net Assets NOTES:	\$614,507	\$649,020	\$668,363	\$594,700	\$532,140	\$619,748	\$471,330	\$411,955	\$425,287	l
9010 9040 3102	Membership Dues Administrative Fee BTWF Dental Insurance (Allowance)	Deleted BTWSF A	iered Dues Model Admin Fee Revenue Intal Allowance to D		tion Model						
3103	Vision Insurance (Allowance) Dental & Vision Insurance	Changed from Vis	sion Allowance to V	ision Insurance							

Attachment #4

#### Wednesday, April 28, 2021

MEDICAL- 2021							
MEDIONE-2021							
Plan		PPO 3	PPO 4	HDHP 3	HDHP 4	KP-DHMO 1000	KP-HDHP 2500
Coinsurance		20% In / 40% Out	20% In / 40% Out	20% In / 40% Out	20% In / 40% Out	In Network	In Network
Office Visit		\$35 Copay	\$40 Copay	Deductible + 20% to OOP	Deductible + 20% to OOP Max, then	\$35 Copay	Deductible + 20% to OOP Max,
		,,,,,	***************************************	Max, then 100%	100%	***************************************	then 100%
Specialist Visit		\$35 Copay	\$40 Copay	Deductible + 20% to OOP Max. then 100%	Deductible + 20% to OOP Max, then 100%	\$35 Copay	Deductible + 20% to OOP Max, then 100%
Preventive Visit		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lab		\$35 Copay	\$40 Copay	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	No Copay	Deductible + 20% to OOP Max, then 100%
X-ray		\$35 copay in office setting, outpatient subject to deductible	\$40 copay in office setting, outpatient subject to deductible	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%
Deductible Single		\$1,000 Combined	\$1,500 Combined	\$3,000	\$4,000	\$1,000	\$2,500
Deductible Family		\$3,000 Combined	\$4,500 Combined	\$6,000	\$8,000	\$3,000	\$5,000
Out of Pocket Single In / Out		\$3,750 / \$7,500	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$3,500	\$3,000
Out of Pocket Family In / Out		\$7,500 / \$15,000	\$8,000 / \$16,000	\$10,000 / \$20,000	\$12,000 / \$24,000	\$7,000	\$6,000
Telemedicine		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Deductible + 20% to OOP Max, then 100%
Imaging CT / PET Scans MRI's		Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%
Inpatient Hospital		Deductible + 20% to OOP Max, then	Deductible + 20% to OOP Max,	Deductible + 20% to OOP	Deductible + 20% to OOP Max, then	Deductible + 20% to OOP Max,	Deductible + 20% to OOP Max,
		100%	then 100%	Max, then 100%	100%	then 100%	then 100%
Outpatient Hospital		Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Amb Surg Center \$500 Copay Plan Hospital Deductible + 20% to OOP Max, then 100%	Amb Surg Center Deductible + 10% to OOP Max, then 100% Plan Hospital Deductible + 20% to OOP Max, then 100%
Urgent Care		\$50 Copay	\$50 Copay	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	\$35 Copay, then 20% for covered services	Deductible + 20% to OOP Max, then 100%
Emergency Care		Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%	Deductible + 20% to OOP Max, then 100%
RX Retail		Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60	Deductible then: Generic \$20 Preferred \$40 NonPreferred \$60	Deductible then: Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60 Specialty 20% coins up to \$250	Dedubtible then: Generic \$20 Preferred \$40 NonPreferred \$60
RX Mail Order		2 X Copay	2 X Copay	2 X Copay	2 X Copay	2 X Copay	2 X Copay
Rates	Member count	Rates effective 7/1/2021					
Employee	1	\$897.00	\$798.00	\$732.00	\$670.00	\$792.00	7
Employee + Sp		\$1,827.00	\$1,625.00	\$1,488.00	\$1,362.00	\$1,611.00	\$1,266.00
Employee + Child		\$1,688.00	\$1,503.00	\$1,377.00	\$1,262.00	\$1,567.00	
Family		\$2,193.00	\$1,951.00	\$1,789.00	\$1,638.00	\$2,013.00	\$1,583.00
TOTAL	1	\$897.00	\$798.00	\$732.00	\$670.00	\$792.00	\$621.00
Annualized		\$10,764.00	\$9,576.00	\$8,784.00	\$8,040.00	\$9,504.00	\$7,452.00

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. Proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance.

Attachment #5

Martin   M								2021	Benefits Co	mparison									
Complete			Health Premium	Health	Health	Health	Health	Dental	Dental	Dental	Dental	Dental	Vision Premium	Vision	Vision	Vision			
The Foundation of Part State   1920	Agency	Plan Choice	Total	Agency Pd		Employee Pd		Premium Total	Agency Pd		Employee i a		Total	Agency Pd		Employee Pd		Agency Total	
Committed by Many Committed by		Employee Only	\$ 650.18	\$ 606.81		\$ 43.38		\$ 38.38	\$ 26.68		7		\$ 4.40	\$ -		\$ 4.40		\$ 633.49	ÿ 33.40
Control   Cont	CDPHE (State) Averages	Emp/Child	7 -,			\$ 83.68		y 74100	\$ 47.82		\$ 30.47		\$ 8.80	\$ -		\$ 8.80		\$ 1,159.91	
Marging   1,772   1,	, ,	Emp/Children	\$ 1,195.77	\$ 1,112.09		\$ 83.68		\$ 78.29	\$ 47.82		\$ 30.47		ÿ 0.00	\$ -		\$ 8.80		\$ 1,159.91	y ILLIOS
PAGE COLOR PARCEL  FOR COLOR P		Family	\$ 1,857.99	\$ 1,564.57		\$ 293.42		\$ 114.55	\$ 64.08		\$ 50.47		\$ 12.94	\$ -		\$ 12.94		\$ 1,628.65	\$ 356.83
Magnetic		Employee Only	\$ 772.00	\$ 652.00		\$ 120.00		\$ 23.14	\$ 11.00		\$ 12.14		\$ 6.20	\$ -		\$ 6.20		\$ 663.00	\$ 138.33
Secretary Secretary 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	Weld County Averages	Emp/Spouse	y 1)-125150			\$ 236.50		9 40.03	y 11.00		\$ 35.09			\$ -				\$ 1,200.00	ÿ 204.33
Part	Weld county / Weldges		y 1)-125150			\$ 236.50		\$ 75.72	ý 11.00		\$ 64.72			\$ -				\$ 1,200.00	\$ 313.98
## Carrier for fine of the fin		Family	\$ 2,041.50	\$ 1,582.50		\$ 459.00		\$ 75.72	\$ 11.00		\$ 64.72		\$ 21.33	\$ -		\$ 21.33		\$ 1,593.50	\$ 545.05
Appendix   Part		Employee Only	\$ 916.67	\$ 833.33		\$ 83.33		\$ 38.00	\$ 38.00		\$ -		\$ 8.82	\$ -		\$ 8.82		\$ 871.33	\$ 92.15
APPRING PRINCIPLE STATES AND STAT	Larimer County	Emp/Spouse	7 -/	\$ 1,303.33		\$ 430.00		7	\$ 38.00		\$ 36.00		,	\$ -		\$ 16.70		\$ 1,341.33	\$ 482.70
Control reside Clares   1,240,000   1,240,000   78,000   2,500,0	Averages			\$ 906.67		\$ 310.00		7 74100	\$ 38.00		\$ 69.00			\$ -		\$ 16.70		\$ 1258.00	\$ 490.07
Registration   Section		Family	T -,	T -,		\$ 560.00		\$ 107.00	\$ 38.00		\$ 69.00		\$ 24.40	\$ -		\$ 24.40		\$ 1,778.00	\$ 653.40
Carlo Marco Courty		Employee Only	\$ 944.00	\$ 944.00	100%	\$ -	0%	\$ 43.00	\$ 43.00	100%	\$ -	0%	\$ 6.00	\$ 6.00	100%	\$ -	0%	\$ 993.00	\$ -
March Carlot Lake Riter Prior  Center Lake Rit	Central Weld County	Emp/Spouse	\$ 2,077.00	\$ 2,077.00		\$ -		\$ 96.00	\$ 96.00		\$ -		7	\$ 13.00				\$ 2,186.00	\$ -
Control Left Price   Part		Emp/ cima	\$ 1,983.00	\$ 1,983.00		\$ -		Ψ	\$ 116.00		\$ -			7		\$ -		\$ 2,110.00	\$ -
Employee College   3   \$4,000   5   \$44,00   5   \$4,00   5   \$4,00   5   \$4,00   5   \$6,		Emp/Children Family	\$ 1,983.00	\$ 2,365,00		\$ -		\$ 116.00	\$ 116.00		\$ -			\$ 17.00		\$ -		\$ 2,110.00	\$ -
Carter Lake Files Per		Employee Only	7 2,303.00	\$ 944.00		\$ -		\$ 43.00	\$ 43.00		\$ -			\$ 6.00		\$ -		\$ 993.00	\$ -
Congression   St. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Emp/Spouse	\$ 2,077.00	\$ 2,077.00		\$ -		\$ 96.00	\$ 96.00		\$ -		\$ 13.00	\$ 13.00				\$ 2,186.00	\$ -
Figure	Carter Lake Filter Plant	Emp/Child	y 1,505.00	T -,		\$ -		T	+		\$ -					\$ -		+ -,	\$ -
Part		Emp/Children	7 1,505.00	\$ 1,983.00		\$ -		ÿ 110.00	7 110.00		\$ -		ÿ 11100	ÿ 11.00		\$ -		\$ 2,110.00	\$ -
Second Content		Family		\$ 2,365.00		\$ -		\$ 156.00	\$ 156.00		\$ -		\$ 17.00	\$ 17.00		\$ -		\$ 2,538.00	\$ -
Part		Employee Only Emp/Spouse	70000	\$716.00		\$649.67		\$96.00	\$43.00		\$53.00		\$18.00	\$13.00		\$5.00		\$ 772.00	\$ 707.67
Company   Comp		Emp/Child		\$716.00		\$588.00		\$116.00	\$43.00		\$73.00		\$17.00	\$13.00		\$4.00			\$ 665.00
Comparison   Com	District	Emp/Children		7		Ç300.00		Ţ	Ş <del>4</del> 3.00		Ţ			Ģ13.00		\$4.00			y 005.00
Employee   1,141.07   1,124.08   73.04   3 7		Family	\$1,550.67	\$716.00		\$834.67		\$156.00	\$43.00		\$113.00		\$31.00	\$13.00		\$18.00		\$ 772.00	\$ 965.67
Specific broad   Spec			\$ 792.00	\$ 792.00		\$ -		\$ 36.00	\$ 36.00		\$ -		\$ 10.00	\$ 10.00		\$ -		\$ 838.00	\$ -
Page   Column   Col				T -/		\$ 474.83		7	\$ 55.50		y 15.50		y 14100	7		\$ 2.00		\$ 1,334.33	\$ 496.33
Boxelder Sanitation   Date   Data Not Submitted   Boxelor   Boxe	Sanitation District		\$ 1,663.00			\$ 435.50		\$ 103.00	\$ 69.50		\$ 33.50		7			\$ 1.50		\$ 1,308.50	7
Boxelder Sanitation District    Data Not Submitted		Family	\$ 1,981.00	\$ 1,386.50		\$ 594.50		\$ 139.00	\$ 87.50		\$ 51.50		\$ 24.00	\$ 17.00		\$ 7.00		\$ 1,491.00	\$ 653.00
Backeles Saltation District Eng/Childer					#DIV/0!														
District   Composition   Com	Boxelder Sanitation		Data No	ot Subm	nitted 🗕														
Pamily   P	District				#DIV/0!														
Metro Wastewater Reclamation District Reclamation D																			
Metro watewater Redumation District Redumation		Employee Only	\$ 725.06	\$ 616.19		\$ 108.87		\$ 34.71	\$ 24.28		\$ 10.43		\$ 7.05	\$ -		\$ 7.05		\$ 640.47	\$ 126.35
Reclamation District   Family   S   2,189.59   S   1,717.19   78%   S   477.41   22%   S   125.57   S   70.31   56%   S   55.26   44%   S   19.68   S   - 0%   S   19.68   100%   S   1,777.49   S \$47.38   Family   S   2,189.59   S   1,717.19   78%   S   477.41   22%   S   125.57   S   70.31   56%   S   55.26   44%   S   19.68   S   - 0%   S   19.68   100%   S   1,777.49   S \$47.38   Family   S   2,189.59   S   1,717.19   78%   S   477.41   22%   S   12.57   S   70.31   56%   S   52.68   44%   S   19.68   S   - 0%   S   19.68   100%   S   12.77   Family   S   477.41   22%   S   477.41	Metro Wastewater		\$ 1,522.56	7 -,		\$ 323.35		\$ 65.94	\$ 36.92		\$ 29.03		Ų 151-11	\$ -		y 101-11		\$ 1,236.13	\$ 365.79
Family   S   2,189.99   S   1,773.39   78%   S   472.44   22%   S   125.57   S   70.31   56%   S   55.26   44%   S   19.68   S   19.68   S   100%   S   1,787.49   S   547.35	Reclamation District		y 1,522150	7 -,		\$ 323.35		9 03.54	\$ 36.92		y 25.05		7	\$ -				\$ 1,236.13	\$ 365.79
Employee Chily Employees Employee Chily Employees Employee Chily Employees Employee Chily Employees Employ		Family	7 -/			y 472142		y 125.57	ŷ ,0.51		9 33120		\$ 19.68	\$ -		\$ 19.68		\$ 1,787.49	\$ 547.35
City of Greeley  Employee Child  Employee Chil		Employee Only	, , , , , , ,			\$139.38			•		\$2.08	#DIV/0!				\$2.17			\$ 143.63
Emplychidren   Finity   Fini		Emp/Spouse				\$287.55					\$11.54					\$3.14			\$ 302.23
Family	City of Greeley					\$243.70					\$16.62					\$3.14			y 2001-15
Employee Only		Emp/Children Family				\$243.70					\$24.92					\$5.55			
City of Fort Collins		Employee Only				Ç300.02					<b>724.32</b>					<b>73.33</b>			\$ 415.05
Emp/Children   HDIV/OI		Emp/Spouse	Data No	t Subm			#DIV/0!			#DIV/0!					#DIV/0!		#DIV/0!		
Family   F	City of Fort Collins		Dala NO	JL SUDII	-														
Employee Only		Emp/Children																	-
City of Loveland  Emp/Spouse \$ 1,936.98 \$ 1,540.78 80% \$ 396.20 20% \$ 92.08 \$ 55.49 60% \$ 36.59 40% \$ 15.34 \$ . 0% \$ 15.34 100% \$ 1,596.27 \$ 448.13		Employee Only	\$ 920.65	\$ 798.70		\$ 121.95		\$ 43.92	\$ 26.34		\$ 17.58		\$ 10.58	\$ .		\$ 10.58		\$ 825.04	\$ 150.11
City of Loveland			\$ 1,936.98			\$ 396.20			\$ 55.49				\$ 15.34	\$ -		T		\$ 1,596.27	
Family   \$ 2,450.37   \$ 1,917.01   78%   \$ 533.37   22%   \$ 1,273.5   \$ 76.40   60%   \$ 50.55   40%   \$ 2,91.2   \$ - 0%   \$ 2,91.2   100%   \$ 1,993.41   \$ 613.44	City of Loveland		y 1,000110			ŷ 542100	20%		\$ 58.55		\$ 39.03		V IOIEE	\$ -	0%			\$ 1,395.86	9 400105
Employee Only   #DIV/O!			y 1,000110			ÿ 342.00			7 30.33		ŷ 55.05		V IOIEE	\$ -		y IOIEE		\$ 1,395.86	\$ 400.05
Town of Johnstown   Emp/Spouse   Data Not Submitted   #DIV/0!			\$ 2,450.37	\$ 1,917.01		\$ 533.37		\$ 127.35	\$ 76.40		\$ 50.95		\$ 29.12	\$ -		\$ 29.12		\$ 1,993.41	\$ 613.44
Town of Johnstown   Emp/Children   HDIV/OI   H					#DIV/0!														
Emp/Children	Town of Johnstown		Data No	ot Subn	nitted														
Employee Only   \$ 809.54   \$ 756.49   93%   \$ 61.69   7%   \$ 38.13   \$ 32.37   83%   \$ 5.39   17%   \$ 8.01   \$ 3.89   44%   \$ 3.92   56%   \$ 792.74   \$ 71.00							#DIV/0!			#DIV/0!		#DIV/0!			#DIV/0!		#DIV/0!		
Average Summary Emp/Spouse \$ 1,687.99 \$ 1,387.43 81% \$ 299.26 19% \$ 79.53 \$ 52.81 63% \$ 25.15 37% \$ 13.84 \$ 5.67 40% \$ 9.59 60% \$ 1,445.91 \$ 319.19 \$ 1,552.62 \$ 1,294.86 82% \$ 256.35 18% \$ 90.32 \$ 59.64 62% \$ 29.27 38% \$ 13.54 \$ 5.17 41% \$ 7.85 59% \$ 1,359.67 \$ 281.64 \$ 1,671.18 \$ 1,671.18 \$ 1,387.23 82% \$ 279.92 18% \$ 10.391 \$ 63.35 59% \$ 38.99 41% \$ 15.10 \$ 5.17 41% \$ 9.49 59% \$ 1,455.75 \$ 320.45		Family							,										
Average Summary Emp/Child \$ 1,552.62 \$ 1,294.86 82% \$ 256.35 18% \$ 90.32 \$ 59.64 62% \$ 29.27 38% \$ 13.54 \$ 5.17 41% \$ 7.85 59% \$ 1,359.67 \$ 281.64 Emp/Children \$ 1,671.18 \$ 1,387.23 82% \$ 279.92 18% \$ 103.91 \$ 63.35 59% \$ 38.99 41% \$ 15.10 \$ 5.17 41% \$ 9.49 59% \$ 1,455.75 \$ 320.45		Employee Only	\$ 809.54	\$ 756.49		\$ 61.69		\$ 38.13	\$ 32.37		\$ 5.39		\$ 8.01	\$ 3.89		\$ 3.92		\$ 792.74	\$ 71.00
Emp/Children \$ 1,671.18 \$ 1,387.23 82% \$ 279.92 18% \$ 103.91 \$ 63.35 59% \$ 38.99 41% \$ 15.10 \$ 5.17 41% \$ 9.49 59% \$ 1,455.75 \$ 320.45	Average Summary	Emp/spouse Emp/Child	\$ 1,552.62	\$ 1,387.43		\$ 256.35		7	\$ 59.64		\$ 29.77		y 15104	\$ 5.67		\$ 7.85		\$ 1,445.91	7
			\$ 1,671.18			\$ 279.92		\$ 103.91	\$ 63.35		\$ 38.99		7	\$ 5.17		7		\$ 1,455.75	\$ 320.45
		Family	\$ 2,122.35	\$ 1,705.97		\$ 413.60		\$ 128.58	\$ 78.03		\$ 47.98			\$ 7.11		\$ 13.80		\$ 1,791.12	\$ 460.04

Averages carried down from above.

							Colorado	Employee Benefi	ts Trust Quotes									
		Health Premium	Health	Health	Health	Health	Dental	Dental	Dental	Dental	Dental	Vision Premium	Vision	Vision	Vision	Vision		Employee
Agency	Plan Choice	Total	Agency Pd	Agency %	Employee Pd	Employee %	Premium Total	Agency Pd	Agency %	Employee Pd	Employee %	Total	Agency Pd	Agency %	Employee Pd	Employee %	Agency Total	Total
NFRWQPA CEBT	Employee Only	\$ 897.00	\$ 837.63	93%	\$ 59.37	7%	\$ 42.00	\$ 34.86	83%	\$ 7.14	17%	\$ 10.00	\$ 4.44	44%	\$ 5.56	56%	\$ 876.94	\$ 72.06
Benefits PPO 3 Quote	Emp/Spouse	\$ 1,827.00	\$ 1,476.33	81%	\$ 350.67	19%	\$ 87.00	\$ 54.94	63%	\$ 32.06	37%	\$ 14.00	\$ 5.57	40%	\$ 8.43	60%	\$ 1,536.83	\$ 391.17
Dental Plan A Vision	Emp/Child	\$ 1,688.00	\$ 1,384.18	82%	\$ 303.82	18%	\$ 111.00	\$ 68.68	62%	\$ 42.32	38%	\$ 13.00	\$ 5.27	41%	\$ 7.73	59%	\$ 1,458.13	\$ 353.87
Plan B	Emp/Children	\$ 1,688.00	\$ 1,385.32	82%	\$ 302.68	18%	\$ 111.00	\$ 65.57	59%	\$ 45.43	41%	\$ 13.00	\$ 5.27	41%	\$ 7.73	59%	\$ 1,456.16	\$ 355.84
FIAII D	Family	\$ 2,193.00	\$ 1,730.52	79%	\$ 462.48	21%	\$ 147.00		57%	\$ 63.30	43%	\$ 24.00	\$ 8.34	35%	\$ 15.66	65%	\$ 1,822.56	\$ 541.44
NFRWQPA CEBT	Employee Only	\$ 798.00	\$ 745.18	93%	\$ 52.82	7%	\$ 34.00		83%	\$ 5.78	17%	\$ 13.00	\$ 5.78	44%	\$ 7.22	56%	\$ 779.18	\$ 65.82
Benefits PPO 4 Quote	Emp/Spouse	\$ 1,625.00	\$ 1,313.10	81%	\$ 311.90	19%	\$ 72.00		63%	\$ 26.53	37%	\$ 18.00	\$ 7.16	40%	\$ 10.84	60%	\$ 1,365.73	\$ 349.27
Dental Plan B	Emp/Child	\$ 1,503.00	\$ 1,232.48	82%	\$ 270.52	18%	\$ 98.00		62%	\$ 37.37	38%	\$ 17.00		41%	\$ 10.11	59%	\$ 1,300.00	\$ 318.00
Vision Plan C	Emp/Children	\$ 1,503.00	\$ 1,233.49	82%	\$ 269.51	18%	\$ 98.00	\$ 57.89	59%	\$ 40.11	41%	\$ 17.00	\$ 6.89	41%	\$ 10.11	59%	\$ 1,298.28	\$ 319.72
VISION FIAN C	Family	\$ 1,951.00	\$ 1,539.55	79%	\$ 411.45	21%	\$ 131.00	\$ 74.59	57%	\$ 56.41	43%	\$ 31.00	\$ 10.77	35%	\$ 20.23	65%	\$ 1,624.92	\$ 488.08
	Employee Only	\$ 732.00	\$ 683.55	93%	\$ 48.45	7%	\$ 34.00	\$ 28.22	83%	\$ 5.78	17%						\$ 711.77	\$ 54.23
NFRWQPA CEBT	Emp/Spouse	\$ 1,488.00	\$ 1,202.39	81%	\$ 285.61	19%	\$ 72.00	\$ 45.47	63%	\$ 26.53	37%						\$ 1,247.86	\$ 312.14
Benefits HDHP 3 Quote	Emp/Child	\$ 1,377.00	\$ 1,129.16	82%	\$ 247.84	18%	\$ 64.00	\$ 39.60	62%	\$ 24.40	38%						\$ 1,168.75	\$ 272.25
Dental Plan C	Emp/Children	\$ 1,377.00	\$ 1,130.08	82%	\$ 246.92	18%	\$ 64.00	\$ 37.81	59%	\$ 26.19	41%						\$ 1,167.89	\$ 273.11
	Family	\$ 1,789.00	\$ 1,411.72	79%	\$ 377.28	21%	\$ 110.00	\$ 62.64	57%	\$ 47.36	43%						\$ 1,474.35	\$ 424.65
	Employee Only	\$ 670.00	\$ 625.66	93%	\$ 44.34	7%											\$ 625.66	\$ 44.34
NFRWQPA CEBT	Emp/Spouse	\$ 1,362.00	\$ 1,100.58	81%	\$ 261.42	19%											\$ 1,100.58	\$ 261.42
Benefits HDHP 4 Quote	Emp/Child	\$ 1,262.00	\$ 1,034.86	82%	\$ 227.14	18%											\$ 1,034.86	\$ 227.14
bellelits numr 4 Quote	Emp/Children	\$ 1,262.00	\$ 1,035.71	82%	\$ 226.29	18%											\$ 1,035.71	\$ 226.29
	Family	\$ 1,638.00	\$ 1,292.56	79%	\$ 345.44	21%											\$ 1,292.56	\$ 345.44
	Employee Only	\$ 792.00	\$ 739.58	93%	\$ 52.42	7%											\$ 739.58	\$ 52.42
NFRWQPA CEBT	Emp/Spouse	\$ 1,611.00	\$ 1,301.78	81%	\$ 309.22	19%											\$ 1,301.78	\$ 309.22
Benefits Kaiser Kp-	Emp/Child	\$ 1,567.00	\$ 1,284.96	82%	\$ 282.04	18%											\$ 1,284.96	\$ 282.04
DHMO 1000 Quote	Emp/Children	\$ 1,567.00	\$ 1,286.01	82%	\$ 280.99	18%											\$ 1,286.01	\$ 280.99
	Family	\$ 2,013.00	\$ 1,588.48	79%	\$ 424.52	21%											\$ 1,588.48	\$ 424.52
	Employee Only	\$ 621.00	\$ 579.90	93%	\$ 41.10	7%											\$ 579.90	\$ 41.10
NFRWQPA CEBT	Emp/Spouse	\$ 1,266.00	\$ 1,023.00	81%	\$ 243.00	19%											\$ 1,023.00	\$ 243.00
Benefits Kaiser Kp-	Emp/Child	\$ 1,233.00	\$ 1,011.08	82%	\$ 221.92	18%											\$ 1,011.08	\$ 221.92
DHMO 2500 Quote	Emp/Children	\$ 1,233.00	\$ 1,011.91	82%	\$ 221.09	18%											\$ 1,011.91	\$ 221.09
	Family	\$ 1,583.00	\$ 1,249.16	79%	\$ 333.84	21%											\$ 1,249.16	\$ 333.84
Hospital Plan	Employee Only	\$ 275.00																
	Re	quired to take Basic	Life Insurance	\$20.000 @ \$2.	80 per employee													

NFRWQPA Budgetary Benefits Considerations Health Vision Vision Health Health Dental Dental Vision Premium Vision Employee Health Premium Dental Dental Dental Plan Choice Agency Pd Agency % Employee Pd Employee % Premium Total Agency % Employee Pd Employee % Agency Pd Agency % Employee Pd Employee % Agency Total Total 798.00 \$ 798.00 0% 50% 34.00 \$ 0% \$ 50% \$ 13.00 \$ 13.00 100% 0% \$ 847.80 Employee Only 100% \$ 34.00 100% \$ MY POSSIBLE CHOICES 413.50 19.00 2.50 72.00 \$ 53.00 18.00 \$ 15.50 50% \$ 1,282.80 \$ 435.00 1,625.00 \$ 1,211.50 PPO 4 1,503.00 \$ 1,150.50 352.50 50% 64.00 \$ 49.00 15.00 50% \$ 17.00 \$ 15.00 2.00 50% \$ 1,217.30 \$ 369.50 Emp/Child Dental Plan-C \$ 1,150.50 \$ 1,374.50 352.50 576.50 50% \$ 50% \$ 64.00 \$ 110.00 \$ 49.00 72.00 15.00 38.00 50% \$ 50% \$ 17.00 \$ 15.00 31.00 \$ 22.00 2.00 50% \$ 1,217.30 \$ 369.50 50% \$ 1,471.30 \$ 623.50 Emp/Children 1,503.00 1,951.00 Vision-C 2.80 Life Insurance

Board can input different percentages to determine budget affects.

This all changes	depending on how	w much the board	decides to cover f	for each level and	plan selected.
NFRWQPA	NFRWQPA		Actual % Increase	Budget	Budget %
Monthly Total	Annual Total	\$511.95/mth	\$511.95/mth	Difference	Increase
Worthly Total	Annual Total	(\$6,143.40)	(\$6,143.40)	\$700/mth	\$700/mth
\$ 847.80	\$ 10,173.60	\$ 4,030.20	66%	\$ 1,773.60	21%
\$ 1,282.80	\$ 15,393.60	\$ 9,250.20	151%	\$ 6,993.60	83%
\$ 1,217.30	\$ 14,607.60	\$ 8,464.20	138%	\$ 6,207.60	74%
\$ 1,217.30	\$ 14,607.60	\$ 8,464.20	138%	\$ 6,207.60	74%
\$ 1,471.30	\$ 17,655.60	\$ 11,512.20	187%	\$ 9,255.60	110%

Attachment #6



## A CEBT PROPOSAL PREPARED FOR:

# NORTH FRONT RANGE WATER QUALITY PLANNING ASSOCIATION

257 JOHNSTOWN CENTER DRIVE JOHNSTOWN, COLORADO 80534

PREPARED BY: BOBBY OTTE & DANITZA GLINE

APRIL 8, 2021



## WILLIS TOWERS WATSON

Willis Towers Watson is one of the largest insurance broker/consultants in the World. Currently Willis Towers Watson Insurance Services West, Inc. serves over 400 public sector employers with over 40,000 members on their employee benefit plans. In addition, there are thousands of property and casualty clients being serviced. Willis Towers Watson has been providing the employee benefit services identified below to many clients throughout the States of Colorado and Wyoming for 40 years.

#### **CONSULTING**

Annual reviews of utilizations and rates, plan design, cost containment concepts, cash flow concepts such as self-funding, developing managed care networks, etc.

#### **SERVICING**

Providing a service representative from Willis Towers Watson to visit or call on a systematic basis, typically once every 8 to 12 weeks. Servicing also includes conducting employee meetings, enrollment of employees when carrier changes are made and answering general employee/employer questions.

#### **BROKERAGE**

Handling the bidding process, including plan specifications and cost analysis, insurance carrier negotiations and contract implementation.

#### **ADMINISTRATION**

Supply claim forms, booklets, employee ID cards, coverage verification, distribution of policies for new employees, conversions, and verify eligibility. The most important aspect of this service is to make sure eligibility for claimants is accurate; this area usually has a direct effect on claims utilization.



#### BOOKKEEPING

Preparing monthly premium billings, reconciling current billings, evaluating enrollment cards, handling terminated employees, forwarding premiums to appropriate insurance companies, etc.

#### **MARKETING**

In addition, Willis Towers Watson is the broker for the Colorado **Employer Benefit Trust** (CEBT). This market option is exclusively available to Colorado educational organizations, municipalities, and special districts. The CEBT allows these organizations an additional market to evaluate when reviewing their respective employee benefit plans.

### **COLORADO EMPLOYER BENEFIT TRUST**

Welcome to CEBT: A Higher Standard of Quality

The Colorado Employer Benefit Trust (CEBT) is a multiple employer trust for public institutions providing employee benefits. Since 1980 CEBT has grown to approximately 33,000 members and over 380 participating groups. The Trust is governed by a board of trustees made up of representatives from participating groups. The Trust fund has \$210 million in annual premium deposits with approximately \$56 million in total assets.

The goal of the Trust is to spread the risk of adverse claims over a larger base of members and reduce administrative costs. Since the pool is self-insured, the participating groups benefit from positive overall claims experience and low administrative cost. In fact, the Colorado Employer Benefit Trust has consistently outperformed the market for rate increases. As a general rule, participating groups have rates that are 10% to 15% below similar type employers outside the pool.

The Colorado Employers Benefit Trust has developed substantial reserves to assure long term financial stability. This financial security is further enhanced by purchasing stop loss insurance to protect against unusually large claims.

If an employer is interested in a long-term solution to the rising cost of employee benefit plans, the Colorado Employer Benefit Trust offers an excellent alternative.

CEBT's makeup is:

- **3** 78 School Districts
- 79 Municipalities

- 5 Counties
- 231 Special Districts

PARTNERS WITH





ASSOCIATE MEMBER OF



SPONSOR OF



### COLORADO EMPLOYER BENEFIT TRUST

### **MISSION STATEMENT**

"To provide quality health benefit options at a competitive cost with superior service to eligible employer groups."

#### **STRUCTURE**

- Non-profit Trust
- **3** 40 years of success
- Long term stability
- Governed by board comprised of CEBT members
  - Ed VanderTook, Chairman
  - Lorraine Haywood, Treasurer
  - Bob Foster, Secretary
  - Cindy Haigler, Trustee

- Misty Manchester, Trustee
- Angela Wurtsmith, Trustee
- Brian Lessman, Trustee

#### **ADVANTAGES**

- Multiple Medical, Dental, Vision and Life options to choose from
- Potential for dividends
- Reserves already established
- No state premium tax
- All employer needs found in one place
  - HIPAA
  - COBRA Administration
  - Eligibility and billing
  - Health Care Reform questions
  - Member and Provider Customer Service
- Expertise of Willis Towers Watson available for consultation
- Long term competitiveness
- Multiple Provider Networks
- Online Enrollment
- Support of employer wellness initiative
- PPACA Fees paid from surplus
- Mandatory employer PPACA reporting handled by CEBT
- CEBT Health Centers in some areas
- Teladoc for all members
- Mealthcare Bluebook
- Surgery Plus
- Mark EAP Program effective 7/1/2020



#### **Board of Trustees**

## Willis Towers Watson III'IIII

**Trust Administrator** 

### **Vendor Partners**



**COBRA Administration** 

FLEX





**EMPLOYEE ASSISTANCE PROGRAM** 

#### CEBT'S PARTICIPATING SDA GROUPS

Alameda Water & Sanitation District Arapahoe County Water & Wastewater Authority

Baca Grande Water and Sanitation District

Bachelor Gulch Metropolitan District

Basalt Regional Library District

**Basalt Sanitation District** 

Battlement Mesa Metropolitan District

Bear Creek Water & Sanitation District

Beaver Creek Metropolitan District

Bennett Park and Recreation District

Berkeley Water & Sanitation District

Berry Creek Metropolitan District

Big Thompson Conservation District

Black Hawk/Central City Sanitation District

**Boxelder Sanitation District** 

**Brook Forest Water District** 

Buena Vista Sanitation District

Buffalo Mountain Metropolitan District

Byers Water & Sanitation District

Canon City Area Metropolitan Recreation & Park District

Carter Lake Filter Plant

Castle Pines Metropolitan District

Catamount Metropolitan District

Centennial Water & Sanitation District

Central Weld County Water District

Chaffee County Fire Protection District

Cherokee Metropolitan District

Cherry Creek Basin Water Quality Authority

Cherry Creek North Business District

Cherry Creek Valley Water & Sanitation

District

Clear Creek County Library District

Clear Creek Fire Authority

Clear Creek Metropolitan Recreation District

Clear Creek Valley Water & Sanitation District

Clifton Sanitation District

Colorado Centre Metropolitan District

Colorado Municipal League

Colorado River Fire Rescue

Cornerstone Metropolitan District #1

Craig Rural Fire Protection District

Crested Butte Fire Protection District

Crested Butte South Metropolitan District

Crestview Water & Sanitation District

Crown Mountain Park & Recreation District

Cuchara Sanitation & Water District

Delta County Ambulance District

Delta County Library District

Dominion Water and Sanitation District

Donala Water & Sanitation District

Durango Fire Protection District

Durango West Metro District 2

E470 Public Highway Authority

Eagle Ranch Golf Course

Eagle Valley Library District

Eagle-Vail Metropolitan District

East Cherry Creek Valley Water & Sanitation

District

East River Regional Sanitation District

East Routt Library District

Eastern Rio Blanco Metropolitan Recreation &

Park District

Edgemont Ranch Metropolitan District

Estes Valley Fire Protection District

Estes Valley Recreation & Park District

**Evans Fire Protection District** 

Evergreen Fire Rescue

Evergreen Metropolitan District

Evergreen Park & Recreation District

Fairmount Fire Protection District

Florida Mosquito Control District

Florida Water Conservancy District

Foothills Fire Protection District

Forest Lakes Metropolitan District

Fort Collins Conservation District

Fort Lupton Fire Protection District

Fraser Valley Metropolitan Recreation District

Frisco Sanitation District

Fruitdale Sanitation District

Garfield County Emergency Communication

Authority

Garfield County Public Library District

Genesee Water and Sanitation District

Gilpin Ambulance Authority

Grand County Library District

Grand County Water and Sanitation District #1

Grand Lake Metropolitan Recreation District

Grand River Mosquito Control District

Grand Valley Drainage District

Grand Valley Fire Protection District

Greater Eagle Fire Protection District

Green Mountain Water & Sanitation District

Gunnison County Library District

Gypsum Fire Protection District

Hartsel Fire Protection District

Hayden Public Library

Health District of Northern Larimer County

Henrylyn Irrigation District

High View Water District

Highland Rescue Team Ambulance District Highlands Ranch Metropolitan District Hot Sulphur Springs Parshall Fire Protection District Hudson Fire Protection District Hyland Hills Park & Recreation District Ignacio Library District Indian Hills Fire Protection District Indian Hills Water District Industrial Park Water & Sanitation District Inter-Canyon Fire Protection District **Inverness Water & Sanitation District JeffCom911 Communications** Jefferson Como Fire Protection District John C Fremont Library Ken-Caryl Ranch Metropolitan District Ken-Caryl Ranch Water & Sanitation District Kiowa County Hospital District Kremmling Fire Protection District Kremmling Sanitation District La Plata/Archuleta Water District Lake City Area Medical Center Lakehurst Water & Sanitation District Left Hand Water District Little Thompson Water District Longmont and Boulder Valley Conservation District Loveland Fire Rescue Authority Lower Arkansas Valley Water Conservancy District Lower South Platte Water District Lyons Fire Protection District Mancos Water Conservancy District

Meeker Cemetery District

Meeker Sanitation District Melissa Memorial Hospital Meridian Service Metropolitan District Mid Valley Metropolitan District Mile High Flood District Montezuma County Water District #1 Montezuma Dolores County Metropolitan Recreation District Montrose Recreation District Morgan County Quality Water District Morrison Creek Metro Water & Sanitation District Mount Vernon Metropolitan Water District Mountain Express Mountain Recreation Metropolitan District Mountain Water & Sanitation District Mt Crested Butte Water & Sanitation District Nederland Community Library Niwot Sanitation District North Fork Ambulance Health Service District North Park Hospital District North Routt Fire Protection District North Table Mountain Water and Sanitation District North Weld County Water District Northeast Colorado Health Department Northern Chaffee County Library District Norwood Fire Protection District Oak Creek Fire Protection District Pagosa Fire Protection District Paint Brush Hills Metropolitan District Palisade Irrigation District Palmer Lake Sanitation District

Parachute/Battlement Mesa Park and Recreation District Park Forest Water District Parkville Water District Penrose Community Library District Perry Park Water & Sanitation District Platte Canyon Water and Sanitation District Pleasant View Metropolitan District Plum Creek Water Reclamation Authority Purgatoire River Water Conservancy District Purgatory Metropolitan District Rangely District Hospital Red White and Blue Fire Protection District Reunion Metropolitan District Ridgway Library District Rio Blanco Fire Protection District Rio Blanco Water Conservancy District Rio Grande Water Conservation District Round Mountain Water & Sanitation District San Juan River Village Metropolitan District San Miguel Authority for Regional Transportation (SMART) San Miguel County Public Library Silt Water Conservancy District Silver Creek Water & Sanitation District Snowmass Water & Sanitation District South Adams County Fire District South Durango Sanitation District South Routt Medical Center Health Service District Southeast Metro Storm Water Authority Southgate Water & Sanitation District Southwest Colorado Council of Governments Southwest La Plata Library District

Southwestern Highway 115 Fire Protection District

Southwestern Water Conservation District

Special District Association

St Vrain & Left-Hand Water Conservancy District

St Vrain Sanitation District

Statewide Internet Portal Authority

Steamboat II Metropolitan District

Sterling Ranch Community Authority Board

Stonegate Village Metro District

Strasburg Water & Sanitation District

Tabernash Meadows Water & Sanitation District

Telluride Fire Protection District

Telluride Medical Center

Thompson Rivers Park & Recreation District

Three Lakes Water & Sanitation District

Tri-Lakes Wastewater Treatment Facility

Triview Metropolitan District

Two Rivers Metropolitan District

Upper Blue Sanitation District

Upper Gunnison River Water Conservancy District

Upper Thompson Sanitation District

Upper Yampa Water Conservancy District

Ute Pass Regional Ambulance District

Ute Water Conservancy District

Vail Recreation District

Valley Water District

West Divide Water Conservancy District

West Fort Collins Water District

West Glenwood Springs Sanitation District

West Greeley Conservation District

West Metro Fire Protection District

West Montrose Sanitation District

West Routt Fire Protection District

Western Rio Blanco Recreation and Park

District

Wheat Ridge Water District

White River Conservation District

Widefield Water & Sanitation District

Willows Water District

Windsor Severance Fire Rescue

Winter Park Ranch Water & Sanitation District

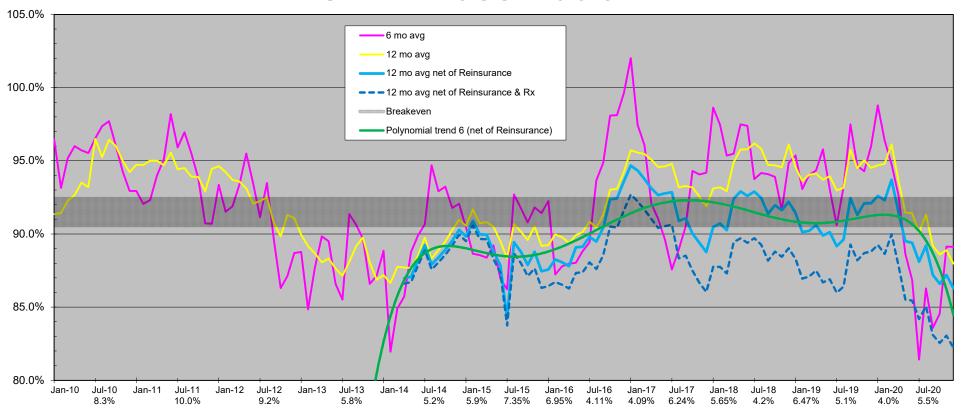
Winter Park Water & Sanitation District

Woodlin School District R-104

Woodmen Hills Metropolitan District

Woodmoor Water & Sanitation District

## **CEBT Loss Ratio**



## CEBT MEDICAL BENEFITS SUMMARY

MEDICAL BASE PLAN	Preferred Provider Organization (PPO)* Option 3	Preferred Provider Organization (PPO)* Option 4
Primary Care	PPO \$35 co-pay; Non PPO subject to deductible then 60/40	PPO \$40 co-pay; Non PPO subject to deductible then 60/40
Specialty Care	PPO \$35 co-pay; Non PPO subject to deductible then 60/40	PPO \$40 co-pay; Non PPO subject to deductible then 60/40
Lab Charges	PPO \$35 co-pay; Non PPO subject to deductible then 60/40	PPO \$40 co-pay; Non PPO subject to deductible then 60/40
X-Ray Charges	PPO \$35 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$40 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40
Prescription Drugs Retail - for 30 day supply:	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60
Mail Order - for 90 day supply:	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120
Deductible	\$1,000 single \$3,000 family	\$1,500 single \$4,500 family
Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Maximum out of Pocket	PPO \$3,750 (\$7,500 family) Non PPO \$7,500 (\$15,000 family)	PPO \$4,000 (\$8,000 family) Non PPO \$8,000 (\$16,000 family)
Inpatient Hospital	Subject to deductible then PPO 80/20, Non PPO 60/40; Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient
Out-Patient Hospital/ Surgery	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Ambulatory Surgical Center	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Emergency Care	Subject to deductible then PPO 80/20	Subject to deductible then PPO 80/20
Urgent Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$50 co-pay; Non PPO subject to deductible then 60/40
Ambulance	Subject to deductible then PPO 80/20 of "reasonable & customary"	Subject to deductible then PPO 80/20 of "reasonable & customary"

MEDICAL BASE PLAN	Preferred Provider Organization (PPO)* Option 3	Preferred Provider Organization (PPO)* Option 4
Maternity / Prenatal Care	PPO \$35 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	PPO \$40 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40
MRI or CT/PET Scan Outpatient Hospital	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
MRI or CT/PET Scan Free Standing Facility	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Durable Medical Equipment	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Physical, Occupational and Speech Therapy	PPO \$35 co-pay; Non PPO subject to deductible then 60/40; preauthorization required, 20 visit limit per injury or sickness	PPO \$40 co-pay; Non PPO subject to deductible then 60/40; preauthorization required, 20 visit limit per injury or sickness
Chiropractor	PPO/Non PPO \$35 co-pay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	PPO/Non PPO \$40 co-pay; 20 visit limit per year, benefits subject to "reasonable & customary" guidelines

The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website.

Routine Services – will be processed following the Federal Patient Protection and Affordable Care Act.

PPO NOTE: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the plan document for details. 02/01/2021

<sup>\*</sup>Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

## CEBT MEDICAL BENEFITS SUMMARY

MEDICAL BASE PLAN	Preferred Provider Organization (PPO)* HDHP 3	Preferred Provider Organization (PPO)* HDHP 4
Primary Care	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
Specialty Care	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
Lab Charges	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
X-Ray Charges	PPO subject to deductible then 80/20 Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20 Non PPO subject to deductible then 60/40
Prescription Drugs Retail - for 30 day supply:	Subject to deductible, then Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Subject to deductible, then Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60
Mail Order - for 90 day supply:	Subject to deductible, then Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Subject to deductible, then Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120
Deductible	\$3,000 single / \$6,000 family * Embedded deductible	\$4,000 single / \$8,000 family * Embedded deductible
Co-insurance	Subject to deductible then 80/20 PPO, Non PPO 60/40	Subject to deductible then 80/20 PPO, Non PPO 60/40
Max Out of Pocket	PPO \$5,000 (\$10,000 family) Non PPO \$10,000 (\$20,000 family)	PPO \$6,000 (\$12,000 family) Non PPO \$12,000 (\$24,000 family)
Inpatient Hospital	Subject to deductible, then PPO 80/20, Non PPO 60/40, Precertification is required for inpatient stays and for surgeries, whether inpatient or outpatient	Subject to deductible, then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays and for surgeries, whether inpatient or outpatient
Outpatient Hospital/Surgery	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
Ambulatory Surgical Center	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40
Emergency Care	Subject to deductible then PPO 80/20	Subject to deductible then PPO 80/20
Urgent Care	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
Ambulance	Subject to deductible then, 80/20 of reasonable & customary"	Subject to deductible then, 80/20 of reasonable & customary"

MEDICAL BASE PLAN	Preferred Provider Organization (PPO)* HDHP 3	Preferred Provider Organization (PPO)* HDHP 4
Maternity / Prenatal Care	Subject to deductible, then PPO 80/20, Non PPO 60/40	Subject to deductible, then PPO 80/20, Non PPO 60/40
MRI or CT/PET Scan Outpatient Hospital	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40
MRI or CT/PET Scan Free Standing Facility	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40
Durable Medical Equipment	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40
Physical, Occupational and Speech Therapy	Subject to deductible, then PPO 80/20, Non PPO 60/40 pre- authorization required, 20 visit limit per injury or sickness	Subject to deductible, then PPO 80/20, Non PPO 60/40 pre- authorization required, 20 visit limit per injury or sickness
Chiropractor	Subject to deductible, then PPO 80/20, Non PPO 60/40, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	Subject to deductible, then PPO 80/20, Non PPO 60/40, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines

The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website.

\*Non-Embedded - Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. Usually applies in High Deductible Health plan. The individual deductible doesn't apply if there are multiple people covered by the plan (Employee +1, Employee + Spouse, Family Coverage, etc.)

Routine Services - will be processed following the Federal Patient Protection and Affordable Care Act.

\*Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the plan document for details. 02/01/2021

<sup>\*</sup>Embedded - Under this deductible definition, any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

## CEBT MEDICAL BENEFITS SUMMARY

MEDICAL BASE PLAN	KP-DHMO 1000	KP-HDHP 2500
Primary Care	\$35 co-pay	Subject to deductible then 80/20 coinsurance
Specialty Care	\$35 co-pay	Subject to deductible then 80/20 coinsurance
Lab Charges	\$0 co-pay	Subject to deductible then 80/20 coinsurance
X-Ray Charges	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Prescription Drugs Retail - for 30 day supply:	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Drugs 20% coinsurance up to a maximum of \$250 per drug fill.	Subject to deductible then, Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60 Co-pays up to a maximum out of pocket
Mail Order - for 90 day supply:	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Subject to deductible then, Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120 Co-pays up to a maximum out of pocket
Deductible	\$1,000 single / \$3,000 family	\$2,500 single / \$5,000 family
Co-Insurance	80/20	80 /20
Maximum Out of Pocket	\$3,500 single / \$7,000 family	\$3,000 single / \$6,000 family
Inpatient Hospital	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Outpatient Hospital/Surgery	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Ambulatory Surgical Center	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Emergency Care	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Emergency Care Urgent Care	*	
	\$35 co-pay per visit, 20% coinsurance for covered services	coinsurance Subject to deductible then 80/20

MEDICAL BASE PLAN	KP-DHMO 1000	KP-HDHP 2500
MRI or CT Scan with or without Contrast	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
PET Scans and SPECT Scans	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Physical, Occupational & Speech Therapy	\$35 co-pay per visit up to 20 visits per year for each type of therapy	Subject to deductible then 80/20 coinsurance, 20 visits per year for each type of therapy
Durable Medical Equipment	Subject to deductible then 80/20 coinsurance	Subject to deductible then 80/20 coinsurance
Chiropractor	\$35 co-pay, 20 visit limit	Subject to deductible then 80/20 coinsurance, 20 visit limit

The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website.

Routine Services - will be processed following the Federal Patient Protection and Affordable Care Act.

\*Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

HMO Note: The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are <u>only</u> covered if the charges are for emergency treatment.

If this is not done, there is no guarantee that the charges will be covered.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the plan document for details. 02/01/2021

#### CEBT'S HOSPITAL REIMBURSEMENT PLAN

#### **PURPOSE**

For CEBT Employer groups who would like to allow employees the option to choose other coverage as their primary health plan (i.e. spouse's medical plan) CEBT offers a Hospital Reimbursement Plan (HRP). This plan design allows employees to file claims under the other plan as primary and CEBT's HRP plan would be considered secondary coverage. If an employee enrolls in this plan, they must have active primary coverage.

#### PLAN DESIGN

All eligibility, exclusions and conditions of CEBT's other plans would apply. The Schedule of Benefits states:

"The plan will pay up to \$1,000 per day for otherwise un-reimbursed eligible medical expenses for hospital confinement. This may include expenses for visits to the plan participant from a provider when confined.

The reimbursement will be paid directly to the plan participant. There is a \$30,000 maximum hospital benefit per plan year."



#### DELTA DENTAL PPO PLUS PREMIER CEBT - PLAN A



(EFFECTIVE JULY 1, 2021)

MAXIMUM BENEFIT Calendar Year Maximum		\$2,000 per member, per calendar year				
CALENDAR YEAR DEDUCTIBLE		Individual Deductible – \$50.00 Combination of in and out-of-network				
Applies to Basic and Major Services		Family Deductible - \$150.00 Combination of in and out-of-network				
	ITION FIR Premier Netv			Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.		
110 and	i i ciliici i vet	WOIRS Offing		Covers children up to their 13th birthday at 100% with no deductible (for the same		
RIGHT START 4 KIDS PPO and Premier Networks Only		services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.				
PPO Dentist	PREMIER Dentist	NONPAR Dentist	CO	VERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)	
	OSTIC AN	D PREVE	NTIVE :	SERVICES		
		100%	Oral E	xams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.	
			Periodontal Maintenance		Limited to 4 in a calendar year	
100%	100% 100%		Sealants		Once per tooth in a 36-month period for unrestored permanent molars, through age 15	
100 /0	100 /0		Bitewing X-Rays		Once in a calendar year	
			Full Mouth X-Rays		Once in a 5-year period	
			Fluoride		Twice in a calendar year, through age 15	
			Space Maintainers		One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13	
BASIC SERVICES (including occlusal guards)						
			Fillings		Once per tooth in a 12-month period; composite (white) fillings	
000/	000/	80%	Simple Extractions			
80%	80%		Oral Surgery			
			Endodontics / Periodontics			
MAJOR SERVICES						
			Crown	ıs	Once per tooth in 5-year period. Not a benefit under age 12.	
50% 50%		Implants		Once per tooth in a 5-year period. Not a benefit under age 16.		
		50%		res, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.	
ORTHO	ORTHODONTICS \$2,000 lifetime maximum					
50%	50%	50%	For covered employee, spouse and children to age 26			

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern.

07/01/2021



#### DELTA DENTAL PPO PLUS PREMIER CEBT - PLAN B



(EFFECTIVE JULY 1, 2021)

Stoop per member, per calendar year					\	
PREVENTION FIRST PRO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Provider to receive the 100% consurance.  RIGHT START 4 KIDS PPO and Premier provider to receive the 100% consurance.  RIGHT START 4 KIDS PPO and Premier provider to receive the 100% consurance.  RIGHT START 4 KIDS PPO and Premier provider to receive the 100% consurance.  RIGHT START 4 KIDS PPO and Premier provider to receive the 100% consurance.  RIGHT START 4 KIDS PRIMITE Dentist  NONPAR Dentist  Oral Exams and Cleanings  Oral Exams and Cleanings  Oral Exams and Cleanings  Periodontal Maintenance  Sealants  Once per tooth in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBI) condition.  Periodontal Maintenance  Sealants  Sealants  Once per tooth in a 36-month period for unrestored permanent molars, through age 15  Fillings  Once per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES  RIGHT START 4 KIDS  RIGHT START 4 KIDS  Priodontal Maintenance  Sealants  Right Startactions  Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions  Oral Surgery  Endodontics / Periodontics  MAJOR SERVICES  Crowns  Implants  Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made servicesable. Fixed bridges or removable partial			\$1,500 per member, per calendar year			
PREVIENTION FIRST PRO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  RIGHT START 4 KIDS PPO and Premier Networks Only  REMIER Dentist  RONPAR Dentist  Ronling Dentist and adult consumance nevel adult consumance reverse and electangle provider for all services a Delta Entit adult consumance reverse wall adult consumance treated adult consumance and electangle provider for Bentist Bentist Be						
### Documental Control of Premier Networks Only Unified in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.    PPO Dentist	PREVENTION FIRST		Diagnostic and Preventive services do not count against the annual maximum when you see			
Dentist Dentist Dentist COVERD SERVICES  DIAGNOSTIC AND PREVENTIVE SERVICES  Oral Exams and Cleanings  Oral Exams and Cleanings  Oral Exams and Cleanings  Oral Exams and Cleanings  Feriodontal Maintenance  Sealants  Once per tooth in a 36-month period for unrestored permanent molars, through age 15  Bitewing X-Rays  Once in a 5-year period  Fluoride  Twice in a calendar year, through age 15  One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings  Simple Extractions  Oral Surgery  Endodontics / Periodontics  Once per tooth in a 12-month period; composite (white) fillings  MAJOR SERVICES  Crowns  Once per tooth in 5-year period. Not a benefit under age 12.  Once per tooth in a 5-year period. Not a benefit under age 16.  Once per tooth in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.	RIGHT START 4 KIDS		Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed			
Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.  Periodontal Maintenance  Limited to 4 in a calendar year  Sealants  Once per tooth in a 36-month period for unrestored permanent molars, through age 15  Bitewing X-Rays Once in a calendar year  Full Mouth X-Rays Once in a calendar year, through age 15  Space Maintainers  Prince in a calendar year, through age 15  One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				СО	VERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
Oral Exams and Cleanings covered for those with a documented Evidence Based Dentistry (EBD) condition.  Periodontal Maintenance Limited to 4 in a calendar year  Sealants Once per tooth in a 36-month period for unrestored permanent molars, through age 15  Bitewing X-Rays Once in a calendar year  Full Mouth X-Rays Once in a calendar year  Full Mouth X-Rays Once in a calendar year, through age 15  Space Maintainers Once per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions  Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12.  Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	DIAGN	OSTIC AN	D PREVE	NTIVE	SERVICES	
Sealants  Once per tooth in a 36-month period for unrestored permanent molars, through age 15  Bitewing X-Rays Once in a calendar year  Full Mouth X-Rays Once in a 5-year period Fluoride Twice in a calendar year, through age 15  One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Oral Ex	cams and Cleanings	covered for those with a documented Evidence Based Dentistry (EBD)
100% 100% 100% 100% Sealants molars, through age 15  Bitewing X-Rays Once in a calendar year Full Mouth X-Rays Once in a 5-year period Fluoride Twice in a calendar year, through age 15  One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum			100%	Periodontal Maintenance		Limited to 4 in a calendar year
Full Mouth X-Rays Fluoride Fluoride Twice in a calendar year, through age 15  Space Maintainers One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions Oral Surgery Endodontics / Periodontics  Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	100%	100% 100%		Sealants		
Fluoride Twice in a calendar year, through age 15  Space Maintainers One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Bitewing X-Rays		Once in a calendar year
Space Maintainers  One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13  BASIC SERVICES (including occlusal guards)  Fillings Once per tooth in a 12-month period; composite (white) fillings Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Implants Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Full Mouth X-Rays		Once in a 5-year period
BASIC SERVICES (including occlusal guards)  80% 80% 80% Fillings Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12.  Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Fluoride		Twice in a calendar year, through age 15
80% 80% 80% Fillings Once per tooth in a 12-month period; composite (white) fillings  Simple Extractions Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Space Maintainers		
Simple Extractions   Oral Surgery   Endodontics / Periodontics	BASIC S	ERVICES	(including	occlusal g	guards)	
80% 80% Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum				Fillings	3	Once per tooth in a 12-month period; composite (white) fillings
Oral Surgery Endodontics / Periodontics  MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12. Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	20%	200/	80%	Simple Extractions		
MAJOR SERVICES  Crowns Once per tooth in 5-year period. Not a benefit under age 12.  Implants Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	80% 80%	00 /0		Oral Surgery		
Crowns  Once per tooth in 5-year period. Not a benefit under age 12.  Implants  Once per tooth in a 5-year period. Not a benefit under age 16.  Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum			Endode	ontics / Periodontics		
50% 50% Implants Once per tooth in a 5-year period. Not a benefit under age 16. Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	MAJOR SERVICES					
50% 50% Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum	50% 50%		Crowns		Once per tooth in 5-year period. Not a benefit under age 12.	
Dentures, Bridges made serviceable. Fixed bridges or removable partials are not a benefit under age 16.  ORTHODONTICS \$1,500 lifetime maximum			Implant	S		
		50%	50%	Denture	s, Bridges	made serviceable. Fixed bridges or removable partials are not a
50% 50% For covered children to age 19	ORTHO	DONTICS	\$1,500 life	time max	kimum	
	50%	50%	50%	For covered children to age 19		

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PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern. 07/01/2021



#### DELTA DENTAL PPO PLUS PREMIER CEBT - PLAN C



(EFFECTIVE JULY 1, 2021)

				(LITECII	VE JULY 1, 2021)		
MAXIMUM BENEFIT Calendar Year Maximum		\$1,500 per member, per calendar year					
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services		Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network					
PREVENTION FIRST PPO and Premier Networks Only		Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.					
RIGHT START 4 KIDS PPO and Premier Networks Only		Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.					
PPO Dentist	PREMIER Dentist	NONPAR Dentist	CO	VERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)		
DIAGN	OSTIC AN	ID PREVE	NTIVE	SERVICES			
			Oral Ex	kams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.		
			Periodontal Maintenance		Limited to 4 in a calendar year		
100%	1000/	100%	Sealants		Once per tooth in a 36-month period for unrestored permanent molars, through age 15		
100 /0	100%	100 /0	Bitewing X-Rays		Once in a calendar year		
			Full Mo	outh X-Rays	Once in a 5-year period		
			Fluoride		Twice in a calendar year, through age 15		
			Space Maintainers		One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13		
BASIC S	SERVICES	(including	occlusal g	guards)			
			Fillings	5	Once per tooth in a 12-month period; composite (white) fillings		
80%	80%	80%	Simple Extractions				
00 /0	00 /0		Oral Surgery				
			Endodontics / Periodontics				
MAJOR	SERVICE	S					
			Crown	s	Once per tooth in 5-year period. Not a benefit under age 12.		
50% 50%	E00/	Implan	its	Once per tooth in a 5-year period. Not a benefit under age 16.			
	50%	50%	Dentur	es, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.		
ORTHO	DONTICS	S - Not cove	ered				

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event. This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern.

07/01/2021

## CEBT PLAN B VISION SERVICE PLAN (VSP)

(EFFECTIVE JULY 1, 2021)

MEMBER DOCTOR BENEFITS	12/12/24	
MEMDER DOCTOR BENEFITS	<u>UP TO</u>	
Exam Co-pay	\$ 15.00	Once every 12 months
Material Co-pay	\$ 15.00	Once every 12 months
Corrective Contact Lenses Allowance	\$160.00	Once every 12 months
Frame Allowance (retail)	\$160.00	Once every 24 months

When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for 12 months.

NON-MEMBER DOCTOR BENEFIT	<u>'S</u>
Exam	\$ 35.00
Single Lens	\$ 25.00
Bifocal Lens	\$ 40.00
Trifocal Lens	\$ 55.00
Elective Contact Lenses	\$110.00
Frame	\$ 45.00

**EXCLUSIONS:** Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to offer coverage.

**ENROLLMENT RESTRICTIONS**: If any employee or dependent drops coverage, he or she must have proof of a qualifying event in order to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

02/01/2021

# CEBT PLAN C VISION SERVICE PLAN (VSP)

(EFFECTIVE JULY 1, 2021)

MEMBER DOCTOR BENEFITS	12/12/12	12/12/12		
MEMDER DOCTOR BENEFITS	<u>UP TO</u>			
Exam Co-pay	\$ 10.00	Once every 12 months		
Material Co-pay	\$ 10.00	Once every 12 months		
Corrective Contact Lenses Allowance	\$175.00	Once every 12 months		
Frame Allowance (retail)	\$175.00	Once every 12 months		

When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for 12 months.

NON-MEMBER DOCTOR BENEFIT	<u>'S</u>
Exam	\$ 35.00
Single Lens	\$ 25.00
Bifocal Lens	\$ 40.00
Trifocal Lens	\$ 55.00
Elective Contact Lenses	\$110.00
Frame	\$ 45.00

**EXCLUSIONS:** Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to offer coverage.

**ENROLLMENT RESTRICTIONS**: If any employee or dependent drops coverage, he or she must have proof of a qualifying event in order to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

02/01/2021

## CEBT LIFE BENEFITS



# SCHEDULE OF BENEFITS LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Class	AMOUNT OF LIFE INSURANCE*	FULL AMOUNT OF AD&D INSURANCE		
All employees	\$20,000	\$20,000		

<sup>\*</sup>Your amount of insurance will be reduced as follows:

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

#### SMALL GROUP RATE SUMMARY

(EFFECTIVE JULY 1, 2021)

MEDICAL	PPO 3	PPO 4	HDHP 3	HDHP 4
Employee	\$ 897	\$ 798	\$ 732	\$ 670
Employee + spouse	\$1,827	\$1,625	\$1,488	\$1,362
Employee + children	\$1,688	\$1,503	\$1,377	\$1,262
Family	\$2,193	\$1,951	\$1,789	\$1,638

MEDICAL	KP-DHMO 1000	KP-HDHP 2500	HRP
Employee	\$ 792	\$ 621	\$ 275
Employee + spouse	\$1,611	\$1,266	
Employee + children	\$1,567	\$1,233	
Family	\$2,013	\$1,583	

DENTAL	PLAN A	PLAN B	PLAN C	VISION	PLAN B	PLAN C
Employee	\$ 42	\$ 34	\$ 34	Employee	\$ 10	\$ 13
Employee + spouse	\$ 87	\$ 72	\$ 72	Employee + spouse	\$ 14	\$ 18
Employee + children	\$ 111	\$ 98	\$ 64	Employee + children	\$ 13	\$ 17
Family	\$ 147	\$ 131	\$ 110	Family	\$ 24	\$ 31

#### LIFE & AD&D

\$20,000

\$2.80 per employee per month

#### **ASSUMPTIONS**

- 1. All full-time employees eligible for the employer contribution must enroll in the life insurance.
- 2. Initially, 75% of all full-time employees eligible for the employer contribution must enroll in the employee package of coverages being offered.
- 3. All future full-time employees eligible for the employer contribution must enroll in the employee package of coverages being offered.
- 4. Rates guaranteed through June 30, 2022.
- 5. Employer is subject to any plan changes that may occur due to actions of the CEBT Board of Trustees.
- 6. Proposal is subject to full disclosure of any pending or large claims.
- 7. Rates assume that Willis Towers Watson will be the Broker of Record for all employee benefit plans.

#### PROPOSAL ASSUMPTIONS

- 1. Proposed rates are based on the accuracy of the data that has been supplied. All rates are based on final enrollment, and any change from submitted census data could change the proposed rate.
- 2. The employer is responsible for notifying the current insurance carrier of any changes in coverage or terminations. Suggested normal procedure is 30 day written notice or non-payment of premium.
- 3. Any proposal which is accepted by the employer will be subject to final underwriting by the proposed benefit plan. In all cases, the proposed benefit plan has the right of last refusal if the employer does not meet minimum underwriting requirements.
- 4. The effective date for the proposed coverages is <u>July 1, 2021</u>. In order to meet the effective date, the group must be enrolled prior to the last two weeks of the month of enrollment. If a decision and enrollment does not occur within this time frame, the proposed rates and effective date of coverage will be adjusted. Please note rates are guaranteed through <u>June 30, 2022</u>, at which time an annual renewal will be provided.
- 5. Please note when changing benefit plans that employees who will be covered on any new plan must be actively at work. In addition, employees and dependents that are disabled and/or hospitalized will not be eligible for coverage until the disability ceases. This provision may be waived subject to written acknowledgment by the CEBT administrator.
- 6. Only charges incurred after the effective date are eligible for reimbursement considerations. If a group terminates its relationship with CEBT at the first renewal, then the group will be responsible for its own run-out claims. After the second renewal, the CEBT will cover incurred but unreported claims under the rules and regulations of the CEBT agreement.
- 7. From a consulting viewpoint, the information included in this study represents the opinions of a representative of Wills. It should be pointed out that policy provisions or contract guidelines by the benefit plan will have final determination regarding coverage and contract procedures. In addition, any general opinions for comparison purposes offered by this study should not be considered as legal opinion. Any employer seeking formal legal information pertaining to the benefit plan should employ a legal counsel for that purpose.

#### **Proposal Assumption**

#### Page 2

- 8. This proposal assumes 100% of all future full-time employees will enroll in the benefit plan. Further, all existing full-time employees must enroll in the employee life insurance coverage.
- 9. Should a group have multiple coverages; the coverages will be offered as a package, unless otherwise denoted. Specifically, any employee enrolling in single coverage will have single coverage with all coverages. Any employee enrolling in family coverage will have family coverage for all coverages. Any exception to the package agreement must be specified in writing as part of the proposal.
- 10. Rates do not assume any provisions for retired life insurance, unless specifically indicated.
- 11. All proposals assume a transfer of business consistent with the Health Insurance Portability and Accountability Act (HIPAA).
- 12. Willis predominately acts in an agent's capacity as a representative of one or more insurance companies. In such agent cases, the Company receives commissions from the insurers and may also receive contingent compensation, based on factors such as volume or profitability. The Company may be a party to other compensatory arrangements with insurers or other intermediaries through which the Company places your insurance. The Company may also receive interest on fiduciary or trust accounts in which premium payments are held before payment to the insurers. At your request, the Company will be pleased to supply further details of any such compensation plan that relates to your account. Unless the Company has a written agreement where the Company represents that it will be acting in a broker's capacity and will be compensated only by agreement with the client, or is acting as a wholesaler for other licensed producers, the Company will be acting in an agent's capacity.

DISCLAIMER - The abbreviated outlines of coverages used throughout this proposal are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages. This schedule/proposal of insurance is a matter of information only. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policies. Please read your policy for specific details of coverages.

### WILLIS TOWERS WATSON

**STANDARD TERMS** 



**CONDITIONS** 



# WILLIS TOWERS WATSON EMPLOYEE BENEFIT TRUST COMMISSIONS



Below is a schedule of our commission compensation from your Employee Benefits Placement. You may not have all the products listed.

• CEBT Medical, Dental and Vision are based on the number of employees covered by the medical plan, according to the following scale. If no medical plan exists, the dental or vision plans will be used to determine the commission scale.

# OF COVERED EMPLOYEES	COMMISSION %
001 - 099	3.4 %
100 - 249	2.9 %
250 - 499	2.4 %
500 — 999	1.9 %
1,000 + 0000	1.4 %

- CEBT Employer Paid life Insurance 3%
- CEBT Voluntary Life Insurance 10%

If you have any questions or concerns regarding our compensation, please don't hesitate to call us.

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#### **Brokerage Terms, Conditions & Disclosures**

Your decision to purchase insurance coverages, products, and/or services through a Willis Towers Watson company is subject to the following terms and conditions (the "**Brokerage Terms**").

#### 1. General Terms and Conditions

1.1. Fees and Expenses. We will submit invoices for the services provided and expenses incurred. Invoices will be paid within 30 days of receipt. In the event that invoices are not paid within that time, we will be entitled to charge a late payment fee of the lesser of 1.0% per month or the maximum allowed by law.

Any fees or rates quoted or estimated will be exclusive of income tax or of any sales, ad valorem, value added tax or any similar tax unless such tax is required to be included pursuant to a statutory requirement. If required, we will add the relevant tax to the invoice, separately stated, and remit such tax to the appropriate authority.

1.2. Our Responsibilities. We will provide the services in a professional manner with reasonable skill and care and in accordance with all laws and regulations applicable to us. We will assign to the project team, members of our staff with adequate education, training and experience to perform the tasks assigned to them. We will use reasonable endeavors to meet any agreed timetable.

The work product we produce in the course of providing the services (the "Work Product") will not infringe any intellectual property right of any third party. Unless otherwise expressly agreed in writing, we do not accept any fiduciary or trust responsibilities or related liability in connection with the performance of the services. We do not provide legal, accounting or tax advice.

1.3. Your Responsibilities. You will provide us, in a timely manner, with all documentation, information, access to your personnel, access to your premises (if applicable) and cooperation reasonably required to provide the services. Any delay or failure to provide such documentation, information, access to your personnel or cooperation may result in: (a) a revision to any agreed timetable; and (b) if we are required to perform any additional work as a result, in additional fees being charged. We will rely on the documentation and information provided by you or your representatives and we do not take responsibility for verifying the accuracy or completeness of it. You may rely only upon our final Work Product and not on any drafts or oral statements made by us in the course of performing the services.

You represent that you are in compliance, and will continue to comply, with all laws, rules, regulations or government authority guidance applicable to you. If Willis Towers Watson determines that the services Willis Towers Watson performs for you relate to operations or activities prohibited by or inconsistent with any applicable law, rule, regulation or government authority guidance, it reserves the right to immediately terminate the master services agreement or similar agreement outlining the general terms between the parties ("MSA") and/or any signed statement of work or similar agreement between us which incorporates these Brokerage Terms by reference or which governs the same services as these Brokerage Terms ("SOW") in their entirety and/or decline to provide certain services.

1.4. Intellectual Property Rights and Work Product. You will retain ownership of all original data and materials provided to us by you or your representatives, and the intellectual property rights in that data and materials. You will have the right to use, reproduce and adapt the copies of the Work Product for internal purposes within your organization. We will retain the intellectual property rights in the Work Product, and the skills, know-how and methodologies used or acquired by us during the course of providing any of the services.

The services, including the Work Product, are provided solely for the intended purpose, and may not be referenced or distributed to any other party without our prior written consent. You may distribute the Work Product to your affiliates, provided that you ensure that each such affiliate complies with these Terms, Conditions, & Disclosures, as if it were a party to them, and you remain responsible for such compliance.

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You will not refer to us or include any of the Work Product in any shareholder communication or in any offering materials (or fairness opinion provided by your professional advisers) prepared in connection with the public offering or private placement of any security, unless otherwise agreed in writing.

1.5. Confidentiality and Data Privacy. Each party (the "Recipient") will protect all confidential information which the other party (the "Discloser") provides to it (whether orally, in writing or in any other form) ("Confidential Information") using the same standards as the Recipient applies to its own comparable confidential information, but in no event less than reasonable measures. Confidential Information will not include information that is: (a) already known to the Recipient at the time of disclosure; (b) in the public domain or publicly available; (c) provided to it by a third party who is under no such obligation of confidentiality; (d) independently developed by it; or (e) is required to be disclosed by court order, regulatory authority or other legal process, provided that prior to disclosing any Confidential Information, the Recipient will, if permitted by law, notify, and cooperate with the Discloser, at Discloser's expense, to lawfully limit and/or obtain appropriate protective orders with respect to such portion(s) of the Confidential Information which is the subject of any such required disclosure. Each party may disclose Confidential Information to its legal advisers to protect its own legitimate interests or to comply with any legal or regulatory requirements.

In the course of providing the services, the parties acknowledge that you may provide us with information about an identifiable individual or information which relates to a natural person and allows that person to be identified, including your customer or employee information ("Personal Data"). It is further acknowledged that we are a global business and that we may transmit your information, including Personal Data, within our global network of offices to our affiliates and providers of IT outsourcing who will be subject to appropriate data protection standards. You represent that Willis Towers Watson is authorized to receive and possess any such Personal Data and that you have obtained any necessary consents from third parties, including the individual to which such Personal Data relates, that may be required for us to use the Personal Data for the purposes of providing the services. Irrespective of where we receive or hold Personal Data on your behalf, we will take appropriate technical, physical and organizational/administrative measures to protect it against accidental or unlawful destruction or accidental loss or unauthorized alteration, disclosure or access. Each party will comply with the provisions and obligations imposed on it by applicable data privacy legislation and regulations.

You agree that we may maintain, process and transfer your Confidential Information and Personal Data in order to perform the services, and for other reasonable ancillary purposes, unless you instruct otherwise. We may retain such information and data as may be required by applicable law, regulation, or our record retention and business continuity policies and procedures.

In addition, you hereby grant us permission to use data we receive from you or your representatives in the course of the services for use in industry benchmarking studies, trend analyses and research. We may use the results of these studies, analyses and research for various purposes, including articles and studies for distribution to our other clients and prospects. Any such articles or studies will not disclose your participation or mention the inclusion of your information to any other party. Any findings from these studies that may show individual participant results will be on a blinded basis, and not attribute any finding to a specific participant.

- 1.6. Nonconforming Services. If the services do not conform to the requirements agreed between the parties, you will notify us promptly and we will re-perform any non-conforming services at no additional charge or, at our option, refund the portion of the fees paid with respect to such non-conforming services. The reperformance of the services or refund of the applicable fees is intended to provide an adequate remedy for any failure on our part to adhere to the requirements agreed between the parties for the performance of services.
- 1.7. Indirect Damages. In no event shall we or any of our affiliates and our and their respective employees, directors, officers, agents and subcontractors (the "Related Persons") be liable for any incidental, special, punitive, or consequential damages of any kind (including, without limitation, loss of income, loss of profits, or other pecuniary loss), except to the extent such liability may not be excluded as a matter of law.
- 1.8. Joint Liability. Where we are jointly liable to you with another party, we will to the extent permitted by law only be liable for those losses that correspond directly with our share of responsibility for the losses in question.

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- 1.9. Third Parties. For the avoidance of doubt, Sections 1.6 and 1.7 confer rights on the Related Persons which may be enforced by any of them. Otherwise, no person who is not a party to these Brokerage Terms, any MSA, or any SOW shall have the right to enforce any of these Brokerage Terms, MSA terms, or SOW terms. We accept no responsibility for any consequences arising from any third party relying on the Work Product. If we agree to provide the Work Product to a third party, you are responsible for ensuring that the third party is made aware of the fact that they are not entitled to rely upon it. You agree to reimburse us for all costs (including reasonable legal fees) that we incur in responding to any requests or demands from third parties, pursuant to legal process or otherwise, for data or information related to the services.
- 1.10. Force Majeure. Neither party will be liable for any delay or non-performance of its obligations caused by an event beyond its control (a "Force Majeure Event") provided that the party affected gives prompt notice in writing to the other party of such Force Majeure Event and uses all reasonable endeavors to continue to perform its obligations. Either party may terminate any SOW by written notice to the other with immediate effect if such Force Majeure Event continues for more than 3 months.
- 1.11. Miscellaneous. These Brokerage Terms, together with any MSA or SOW, set out the complete and exclusive statement of agreement and understanding between the parties, which supersedes and excludes all prior or contemporaneous proposals, understandings, agreements or representations, whether oral or written, with respect to your purchase of insurance. To the extent there is a conflict between these Brokerage Terms, and an MSA and/or SOW, the relevant portions of the MSA and/or SOW will control. Any modifications of or amendments to any MSA, SOW, or a change to the services must be in writing and agreed by the parties. Should any provisions of a MSA, SOW, or any of the Brokerage Terms be declared void, illegal or otherwise unenforceable, the remainder will survive unaffected.

Neither party may assign or delegate any of its rights or obligations to any third party without the prior written consent of the other party. Notwithstanding the foregoing, either party may assign or delegate any of its rights and obligations to an affiliate. We reserve the right to employ subcontractors to assist in providing services and to pass to them any information and materials they need to perform their work. Where we use affiliates or subcontractors to provide the services, we will remain ultimately responsible for the provision of the services.

Neither party will have any liability in respect of any statement (except in the case of fraud where the liability of each party to the other will be unlimited) made by such party or on its behalf to the other party which is not contained in an applicable MSA, SOW, or these Brokerage Terms and each party acknowledges that it has not entered into an any MSA, or SOW or will enter into a MSA or SOW, in reliance on any representation by the other party which is not contained in the MSA, the applicable SOW, or these Brokerage Terms.

We do not tolerate unethical behavior either in our own activities or in those with whom we seek to do business. We will comply with applicable laws, regulations, and rules.

- 1.12. Sanctions and Export Control. Sanctions and export control laws from Canada, the EU, United States, and other government authorities prohibit companies, including Willis Towers Watson, from conducting business in certain jurisdictions or with certain individuals. The restrictions may differ based on your business activity, ownership structure, and the location or nationality of your employees. Please inform us of any insurance or service requirements you have which touch upon goods, countries, entities or individuals subject to any sanctions or export controls. We will comply with all applicable sanctions and export control laws, and we are not responsible for actions taken by third parties based on their own sanctions or export control constraints.
- 1.13. Dispute Resolution. The parties agree to work in good faith to resolve any disputes arising out of or in connection with the services provided under these Brokerage Terms. If a dispute cannot be resolved it will be submitted to non-binding mediation to be conducted by (in the US) Judicial Arbitration and Mediation Services (JAMS) or (in Canada) the National Mediation Rules of the ADR Institute of Canada then in force before either party pursues other remedies hereunder. If the mediation does not resolve the dispute and a party or both parties wish to pursue other remedies, the parties agree that their legal dispute will be resolved without a jury trial and agree not to request or demand a jury trial. To the fullest extent permitted by applicable law, the parties hereby irrevocably waive any right they may have to demand a jury trial.

To the extent the foregoing jury trial waiver is not enforceable under the governing law, except as provided below, any dispute arising out of or in connection with these Brokerage Terms which the parties are unable

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to resolve between themselves or through mediation as provided above, will be resolved by binding arbitration in the state or province as provided for in Section 1.14 below, or other mutually agreed location, before a panel of three arbitrators in accordance with the (in the US) Commercial Arbitration Rules of the American Arbitration Association or (in Canada) the Canadian Arbitration Rules of the ICDR Canada. Under these circumstances, the arbitration proceeding will be the sole and exclusive means for resolving any dispute between the parties, except for any dispute involving the ownership or use of work product or intellectual property, provided that either party may seek an injunction or other equitable relief if such action is necessary to avoid irreparable damage or to preserve the status quo. Each party will have the right to select one of the arbitrators and the two arbitrators so selected will agree on the choice of the third arbitrator. Each party will bear the expenses of the arbitrator it selects and one-half of the expenses of the third arbitrator and other costs related to the arbitration. Judgment on the award rendered by the arbitrators will be final and binding, and may be entered in any court having jurisdiction thereof. The arbitration proceeding will be confidential.

1.14. Governing Law. Any controversy, dispute or claim of any kind between the parties will be governed by and interpreted in accordance with the laws of the jurisdiction where the Willis Towers Watson office principally responsible for providing the services to you under the particular Statement of Work is located, without regard to any provisions governing conflicts of laws; provided that if such office is located outside of Canada or the US, the governing law will be that of (in the US) the State of New York or (in Canada) the Province of Ontario without regard to (as applicable) New York's or Ontario's provisions governing conflicts of laws.

#### 1.15. Additional Provisions Applicable Only to Health and Benefits Services.

- 1.15.1. If and to the extent that any portion of Willis Towers Watson's compensation is to be paid by or on behalf of any employee health or other welfare benefit plan ("Plan"), including commissions derived from Plan assets, then you will secure the approval of the applicable Plan fiduciaries for such portion of our compensation. You, and if applicable, the Plan fiduciaries, and not Willis Towers Watson, will determine whether any payment utilizing, or deriving from, Plan assets is appropriate. Willis Towers Watson will provide details concerning its charges to enable you, and if applicable, the Plan fiduciaries to make such determinations, but any information that Willis Towers Watson provides to you with its invoices or otherwise should not be construed as advice regarding the appropriate use of Plan assets. You, and if applicable, the Plan fiduciaries are encouraged to consult with legal counsel regarding such matters. Unless you tell us otherwise, in providing our services we will assume that the employee welfare benefits you provide to your employees and with respect to which we provide services have been wrapped into a single Plan. To the extent that you or your Plan enter into an Administrative Services Only contract with a Third party Administrator pursuant to which Willis Towers Watson receives a directed fee, you represent that all administrative fees are paid by you out of your general assets and will not be charged to the Plan.
- 1.15.2. Willis Towers Watson is not being engaged as a fiduciary or to provide investment advice and does not and will not perform or assume any fiduciary or trust responsibilities or liability in connection with the performance of the services. You agree that the services to be performed by Willis Towers Watson under an applicable Statement of Work are ministerial and not fiduciary in nature, that Willis Towers Watson has no discretionary authority or control with respect to the management or administration of your employee benefit plan(s) or any Plan assets, that Willis Towers Watson is not providing any advice with respect to products that may have an investment component, and that Willis Towers Watson's compensation has not been set at levels intended to compensate it for assuming fiduciary liability. You retain full responsibility for decisions to purchase or not purchase insurance policies, all claims for benefits against the Plan and any other discretionary decisions by the Plan or any fiduciary, trustee, Plan administrator, or Plan committee.
- 1.15.3. You agree that you are responsible for your own access to and use of employee data, and that all persons whom you direct or request Willis Towers Watson to share employee data with are authorized to receive the employee data.
- 1.15.4. In the event that you and/or any of the employee benefit plans sponsored by you need to enter into business associate agreements with Willis Towers Watson to satisfy the requirements of the Health Insurance Portability and Accountability Act, the regulations implementing that Act (the "Standards for Privacy of Individually Identifiable Health Information," codified at 45 C.F.R. parts 160 and 164),

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or any other similar law, the parties will execute an agreement in compliance with these requirements.

#### 2. Brokerage Terms and Conditions

- 2.1. The services we provide to you will rely in significant part on the facts, information and direction provided by you or your authorized representatives. In order to make our relationship work, we must each provide the other with accurate and timely facts, information and direction as is reasonably required. You must provide us with complete and accurate information regarding your loss experience, risk exposures, and changes in the analysis or scope of your risk exposures and any other information reasonably requested by us or insurers. It is important that you advise us of any changes in your business operations that may affect our services or your insurance coverages. Therefore, all information which is material to your coverage requirements or which might influence insurers in deciding to accept your business, finalizing the terms to apply and/or the cost of cover, or deciding to pay a claim, must be disclosed. Failure to make full disclosure of material facts might potentially allow insurers to avoid liability for a particular claim or to void the policy. This duty of disclosure applies equally at renewal or modification of your existing coverage and upon placement of new lines of coverage. You agree that Willis Towers Watson will not be responsible for any consequences arising from any delayed, inaccurate or incomplete information.
- 2.2. An insurer quote is an offer to provide coverage. Offers can be modified or withdrawn prior to your acceptance through your order to bind coverage. The quote itself is not a legally binding commitment or a confirmation of actual coverage. Should you choose to bind coverage, we will secure a formal commitment, typically in the form of a binder on a form issued or approved by the insurer(s) at issue. The quotes we will provide to you are based upon the information that you have provided to us. If you discover that previously submitted information is inaccurate or incomplete, please advise us immediately so that we can attempt to revalidate terms with insurers.
- 2.3. At the time of binding, we review the financial soundness of the insurers we recommend to provide your coverages based on publicly available information, including that produced by well-recognized rating agencies. Upon request, we will provide you with our analysis of such insurers. We do not guarantee or warrant the solvency of any insurer or any intermediary that we may use to place your coverage.
- 2.4. If you have a multi-year policy, it is important that you understand the limitations associated with the coverage options and the possibility that the financial strength of the insurer may change throughout the term of the policy. We recommend that you review the insurer's ratings for any downgrades during the term of this multi-year policy.
- 2.5. The final decisions with respect to all matters relating to your insurance coverages, risk management, and loss control needs and activities are yours. We will procure the insurance coverage chosen by you, including the limits you choose, prepare or forward insurance binders, if applicable, and review and transmit policies to you.
- 2.6. We will review all binders, policies and endorsements to confirm their accuracy and conformity to negotiated specifications and your instructions and advise you of any errors in, or recommended changes to, such documents. You agree that you will also review all such documents and promptly advise us of any questions you have or of any document or provision which you believe may not be in accordance with your instructions as soon as possible, and in no event longer than two weeks, after you receive them. Your coverage is defined by the terms and conditions detailed in your insurance policies and endorsements. Your review of these documents, and any review you may seek from outside legal counsel or insurance consultants, is expected and essential.
- 2.7. We will inform you of the reporting requirements for claims, including where claims should be reported and the method of reporting to be used, if applicable. Please carefully review any claims-reporting instructions or information we provide. Failure to timely and properly report a claim may jeopardize coverage for the claim. In addition, you should retain copies of all insurance policies and coverage documents as well as claims-reporting instructions after termination of the policies because in some cases you may need to report claims after termination of a policy.
- 2.8. Our compensation may be revised if you request a change in the coverages and/or services we provide under the SOW or these Brokerage Terms and we enter into a written agreement documenting any change in coverages, services and compensation. If we are compensated by commissions paid by insurers, we will

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be entitled to retain the commissions for new coverages, revised coverages, or other material change in coverages.

- 2.9. If your insurance risks are in more than one jurisdiction, we, where required, will work with you and insurers to determine the allocation of premium between applicable jurisdictions, and the amount of insurance premium tax payable in each jurisdiction. In providing such services, Willis Towers Watson is acting in its capacity as an insurance broker, not as your tax advisor. You should seek your own advice in relation to such tax laws where you consider it necessary. We will not be liable to you should the apportionment of premium or amount of tax payable under the policy be challenged by any tax authority. In addition, we will not be liable to you should the insurers fail, or refuse, to collect and pay such insurance premium tax to the relevant authorities.
- 2.10. You will provide immediately available funds to pay premiums by the dates specified in the insurance policies, invoices, or other payment documents. Failure to pay premium on time may prevent coverage from incepting or result in cancellation of coverage by the insurer. You agree that we are not responsible for any consequences arising from any delay or failure by you to pay the amount due by the indicated date.
- 2.11. You may use a premium finance company, property appraiser, structured settlement firm or other similar service provider in connection with the insurance coverages we place for you. Premium finance options are not always available, but where they are, Willis Towers Watson currently works with industry leading finance providers for this service. Where permitted by law, we receive a fee for the services we provide those companies. These services include, but are not limited to, processing the premium finance applications and marketing and sales support they do not have. If you would like more information about the fee we receive, please let us know.
- 2.12. We will handle any premiums you pay through us and any funds which we receive from insurers or intermediaries for payment or return to you in accordance with applicable province/territory, state and federal insurance laws and regulations and province/territory and state unclaimed property laws. We may transfer your funds directly to insurers or to third parties such as wholesale brokers, excess and surplus lines brokers, or managing general agents to carry out transactions for you.
- 2.13. Where we collect funds from you, you agree that we may receive and retain interest on such funds from the date we receive the funds until we pay them to the insurers, intermediaries, or other third parties in the course of providing services, or until we return them to you after we receive such funds.
- 2.14. Unless otherwise provided in writing, you agree that we may use your company name and logo in marketing materials and for internal Willis Towers Watson use.
- 2.15. Unless otherwise agreed in writing, in the event of termination, we will be entitled to receive and retain any commissions payable under the terms of our commission agreements with the insurers in relation to policies placed by us, whether or not the commissions have been received by us.
- 2.16. Our obligation to render services to you ceases on: (a) the effective date of termination of the SOW, or (b) if you have not entered into a SOW, the earlier of: (i) 60 days prior written notice by either party terminating the services, or (ii) with respect to any coverage subject to these Brokerage Terms, the effective date of a change in your broker of record for that coverage (the "Termination Date"). Nevertheless, we will take reasonable steps to assist in the orderly transition of matters to you or to a new insurance broker. Claims and premium or other adjustments may arise after the Termination Date, and we have no responsibility to handle these things after our relationship ends. Such items are normally handled by the insurance broker serving you at the time the claim or adjustment arises. However, we will consider providing such services after the Termination Date for mutually agreed additional compensation. Nevertheless, we will process all remaining deposit premium installments on the policy(ies) in effect on the Termination Date.
- 2.17. The insurance market is complex, and there could be other relationships which are not described in this document which might create conflicts of interest. If a conflict arises for which there is no practicable way of complying with this commitment, we will promptly inform you and withdraw from the engagement, unless you wish us to continue to provide the services and provide your written consent. Please let us know in writing if you have concerns or we will assume that you understand and consent to our providing our services pursuant to these Brokerage Terms.

#### 3. Brokerage Disclosures

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- 3.1. If a Willis Towers Watson affiliate or office located outside of Canada or the United States serves as an intermediary in the placement of your coverages, it will also earn and retain compensation for providing those services, which compensation may not be included in the fee.
- 3.2. To the extent Willis Towers Watson is compensated by commissions paid to us by insurers, they will be earned for the entire policy period at the time we place policies for you. We will be paid the commission percentage stated for the placement of your insurance as indicated, and will receive the same commission percentage for all subsequent renewals of this policy unless a different commission percentage is disclosed to you, or unless the insurer changes its commission rates, in which case the new commission rate will be disclosed to you before placement of the policy.
- 3.3. The compensation that will be paid to Willis Towers Watson will vary based on the insurance contract it sells. Depending on the insurer and insurance contract you select, compensation may be paid by the insurer selling the insurance contract or by another third party. Such compensation may be contingent and may vary depending on a number of factors, including the insurance contract and insurer you select. In some cases, other factors such as the volume of business Willis Towers Watson provides to the insurer or the profitability of insurance contracts Willis Towers Watson provides to the insurer also may affect compensation. Willis Towers Watson may accept this compensation in locations where it is legally permissible, and meets standards and controls to address conflicts of interest. Whether or how much insurers may pay in such compensation does not play any role in Willis Towers Watson's placement recommendations on behalf of its clients. If you prefer that we not accept this compensation related to your policy, please notify us in writing and we will request that your insurer(s) exclude your business from their payment calculations.
- 3.4. Upon request, Willis Towers Watson will provide you with additional information about the compensation Willis Towers Watson expects to receive based in whole or in part on your purchase of insurance, and (if applicable) the compensation expected to be received based in whole or in part on any alternative quotes presented to you.
- 3.5. Willis Towers Watson may place your insurance or other business with members of a panel of insurers or other vendors. Willis Towers Watson develops panels of insurers and vendors in certain market segments. Participating insurers and vendors are reviewed on a variety of factors. Commission or fee rates on panel placements may be higher than rates paid on business placed outside of the panel process. Willis Towers Watson discloses its commission rates to clients on quotes obtained through the panel process prior to binding the coverage. In some instances, insurers or vendors pay an administration or management fee to participate in the panel process or for additional reporting. In some instances, Willis Towers Watson may earn a referral fee for referring your business to certain vendors.
- 3.6. In some cases the use of a wholesale broker may be beneficial to you. We will not directly or indirectly place or renew your insurance business through a wholesale broker unless we first disclose to you in writing any compensation we or our corporate parents, subsidiaries or affiliates will receive as a result.
- 3.7. If wholesalers, underwriting managers or managing general agents have a role in providing insurance products and services to you, they will also earn and retain compensation for their role in providing those products and services. If any such parties are corporate parents, subsidiaries or affiliates of ours, any compensation we or our corporate parents, subsidiaries or affiliates will receive will be included in the total compensation we disclose to you. If such parties are not affiliated with us, and if you desire more information regarding the compensation those parties will receive, please contact us and we will assist you in obtaining this information.
- 3.8. Commission schedules and other compensation arrangements related to our services on your behalf may change over time and may not always be congruent with your specific policy period. Willis Towers Watson will provide you with accurate information to the best of our knowledge when information is presented to you, but it is possible that compensation arrangements may change over time. We will update you on any changes to our compensation prior to your renewal, and will do so at any time upon your request.
- 3.9. As an insurance intermediary, we normally act for you. However, we or our corporate parents, subsidiaries or affiliates may also provide services to insurers for which we may earn compensation. These services may include, for example, (a) acting as a managing general agent, program manager or in other similar capacities which give us binding authority enabling us to accept business on their behalf and immediately provide coverage for a risk; (b) arranging lineslips or similar facilities which enable an insurer to bind

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business for itself and other insurers; (c) managing lineslips for insurers; or (d) providing third party administration and other services to insurers. Contracts with these insurers may grant us certain rights or create certain obligations regarding the marketing of insurance products provided by the insurers. We may place your insurance business under such a managing general agent's agreement, binding authority, lineslip or similar facility when we reasonably consider that these match your insurance requirements/instructions. When we intend to do so, we will inform you and disclose that we will receive compensation related to these services. In addition, these services may include providing services to insurers as a client. For example, we or they may provide consulting, brokerage, outsourced administration, or reinsurance services to insurer clients. In such cases, we or they will be compensated separately for the services provided to those insurer clients. Some of these insurer clients may happen to be insurers with whom we place your insurance coverages. The services provided to you and the services provided to our insurer clients are separate and any compensation earned for the services provided to insurer clients are separate from and in addition to the compensation we earn for the services we provide you under these Brokerage Terms.

- 3.10. We are members of a major international group of companies. In addition to the commissions received by us from insurers for placement of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by our corporate parents or affiliates), may earn and retain usual and customary commissions for their role in providing insurance products or services to you under their separate contracts with insurers or reinsurers.
- 3.11. To comply with applicable anti-money laundering regulations there are times when we may ask clients to confirm (or reconfirm) their identity. We may need to do this at the time you become a client or have been one for some time or for example, when checking details on proposal forms and transferring claims payments. This information may be shared with other subsidiaries of Willis Towers Watson PLC and where we deem necessary with regulatory or law enforcement bodies. Please note that we are prohibited from disclosing to you any report we may make based on knowledge or suspicion of money laundering, including the fact that such a report has been made.

We have systems that protect our clients and ourselves against fraud and other crime and we may utilize the services of third parties in order to identify and verify clients. Client information can be used to prevent crime and trace those responsible. We may check your details against financial crime databanks. If false or inaccurate information is provided, we may be obliged to pass such details to relevant regulatory agencies that may use this information.

## 4. Disclosures Applicable Only to Property and Casualty Placements (Not applicable to Health and Benefits Placements)

- 4.1. Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson will collect the difference directly from the insurer. These payments will not increase the cost of your insurance or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your Quote Proposal can be found at: http://www.willis.com/About\_Willis/The\_Willis\_Way/Commission\_Rates.
- 4.2. A separate business unit, FINMAR Market Services, provides a wide range of services direct to certain insurers that write business for FINEX Global clients. A separate fee is paid to FINMAR Market Services by insurers for the delivery of these services to them. This fee is calculated within a range of 2.75% and 7.5% (plus VAT, if applicable) of the overall premiums placed depending on the scale of services provided. Unless otherwise stated, premiums paid by the clients of FINEX Global will not be increased as a result of these arrangements.
- 4.3. If a surplus lines insurer (sometimes referred to as an excess lines insurer, non-admitted insurer, or non-licensed insurer) was used to quote your coverage, its premium rates, coverage terms and policy forms are not regulated by your home state, province or territory, as applicable, and you will be required to pay an additional surplus lines premium tax which is on top of the premium. Also, in the event of the insurer's insolvency you will not be indemnified by any government guaranty fund for unpaid claims.

#### Willis Towers Watson III'I'III

- 4.4. In addition to any other terms governing the use of your information as provided herein or in any other MSA, SOW, or other agreement, you agree that we may use your information and, if applicable, receive remuneration for such use, as described below. We may:
  - 4.4.1. aggregate and anonymise your information and may disclose to third parties certain anonymized or industry-wide statistics or other information which may include information relating to you, but that we will not, without your consent, reveal any information specific to you other than on an aggregated and anonymized basis and as part of an industry or sector-wide comparison;
  - 4.4.2. use your information to engage certain insurers in periodic discussions to gauge insurers' capabilities and interest in potentially quoting your business at a future date. Such discussions could be specific to your account or part of a discussion about a portfolio of accounts and typically increase the effectiveness and efficiency of our future marketing efforts on your behalf when you desire alternative bids:
  - 4.4.3. share information concerning your insurance arrangement with insurers or their agents where this is necessary to enable insurers to decide whether to participate in insuring your risk or to participate in any arrangement made by Willis Towers Watson whereby participating insurers agree to insure (wholly or partly) a portfolio of risks without necessarily making underwriting decisions on a case by case basis for individual risks within such portfolio;
  - 4.4.4. use any information you provide, without further notice to you, for the purpose of: (1) prospecting facultative reinsurance business from prospective insurer clients; (2) placing facultative reinsurance on behalf of our insurer clients; (3) marketing facultative reinsurance with prospective reinsurers on behalf of our insurer clients.

#### 5. Language

5.1. It is the express wish of the parties that these Brokerage Terms and any related documents be drawn up in and executed in English. Les parties souhaitent expressément que cette entente et tous les documents s'y rapportant soient rédigés et signés en anglais.

#### 6. Inquiries and Complaints

6.1. Your satisfaction is important to us. If you have questions or complaints, please inform the person who handles your business or contact the head of our office. Alternatively, you may call toll free 1-866-704-5115.