

A photograph of a diverse group of business professionals in a modern office setting. In the foreground, a man with glasses and a beard, wearing a dark suit, is smiling and looking at a document. To his right, a woman with dark hair, wearing a purple top, is also smiling and looking at the document. In the background, a woman with blonde hair, wearing a light-colored blazer and a blue polka-dot shirt, is standing and looking down. Other people are visible in the background, some looking at documents. The office has large windows with a cityscape view.

The Standard for Benefit Plan Comparison & Strategic Cost Management

2018 Benefit Plan Design &
Cost Benchmarking Key Findings



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Introduction

Since 2005, United Benefit Advisors® (UBA) has surveyed thousands of employers across the nation regarding their health plan offerings, their ongoing plan decisions in the face of significant legislative and marketplace changes, and the impact of these changes on their employees and businesses. The UBA Health Plan Survey has become the nation's largest independent health plan benchmarking survey and the most comprehensive source of reliable benchmarking data for employers. We are also very pleased to announce, for the first time in the history of our reporting, digital access to our entire survey database in real time exclusively through UBA Partner Firms.

This 2018 UBA Health Plan Survey reveals several noteworthy trends and developments that bear scrutiny and the ongoing attention of employers interested in making the most informed health care plan decisions possible. For example, premium increases reached their highest level in the past ten years. However, UBA Partners saved employers, on average, 4% on the most recent medical plan renewals. HMOs continue to be the lowest cost plans and enrollment in HMOs increased 55%. After seeing considerable increases over the past few years in CDHPs, rate increases are normalizing and experiencing rate increases on par with other plan types.

Regional cost averages varied significantly this past year, making it essential to benchmark both nationally and regionally. Though historically the lowest cost, plans in the Central U.S. experienced the largest increase in costs in 2017, rising 4.4%, and again this year they experienced a 4.7% increase. The North Central U.S. experienced the largest increase of 5.8% in 2018 compared to the five other regions delineated in the survey. And, organizations with 1,000 or more employees experienced the largest average cost increase, while small employers who obtained refuge from rate increases with grandmothering and other plan design choices did not see the protection from increases as they had experienced in prior years.

This key findings report features other high-level trends that will be important to legislators, employers, and employees concerned about the impact of rising health plan costs. For those employers who proactively seek solutions to strategically manage their plan renewal decisions, you can now query data on a phone, tablet, or laptop using the new UBA Health Plan Survey data visualization tool. No other health plan benchmarking survey provides employers this ability to examine 10 years of plan cost trends, compare their plans with competitors by region, state, industry, and location in an easy-to-understand graphic format, in minutes.

We are excited and proud to be on the forefront of providing employers across the U.S. with the right data, at the right time, to better prepare and provide their employees and families with the best solutions in the marketplace.

In Health,



Peter S. Weber, M.S., CAE
President
United Benefit Advisors



Trends at a Glance

The following are initial key findings from this year's survey.

1

Health Plan Costs / Premium Increases

Average health plan costs continue to rise, with 2018 premium increases at the highest level in the last decade. The average initial or proposed rate increase reported for 2018 was 13.9%, with final rate increases averaging 9.8% after negotiation.

Initial analysis indicates that employees bore the majority of those increases, particularly those enrolled in PPO plans, with the average cost for employees increasing by 6%. Employers, on the other hand, increased their contributions by 3.1% of the premium increases for PPO plans, on average.

| PLAN TYPE | TOTAL COST |
|---------------------|------------|
| EPO | \$11,298 |
| PPO | \$10,700 |
| POS | \$10,667 |
| CDHP | \$10,068 |
| HMO | \$9,307 |
| ALL PLANS (AVERAGE) | \$10,313 |

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

HMOs continue to have the lowest total cost at \$9,307, as compared to the total cost of \$10,700 for a PPO plan. Enrollment in HMOs increased 55.7% over the past year.

PREFERRED PROVIDER ORGANIZATIONS (PPOs)

PPOs continue to cost more than the average plan, however while they still dominate in plan prevalence and enrollment, PPO participation declined 9.7% from 2017 to 2018.

CONSUMER-DRIVEN HEALTH PLANS (CDHPs)

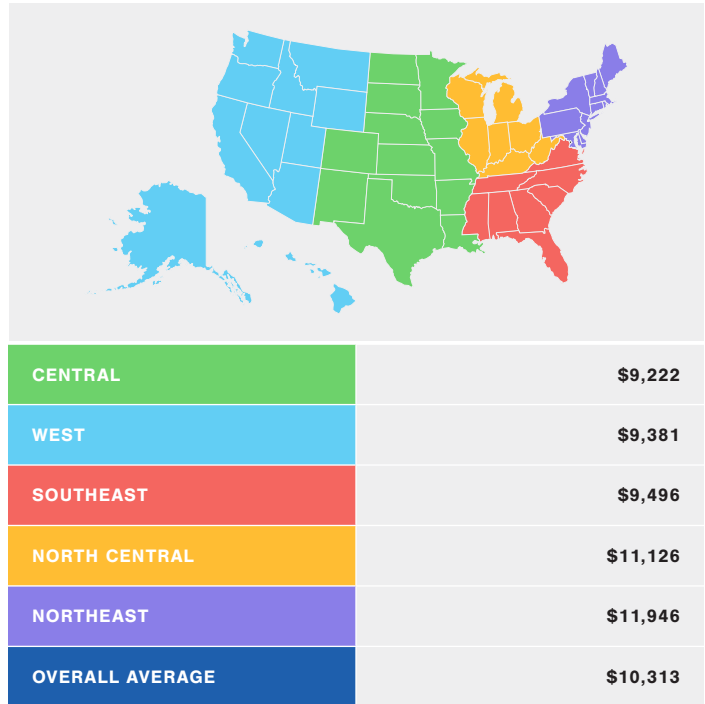
While CDHP rates have increased at a slower pace than some of the other types of plans over the last several years, the increases in these plans appear to be normalizing and falling in line with the other types of plans. From 2017 to 2018, enrollment in CDHPs increased by 8.3%. For the first time, the UBA Health Plan Survey also examined the underlying networks within CDHP plans and found that CDHP plans with a PPO network had 33.9% enrollment, while CDHP plans with HMO, POS, or EPO networks had 25.1%, 31.7%, and 33.7% enrollment rates, respectively.

TRENDS AT A GLANCE

2

Costs by Region

Overall costs per employee rose 3.8%, from \$9,934 in 2017 to \$10,313 in 2018 (compared to the 2.1% increase from \$9,727 in 2016 to the 2017 cost). Regional cost averages vary even more significantly, making it essential to benchmark both nationally and regionally. For example, a significant difference exists between the cost to insure an employee in the Northeast versus the Central U.S.—plans in the Northeast continue to cost the most since they typically have lower deductibles, contain more state-mandated benefits, and feature higher in-network coinsurance, among other factors. Though historically the lowest cost, plans in the Central U.S. experienced the largest increase in costs in 2017, rising 4.4%, and again this year they experienced a 4.7% increase. The North Central U.S. experienced the largest increase of 5.8% in 2018. While plan costs in the West rose only slightly in 2017 (1.2% from 2016 to 2017), this year, costs in the West decreased 4.0% from 2017 to 2018 making plans in the West among the lowest cost (largely due to the increase in CDHP plan enrollment across the region as well as the continued prevalence of HMO plans in California, as discussed elsewhere in this report).



3

Costs by Industry

The government/education/utilities sector has the priciest plans, at \$11,943 per employee, virtually unchanged from last year. Total costs per employee for the construction/agriculture, retail, hospitality, and health care sectors are all lower than average, making employees in these industries among the least expensive to cover. This is typically due to the lower average age among this workforce combined with less rich plans. Manufacturing experienced the highest increase—5.6%—in average cost per employee, going from \$9,909 in 2017 to \$10,462 in 2018.

| INDUSTRY | 2017 AVERAGE COST PER EMPLOYEE | 2018 AVERAGE COST PER EMPLOYEE |
|---|--------------------------------|--------------------------------|
| GOVERNMENT, EDUCATION, UTILITIES | \$11,936 | \$11,943 |
| FINANCIAL, INSURANCE, REAL ESTATE | \$10,735 | \$11,218 |
| MANUFACTURING | \$9,909 | \$10,462 |
| PROFESSIONAL, SCIENTIFIC, TECHNOLOGY SERVICES | \$10,170 | \$10,384 |
| HEALTH CARE, SOCIAL ASSISTANCE | \$9,643 | \$10,063 |
| WHOLESALE, RETAIL | \$9,497 | \$9,714 |
| CONSTRUCTION, AGRICULTURE, TRANSPORTATION | \$9,446 | \$9,583 |
| INFORMATION, ARTS, ACCOMMODATIONS & FOOD | \$8,798 | \$9,110 |
| ALL PLANS | \$9,934 | \$10,313 |

TRENDS AT A GLANCE

4

Costs by Organization Size

Generally, larger groups (those with 200 to 1,000+ employees) pay more than average per employee due to more generous benefit levels. Despite these employers' ability to negotiate better rates (and the fact that, unlike small groups, they are not required to comply with age and community rating, which drives costs higher), most large employers still saw larger increases this year (after a year of relatively flat costs from 2016 to 2017). Hardest hit were employers with 1,000+ employees, who saw on average a 9.6% increase over 2017 (from \$10,346 to \$11,339). For the last few years, small groups obtained refuge from rate increases with grandmothing and plan design choices (reducing prescription drug coverage, and turning to lower-cost CDHP and HMO plans). But those strategies were not a source of relief in 2018, with most small employers experiencing an average 4.2% increase in costs.

Average Cost Per Employee by Organization Size

| | |
|---------------------------|----------|
| MORE THAN 1,000 EMPLOYEES | \$11,339 |
| 500-999 EMPLOYEES | \$10,601 |
| 200-499 EMPLOYEES | \$10,880 |
| 100-199 EMPLOYEES | \$10,204 |
| 50-99 EMPLOYEES | \$10,029 |
| 25-49 EMPLOYEES | \$9,829 |
| FEWER THAN 25 EMPLOYEES | \$10,471 |
| OVERALL AVERAGE | \$10,313 |

Most Expensive Plans

- PPO and EPO plans
- Plans in the Northeast
- Plans in the Government/Education industry
- Plans among large employers (1,000+ employees)

Least Expensive Plans

- HMO Plans
- Plans in the Central U.S.
- Plans in the Hospitality industry (hotel, food)
- Plans among small employers (25-49 employees)



TRENDS AT A GLANCE

5

Prevalence of Plan Type by Region

When looking at plans by region, PPO plans are most prevalent in the Central U.S., however they generally dominate nationwide, except in the Northeast where CDHPs are most prevalent.

| PLAN TYPE | WEST | CENTRAL | NORTH CENTRAL | SOUTHEAST | NORTHEAST |
|-----------|-------|---------|---------------|-----------|-----------|
| PPO | 46.1% | 53.5% | 47.6% | 41.6% | 22.5% |
| HMO | 27.1% | 6.6% | 8.0% | 9.6% | 18.6% |
| POS | 5.6% | 6.4% | 2.5% | 7.2% | 5.9% |
| CDHP | 17.3% | 26.8% | 38.3% | 33.8% | 41.5% |
| EPO | 0.7% | 3.7% | 1.1% | 0.3% | 6.7% |



6

Enrollment by Plan Type by Region

PPO plans have the greatest enrollment in the Central U.S. (beating out the West region from 2017, which saw a surprising shift by employees to CDHP plans this year). The Northeast continues to have the lowest enrollment in PPO plans. After several years of decreases, HMO enrollment is on the rise, particularly in the North Central U.S. which went from 3.0% in 2017 to 16.0% enrollment in 2018 (a shift of interest since that region led in CDHP enrollment last year, showing that employees are leaving CDHPs in particular this year). CDHP enrollment is now the highest in the Northeast at 42.7%. It is worth noting that HMOs account for over half of the plan prevalence and plan enrollment in the state of California, at 51.6% and 50.8%, respectively.

| PLAN TYPE | WEST | CENTRAL | NORTH CENTRAL | SOUTHEAST | NORTHEAST |
|-----------|-------|---------|---------------|-----------|-----------|
| PPO | 47.1% | 63.6% | 42.8% | 48.1% | 27.9% |
| HMO | 22.7% | 2.5% | 16.0% | 10.5% | 15.8% |
| POS | 1.6% | 4.2% | 3.1% | 6.1% | 7.1% |
| CDHP | 26.6% | 26.6% | 35.8% | 31.3% | 42.7% |
| EPO | 0.5% | 2.4% | 1.7% | 1.5% | 4.3% |



TRENDS AT A GLANCE

7 Deductible Costs

Following initial assessments, median in-network deductibles for single coverage remained steady across all plans for 2018 at \$2,000, although median in-network PPO deductibles increased from \$1,500 in 2017 to \$2,000 in 2018. The overall median out-of-network deductibles for single coverage saw a 12.5% increase from \$4,000 in 2017 to \$4,500 for 2018.

10 Infertility Services

21.5% of plans offer full infertility evaluation and treatment (down from 22.4% last year). The vast majority of plans offer evaluation only or no infertility coverage at all. Interestingly, the top five states for full fertility benefits are Hawaii (100% of plans), Connecticut (94.7% of plans), Illinois (85.6%), Massachusetts (87.3%), and Maryland (79%) though these benefits are mandated by law.

8 Dependent Coverage

Dependent enrollment increased significantly, by 35.2%, from 44.3% in 2017 to 59.9% in 2018. This was a reverse of the trend seen in previous years of decreased dependent enrollment. This could signal a trend to watch, as individual or Marketplace premiums rise quickly with the sunset of the Transitional Reinsurance Fee and other risk protections afforded to carriers under the Patient Protection and Affordable Care Act (ACA).

11 HSA and HRA Contributions

The health savings account (HSA) average single contributions rose to \$763 in 2018, compared to \$477 in 2017, a 60% increase. Conversely, health reimbursement arrangement (HRA) maximum reimbursements decreased from \$1,983 for a single employee to \$1,547, a decrease of 22%.

9 Spouse and Partner Coverage

59.8% of all employers provide no domestic partner benefits. This is likely due to the Supreme Court's decision in *Obergefell v. Hodges*, which legalized same-sex marriage, giving employers a less complicated method to provide coverage for same-sex partners. As a result, many employers are covering just legal spouses rather than legal spouses and domestic partners.



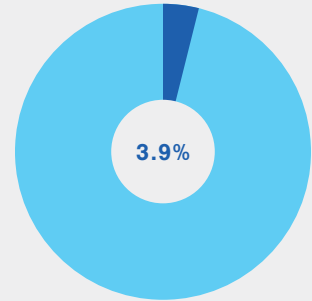
TRENDS AT A GLANCE

12

Grandfathering

Grandfathered plans only account for 3.9% of plans reported in 2018, a decrease of more than 86% compared to the 7.3% of grandfathered plans reported in 2017. Grandfathering refers to a health plan that was in place prior to March 23, 2010, and that maintains certain exemptions from several ACA requirements. In exchange for those protections, grandfathered plans must not deviate from strict limitations on acceptable changes to the plan or cost sharing between the employer and employee.

PERCENTAGE OF PLANS THAT ARE CONSIDERED GRANDFATHERED PLANS



13

Grandmothering

Plans that are considered to be grandmothered in the small group market experienced a drastic 91.7% decrease from 2017 (and down 207% from 2015). The grandmothering provisions have been extended several times since 2014 and are expected to continue, although that may change quickly given the political winds in Washington, D.C. Grandmothering allows some small employers to maintain plans that are not considered grandfathered, but would otherwise not comply with the ACA insurance market reforms and the metal levels for plans as of January 1, 2014.

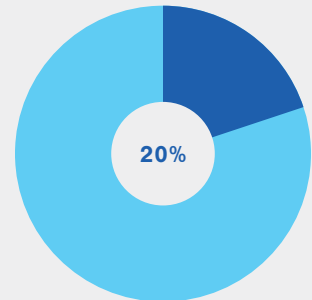


14

Self-Funding

A dramatic increase in self-funding was seen for 2018, with 20% of all plans in some form of self-funding arrangement (compared to 12.8% of plans in 2017). While self-funding has been attractive to the larger group market in the past, the insurance carriers in the smaller markets have introduced plans that are either in the self-funded or level premium modes of financing health plans. The survey data shows rapid adoption rates of self-funding in the small group markets, with an increase of 122% in the 25 to 49 life groups and a 28.5% increase in the 50 to 99 life market. Conversely, there is a decrease of almost 6% of employers that are self-funding their health plans in the 1,000 or more employee size category (57.3% of plans).

PERCENTAGE OF PLANS THAT HAVE A SELF-FUNDING ARRANGEMENT



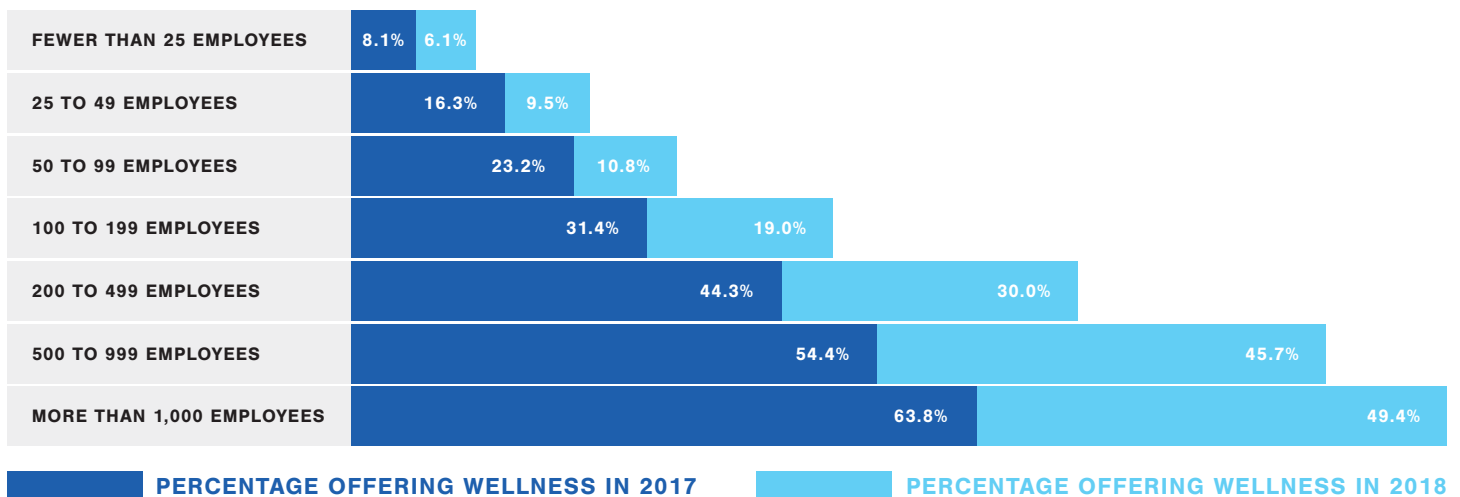
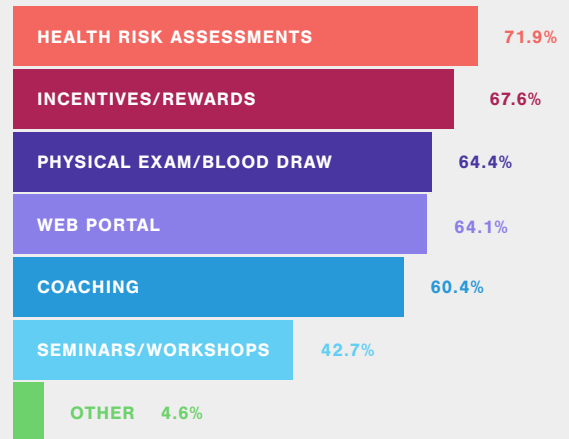
TRENDS AT A GLANCE

15

Wellness Programs

14.9% of all employers offer comprehensive wellness programs, a 36.6% decrease from 2017. Of these employers, 71.9% include health risk assessments, 69.5% offer employee incentives for participation, 64.4% offer biometric screenings or physical exams, 60.4% include on-site or telephone coaching for high-risk employees, and 42.7% include seminars or workshops. Health risk assessments have decreased nearly 8.4% since 2014 when 80.3% of plans had a health risk assessment. The use of health risk assessments is worth watching closely due to the government's increased scrutiny and regulation regarding their use. The primary form of wellness incentives are in the form of gift certificates or health club dues. Wellness programs are most prevalent among Northeast employers (25.3%), plans sponsored by government/education employers (23.6%), and larger groups (45.7% for groups with 500 to 999 employees, and 49.4% for groups with 1,000+ employees).

Wellness Programs and Components



16

Prescription Drug Plans

Prescription drug plans are changing in many of the markets across the country in an attempt to combat the ever-rising cost of prescription medications. In addition, plans have become more complicated, with benefit structures that can include copays, coinsurance, a combination of copays and coinsurance, deductibles, and the types of medications in each tier.

Survey data shows the majority of plans have either a three-, four- or five-tier benefit structure. Benefit levels for generic prescriptions have not had significant changes, with median and average copays

hovering right at a \$10 copay across all tier structures. For those plans with three or more tiers, the out-of-pocket costs for brand name and specialty tiers have increased, some quite significantly.

Given the complexity of the data, watch for a special report to be released on prescription benefit trends in the future. In that report, past trends will be highlighted, which should give some foresight on the wave of the future in prescription benefits and associated out-of-pocket costs.



Trend Outlook

A few recent legislative developments could affect CDHP plans in a positive way, by allowing higher contributions to health savings accounts (HSAs), which are used in conjunction with qualified high deductible health plans (HDHPs).

H.R. 6311, named the “Increasing Access to Lower Premium Plans and Expanding Health Savings Account Act of 2018,” which has passed in the House of Representatives, would raise allowed annual HSA contribution amounts from \$3,450 to \$6,650 for single coverage and from \$6,900 to \$13,900 for other-than-single coverage. While there are other provisions contained in the bill, the main advantage will be the allowed increase in annual contributions.

TREND OUTLOOK

Another bill that could improve CDHP enrollment is H.R. 6199, titled the “Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018,” which has also passed in the House of Representatives. This bill would reverse the ACA prohibition on requiring a prescription for over-the-counter medications, and allow up to \$500 for an individual or \$1,000 for a family as a qualified medical expense for gym memberships or costs to participate in certain physical exercise programs. This bill would also allow HDHPs to cover non-preventive services up to \$250 for single and \$500 for other-than-single coverage. An example of a covered expense would be telehealth services or limited chronic condition treatment.

While there has been a push for employers to take action prior to the general election in November 2018, it remains to be seen if the Senate will vote on these bills, or even offer alternatives. Depending upon the party in control of the House and Senate, a move to repeal the ACA may be back on the table following the seating of the 116th Congress, or a push for “Medicare-for-all” or single payer type plan may emerge.

Much attention has been given to the release of the Association Health Plan (AHP) regulations. While certain sectors will push for AHPs, states do have legislative and regulatory control over those arrangements. Several states have filed lawsuits to stop these plans, and others have even enacted laws to prevent their use in the state. Some states already had laws and regulations aimed at AHPs, and it is expected that more will work to pass legislation to limit these types of plans. While some medical carriers are jumping on the AHP bandwagon, others are taking a cautious approach, and still others are emphatically refusing to consider them as an option, due to history with similar plans. Employers should be sure to consult with an agent or broker that knows state laws on this topic to remain in compliance.





The Survey & UBA

About This Survey

Data in the 2018 UBA Health Plan Survey are based on responses from 8,072 employers sponsoring 14,131 health plans covering 1,004,558 employees nationwide. On a per-Partner-Firm basis, this number of reported plans surpasses UBA's historical reporting levels by its Partners. In addition, the overall number of plans reported will grow as we move from our initial findings phase to our final phase which includes employers with fewer than 10 employees. Altogether, UBA's survey is nearly three times larger than the next two of the nation's largest health plan benchmarking surveys combined. The resulting volume of data provides employers of all sizes more detailed—and therefore more meaningful—benchmarks and trends than any other source.

The scope of the survey allows regional, industry-specific, and employee size differentials to emerge from the data. In addition, the large number of plans represented allows for both a broader range of categories by plan type than traditionally reported and a larger number of respondents in each category. Historically, these types of benchmark data were unavailable to small and mid-size employers. For larger employers, the survey provides benchmarking data on a more detailed level than ever before.

By using these data, the independent benefit advisory firms that comprise UBA can help employers more accurately evaluate costs, contrast the current benefit plan's effectiveness against competitors' plans, and adjust accordingly. This gives employers a distinct competitive edge in negotiating rates—and recruiting and retaining a superior workforce.



How We Conduct Our Health Plan Survey

Respondents to the survey compose a nonprobability sample, in which a factor other than probability—employers' shared contact with UBA, in this case—determines which population sample elements will be included.

Using a nonprobability sample does not mean the sample is unrepresentative of the larger employer population. It simply means UBA cannot formally calculate sampling error, a less consequential source of total error than human error. The full survey provides highly accurate benefit data for employers within narrow industry, size, and regional subsets.

We devote significant resources to reducing errors, individually reviewing and validating the data from each health plan respondent. All questionable data were either verified, re-recorded, or eliminated.

Additionally, we compared key variables from the 2018 UBA Health Plan Survey with those of three national employer health benefit benchmark surveys that are widely considered to contain accurate population representations. We have consistently produced results well within comparable and acceptable credibility ranges.



UBA Partner Firms

UNITED STATES

ALABAMA

S.S. Nesbitt & Co. - Birmingham, Huntsville

ALASKA

Fejes & Associates, Inc. - Anchorage

ARIZONA

Benefit Intelligence, Inc. - Mesa
Fendley Benefits - Flagstaff
JP Griffin Group - Scottsdale
Matsock and Associates - Phoenix
Reseco Insurance Advisors, LLC - Phoenix

ARKANSAS

Alexander & Company - Fayetteville
Stephens Insurance, LLC - Little Rock

CALIFORNIA

AEIS - San Mateo
Arrow Benefits Group - Petaluma
Benefit Pro Insurance Services, Inc. - San Diego
Benefits Alliance Insurance Services, LLC - Agoura Hills
BJA Partners - San Diego
California Corporate Benefits Insurance Services - Poway
Dohrmann Insurance Agency - Stockton
Fredericks Benefits - Redlands
The Henehan Company - San Bernardino
Horstmann Financial and Insurance Services - Fresno
Innovative Cost Management Services - San Jose
Johnson & Dugan Insurance Services Corp. - Burlingame
KBI Benefits, Inc. - Cupertino
Maniaci Insurance Services, Inc. - Palos Verdes
The Vita Companies - Mountain View

COLORADO

Cherry Creek Benefits - Englewood
Sage Benefit Advisors - Fort Collins

CONNECTICUT

360 Corporate Benefit Advisors - Fairfield
Blueprint Benefit Advisors - Hamden

FLORIDA

The Clemons Company - Panama City
Earl Bacon Agency, Inc. - Tallahassee
GCD Insurance Consultants, Inc. - Tampa
K&P Benefits Consulting Group - Sarasota
Leading Edge Benefit Advisors, LLC - Ft. Myers
Selden Beattie - Coral Gables
Sihle Insurance Group, Inc. - Altamonte Springs
The Stoner Organization, Inc. - St. Petersburg
Whipple & Company, Inc. - Boca Raton

GEORGIA

Alexander & Company - Tifton, Woodstock
Arista Consulting Group - Alpharetta
The Benefit Company - Atlanta
BIS Benefits, Inc. - Alpharetta
Snellings Walters Insurance - Atlanta

HAWAII

Atlas Insurance Agency, Inc. - Honolulu

IDAHO

Fredriksen Health Insurance, LLC - Boise

ILLINOIS

AHT Insurance - Chicago
Byrne, Byrne and Company - Chicago
Coordinated Benefits Company - Schaumburg
RJLee & Associates, LLP - Moline
R.W. Garrett Agency, Inc. - Lincoln
Terrill Insurance Solutions - Lake Bluff

INDIANA

Benefits 7, Inc. - Evansville, Vincennes
The DeHayes Group - Fort Wayne
LHD Benefit Advisors, LLC - Indianapolis

IOWA

Frank Berlin & Associates - West Des Moines
TrueNorth Companies, LLC - Cedar Rapids

KANSAS

Creative Planning Benefits, LLC - Overland Park

KENTUCKY

Bim Group - Lexington
HORAN - Fort Mitchell
Schwartz Insurance Group - Louisville
Sterling Thompson Company, LLC - Louisville

LOUISIANA

Becker Suffern McLanahan, Ltd. - Mandeville
Dwight Andrus Insurance - Lafayette

MAINE

Acadia Benefits, Inc. - Bangor, Portland

MARYLAND

Insurance Solutions - Annapolis, Prince Frederick

MASSACHUSETTS

360 Corporate Benefit Advisors - Wayland
Borislow Insurance - Methuen
EBS - Newton
Sullivan Benefits - Marlborough

MICHIGAN

BenePro - Royal Oak
Comprehensive Benefits, Inc. - Southfield
Great Lakes Benefit Group - Southfield
Keyser Insurance Group - Kalamazoo
Olivier-VanDyk Insurance Agency, Inc. - Wyoming
Saginaw Bay Underwriters - Saginaw
Strategic Services Group, Inc. - Rochester Hills

MINNESOTA

Horizon Agency, Inc. - Eden Prairie
Johnson Insurance Consultants - Duluth
SevenHills Cleveland Benefit Partners - Bloomington

MISSISSIPPI

Executive Planning Group, P.A. - Jackson

MISSOURI

Bryant Group, Inc. - St. Louis

Employee Benefit Design, LLC - Springfield

Winter-Dent & Company - Columbia, Jefferson City

NEBRASKA

Swartzbaugh-Farber & Associates, Inc. - Omaha

NEW HAMPSHIRE

Granite Group Benefits, LLC - Manchester

Melcher & Prescott Insurance - Laconia

NEW JERSEY

Innovative Benefit Planning, LLC - Moorestown

Katz/Pierz, Inc. - Cherry Hill

NEW YORK

Austin & Co., Inc. - Albany

Brio Benefit Consulting, Inc. - New York

NORTH CAROLINA

Dennis Insurance Group - Greensboro

ECM Solutions - Charlotte

GriffinEstep Benefit Group, Inc. - Wilmington

JRW Associates, Inc. - Raleigh

OHIO

ClearPath Benefit Advisors LLC - Columbus

HORAN - Cincinnati, Dayton

Kaminsky & Associates, Inc. - Maumee

Schwendeman Agency, Inc. - Marietta

Todd Associates, Inc. - Beachwood

OKLAHOMA

Dillingham Benefits, LLC - Oklahoma City

OREGON

Hagan Hamilton Insurance Solutions - McMinnville

KPD Insurance, Inc. - Springfield

PENNSYLVANIA

Commonwealth Benefits Group - Dillsburg

EHD - Lancaster

Lehigh Valley Benefits Group, Inc. - Allentown

Lillis, McKibben, Bongiovanni & Co. - Erie

The Megro Benefits Company - Conshohocken

Power Kunkle Benefits Consulting - Wyomissing

SOUTH CAROLINA

ECM Solutions - Greenville

IMG - Columbia

TENNESSEE

Athens Insurance Agency - Athens

Insurance Consulting Group, Inc. - Memphis

Russ Blakely & Associates - Chattanooga, Knoxville

Trinity Benefit Advisors - Knoxville

TEXAS

Advantage Benefit Solutions - Houston

AMCORP - San Antonio

Brinson Benefits, Inc. - Austin, Dallas, Fort Worth

Forté Benefits - Fort Worth

Insgroup, Inc. - Houston

Kainos Partners, Inc. - Jersey Village

Shepard & Walton Employee Benefits - Austin, Harlingen, McAllen

TrueNorth Companies - Fort Worth

Upshaw Insurance Agency - Amarillo

UTAH

DPW Benefits - Salt Lake City

Fringe Benefit Analysts, LLC - Layton

McDermott Company & Associates - South Jordan

VERMONT

The Richards Group - Bellows Falls, Brattleboro, Norwich, Rutland, Williston

VIRGINIA

AHT Insurance - Leesburg

D & S Agency - Roanoke

Managed Benefits, Inc. - Glen Allen

Tower Benefit Consultants, Inc. - Virginia Beach

WASHINGTON

AHT Insurance - Seattle

WEST VIRGINIA

Schwendeman Agency, Inc. - Parkersburg

WISCONSIN

Hemb Insurance Group, LLC - Madison

Hierl Insurance, Inc. - Appleton, Fond du Lac

WYOMING

Wyoming Benefits & Services, Inc. - Casper

EUROPE

ENGLAND

Churchills International Consulting Ltd - Edingley, Notts.

IRELAND

Glennon Employee Benefits & Financial Planning - Dublin

CANADA

ONTARIO

Selectpath Benefits & Financial, Inc. - London, Port Edward

UBA Partner Firm Services

UBA Partner Firms offer a wealth of other services. The list below provides an overview of the categories of products and services that they can provide. Additional details on the items listed, including pricing information, can be obtained by contacting your nearest UBA Partner Firm.

- Consultative & Strategic Plan Design
- Health & Welfare Plan & Qualified Plan Brokerage
- Renewal Pricing Evaluation & Plan Cost Forecasting
- Medical Stop Loss, IBNR & Reserve Calculations
- Health Care Cost-Containment Strategies
- Medical Claims Analysis & Individual Predictive Modeling
- Actuarial Consulting: Medical, Retiree Medical & Pension Plans
- FSA, HRA, HSA & COBRA Administration
- HR Consulting
- HIPAA Compliance Solutions
- Health Care Claims Auditing Solutions
- Worksite Marketing Programs & Voluntary Product Placement
- Executive Compensation & Benefits
- Personal Financial Planning & Asset Management
- Customized Employee Benefits Website & Document Library
- Web-Based Employee Enrollment & Benefit Communication Systems
- Daily Benefits & HR Updates, Legislative Guides, Document Center, & Links Library
- ACA Resource Center
- Compliance Webinars, Alerts & Newsletters
- Private Insurance Exchange
- Wellness Consulting & Employee Assistance
- Total Compensation Statements
- Prescription Drug Management



About UBA

United Benefit Advisors is the nation's leading independent employee benefits advisory organization with more than 200 offices throughout the United States, Canada, England and Ireland. As trusted and knowledgeable advisors, UBA Partners collaborate with more than 2,000 fellow professionals to deliver expertise, thought leadership, and best-in-class solutions that positively impact employers and make a real difference in the lives of their employees and families. Employers, advisors, and industry-related organizations interested in obtaining powerful results from the shared wisdom of our Partners should visit UBA online at www.ubabenefits.com.

With the shared knowledge and expertise of thousands of other UBA benefits professionals, UBA Partner Firms can meet the needs of any size business. UBA Partners help more than 36,000 employers design competitive medical plan strategies to clearly identify cost savings opportunities and encourage employee acquisition and retention. UBA Partners educate nearly 2 million employees and their families to become better health care consumers and lead healthier lives, easing the strain on health care claims and costs. UBA Partners saved employers, on average, 4% on the most recent medical plan renewals.

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