2019 EXECUTIVE SUMMARY

Make Informed Benefits Decisions

UBA
Health Plan Survey

SHARED WISDOM. POWERFUL RESULTS.

Collectively, the independent Partner Firms that comprise United Benefit Advisors® (UBA) have delivered powerful results to tens of thousands of employers across the United States in the form of innovative benefit support, products and services that combine national breadth with local depth. The key to our best-in-class marketplace solutions is the UBA Health Plan Survey, the nation's largest independent health plan benchmarking survey and the most comprehensive source of reliable benchmarking data for employers. Begun in 2005, our survey has the largest data set of employer-sponsored health plan information, providing unprecedented longitudinal cost trends, as well as the ability for employers to compare their plans with competitors by region, state, industry, and location.

Available exclusively through our Partners, the UBA benchmarking data helps answer the top two questions employers have, namely: 1) Are my plans competitive? and 2) Am I getting the best rate and value? To answer these questions, data from specific carriers or national averages aren't enough to strategically manage renewal decisions.

Using UBA's survey, a restaurant chain in Indiana with 150 employees might find that its average annual cost per employee of $11,000 for a PPO plan is higher than the national average of $10,900 for such plans and significantly above the PPO plans offered by the restaurant industry as a whole ($8,700 per employee per year). But a closer look at average state and regional costs for such plans would show that the employer's per-employee plan costs are, in fact, less expensive when compared to those markets ($11,800 and $11,500, respectively). An even deeper dive would show that the employer's costs are right in line with other groups of the same size. While most restaurants nationwide are requiring employees to pick up 40+% of the premiums, businesses in Indiana are typically covering 70% of premiums, while employees cover the remaining 30%. This employer might select a $2,000 in-network deductible for singles and $4,000 for families on its plan, in line with national averages—but lower for both singles and families than what other restaurants are offering, and providing a much better deal for families when compared to other Indiana and North Central employers. This data is not only crucial when designing plans, but it's a game changer when communicating plan value to employees.

As for our ability to secure the best rates and value for our customers? UBA Partners saved employers, on average, 4% on the most recent medical plan renewals. Thanks to our 2018 conversion to digital access to our entire survey database in real time, 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 benchmark in an easy-to-understand graphic format, in minutes. That's the power of the UBA Health Plan Survey. That's the power of UBA Partner Firms.

In health,

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

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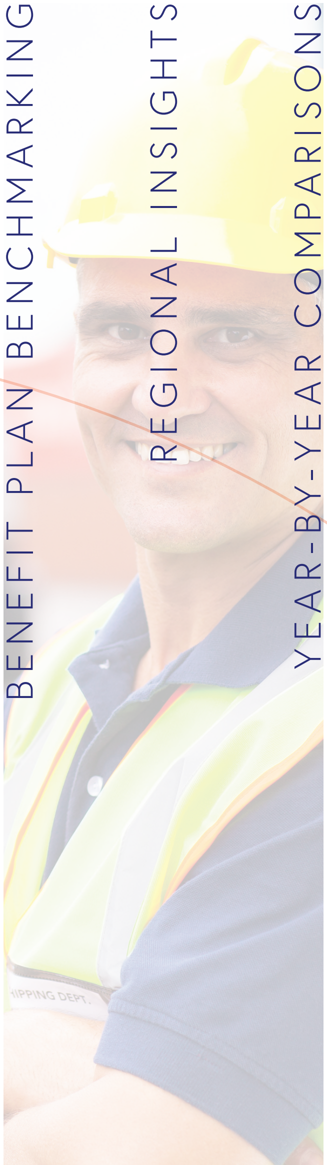
UBA | Shared Wisdom. Powerful Results.

THE STANDARD FOR BENEFIT PLAN COMPARISON & STRATEGIC COST MANAGEMENT



MORE GRANULAR, ACCURATE, AND STRATEGIC

For 14 years, United Benefit Advisors® (UBA) has surveyed thousands of employers across the nation regarding their health plan offerings, including analyzing hundreds of data points related to cost, funding methods, enrollment, plan design, coverage features, wellness, prescription drug coverage, and more. The UBA Health Plan Survey has become the nation's largest independent health plan survey containing data across all carriers and plan types throughout the United States. While many surveys look at only a handful of the nation's largest employers, UBA looks not only at hundreds of large employers, but it also studies thousands of small and middle market groups—across all regions, sizes and industries. As a result, the UBA Health Plan Survey offers the most comprehensive national picture of employer-sponsored healthcare, and the definitive source for benchmarking against one's regional, industry and size-based peers. This national and local perspective helps employers more strategically contain healthcare costs, while attracting and retaining the best employees.

HERE'S A LOOK AT THE TOP 10 TRENDS FOR 2019:

1. Overall plan cost increases were low—less than 5%—giving employers a much-needed reprieve after last year's record high increases.
2. The majority of plans are fully-insured, however, about 60% of large employers (500+ employees), 30% of mid-size employers (100-499 employees), and a surprising 15% of small employers opted for self-funding, encouraging small groups in particular to reassess this model as a viable option for managing costs.
3. Despite the higher costs, PPO plans are still the "go-to" plan offering across the nation, though California employers still prefer HMO plans and CDHPs are gaining popularity in the Eastern U.S.
4. The majority of employees (54%) choose to enroll in a PPO plan; CDHPs continue to attract about a third of employees, and, excluding California, HMO plans garner fewer than 10% of employees.
5. Increasing numbers of employees are selecting dependent coverage, after a steady decline.
6. Employees pick up about 32% of the premiums while employers pick up approximately 68%, inching ever slightly away from the typical 70/30 employer/employee split.
7. Employee copays and in-network deductibles have remained stable but copays for emergency room care and specialty drugs are on the rise, as are deductibles for out-of-network care. Out of pocket maximums are all sharply increasing as well.
8. To help manage higher deductibles and out-of-pocket costs, about a quarter of plans have a health savings account (HSA) and employers are increasing their contributions to these accounts to help employees. Health reimbursement arrangements (HRAs) are only deployed with 10% of plans.
9. Large employers continue to lead the way with wellness plans as a way to help manage the cost of care. A growing incentive to encourage employee participation is to award paid time off.
10. Most prescription drug plans now have four tiers and small employers are leading the way with the implementation of five- and six-tier plans to help aid in controlling drug costs through increased segmentation.

While these national trends tell one story, there are significant differences in some areas of the country, as well as within different industries or group sizes. The balance of this report expands on these national trends but also uncovers more localized findings that are critical when benchmarking more strategically.

T R E N D S   A T   A   G L A N C E

Key findings for more meaningful benchmarks and trends.

PLAN TYPE	TOTAL COST
EPO	$11,151
PPO	$10,929
POS	$10,970
CDHP	$10,042
HMO	$9,434
ALL PLANS (AVERAGE)	$10,447

HEALTH PLAN COSTS / PREMIUM INCREASES

Average health plan costs rose a modest 4.6% in 2019, compared to the nearly 10% increase seen in 2018, a ten-year high. Good negotiation is key in securing the best final rates. UBA Partners reported that the average initial or proposed rate increase was 8.6%, with final rate increases averaging 4.6% after negotiation.

Employees, on average, contribute 32.7% toward total plan costs in 2019 versus 31.2% in 2018.

HEALTH MAINTENANCE ORGANIZATIONS (HMOS)

HMOs continue to have the lowest total cost at $9,434, as compared to the total cost of $10,929 for a PPO plan. However, enrollment in HMOs nationwide has remained flat at 8.9%.

PREFERRED PROVIDER ORGANIZATIONS (PPOS)

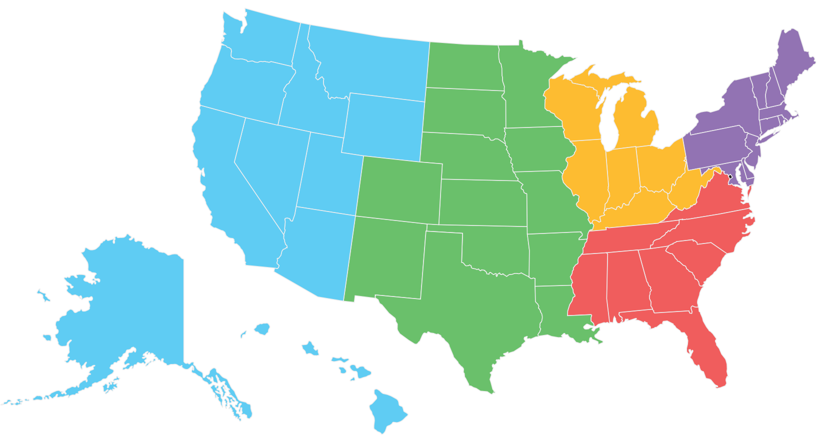
Although PPOs continue to cost more than the average plan, they still dominate in both plan prevalence and enrollment. Despite the costs, PPO participation increased 13.3% from 2018 to 2019. Nearly 54% of employees enroll in a PPO plan.

CONSUMER-DRIVEN HEALTH PLANS (CDHPS)

CDHP costs increased 4.7% in 2019, about the same as PPO and HMO plans. Approximately 31% of employees enroll in CDHPs. Beginning in 2018, the UBA Health Plan Survey began examining the underlying networks within CDHPs and found that like last year, CDHP plan enrollment is fairly evenly distributed across network types, indicating that provider networks don't seem to influence enrollment in these plans. CDHPs with PPO, HMO, POS, or EPO networks had 32.3%, 24.9%, 31.0%, and 32.9% enrollment rates, respectively.

COSTS BY REGION

Overall average costs per employee rose 1.3% from $10,313 in 2018 to $10,447 in 2019 (compared to 3.8%, from $9,934 in 2017 to $10,313 in 2018). Regional cost averages vary from the national picture, 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 Southeast 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 were in the Central U.S., 4.4, 4.7 and 4.1 percent cost increases in 2017, 2018 and 2019 respectively no longer position this region as the low-cost leader. Instead, the Southeast now offers the cheapest plans in the nation (with virtually no increase from last year). The North Central had a huge 5.8% increase last year, but appears to be settling back to lower rates in 2019. Instead, the West experienced the highest increase from 2018 to 2019 at 5.5%, following the flat or negative increases they experienced in the last two years.



REGION	SOUTHEAST	CENTRAL	WEST	NORTH CENTRAL	NORTHEAST	AVERAGE
TOTAL COST PER EMPLOYEE	$9,518	$9,604	$9,899	$10,921	$12,193	$10,447
% CHANGE FROM 2018	0.2%	4.1%	5.5%	-1.8%	2.1%	1.3%

EMPLOYEE CONTRIBUTIONS BY INDUSTRY

Employees, on average, contribute 32.7% toward total plan costs in 2019 vs. 31.2% in 2018. Some industries differ significantly from this typical 70/30 employer/employee split. Government employers pass on the least cost to employees (while offering the richest plans), who contribute only 23.3%, on average, toward the total costs. The construction/transportation industry passes on the most cost to employees, who pick up 36.6% of the tab.

EMPLOYEE CONTRIBUTION AVERAGE ALL INDUSTRIES

32.7%

INDUSTRY AVERAGE PERCENT EMPLOYEE CONTRIBUTION

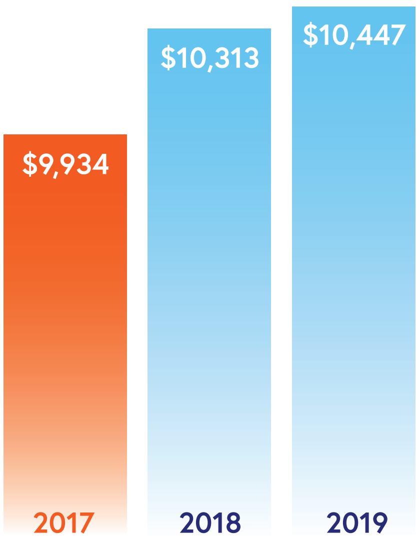
23.3%	GOVERNMENT, EDUCATION, UTILITIES
30.3%	FINANCIAL, INSURANCE, REAL ESTATE
33.0%	PROFESSIONAL, SCIENTIFIC, TECHNOLOGY
30.6%	MANUFACTURING
29.4%	HEALTH CARE, SOCIAL ASSISTANCE
35.4%	WHOLESALE, RETAIL
36.6%	CONSTRUCTION, AGRICULTURE, TRANSPORTATION
34.6%	INFORMATION, ARTS, ACCOMMODATIONS & FOOD

COST BY INDUSTRY

The government/education/utilities sector has the priciest plans, at $12,125 per employee, up just 1.5% from last year. Total costs per employee for the construction/transportation, 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. After a large 5.6% increase last year, the manufacturing sector experienced only a slight increase this year. The technology sector had the largest cost increases this year (6.6%).

AVERAGE COST PER EMPLOYEE

INDUSTRY	2017	2018	2019
GOVERNMENT, EDUCATION, UTILITIES	$11,936	$11,943	$12,125
FINANCIAL, INSURANCE, REAL ESTATE	$10,735	$11,218	$11,155
PROFESSIONAL, SCIENTIFIC, TECHNOLOGY SERVICES	$10,170	$10,384	$11,074
MANUFACTURING	$9,909	$10,462	$10,566
HEALTH CARE, SOCIAL ASSISTANCE	$9,643	$10,063	$10,178
WHOLESALE, RETAIL	$9,497	$9,714	$9,840
CONSTRUCTION, AGRICULTURE, TRANSPORTATION	$9,446	$9,583	$9,681
INFORMATION, ARTS, ACCOMMODATIONS & FOOD	$8,798	$9,110	$9,441



AVERAGE COST ALL INDUSTRIES

EMPLOYEES

PICK UP ABOUT 32% OF THE PREMIUMS WHILE EMPLOYERS PICK UP APPROXIMATELY 68%, INCHING EVER SLIGHTLY AWAY FROM THE TYPICAL 70/30 EMPLOYER/EMPLOYEE SPLIT.

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. Interestingly, though the West has historically had a strong prevalence of HMO plans, they are increasingly offering PPO plans and shying away from CDHPs. Conversely, employers in the Northeast and Southeast steadily continue to offer CDHPs, which are offered nearly as frequently as PPO plans.

PLAN TYPE	WEST	CENTRAL	NORTH CENTRAL	SOUTHEAST	NORTHEAST
PPO	54.5%	58.4%	44.4%	39.8%	28.2%
HMO	25.2%	6.0%	11.9%	12.2%	17.6%
POS	2.2%	5.9%	3.6%	15.1%	6.6%
CDHP	17.6%	26.1%	38.7%	31.3%	38.3%
EPO	0.5%	3.2%	0.8%	0.8%	9.0%

ENROLLMENT BY PLAN TYPE BY REGION

Understanding what types of plans employers offer to employees and what employees ultimately choose to enroll in can be very informative to any employer's strategic planning efforts. PPO plans have the greatest enrollment in the Central U.S. followed by the West region. Employees in the Northeast and the North Central U.S. equally opt for CDHPs and PPO plans. CDHP enrollment is now the highest in the North Central region, beating out the typically high CDHP enrollment found in the Northeast. It is worth noting that while HMOs account for just 11.2% enrollment in the larger Western region, within California alone, 51.1% of employers offer an HMO and 43% of employees enroll in these plans.

PLAN TYPE	WEST	CENTRAL	NORTH CENTRAL	SOUTHEAST	NORTHEAST
PPO	67.2%	70.7%	45.1%	53.6%	36.9%
HMO	11.2%	3.6%	7.7%	7.0%	16.3%
POS	2.4%	5.0%	1.1%	10.2%	4.2%
CDHP	18.9%	17.6%	45.4%	28.0%	36.4%
EPO	0.3%	2.6%	0.6%	1.1%	6.3%

MOST EXPENSIVE PLANS

PPO AND EPO PLANS

PLANS IN THE NORTHEAST

PLANS IN THE GOVERNMENT/ EDUCATION INDUSTRY

PLANS AMONG MIDDLE MARKET EMPLOYERS (500-999 EMPLOYEES)

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. After experiencing a stunning 9.6% increase last year, employers with 1,000+ employees were able to more characteristically negotiate better rates this year, achieving a 4.9% decrease in costs. Hardest hit this year were middle market employers (500-999 employees), who saw a 6.4% increase in costs and now have the most expensive plans across all organization sizes. Though small groups faced 4.2% increases last year when rate protection strategies such as grandmothering were no longer a source of relief in some states, this year on average their rates remained flat (despite having to comply with age and community rating, which drives costs higher), largely due to plan design choices, most notably raising deductibles, increasing employees' share of premium, and adding more tiers to prescription drug plans.

AVERAGE COST PER EMPLOYEE BY ORGANIZATION SIZE

$10,782	MORE THAN 1,000 EMPLOYEES
$11,281	500-999 EMPLOYEES
$10,950	200-499 EMPLOYEES
$10,593	100-199 EMPLOYEES
$9,912	50-99 EMPLOYEES
$10,012	25-49 EMPLOYESS
$10,696	FEWER THAN 25 EMPLOYEES
$10,447	OVERALL AVERAGE

LEAST EXPENSIVE PLANS

HMO PLANS

PLANS IN THE SOUTHEAST U.S.

PLANS IN THE HOSPITALITY INDUSTRY (HOTEL, FOOD)

PLANS AMONG SMALL EMPLOYERS (50-99 EMPLOYEES)

DEDUCTIBLE COSTS

While employers have largely kept in-network single and family deductibles flat in 2019, rising out-of-network deductibles for families and singles continue to discourage use of non-participating physicians. For example, singles who go out of network for care face a $4,000 deductible, up from $3,000 last year.

Out-of-pocket maximums (both in-network and out-of-network) continue to rise as well. For example, families in PPO plans face a $11,300 in-network out-of-pocket maximum, up from $10,000 last year. Similarly, families who go out-of-network on a CDHP face an out-of-pocket maximum of $24,000, up from $21,000 in 2018.

BENCHMARKING YOUR DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

PPO	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Single Deductible	$2,000	$4,000
Family Deductible	$4,000	$9,000
Single Out-of-Pocket Maximum	$5,500	$10,000
Family Out-of-Pocket Maximum	$11,300	$22,000
CDHP	**IN-NETWORK BENEFITS**	**OUT-OF-NETWORK BENEFITS**
Single Deductible	$3,000	$6,000
Family Deductible	$6,000	$12,000
Single Out-of-Pocket Maximum	$5,000	$12,000
Family Out-of-Pocket Maximum	$10,000	$24,000
HMO	**IN-NETWORK BENEFITS**	**OUT-OF-NETWORK BENEFITS**
Single Deductible	$2,000	N/A
Family Deductible	$4,000	N/A
Single Out-of-Pocket Maximum	$6,000	N/A
Family Out-of-Pocket Maximum	$12,000	N/A

COPAYS

Generally, copays are similar across PPO, HMO and CDHP plans with the majority of primary care physician copays at $30. Copays for specialty care physicians and urgent care are approximately $50. Emergency room copays are approximately $250. While most copays have increased modestly from last year ($5 on average), emergency room copays increased significantly, going from $200 in 2018 to $250 in 2019. CDHP copays for emergency room care rose more sharply, going from $150 to $250 from last year to this year.

MOST COMMON COPAY STRUCTURE

- $30 - PRIMARY CARE PHYSICIAN COPAY
- $50 - URGENT CARE COPAY
- $50 - SPECIALTY CARE PHYSICIAN COPAY
- $250 - EMERGENCY ROOM COPAY

DEPENDENT COVERAGE

Historically, in 2010 51.1% of employees opted for dependent coverage, followed by a steady decline reaching a 10-year low in 2017 where only 39.6% of employees obtained dependent coverage. In 2018, 42.2% of employees opted for dependent coverage and that number rose to 44.4% in 2019. 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).

SPOUSE AND PARTNER COVERAGE

55.1% 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. Approximately 36% of employers cover both same sex and opposite sex domestic partners.

INFERTILITY SERVICES

20.9% of plans offer full infertility evaluation and treatment (down from 21.5% in 2018, and 22.4% in 2017). The vast majority of plans offer evaluation only or no infertility coverage at all. The top five states for full fertility benefits (as mandated by state law) are Hawaii (100% of plans), Illinois (91.9%), Maryland (89.7%), Massachusetts (85.5%), and Connecticut (71.6%).

HSA AND HRA CONTRIBUTIONS

The health savings account (HSA) average contribution for singles rose to $989 in 2019 compared to $763 in 2018 and $477 in 2017, approximately a 30% increase over last year and 107% from two years ago. The health savings account (HSA) average family contribution is $1,632 in 2019. Approximately 24.1% of plans offer an HSA and 23.5% of employees are enrolled.

Average reimbursements for singles in a health reimbursement arrangement (HRA) are $2,099 in 2019. The average contribution for families is $4,037. Only 7.4% of plans offer an HRA and 8.8% of employees are enrolled.

HSA FIVE-YEAR TREND: AVERAGE EMPLOYER CONTRIBUTION/EMPLOYEE ENROLLMENT RATES FOR SINGLES

YEAR	AVERAGE EMPLOYER CONTRIBUTION	EMPLOYEE ENROLLMENT RATE
2019	$989	23.5%
2018	$763	24.4%
2017	$477	20.3%
2016	$474	17.0%
2015	$491	13.5%

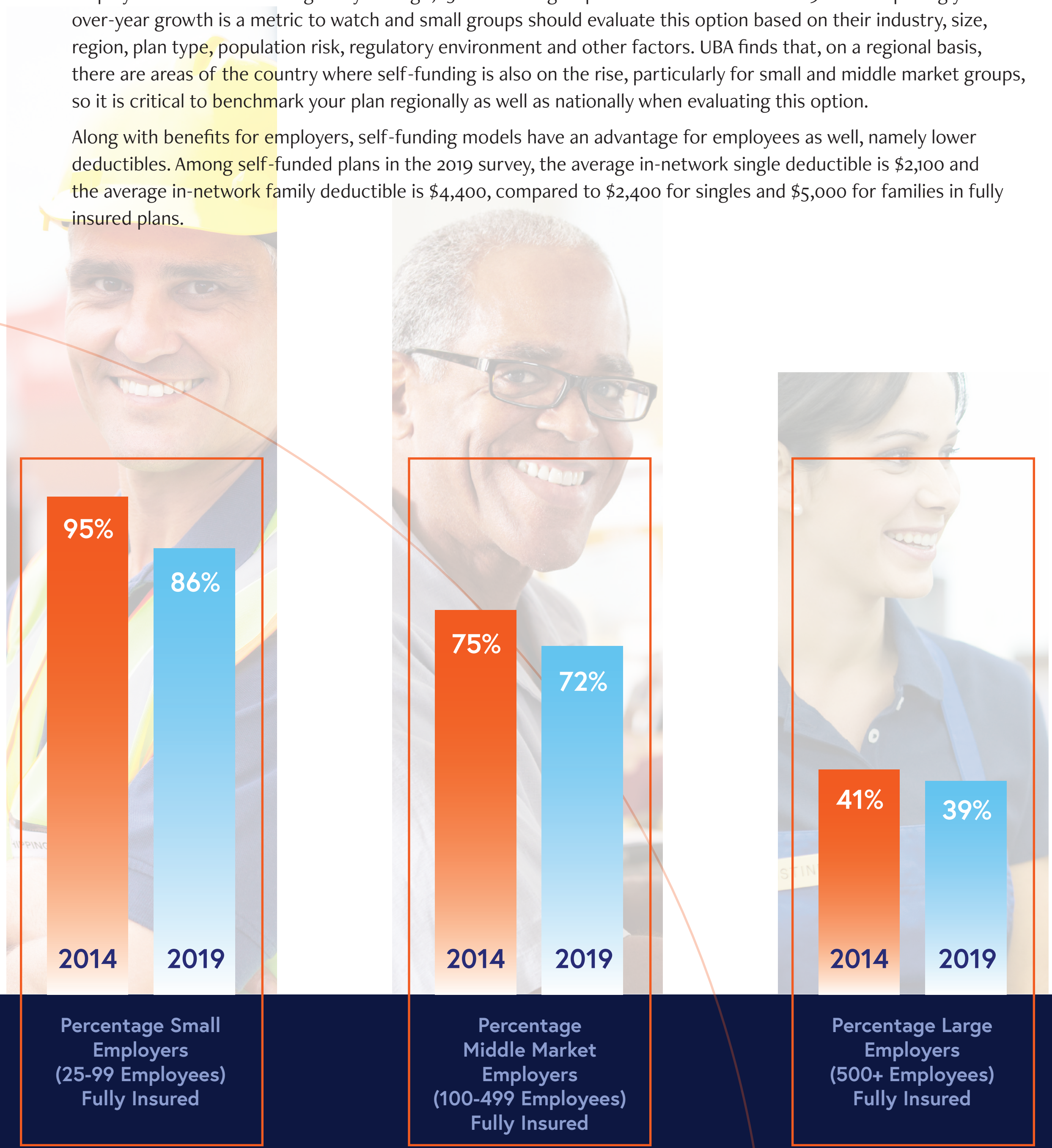
HRA FIVE-YEAR TREND: AVERAGE EMPLOYER CONTRIBUTION/EMPLOYEE ENROLLMENT RATES FOR SINGLES

YEAR	AVERAGE EMPLOYER CONTRIBUTION	EMPLOYEE ENROLLMENT RATE
2019	$2,099	8.8%
2018	$1,547	14.1%
2017	$1,983	13.0%
2016	$1,810	10.7%
2015	$1,767	8.7%

SELF-FUNDING

Historically, self-funding has been most attractive to the large group market, with approximately 60% of these groups choosing to self-fund, a number that has remained virtually flat over the last five years. Similarly, in the middle market (100-499 employees), approximately 30% of employers choose self-funding, which also has been fairly consistent over the last five years. The small employer market shows a different story. While only 5% of these employers chose self-funding five years ago, 15% of these groups chose to self-fund in 2019. This surprising year-over-year growth is a metric to watch and small groups should evaluate this option based on their industry, size, region, plan type, population risk, regulatory environment and other factors. UBA finds that, on a regional basis, there are areas of the country where self-funding is also on the rise, particularly for small and middle market groups, so it is critical to benchmark your plan regionally as well as nationally when evaluating this option.

Along with benefits for employers, self-funding models have an advantage for employees as well, namely lower deductibles. Among self-funded plans in the 2019 survey, the average in-network single deductible is $2,100 and the average in-network family deductible is $4,400, compared to $2,400 for singles and $5,000 for families in fully insured plans.



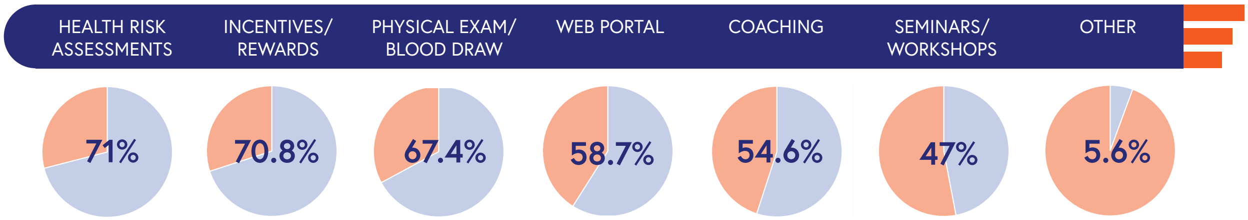
PERCENT OF EMPLOYERS FULLY INSURED: FIVE-YEAR TREND

WELLNESS PROGRAMS

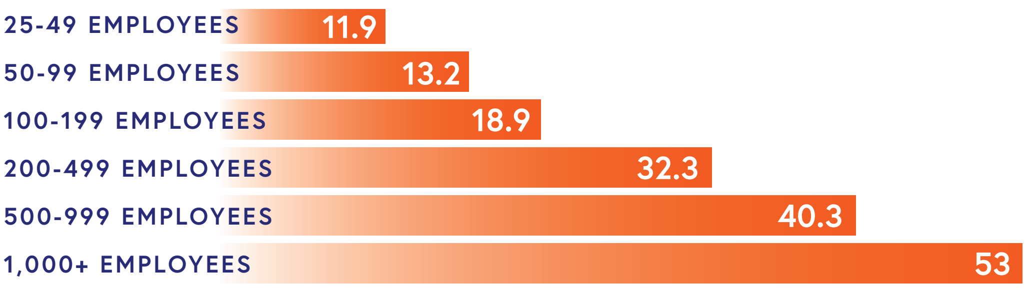
15.6% of all employers offer comprehensive wellness programs. Wellness programs are most prevalent among Northeast employers (27.4%), plans sponsored by government/education employers (28.4%), and larger groups (40.3% for groups with 500 to 999 employees, and 53% for groups with 1,000+ employees). Among all wellness programs, 71.0% include health risk assessments, 70.8% offer employee incentives for participation, 67.4% offer biometric screenings or physical exams, 54.6% include on-site or telephone coaching for high-risk employees, and 47% include seminars or workshops. Health risk assessments have decreased nearly 11.6% 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 extra paid time off. 47% of wellness programs that incentivize participation reward employees with paid time off, up astronomically from just 5.4% from five years ago. In fact, until last year, the most popular incentive was offering cash toward premiums. In 2018, employers largely incentivized with gift certificates. The surprising shift in 2019 to paid time off as an incentive will be an interesting statistic to watch going forward.

WELLNESS PROGRAMS AND COMPONENTS



PERCENTAGE OF EMPLOYERS OFFERING WELLNESS PROGRAMS



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 continue to become more complicated, with benefit structures that can include copays, coinsurance, a combination of copays and coinsurance, deductibles, as well as stipulations on the types of medications in each tier.

Survey data show 24.2% of prescription drug plans have three tiers, 44.2% of plans have four tiers, 14.5% of plans have five-tiers, and 10.2% of plans have six tiers. Three-tier plans have decreased 50% in the last five years while five-tier plans have increased 123% in the same period. While large employers (500-1,000+ employees) primarily offer three- and four-tier plans, the smallest employers (1-99 employees) are leading the expansion of five- and six-tier plans, while divesting of three-tier plans.

Benefit levels for generic prescriptions have inched up from the typical average of $10 to average copays of $12 across all tier structures. For those plans with three or more tiers, the out-of-pocket costs for specialty drugs are $135 on average.

Prescription drug programs with mail order options typically offer a 90-day supply at 2 or 2.5 times the copay in order to offer employees savings for using these options.

What we see today may be predictors of what is coming in the future.

LEGISLATIVE INSIGHTS

A bill that could increase HDHP enrollment and HSA contributions is H.R. 3796, titled the "Health Savings for Seniors Act," which was introduced in the U.S. House of Representatives. This bill would allow Medicare beneficiaries to continue contributing to their HSAs. Currently, a Medicare-entitled person is disqualified from contributing to an HSA. However, after age 65, a person can use HSA funds to pay Medicare Part B premiums and withdraw HSA funds without penalty for non-qualified

medical expenses. Although this bill would allow Medicare beneficiaries to continue making HSA contributions, it would prohibit Medicare beneficiaries from using their HSA funds toward Medicare Part B premiums and it would charge a penalty for HSA withdrawals that are used to pay non-qualified medical expenses.

Due to litigation on wellness program incentive limits under the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), the Equal Employment Opportunity Commission (EEOC) removed its incentive sections under the ADA and GINA wellness rules as of January 1, 2019. Because the EEOC has yet to address what new incentive limits would be considered compliant with the ADA and GINA, many employers are limiting or discontinuing the use of financial incentives for completing health risk assessments and other wellness program features that would implicate the ADA and GINA. This could explain employers' recent shift to using extra paid time off as the primary form of wellness incentive rather than cash toward premiums. The EEOC recently indicated that it will likely issue proposed rules under the ADA and GINA regarding wellness programs in December 2019. This anticipated rulemaking will likely be a relief to employers who want to continue offering wellness programs that include financial incentives.

Final rules allowing the expanded use of association health plans (AHPs) appeared to be a promising new option for small employers and self-employed individuals. However, before new self-insured AHPs could be formed under the new rules, litigation stopped employers nationwide from sponsoring new self-insured AHPs under the final rule. Currently, the court decision is being appealed. Additionally, several states have strengthened or enacted laws to limit or prevent the use of AHPs. Employers should consult with an agent or broker that knows state laws on this topic to remain in compliance.

Final rules that create two new types of HRAs will likely lead to increased employer sponsorship of HRAs. Starting on January 1, 2020, employers of all sizes can offer individual coverage HRAs and excepted benefit HRAs. The final rules remove the prohibition against integrating an HRA with individual coverage. This means that employers will be able to reimburse employees' premiums for individual coverage, such as individual health insurance coverage on or off the Exchange, student health insurance coverage, catastrophic plans, grandmothered individual health insurance coverage, and Medicare. Under the excepted benefit HRA, employers will be able to reimburse premiums for individual coverage that consists solely of excepted benefits (such as limited scope dental or vision benefits), coverage under a group health plan that consists solely of excepted benefits, COBRA premiums, and short-term limited duration insurance premiums.

UNITED STATES

ALABAMA

Valent Group - 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
Benefit Pro Insurance Services, Inc. - San Diego
BJA Partners - San Diego
Fredericks Benefits - Redlands
The Henehan Company - San Bernardino
Horstmann Financial and Insurance Services - Fresno
JHC Benefits - Ventura
Johnson & Dugan Insurance Services Corp. - Burlingame
KBI Benefits, Inc. - Los Altos
Vita - Moutain View, San Francisco

COLORADO

Sage Benefit Advisors - Fort Collins
TrueNorth Companies, LLC - Longmont

CONNECTICUT

Blueprint Benefit Advisors - Hamden

FLORIDA

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

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
Lang Financial Group - Skokie
RJLee & Associates, LLP - Moline
R.W. Garrett Agency, Inc. - Bloomington, Lincoln
Terrill Insurance Solutions - Lake Bluff
VistaNational Insurance Group, Inc. - Oak Brook

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
PSA Insurance & Financial Services, Inc. - Hunt Valley
TriBridge Partners, LLC - Baltimore

MASSACHUSETTS

Axial Benefits Group, LLC - Burlington
Borislow Insurance - Methuen
EBS - Newton
Sullivan Benefits - Marlborough

MICHIGAN

BenePro - Royal Oak
Comprehensive Benefits, Inc. - Southfield
Great Lakes Benefit Group - Southfield
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
Mahowald - Saint Cloud
SevenHills Cleveland Benefit Partners - Bloomington

MISSOURI

Bryant Group, Inc. - St. Louis
Employee Benefit Design, LLC - Springfield

NEBRASKA
Swartzbaugh-Farber & Associates, Inc. - Omaha

NEVADA
Dillon Health - Reno

NEW HAMPSHIRE
Granite Group Benefits, LLC - Manchester

Melcher & Prescott Insurance - Laconia

NEW JERSEY
Innovative Benefit Planning, LLC - Moorestown

Katz/Pierz, Inc. - Cherry Hill

Meeker Sharkey & Hurley - Basking Ridge, Cranford, Manasquan

NEW YORK
Brio Benefit Consulting, Inc. - New York

RGA Wealth Management - Brooklyn

NORTH CAROLINA
Dennis Insurance Group - Greensboro

ECM Solutions - Charlotte

GriffinEstep Benefit Group, Inc. - Wilmington

JRW Associates, Inc. - Raleigh

OHIO
Andres, O'Neil & Lowe Agency - Bryan

ClearPath Benefit Advisors LLC - Columbus

DCW Group - Boardman

HORAN - Cincinnati, Dayton

Kaminsky & Associates, Inc. - Maumee

Ohio Health Benefits - Tallmadge

Schwendeman Agency, Inc. - Marietta

Todd Associates, Inc. - Beachwood

OKLAHOMA
Dillingham Benefits, LLC - Oklahoma City

OREGON
Hagan Hamilton Insurance Solutions - McMinnville

KPD Insurance, Inc. - Springfield

Vita - Portland

PENNSYLVANIA
Commonwealth Benefits Group - Dillsburg

EHD - Cranberry Township, Exton, Lancaster, Wyomissing

Lehigh Valley Benefits Group, Inc. - Allentown

Lillis, McKibben, Bongiovanni & Co. - Erie

The Megro Benefits Company - Radnor

Power Kunkle Benefits Consulting - Dunmore, Orwigsburg, Wyomissing

SOUTH CAROLINA
ECM Solutions - Greenville

IMG - Columbia

TENNESSEE
Athens Insurance Agency - Athens

Bernard Health - Nashville

Insurance Consulting Group, Inc. - Memphis

Russ Blakely & Associates - Chattanooga, Knoxville

Trinity Benefit Advisors - Knoxville

TEXAS
AMCORP - San Antonio

Brinson Benefits, Inc. - Austin, Dallas, North Richland Hills

Forté Benefits - Fort Worth

J.S. Edwards & Sherlock Insurance Agency - Beaumont

K&S Insurance - Rockwall

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

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

EUROPE

ENGLAND
Churchills International Consulting Ltd - Edingley, Notts.

IRELAND
Glennon Employee Benefits & Financial Planning - Dublin

CANADA

ALBERTA
Belay Advisory - Edmonton

BRITISH COLUMBIA
Montridge Advisory Group, Ltd. - Vancouver

NEW BRUNSWICK
OMG Benefits Consulting Inc. - Saint John

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

ABOUT THIS SURVEY

Data in the 2019 UBA Health Plan Survey are based on responses from 10,132 employers sponsoring 18,524 health plans covering 1,209,540 employees nationwide. 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.

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.

UBA