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2021 Open Enrollment Season

How To Build an Employees Benefits Package and Implement Virtual Open Enrollment Tools



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TRITON TIMELINE

'98-'01

- Founded one of the Largest PEO's in the Nation -'98 Sold to Zurich Insurance
- '01- Ranked #231 on Forbes Private Business List

'08-'14

- One of the Largest HR Outsourcing Benefit Companies in the Nation for mid-sized businesses
- Serve over 600 clients & insure over 50,000 employees

2015

- Authorized ADP Broker Partner Alliance

2017

- NJBIZ Ranked : Top 3 Insurance Brokerages

2018

- Insurance Magazine ranked Top 50 Largest Volume Producers in the Nation
- Manage over \$400 Million in Annual Premium

2020

- Authorized ADP Professional Service Vendor

Discussion Items

01.

Analytics and
Benchmarking tools

02.

Traditional Plans
with Key Add-ons

03.

Self & Level Funded
Plans

04.

Cost Containment
Strategy

05.

Benefit
Administration &
Technology

06.

Communication
Virtual Strategy
during COVID-19

Enrollment Rate - Medical

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

The medical plan enrollment rate is 69.06%, this is 14.32% lower than the ADP Benchmark.



Organization-Weighted Benchmark data includes 3,046 ADP clients and 509,888 employees

Metric definition:

Percentage of active eligible employees enrolled in a medical plan.

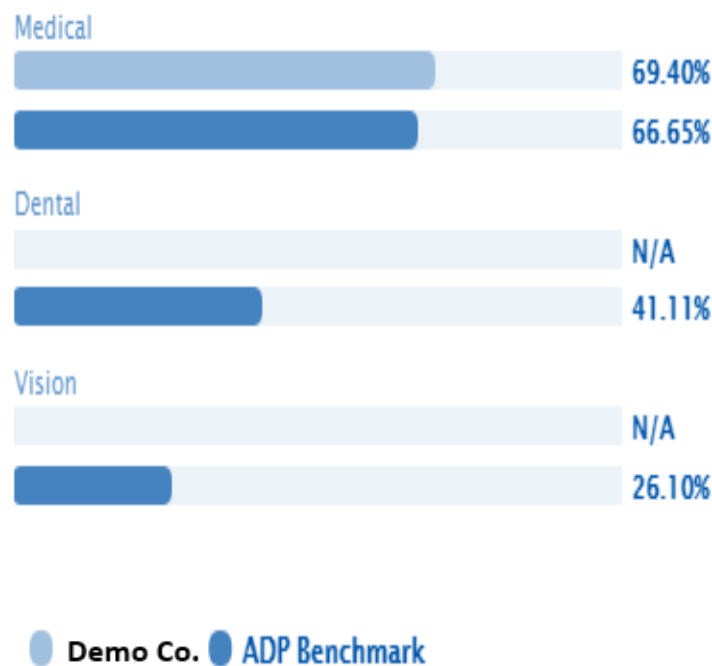
Most organizations provide employees with a benefits program that offers health, dental, life, disability and other types of coverage that allows employees to select the coverage that is important to them. Not every employee will select the same plans and not all plans will have the same utilization. Its important for organizations to understand the enrollment patterns of their employees within each plan so they can determine if any of the plan offerings are not competitive or desirable by the workforce.

- Are the enrollment rates per plan offering at the levels that were anticipated?
- What enrollment trends over time do we see with each of our benefit plans?
- How does the enrollment in our benefit plans compare to our competitors and the industry averages? Do we need to further review specific plans that may not be providing the level of coverage that our employees expect?

Employer Contribution

Industry: Wholesale Trade
Employees: 500-999
Data as Of: 06/30/2020

The employer contribution rate is highest for Medical plans, this is 2.75% higher than the ADP Benchmark.



Organization-Weighted Benchmark data includes 3,105 ADP clients and 569,138 employees

Metric definition:

Total employer contributions displayed as percentage of total premiums.

An important decision organizations need to make with regards to its health insurance plan is how much will the employer contribute towards the program and how much will the employees contribute. Employees need to contribute towards their health insurance so they better understand the overall cost of this benefit and the value that the company provides. However, organizations need to remain competitive within their industry when competing for talent. Balancing the overall cost of providing health insurance with how much to have the employees contribute are factors that should be reviewed on an annual basis.

- How does the current employer/employee contribution percentage compare with others in our industry?
- Does the current contribution percentage have an impact on recruiting or retention?
- How well does the organization communicate the employer contribution percentage to employees so they understand the commitment that the company provides to its health care program?

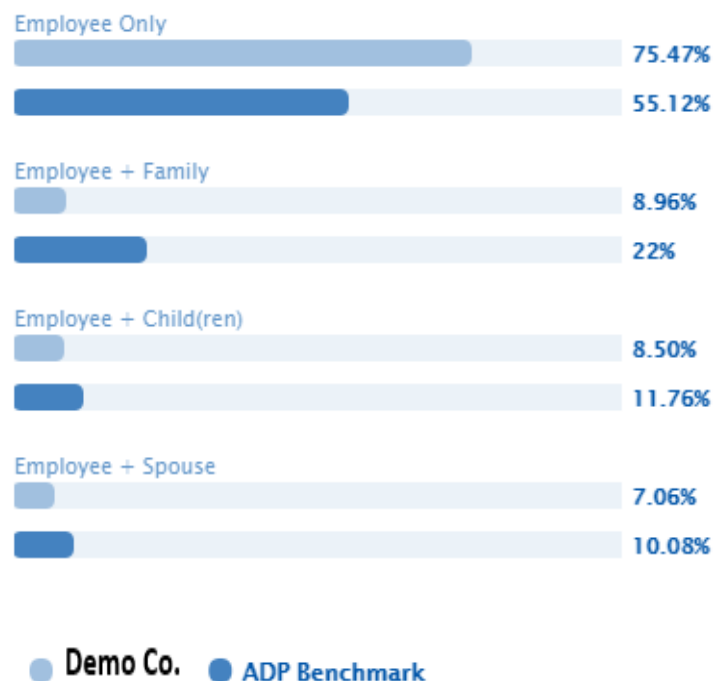
Benefits Coverage - Medical

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

Enrollment distribution across all available coverage levels compared to the respective industry benchmark coverage levels



Organization-Weighted Benchmark data includes 3,046 ADP clients and 482,423 employees

Metric definition:

Enrollment distribution across all available coverage levels.

One of the factors employees think about when selecting health insurance is the appropriate coverage level. If employees are part of a family unit, they may not select coverage for themselves if they have an alternate source (through a spouse) or they may cover everyone in their family. When designing and maintaining a health plan it's important that the coverage level adequately represents the employees' needs. It is also important that when the employee contribution amounts for health insurance are finalized, they represent the cost of coverage by level.

- Does your current employee contribution strategy represent the appropriate cost based on each coverage level?
- Does your coverage level hierarchy adequately represent the employee demographics in your organization?

Benefits Cost per Enrolled Employee - Medical

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

The average medical plan cost per enrolled employee is \$4028.12, this is \$3769.91 lower than the ADP Benchmark.



Organization-Weighted Benchmark data includes 3,046 ADP clients and 509,888 employees

Metric definition:

Employer medical plan premium contribution amount per enrolled employee.

Organizations that provide health insurance to its employees need to carefully monitor and annually review the cost of this coverage. One of the best ways to review annual cost and to compare how the health insurance plan cost is trending is to track the annual benefit cost per eligible employee. This provides organizations clear concise data on the change in cost on a per person basis year over year. Organizations can review how their health care costs per employee changes each year and can use this data to compare against similar industry averages. Its important to understand how the change in health care cost compares against competitors and industry norms and how that cost fits in to the total rewards budget

- How does our change in health care cost compare with industry averages?
- Were any plan design changes implemented that would have provided a change in the per employee cost this past year?
- Do we need to review our plan design because the changes in the health care cost are outside the industry norms?
- What does the change of health care cost by employee over the past three years indicate to us?

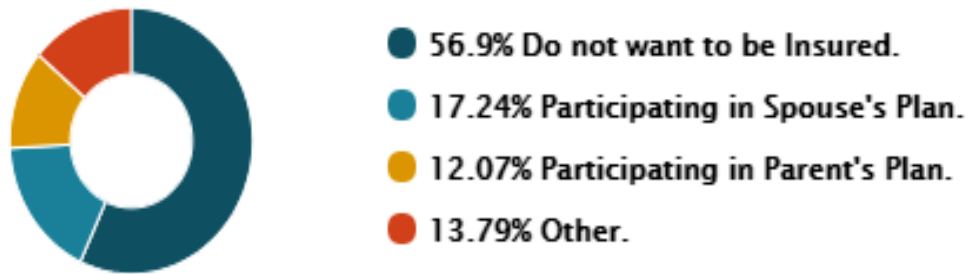
Waive Reasons - Medical

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

The most common reason employees waive benefits coverage is "Do not want to be Insured".



Metric definition:

Displays the top 3 reasons that eligible employees waive participation in benefit plans across the various plan types.

Although employees waiving the organization's health care coverage does not necessarily mean there is a problem with the benefits plan design, it is important from a recruiting standpoint that organizations are competitive with their total rewards offering, including benefit programs. By understanding why employees waive health care coverage, an organization can reassess their health plan offering. If employees are taking coverage elsewhere because the health insurance is subpar in its design, cost competitiveness and/or network reach then a more thorough review of the overall program may be required. An organization can maximize the effectiveness of its health plan offering by communicating the benefits of the plan to its employees and working with their insurance provider for a plan design that fits into the total rewards strategy.

- What is the percentage of employees that waive the organization's health insurance coverage?
- How does the number (or percentage) of waived coverage compare to other organizations in your industry?
- When was the last time your health plan design was reviewed for competitiveness?
- How is the employee engagement towards the organization's benefit plans? Are you satisfied with your communication strategy?

New Hire Turnover Rate

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

The turnover rate for employees with less than one year of tenure is 4.41%, this is 1.55% higher than the ADP Benchmark



Employee-Weighted Benchmark data includes 6,206 ADP clients and 1,288,227 employees

Metric definition:

Total terminations of employees with less than one year of tenure as a percentage of average headcount.

New hire turnover can cripple an organization if left unchecked, due to its ability to consume resource to replace employees who have not yet added value to an organization. Despite its critical importance to the business, many organizations do not have visibility into new hire turnover.

- Do you know how your new hire turnover compares with the benchmark from peer organizations in your industry and region?
- How much do you spend to hire and onboard an employee?
- On a scale of 1-10 (10 being the highest), how satisfied are you with your new hire onboarding, integration, and retention? Why?

Average Tenure

Industry: Wholesale Trade

Employees: 500-999

Data as Of: 06/30/2020

The Average Tenure in Q2-2020 is 3.24 years, which is 3.91 years lower than the ADP benchmarks.



Employee-Weighted Benchmark data includes 6,206 ADP clients and 1,288,227 employees

Metric definition:

Average length of time of service for active headcount in the organization.

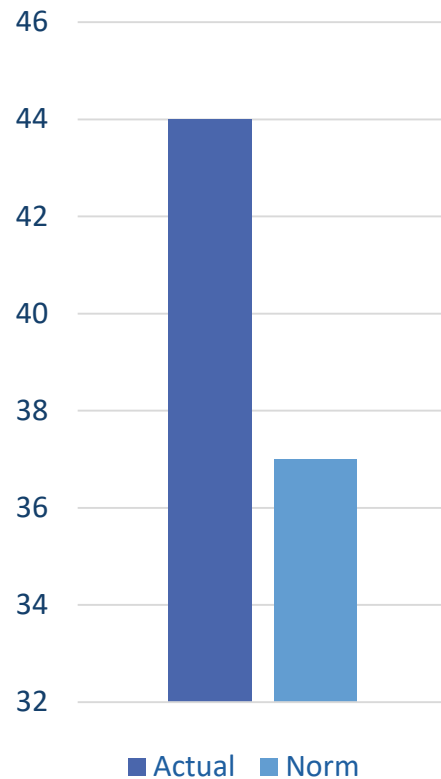
This metric is an indirect indicator of the potential performance, engagement, and value of your workforce by helping organizations identify key segments of their population with both higher and lower levels of experience with the organization. Tracking tenure is critical to ensure you engage employees at every stage of their lifecycle with your company. By also keeping a pulse on your termination reasons, you can begin to understand patterns in employees leaving your business for other opportunities. Finally, understanding tenure can and should inform your Learning strategy as you upskill new employees and encourage knowledge-sharing from more tenured employees.

- In your organization, how do you value tenure? How do you demonstrate this value?
- What benefits do you see of a more or less tenured workforce?
- How do you engage employees with different levels of tenure?
- Do you include any benefits or perks for tenured employees? Why or why not?

Claim Data Benchmarking

Emergency Room Visits

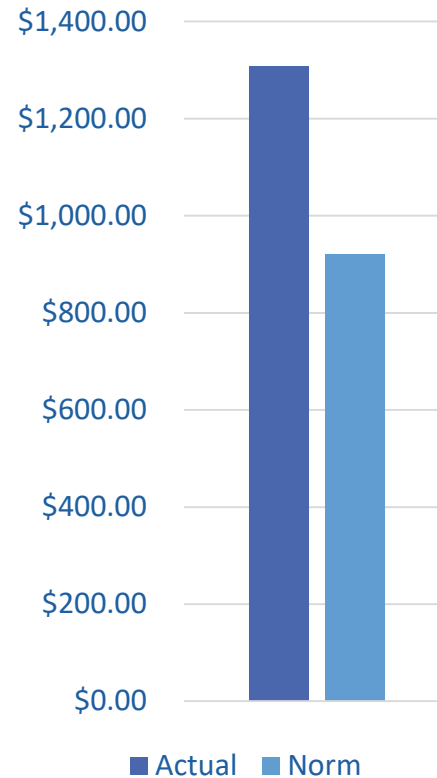
Visits Per 1000



Amount Over/Under Norm 7

% Over/Under Norm 18.83%

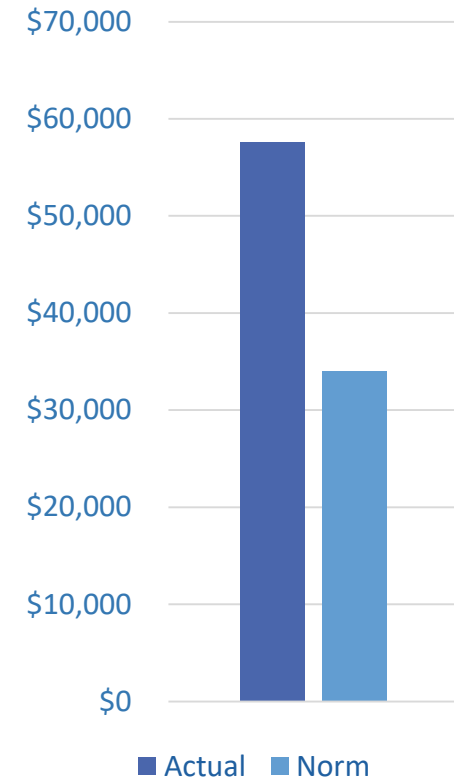
Avg. Paid Per Visit



Amount Over/Under Norm \$388.73

% Over/Under Norm 42.28%

Total Paid



Amount Over/Under Norm \$23,515

% Over/Under Norm 69.07%

- Is your Plan Design Competitive?
- Do your Plan Designs & Communications encourage the use of Home Care, Nurse Lines, Urgent Care, & Primary Care Providers?
- Are there ways to encourage use of non-emergency providers, such as workplace policies like, or making participants aware of nearby providers?
- Could hand sanitizing stations or communications of self-care tips aid in reducing emergency room utilization during flu season?

AREA	Actual	Norm	Difference	Experience
Health Plan Costs	\$15,016	\$13,897	8.05%	Unfavorable
Medical Claim Costs	\$4,300	\$4,055	6.04%	Unfavorable
Inpatient Analysis – Admissions/1000	52	79	-33.63%	Favorable
Inpatient Analysis – Avg Paid Admission	\$28,136	\$19,878	41.54%	Unfavorable
Maternity Admission/1000	0	30	N/A	N/A
Maternity Avg. Paid/ Admission	\$0	\$5,506	N/A	N/A
Outpatient Surgery/1000	1,307	1,280	2.12%	Acceptable
Outpatient Surgery Avg. Paid	\$81	\$158	-48.94%	Favorable
Emergency Room Visits/1000	288	242	18.83%	Unfavorable
Emergency Room Avg. Paid	\$1,308	\$919	42.28%	Unfavorable
Office Visit Visits/1000	4,144	3,300	25.57%	Unfavorable
Office Visits Avg. Paid	\$83	\$92	-9.54%	Favorable
Chiropractic Visits/1000	92	559	-83.63%	Favorable
Chiropractic Avg. Paid	\$19	\$23	-17.15%	Favorable
Physical Therapy Visits/1000	248	385	-35.45%	Favorable
Physical Therapy Paid/Visit	\$17	\$17	4.87%	Acceptable
Radiology Visits/1000	889	1,402	-36.59%	Favorable
Radiology Paid/Visit	\$137	\$273	-49.76%	Favorable
IPMH Admissions/1000	0	13	N/A	N/A
IPMH Avg. Paid/Admission	\$0	\$9,696	N/A	N/A
Outpatient Mental Health Visits/1000	444	784	-43.33%	Favorable
Outpatient Mental Health Avg. Paid	\$156	\$96	61.65%	Unfavorable



Claim Data Benchmarking

General Information	
Total Employees	76
Total Covered Lives	153
Total Claim Charges	\$872,927.13
Total Claim Payment	\$328.975.31

TRADITIONAL

INTERNATIONAL APPROACH

Difference from Current: **-\$189,195.84**

Difference from Renewal: **-\$295,836.48**

Insurance Carrier	Oxford - Current				Oxford - Renewal				Aetna			
Plan Name	EPO 19 NY S Metro GT 30/80/3000/70		EPO 19 NY G Freedom NG 50/50/750/90		EPO 19 NY S Metro GT 30/80/3000/70		EPO 19 NY G Freedom NG 50/50/750/90		PPO Base		PPO Buy Up	
Provider Network	Metro NY and Garden State NJ		Freedom with Choice		Metro		Freedom with Choice		Aetna		Aetna	
Network Benefits												
Physician Copay	\$30		\$50		\$30		\$50		\$30		\$50	
Specialist Copay	\$80		\$50		\$80		\$50		\$65		\$50	
Urgent Care	\$80		\$75		\$80		\$75		\$75		\$75	
Preventive Services	100%		100%		100%		100%		100%		100%	
Hospital Copay	70% after Deductible		\$250 per day to a maximum of \$2500		70% after Deductible		\$250 per day to a maximum of \$2500		70% after Deductible		100% after Deductible and \$250 confinement copay	
Outpatient Surgery	70% after Deductible		Freestanding \$150 / Hospital \$250		70% after Deductible		Freestanding \$150 / Hospital \$250		70% after Deductible		No Charge	
Outpatient Surgery - Physician & Surgeon	70% after Deductible		90% after Deductible		70% after Deductible		90% after Deductible		70% after Deductible		No Charge	
Diagnostics - Lab	70% after Deductible		No Charge		70% after Deductible		No Charge		No Charge		No Charge	
Out Patient X-ray	70% after Deductible		\$80		70% after Deductible		\$80		No Charge		No Charge	
Advanced Radiology	70% after Deductible		\$150		70% after Deductible		\$150		70% after Deductible		No Charge	
Emergency Room Copay	70% after Deductible		\$500, Deductible does not apply		70% after Deductible		\$500 then 90% (Deductible does not apply)		70%		\$400 Copay then 100%	
Deductible (person)	\$3,000		\$750		\$3,000		\$750		\$3,000		\$750	
Deductible (family)	\$6,000		\$1,500		\$6,000		\$1,500		\$6,000		\$1,500	
Coinsurance	70%		90%		70%		90%		70%		100%	
Out of Pocket Maximum incl Deductible (person)	\$7,900		\$4,750		\$8,150		\$5,200		\$7,900		\$4,750	
Out of Pocket Maximum incl Deductible (family)	\$15,800		\$9,500		\$16,300		\$10,400		\$15,800		\$9,500	
Life Time Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Non Network Benefits												
Deductible (Person)	N/A		N/A		N/A		N/A		\$15,000		\$15,000	
Deductible (Family)	N/A		N/A		N/A		N/A		\$3,000		\$30,000	
Coinsurance	N/A		N/A		N/A		N/A		50%		50%	
Out of Pocket incl Deductible (Person)	N/A		N/A		N/A		N/A		\$30,000		\$30,000	
Out of Pocket incl Deductible (Family)	N/A		N/A		N/A		N/A		\$60,000		\$60,000	
RX Benefit												
Generic / Brand / Non Preferred	\$10/\$65/\$90		\$10/\$35/\$75		\$10/\$65/\$90		\$10/\$35/\$75		\$10/\$65/\$95		\$10/\$35/\$70	
Premium		#		#		#		#		#		#
Employee	\$585.60	40	\$920.02	14	\$637.99	40	\$1,019.32	14	\$475.60	40	\$747.21	
Employee & Spouse	\$1,171.20	6	\$1,840.04	1	\$1,275.98	6	\$2,038.65	1	\$951.21	6	\$1,494.41	
Employee & Children	\$995.53	2	\$1,564.03	0	\$1,084.58	2	\$1,732.85	0	\$808.53	2	\$1,270.25	
Employee & Family	\$1,668.96	9	\$2,622.05	0	\$1,084.58	9	\$2,905.07	0	\$1,355.47	9	\$2,129.54	
Monthly Total per Plan	\$9,369.60		\$74,567.55		\$10,207.84		\$82,616.03		\$7,609.61		\$60,561.22	
Annual Total Per Plan	\$112,435.20		\$894,810.60		\$122,494.08		\$991,392.36		\$91,315.32		\$726,734.64	
Annual Total Combined	\$1,007,245.80				\$1,113,886.44				\$818,049.96			
Difference from Current					\$106,640.64				-\$189,195.84			
Difference from Renewal									-\$295,836.48			

Employee Census				Renewal Base	Renewal Obsolete	Renewal Buy-Up	Alternate Base 4	Alternate Buy Up 1
				Oxford UHC EOP Liberty NG	Oxford UHC EPO Liberty NG	Oxford UHCEPO Liberty NG	Ox EPO Liberty NG HSA	EPO Liberty NG
	Base	Buy-Up	Total					
Single	30	14	44	\$936.12	\$1,427.98	\$1,173.37	\$719.86	\$1,127.70
Emp/Sp	0	4	4	\$1,968.66	\$3,003.04	\$2,467.59	\$1,256.15	\$1,967.84
Emp/Ch	2	1	3	\$1,633	\$2,491.82	\$2,047.53	\$1,513.86	\$2,371.56
Family	0	3	3	\$2,857.04	\$4,358.20	\$3,581.13	\$2,197.00	\$3,441.74
Total Lives	32	22	54					
Monthly Cost				\$31,350.64	\$0.00	\$39,088.46	\$24,623.52	\$36,355.94
Annual Company Cost				\$376,207.68	\$0.00	\$469,061.52	\$295,48	
Total Monthly Cost					\$70,439.10	\$60,979.46		
Total Annual Company Cost					\$845,269.20	\$731,753.52		
Annual Cost Difference moving to HSA							\$113,515.68	
Annual % difference moving to HSA							13.43%	
Primary Physician Copay				\$50	\$20	\$20	Ded. & Coins.	\$30
Specialist Copay				\$75	\$40	\$40	Ded. & Coins	\$50
Coinsurance				50%	100%	80%	50%	90%
Deductible (Single)				\$2,500	\$0	\$1,000	\$2,500	\$1,500
Deductible (Family)				\$5,000	\$0	\$2,000	\$5,000	\$3,000
Out of Pocket Max (Single)				\$6,350	\$3,500	\$4,000	\$6,450	\$6,000
Out of Pocket Max (Family)				\$12,700	\$7,000	\$8,000	\$12,900	\$12,000
Hospital Copay				50% after Ded.	\$250 day/5 days	Ded. & Coins	Ded. & Coins.	Ded. & Coins.
Outpatient Surgery Copay				50% after Ded.	\$40	Ded. & Coins.	Ded. & Coins.	Ded. & Coins
Emergency Room Copay				\$100 copay than 50%	\$100	\$100 Copay then Coins.	Ded. & Coins.	\$100 Copay then Coins.
NON-Network benefits				In-Network Only	In-Network Only	In-Network Only	In-Network Only	In-Network Only
RX Tier1/a/Tier1/Tier2/Tier3/Specialty				\$25/\$50/\$75 \$100 ded T2-3	\$25/\$50/\$75 \$100 ded T2-3	\$25/\$50/\$75 \$100 ded T2-3	\$25/\$50/\$75 \$100 ded T2-3	\$25/\$50/\$75 \$100 ded T2-3

TRADITIONAL		
HSA with HRA/60% Guarantee Cap		
HRA Funding		
HRA Single Ded. (Per Plan)	30	\$500
HRA Family Ded. (Per Plan)	2	\$1,000
HRA Total Funding		\$17,000
Premium + HRA Funding		\$748,753.52
HRA Claims Forecast		
100% HRA Usage + Premium		\$748,753.52
80% HRA Usage + Premium		\$745,353.52
60% HRA Usage + Premium		\$741,953.52
40% HRA Usage + Premium		\$738,553.52
Plan Savings at 60% HRA Utilization		\$741,953.52
Savings from Renewal		-\$103,315.68

Specific Stop Loss Benefit	Enrollment	Option 1	Option 2	Option 3
Covered Benefits		Medical/RX Card	Medical/RX Card	Medical/RX Card
Contract Basis		12/15	12/15	12/15
Ann. Specific Deductible per ind.		\$40,000	\$50,000	\$60,000
Max Annual Reimbursement		Unlimited	Unlimited	Unlimited
Max Lifetime Reimbursement		Unlimited	Unlimited	Unlimited
Quoted Rate Per Month (Single)	38	\$251.82	\$230.66	\$205.25
QRPM (Family)	49	\$704.18	\$651.22	\$584.95
Est. Annual Premium		\$528,888	\$488,098	\$437,545
Aggregate Stop Loss Benefit				
Aggregate Corridor		125%	125%	125%
Loss Limit Per Individual		\$40,000	\$50,000	\$60,000
Max Annual Reimbursement		\$1,000,000	\$1,000,000	\$1,000,000
Rate Per Month - Composite	87	\$10.84	\$16.26	\$19.32
Estimated Annual Premium		\$11,317	\$16,975	\$20,170
Ann. Aggregate Deductible		\$1,222,154	\$1,199,775	\$1,247,507
Min. Aggregate Deductible		\$1,222,154	\$1,199,775	\$1,247,507
Monthly Agg. Claim Factors				
Med/Rx Card Composite	87	\$1,074.86	\$1,149.21	\$1,194.93
Overall Cost Summary				
Total Ann. Fixed Costs		\$540,205	\$505,073	\$457,715
Variable Costs		\$1,122,154	\$1,199,775	\$1,247,507
Max Annual Liability		\$1,662,359	\$1,704,848	\$1,705,222



TRADITIONAL

Self Funded Approach

TRADITIONAL Level- Funded Approach

44 Employees

*Expected Claim Prefunding is the anticipated amount that will apply towards the aggregate claim liability

**Aggregate Corridor is the additional amount necessary to ensure the plan is funded to the annual aggregate attachment point

Monthly Cost- Plan 1

Stop Loss Premium	\$15,601.73
Administrative Fees	\$7,865.05
Claim Prefunding	\$23,052.46
Total	\$46,519.24

Plan 1	EE	ES	EC	FF	Total
Enrollment	24	8	3	9	44
Specific Stop-Loss Premium (\$50,000 ISL)	\$197.30	\$453.78	\$293.62	\$550.10	\$14,197.20
Aggregate Stop-Loss Premium (\$50,000 ISL)	\$19.52	\$44.89	\$29.05	\$54.42	\$1,404.53
Admin Fees	\$109.30	\$251.39	\$162.66	\$304.75	\$7,865.05
Total Fixed Costs	\$326.12	\$750.06	\$485.33	\$909.27	\$23,466.78
Expected Claim Prefunding*	\$278.57	\$640.71	\$414.57	\$776.71	\$20,045.46
Aggregate Corridor**	\$41.79	\$96.11	\$62.19	\$116.51	\$3,007.00
Total Prefunding Costs	\$320.36	\$736.82	\$476.76	\$893.22	\$23,052.46
Monthly Total (total Fixed Costs + Total Prefunding Costs)	\$646.48	\$1,486.88	\$962.09	\$1,802.49	\$46,519.24

LIFE INSURANCE STRATEGY

Attract and Retain Staff without Breaking the Bank

Select a comfortable base amount the company can afford

\$100,000 per employee @ \$.079 per \$1,000 for x 24 employees =
Life Volume of \$2.4M at a monthly cost of \$189.60

Creates basis for a cost effective "buy-up" voluntary life program

Includes guaranteed issue up to an additional \$100,000 & simplified questionnaire for up to \$500,000

Triton Benefits and HR Solutions

Voluntary-term life/AD&D

Estimated employee bi-weekly premium amounts

End of the rate guarantee period: 10/31/2018

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$360,000	\$14.79	\$16.12	\$22.60	\$34.73	\$51.84	\$82.74	\$128.27	\$176.79	\$234,000	\$210.49	\$180,000	\$268.92
\$370,000	\$15.19	\$16.56	\$23.22	\$35.69	\$53.28	\$85.04	\$131.83	\$181.69	\$240,500	\$216.34	\$185,000	\$276.39
\$380,000	\$15.61	\$17.02	\$23.86	\$36.66	\$54.72	\$87.34	\$135.40	\$186.61	\$247,000	\$222.18	\$190,000	\$283.86
\$390,000	\$16.02	\$17.46	\$24.48	\$37.62	\$56.16	\$89.64	\$138.96	\$191.52	\$253,500	\$228.04	\$195,000	\$291.33
\$400,000	\$16.43	\$17.90	\$25.10	\$38.58	\$57.60	\$91.94	\$142.52	\$196.43	\$260,000	\$233.88	\$200,000	\$298.80
\$410,000	\$16.85	\$18.36	\$25.74	\$39.55	\$59.04	\$94.24	\$146.09	\$201.35	\$266,500	\$239.72	\$205,000	\$306.27
\$420,000	\$17.25	\$18.80	\$26.36	\$40.51	\$60.48	\$96.54	\$149.65	\$206.25	\$273,000	\$245.58	\$210,000	\$313.74
\$430,000	\$17.66	\$19.25	\$26.99	\$41.48	\$61.92	\$98.83	\$153.21	\$211.16	\$279,500	\$251.42	\$215,000	\$321.21
\$440,000	\$18.08	\$19.70	\$27.62	\$42.45	\$63.36	\$101.14	\$156.78	\$216.08	\$286,000	\$257.27	\$220,000	\$328.68
\$450,000	\$18.49	\$20.15	\$28.25	\$43.41	\$64.80	\$103.43	\$160.34	\$220.99	\$292,500	\$263.12	\$225,000	\$336.15
\$460,000	\$18.89	\$20.59	\$28.87	\$44.37	\$66.24	\$105.73	\$163.90	\$225.89	\$299,000	\$268.96	\$230,000	\$343.62
\$470,000	\$19.30	\$21.04	\$29.50	\$45.33	\$67.68	\$108.02	\$167.46	\$230.80	\$305,500	\$274.81	\$235,000	\$351.09
\$480,000	\$19.72	\$21.49	\$30.13	\$46.30	\$69.12	\$110.33	\$171.03	\$235.72	\$312,000	\$280.65	\$240,000	\$358.56
\$490,000	\$20.13	\$21.94	\$30.76	\$47.27	\$70.56	\$112.62	\$174.59	\$240.63	\$318,500	\$286.51	\$245,000	\$366.03
\$500,000	\$20.53	\$22.38	\$31.38	\$48.23	\$72.00	\$114.92	\$178.15	\$245.53	\$325,000	\$292.35	\$250,000	\$373.50



Tyler Hersch
Regional Vice President



Cost Containment

Current
Healthcare System

Long Term Strategy

- BUCA's Control Majority of Market – Blue Cross, United Healthcare, Cigna, Aetna
- Allows them to set the messaging and dictate that Health Insurance be viewed in 12 Month Increments
- They control more levers in the Healthcare Supply chain than ever before



Cost Containment

Long Term Strategy

How To Escape
the Current System



Security

Strongest stop loss policy
available

Remove year to year
volatility



Community

Environment where
employers can share and
grow with like minded
peers

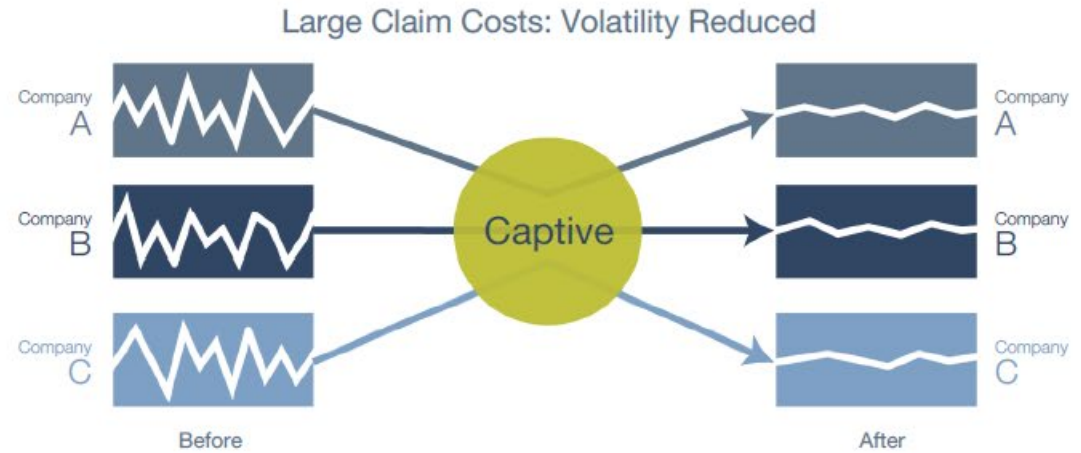
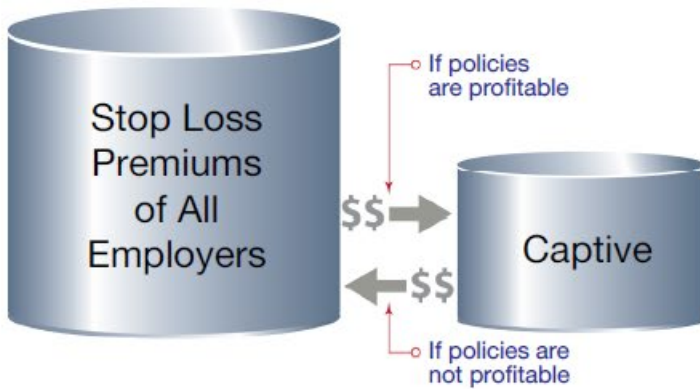


Containment

Data and Fortune 500 cost
control initiatives

Cost Containment

Long Term Strategy

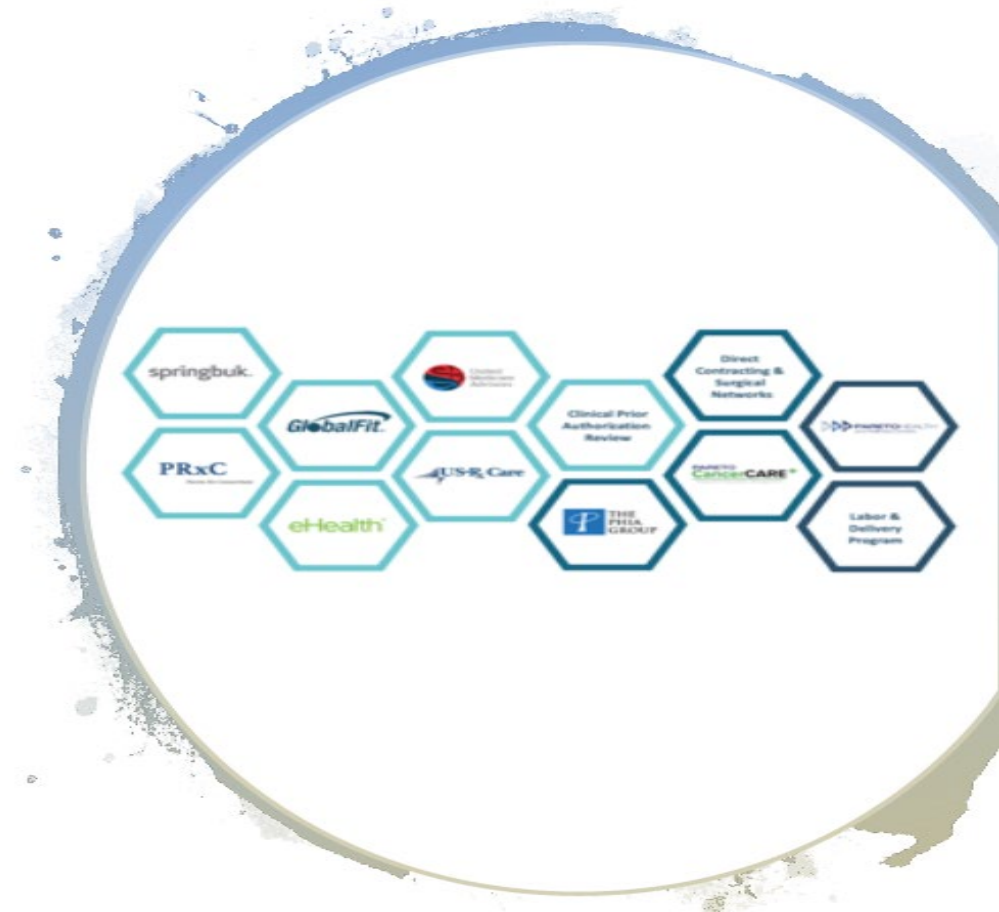


Cost Containment

Long Term Strategy

Pareto's Fortune
500 Cost
Containment
Initiatives

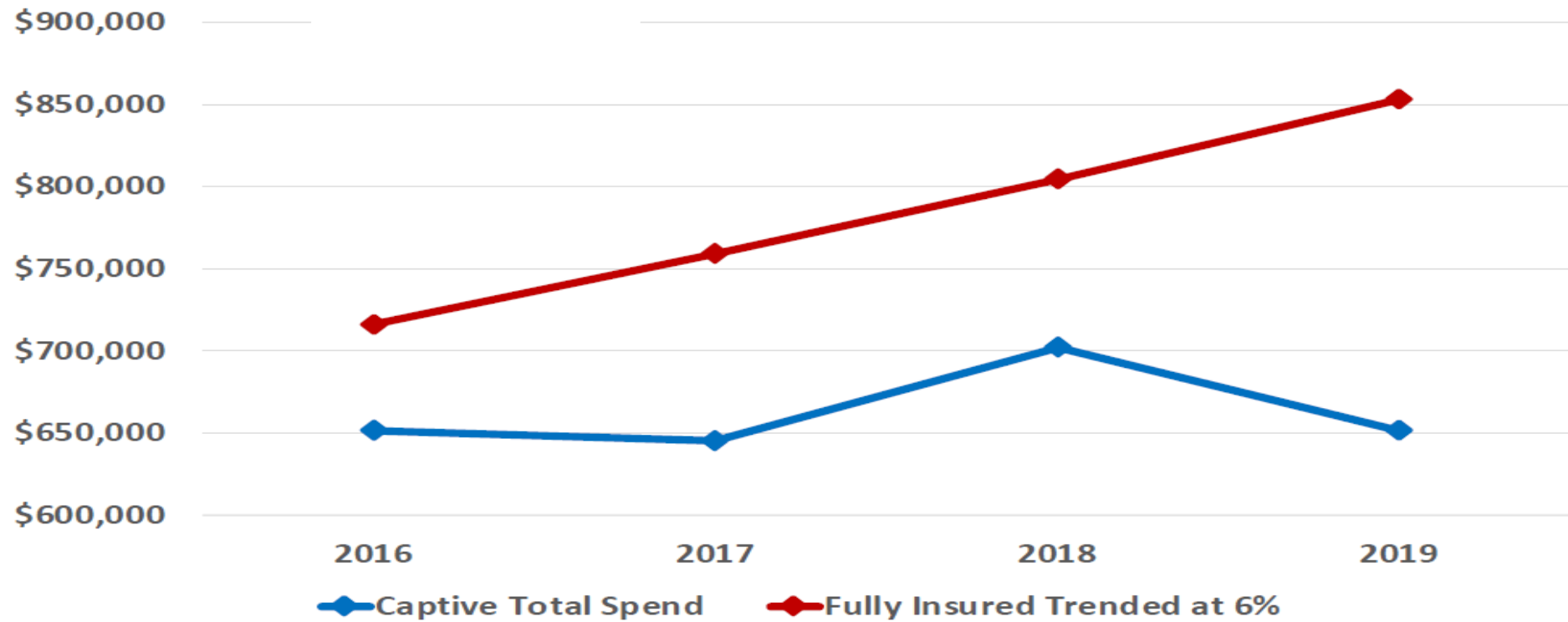
- Plan participant advocacy programs
 - Medicare
 - COBRA
- Large claim advocacy and management
 - Cancer Care
 - ESRD
 - Surgical, lab and imaging networks
 - Mental health
 - Labor and Delivery
- Data, Analytics and Predictive Modeling
- Rx - PRxC
 - Clinical Pharmacist
- Primary Care
 - Pareto Health and Wellness Centers
- Care Coordination
- PHIA Group – ERISA Legal Counsel



Cost Containment

CASE STUDY:
NC Manufacturer

Long Term Strategy



*Adjusted for enrollment

Net Savings = \$482,388

Cost Containment

CASE STUDY:
NC Manufacturer
COST HISTORY

Long Term Strategy

Year	Captive Total Spend	Fully Insured Trended at 6%	Total Savings
2016	\$ 651,787	\$ 716,308	\$ 64,521
2017	\$ 645,391	\$ 759,286	\$ 113,895
2018	\$ 702,139	\$ 804,844	\$ 102,705
2019	<u>\$ 651,867</u>	<u>\$ 853,134</u>	<u>\$ 201,267</u>
	\$ 2,651,184	\$3,133,572	\$ 482,388

*Adjusted for enrollment

Cost Containment

CASE STUDY:
NC Manufacturer
cont.

Long Term Strategy

NC Manufacturer Cost Containment Playbook

- **Year 1**
 - Move away from BCBS NC to a National PPO (Aetna) through Meritain TPA
 - Prescription Drug Manager carve out – Receive 100% of Drug Rebates
 - Springbuk – Access Data to compile picture of claims risk
 - PHIA Group – Employee Handbook & Plan Document Review
- **Year 2**
 - COBRA & MEDICARE Advocacy
 - Price MD's – Incentivize utilization of direct contracts with Surgical/Labs/Imaging centers
 - Biometric Screenings & Health Risk Assessments for Employees & Spouses
- **Year 3**
 - CancerCare Centers of Excellence
 - Tie Dialysis to Medicare

PREPARATION

Set the Stage to MASTER Virtual Open Enrollments

Internal Team

Work with Management team to understand necessary preparations needed internally within the company



Broker Assistance

Understand all plan designs, contribution levels, eligibility groups as it relates to building out the ADP portal. Prepare virtual walk-through tours to send to employees.



IT/Payroll

Ensure your systems are built out with the role security needed for the applicable users.



Carriers

Building out carriers & connectivity for major medical, ancillary lines, FSA / HSA, commuter benefits & 401k, etc. Adding telemedicine when not included in medical plan.



Communication

Not all employees will respond to virtual enrollments the same. Provide multiple platforms and media sources to ensure all employees are equipped with useful educational tools



BROKER CHATS

Encourage Employee & Family Members to speak to broker's directly to answer questions. If not using comp benefits, then Triton Call Center with CRM is a useful tool.



PRESENTATIONS

Recorded Webinars
Power point Presentations
Guided Tours



RESOURCES

FAQ Pages
Open Enrollment Guides
Vendor/ Carrier Resource Links

Communication is Key

—
Making sure your
Enrollment Benefit Guide is
in Sync with your Virtual
Open Enrollment will
enforce all communication
within your organization

*Pick the best
benefits for
you and your
family.*

(SAMPLE TEXT)

strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **[insert date]**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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BUILD OUT

Account for Self Service

Side-by-Side Plan Detail

Comparisons

Flow Consideration

Exceeding of Guaranteed Issue

EOI Pending Preparation

The screenshot displays the 'Plan Groups & Comparison' web application. The top navigation bar includes 'Plan Groups', 'Plan Comparison Sections', and 'Plan Comparison Detail'. The main heading is 'Add, Copy, or Modify Plan Comparison Detail'. Below this, there are two dropdown menus: 'Choose a Plan Group*' (set to 'Medical') and 'Choose an Eligibility Group*' (set to 'Aetna POS \$50,000-\$70,000 - Eligible Employees'). A central area for file upload contains the text 'Drag and drop files here or SELECT TO UPLOAD' and instructions to upload a Summary of Benefits and Coverages (SBC) document. To the right, a summary box for the selected eligibility group shows 'Viewing 08/01/2019 - Onwards' and a 'Changes as of' date of '08/01/2019'. The bottom section, titled 'Approval Paths', features a grid of approval cards: 'Address Change Approval', 'NJ W4 Approval', 'Vol Life EOI' (highlighted with a red border), 'Benefits1', 'Performance', 'W4 Approval', 'Direct Deposit Approval', and 'Time Off Approval'. Each card includes a description and icons for edit and delete actions. The top right corner of the application shows 'Field Grabber' and 'Chat with ADP' links.

Self Service

Side-by-Side

Approval
Settings

ADP COVID-19 UPDATES RESOURCES CALCULATOR SUPPORT MARKETPLACE LOGOUT VIEW ACCOUNT

HOME RESOURCES PEOPLE PROCESS REPORTS SETUP Search Workforce Now

Plan Setup 0 *Getting ready for the next Open Enrollment!* Field Grabber Chat with ADP Add to Favorites

ADD PLAN FILTER (Showing 19 of 31 Plans) EXPAND ALL 1 VIEW LOG FILES

Want a report to show enrollments as of today? Select ACTIONS for the plan you want, and click Download Enrollments.

PLAN NAME	ELIGIBILITY GROUPS	TYPE	END DATE	PROVIDER	I WANT TO...
MagnaCare - MP1	1 Eligibility Group	Medical		MagnaCare	ACTIONS
MagnaCare - MP3	1 Eligibility Group	Medical		MagnaCare	ACTIONS
MagnaCare - MP2	1 Eligibility Group	Medical		MagnaCare	ACTIONS
Oxford Freedom/LHC PPO 100	2 Eligibility Groups	Medical		Oxford Health Plans	ACTIONS
Oxford Liberty/LHC EPO 1500	2 Eligibility Groups	Medical		Oxford Health Plans	ACTIONS

Plan Settings Eligibility Rules Eligibility Group Details Rule Options Rates Deductions Enrollment Settings Review

Viewing 12/2019 - Onward

1 Plan Settings EDIT

Plan Name Oxford Freedom/LHC PPO 100	Plan Start Date 12/1/2019	Renewal Date 12/1
Primary Number TBD	Plan Group Health and Welfare - Medical	Legal Plan Name NJ Access Freedom
Provider Oxford Health Plans	Website www.oxh.com	Contact Name
Contact Phone Number	Contact Fax Number	Contact Email Address
Broker	Other Broker	Member Services Phone Number
Waiting Call Off 4	Intro Term Limit 2 Months	
Self Funded No	COBRA Election Plan Yes	WELFA Type None
Treat as Self Funded for ACA Reporting No	COBRA Only Enrollment Plan No	Consent/Consent for Health Care Reform No

2 Eligibility Rules EDIT

Eligibility Group Name
FT Group

Business Unit
No Restrictions

Location
No Restrictions

Eligibility Class
FT/Full Time

ACA Benefit Status
No Restrictions

3 Eligibility Group Details EDIT

ACA Base Plan No	MEC Yes	Minimum Value Coverage Yes	Offer of coverage to spouse is conditional No	High Deductible Health Plan No
Observation Period None	New Hire Waiting Period 60 days following date of hire	Work Parent Waiting Period Date of work event (no waiting period)		
Coverage Termination On the last day of the month following employee termination				
Dependent Child Age Limit Use Federal Regulatory Age Limits				
Dependent Child Age Limit Calculation On last day of month following dependent date of birth				
Dependent Over age Notification Reminder 1 Notify within 90 days of the dependent child age limit being reached.				

4 Rate Options EDIT

Coverage Levels

Employee

Employee + Spouse

Employee + Child

Employee + Children

Employee + Family

Rates Defined As Coverage Levels

5 Rates EDIT

Coverage Levels

All rates are monthly amounts

COVERAGE LEVEL	EMPLOYEE COST	EMPLOYER COST	TOTAL COST
Employee	186.89	529.17	716.06
Employee + Spouse	1,054.19	451.67	1505.86
Employee + Child	729.18	520.33	1249.51
Employee + Children	729.18	520.33	1249.51
Employee + Family	1,597.26	590.12	2187.38

6 Deductions EDIT

Deduct from Payroll
Yes

Send Employer Cost
No

Assign Deduction Codes
At the Company Level

PAY FREQUENCIES

Use post-tax deductions for domestic partners (as applicable)
No

Use post-tax deductions for Self Employed Individual
No

COMPANY CODE	DEDUCTION CODE
SLH - Automann	MED - SECTION 125 MED

7 Enrollment Settings EDIT

Display Signature Date in Enrollments
No

Physician Group Directory Link

Physician Group Info

Name	ID	Off

Allow Administrator to Edit Date
No

Physician Group Directory Label

WFN Benefits Quick Portal Set Up

Data Gathering
(30 Minutes)

Medical/Dental/Vision Buildout
per Eligibility Class
(15 Minutes)

Life, LTD, ETC Buildout
per line of Coverage
(20 minutes)

Plan Comparison Buildout
(1.5 hours)

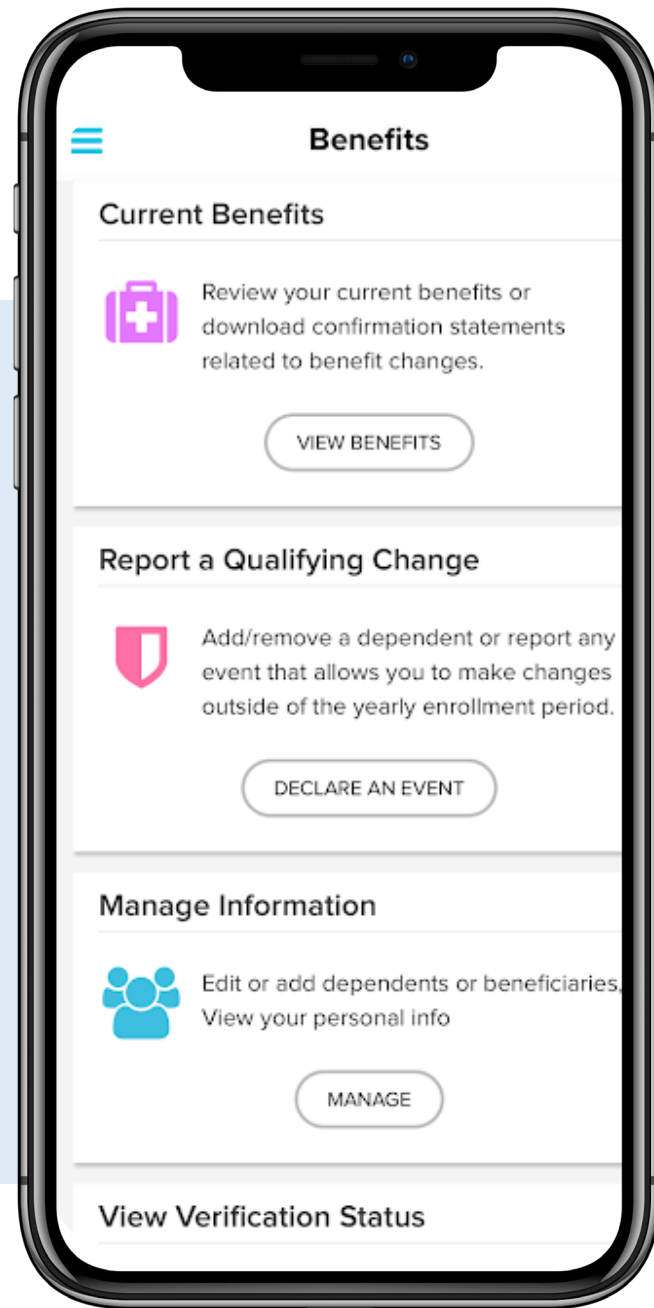
Approval Path Configuration
(25 minutes)

Enrollment Profile Buildout
(40 minutes)

Total Avg. Buildout- 4-6 hours

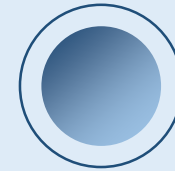
Mobile App

With adequate preparation and benefit plans loaded in properly into your WFN technology, you'll be able to leverage the best in class technology & your clients will appreciate the finished product. They will love the new normal of virtual enrolments leveraging technology.



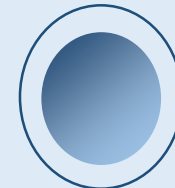
Flexibility

Use the ADP WFN mobile app
Or call the Triton Call Center for Live Support



Guidance

Review current benefits
Make Qualifying Changes
Manage Information



Efficiency

When set up correctly, the mobile app is the most efficient way to empower your employees to administer their own benefits

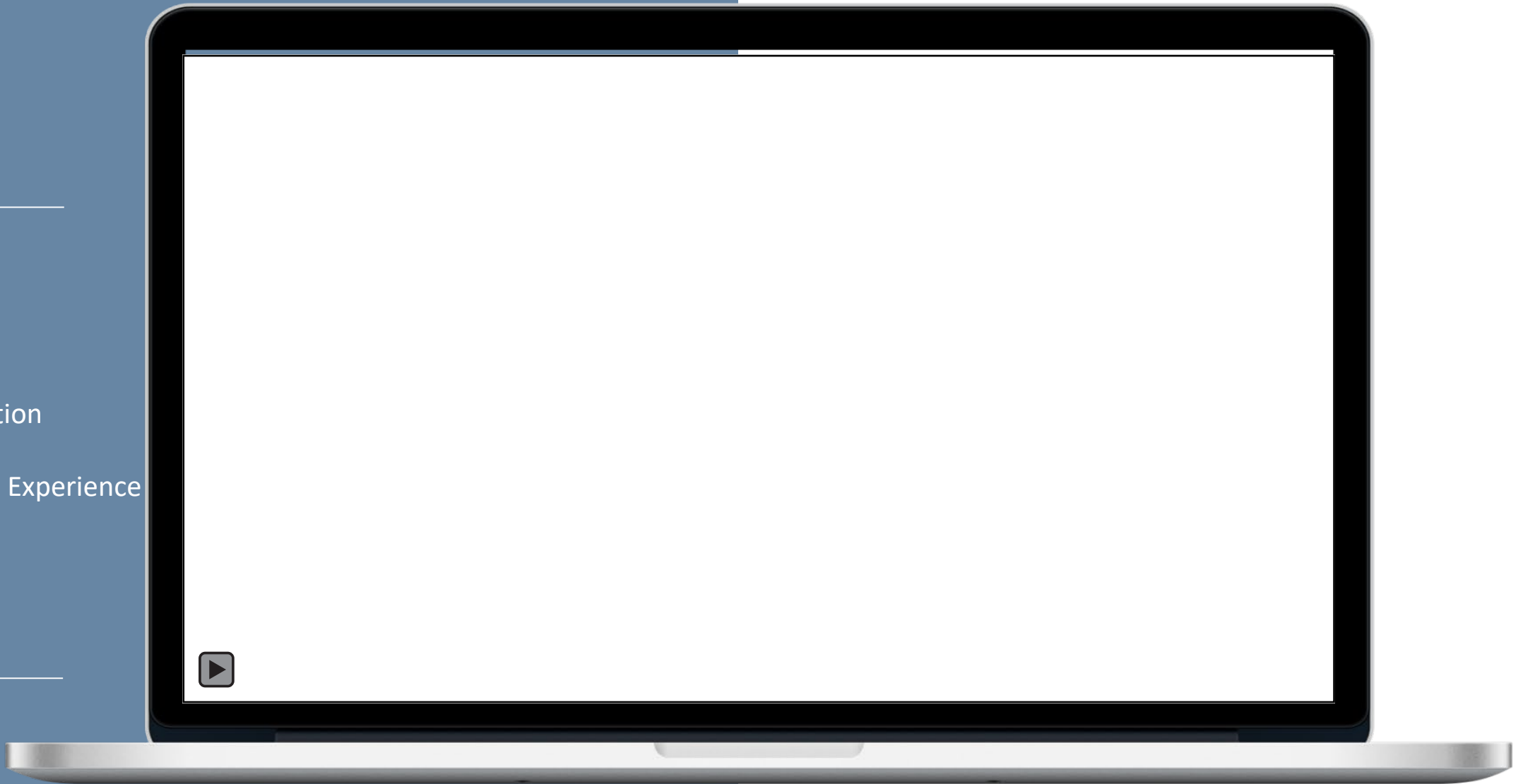
EASE

Easy-To-Use

Admin Tool

Implementation

On-Boarding Experience



THANK YOU

1-877-OK-TRITON

