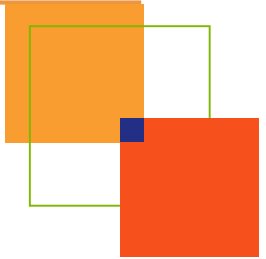

City of Neenah – Medical Forecasting



Date Friday October 3, 2025

Time 1:00pm – 2:00pm

ATTENDEES

City of Neenah

Amy Fairchild
Vicky Rasmussen
Andy Kahl

M3 Insurance

Bec Kurzynske
Meghan Krause

1. Family Savings Plan Proposal
 - 25% shared savings fee if >15 enroll
 - 30% shared savings fee if <15 enroll
2. Stop Loss Marketing
3. Updated Funding Forecast
4. Plan and Contribution Modeling
5. City of Neenah Memo for Finance Committee
6. Draft of update for Finance Committee
7. Renewal Summary Document



Estimated Family Savings Plan™ Impact to City of Neenah FSP

Row #	FSP Modeling Item	Coverage Tier Waived	Total - Voluntary Waiver	FSP Enrollees - Voluntary Waiver	Total - Mandatory Waiver	FSP Enrollees - Mandatory Waiver
(1)	Employer premium savings for single/spouse	Single/spouse	\$0	0	\$0	0
(2)	Employer premium savings for family	Family	\$238,328	8	\$744,774	25
(3)=(1)+(2)		Total	\$238,328	8	\$744,774	25
(4)	Employer self-insured admin costs avoided on FSP enrollees		\$0		\$0	
(5)	Employer HRA/HSA contributions avoided on FSP enrollees		\$0		\$0	
(6)=(3)+(4)+(5)	Total premium equivalent, HRA/HSA, and self-insured admin savings		\$238,328		\$744,774	
Less Family Savings Costs and Surcharge Dollars Foregone						
(7)	Surcharge fees that go away with FSP		\$0		\$0	
(8)	FSP cost share reimbursements		\$18,772		\$58,664	
(9)	FSP Administrative Fees		\$2,400		\$7,500	
(10)	Premium differentials		\$12,000		\$37,500	
(11)	Spousal surcharge reimbursed		\$2,880		\$9,000	
(12)	Additional employer incentives		\$0		\$0	
(13)	Shared savings fees (25%) if the group enrolls more the 15		\$50,569		\$158,028	
(14) = sum of (7) thru (13)	Total FSP costs		\$86,621		\$270,691	
				Per FSP Enrollee		Per FSP Enrollee
(15) = (6) - (14)	Net savings		\$151,707	\$18,963	\$474,083	\$18,963
(16)	Estimated employer pre-FSP program costs		\$4,074,481		\$4,074,481	
(15) / (16)	FSP Savings %		3.7%		11.6%	

Group FSP Estimate Comments

* Estimate is based on Network Health / Catilize Health experience. Actual results can differ materially from this estimate as the spousal coverage/plan and actual waivers post-FSP enrollment can differ from underlying assumptions

* Opportunity for additional savings from employees with single or employee/child(ren) coverage status waiving off.

Estimated Family Savings Plan™ Impact to City of Neenah FSP

Row #	FSP Modeling Item	Coverage Tier Waived	Total - Voluntary Waiver	FSP Enrollees - Voluntary Waiver	Total - Mandatory Waiver	FSP Enrollees - Mandatory Waiver
(1)	Employer premium savings for single/spouse	Single/spouse	\$0	0	\$0	0
(2)	Employer premium savings for family	Family	\$238,328	8	\$744,774	25
(3)=(1)+(2)		Total	\$238,328	8	\$744,774	25
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(5)	Employer HRA/HSA contributions avoided on FSP enrollees		\$0		\$0	
(6)=(3)+(4)+(5)	Total premium equivalent, HRA/HSA, and self-insured admin savings		\$238,328		\$744,774	
Less Family Savings Costs and Surcharge Dollars Foregone						
(7)	Surcharge fees that go away with FSP		\$0		\$0	
(8)	FSP cost share reimbursements		\$18,772		\$58,664	
(9)	FSP Administrative Fees		\$2,400		\$7,500	
(10)	Premium differentials		\$12,000		\$37,500	
(11)	Spousal surcharge reimbursed		\$2,880		\$9,000	
(12)	Additional employer incentives		\$0		\$0	
(13)	Shared savings fees (30%) if the group enrolls 15 or less.		\$60,683		\$189,633	
(14) = sum of (7) thru (13)	Total FSP costs		\$96,735		\$302,297	
				Per FSP Enrollee		Per FSP Enrollee
(15) = (6) - (14)	Net savings		\$141,593	\$17,699	\$442,477	\$17,699
(16)	Estimated employer pre-FSP program costs		\$4,074,481		\$4,074,481	
(15) / (16)	FSP Savings %		3.5%		10.9%	

Group FSP Estimate Comments

* Estimate is based on Network Health / Catilize Health experience. Actual results can differ materially from this estimate as the spousal coverage/plan and actual waivers post-FSP enrollment can differ from underlying assumptions
 * Opportunity for additional savings from employees with single or employee/child(ren) coverage status waiving off.



FAMILY SAVINGS PLAN™

Network Health offers an innovative health plan option called the Family Savings Plan. The Family Savings Plan allows you and your family the opportunity to have up to 100 percent coverage for eligible out-of-pocket expenses.

FOR EMPLOYEES

Family Savings Plan™ Proprietary and Confidential Trade Secret
Property of Network Health Administrative Services, LLC.

If you and/or any member of your family is currently enrolled in your employer's medical plan, and you, your dependents (children) or spouse has access to another employer-sponsored plan (which may be your spouse's), you may take advantage of the Family Savings Plan by transitioning to the other employer-sponsored plan.

Answer these two simple questions to determine if you could be eligible for the Family Savings Plan

Do you, your spouse or dependents have access to coverage through another employer's plan?

YES

NO

Are you, your spouse or dependents currently enrolled in your company's medical plan?

You, your spouse or dependents are not eligible to enroll in the Family Savings Plan.

YES

NO

You, your spouse or dependents may be eligible to enroll in the Family Savings Plan.

You, your spouse or dependents are not eligible to enroll in the Family Savings Plan.

Frequently Asked Questions

What is the Family Savings Plan?

The Family Savings Plan is an enhanced benefit that may allow you and your family to be reimbursed up to 100 percent for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) received under another employer-sponsored plan (which may be your spouse's), if the following requirements are met.

- Coverage under your employer's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer-sponsored medical plan

Who is not eligible for the Family Savings Plan?

If you are not currently enrolled in your employer's medical plan, you're not eligible to enroll in the Family Savings Plan. The plan is also not available if the other employer-sponsored plan is one of the following.

- High Deductible Health Plan (HDHP) with **active** contributions to a health savings account (HSA)*
- Medicare, Tricare or Medicaid
- Individual plan purchased on or off the Health Insurance Exchange (also known as the Marketplace)
- A stand-alone health reimbursement account (HRA), not paired with a medical plan
- Short-term individual coverage
- Limited Benefit Health Plan under IRS rules

* If HSA employer and employee contributions are **not active** or are discontinued, you, your spouse or dependents may be eligible for the Family Savings Plan.

What if the premium of the other employer-sponsored plan costs more than the premium with my employer's plan?

You may be reimbursed a premium differential if the alternate plan's premium is higher. The reimbursement is considered taxable income.

What does the Family Savings Plan cover?

Covered services are determined by the other employer plan. Family Savings Plan enrollees are reimbursed for all eligible copayments, coinsurance and deductibles incurred up to the maximum out-of-pocket limits as set by your employer. Reimbursed claims are not taxable income to Family Savings Plan enrollees.

What if the other plan charges a fee for me to join?

If the other employer-sponsored plan charges a fee to add you to the plan, you may be reimbursed for that fee. This reimbursement is considered taxable income.

The Family Savings Plan allows enrollees to be reimbursed up to

100 percent for eligible out-of-pocket costs.

This type of coverage is rare in today's health insurance market.

When can I, my spouse or dependents enroll in the Family Savings Plan?

You, your spouse or dependents may enroll during the following times.

- Annual open enrollment period
- Following a qualifying life event
- During a spouse's or dependents' open enrollment period (if the Family Savings Plan is voluntary, enrollees may need to wait for this open enrollment period)
- As a new employee

What if my spouse is self-employed and is currently covered as a dependent under my employer's plan? Would we be eligible for the Family Savings Plan?

No, you and your spouse would not be eligible, because your spouse does not have access to medical coverage through another employer-sponsored plan.

What if my spouse is not covered under my employer's plan, but they are on a Medicare plan?

Medicare is not an employer-sponsored medical plan, therefore, you and your spouse would not be eligible for the Family Savings Plan.

How do Claim Reimbursements work?

- When you see a medical provider or go to the pharmacy, present the primary medical plan ID card as primary, then present the Family Savings Plan ID card as secondary.
- If the Family Savings Plan ID card is accepted the payment is sent directly to the provider or pharmacy.
- If the provider or pharmacy does not accept the Family Savings Plan ID card, you will need to submit the Explanation of Benefits (EOB) or the detailed pharmacy receipt. Options for a member claim submission are the FSP portal, secure email, fax or mail.

How long will it take to be reimbursed for claims?

Reimbursements are typically processed within 30-60 days.

Always submit your documentation for reimbursement with an FSP Claim Reimbursement Form.

Send your documents to Network Health by mail, fax, secure email or through the portal at

Portal: fsp.networkhealth.com

Mail: Network Health
ATTN: Family Savings Plan
P.O. Box 1725
Brookfield, WI 53008-1725

Fax: 262-825-9690

Secure Email: familysavingsplan@networkhealth.com
Only email documents if you have access to secure email.



This is not a complete benefit summary. HMO and POS plans underwritten by Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC.

5753-01-0825

FAMILY SAVINGS PLAN ANNOUNCEMENT

FSP and Health Plan 2026 Open Enrollment

Attention: This announcement applies to City of Neenah health plan enrollees, those who are eligible for the City of Neenah health plan and have previously waived coverage in favor of the opt out benefit, and those who have access to other coverage.

How to become eligible to enroll in Family Savings Plan or the City of Neenah's Health Plan:

Option 1:

Employees who are enrolled in the opt-out benefit in the 2025 plan year may continue to enroll in an alternate employer group health plan and receive the City of Neenah's opt-out benefit of \$1250 (employee only) / \$2500 (family). The benefit eligible employee and family members are not eligible for Family Savings Plan or the City of Neenah Health Plan in this option. Employees enrolled in the opt-out benefit will be grandfathered into this option as long as they remain enrolled in the opt-out benefit. This option will not be extended to any new enrollees and when an employee chooses an option other than the opt-out benefit, the opt-out benefit will no longer be available to them.

Option 2:

Benefit eligible employees may enroll in the City of Neenah's Health Plan. Benefit eligible spouses who have access to employer sponsored health insurance may also enroll in the City of Neenah's Health Plan if the eligible employee elects to pay a \$100 monthly surcharge.

Spouses and benefit eligible family members who join the City of Neenah Health Plan may be eligible for Family Savings Plan after being on the City of Neenah Health Plan for at least 12 consecutive months.

Option 3:

As a new hire, or after 12 consecutive months on the City of Neenah Health Plan, benefit eligible employees, spouses, and dependents may choose to enroll in an alternate employer sponsored health plan and enroll in Family Savings Plan. Family Savings Plan enrollees are reimbursed for covered medical and pharmacy expenses up to the ACA maximum amount of \$10,600 for an Individual and \$21,200 per family. The City of Neenah will also pay FSP enrollees a taxable premium incentive of \$50 per month when 1 benefit eligible member comes off the City of Neenah Health Plan and an additional \$50 for all enrolled participants associated with an employee's coverage coming off the plan for a maximum premium incentive of \$100 per month.



TOKIO MARINE
HCC

HCC Life Insurance Company Operating as Tokio Marine HCC – A&H Group

Custom Benchmarking Renewal Proposal

Prepared for:
City of Neenah

Presented by:
M3 Insurance Solutions, Inc.

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Tokio Marine HCC – A&H Group
A member of the Tokio Marine HCC Group of Companies
TMHCC1093 07/2025
Visit us online at tmhcc.com/AHGroup
#TMHCC_AHGroup

This report was prepared by TMHCC exclusively for the use or benefit of this Proposal for a specific and limited purpose. Any third party recipient of this report who desires professional guidance should not rely upon TMHCC's report, but should engage qualified professionals for advice to its own specific needs.

We Will Continue to be There for You



**TOKIOMARINE
HCC**

City of Neenah

Proposal Effective 01/01/2026

211 Walnut Street | Neenah, WI 54956

Sales Representative: Jill VerWoert, jverwoert@tmhcc.com, 763-486-1034

Underwriter: Tasha Njoes, tnjoes@tmhcc.com, 763-486-1016

At Tokio Marine HCC – A&H Group (TMHCC), we have been helping protect self-funded plan sponsors from catastrophic claim events for over 50 years. Whether it be specific coverage for individual high-cost claims, or aggregate coverage for abnormally high claims across the entire plan, TMHCC will be there for you in your time of need. With our experience and expertise in the stop loss industry, we provide an Annual Market Report each year to keep our partners informed on the latest trends and developments. Scan the QR code below to view this market update.

We continue to offer cost and program management solutions to our customers, including: our market-leading, fully-insured Organ Transplant product; best-in-class solutions for managing high-dollar, complex medical conditions such as diseases treatable with gene and cell therapies, hemophilia, and congenital heart disease via our partnership with Emerging Therapy Solutions ©; and management of large claims such as transplants, cancers, and premature births by our Preliminary and Specialty Claims Units.

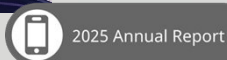
City of Neenah, the attached proposal has been created especially for you. The benchmark and specific deductible threshold data that follow are customized to your unique case characteristics and historical stop loss experience. We promise to continue to be there for you when you need us the most- in protecting your plan from the financial impact of catastrophic claims.

Should you have any questions about this proposal, the benchmark data, or the products, services, and coverage provided by TMHCC, please contact me or your sales representative at your earliest convenience. You may also visit tmhcc.com/AHGroup for more information.

Tasha Njoes
Senior Underwriter



*QR Code to read the 2025 Tokio Marine
HCC – A&H Group Annual Market Report*





TOKIO MARINE
HCC

About Tokio Marine HCC – A&H Group



Financial Strength



Rated A++ (Superior) from A.M. Best Company, AA- (Very Strong) from Fitch Ratings, and A+ (Strong) ratings from S&P Global, Tokio Marine HCC – A&H Group is backed by the financial stability of its parent company, Tokio Marine HCC. Tokio Marine HCC is a specialty insurance group headquartered in Houston, TX, transacting business in over 180 countries with more than 100 classes of insurance. Its international parent company, Tokio Marine Holdings, Inc. (TM), is a Fortune Global 500 insurance carrier. TM is headquartered in Japan and has over \$58 billion in annual revenue.

Solutions



Tokio Marine HCC – A&H Group has expanded into new product lines in recent years, now offering not only stop loss and organ transplant coverage, but also level funded stop loss and MedPlus supplemental health products. Our stop loss portfolio focuses on managing the financial impact of catastrophic claims on a policyholders' self-funded health plan, offering traditional stop loss along with Taft-Hartley and captive specialty solutions. Value-added services available to stop loss policyholders provide cost containment programs and solutions, helping to reduce claim costs in areas such as neonatal care, oncology, dialysis, transplants, cell and gene therapy, prescription drugs, and other high-dollar claims.

Experience



HCC Life Insurance Company, operating as Tokio Marine HCC – A&H Group, has been transferring risks while helping to control healthcare costs for employers and self-funded plans for over 50 years. We are responsible for all underwriting, claims, and administrative decisions, and our producers have direct access to all of TMHCC's decision-making personnel, including executive management. We place great value on our producer relationships, and every staff member is committed to delivering prompt and thorough solutions.

Stability



One of the largest direct writers of stop loss in the U.S., TMHCC has reached \$2.5 billion in annual stop loss premium this year. By keeping our producers and policyholders updated with industry news and product promotions, listening to our customers, and using their feedback to generate innovative product enhancements, we have proven our market expertise and our long-term devotion to the medical stop loss industry.

Tea Time with Tokio Marine HCC – A&H Group

This podcast is brought to you by Tokio Marine HCC – A&H Group. Our vision is to bring quality information and value to our partners, our clients, our producers, and anyone who has a passion for stop loss, organ transplant, Taft Hartley, captive, and level-funded business. Listen to our podcast [HERE](#)



Custom Benchmarking Data

City of Neenah

The benchmarking statistics on this page and the pages that follow have been customized to your employer size, industry, and state. Using TMHCC's own experience, we have put together one of the largest databases in the stop loss industry in an effort to help self-funded groups make informed decisions.

City of Neenah Employer Size Industry State

150 to 174 Public Administration Wisconsin

Average Number of Employees	161	162	734	553
Average Age of Employees	44	45	42	45
Male/Female Employee Split	77/23	60/40	57/43	60/40
Average Specific Deductible	\$100,000*	\$90,000	\$175,000	\$150,000
Percent with Aggregate Coverage		90%	71%	70%
Average Aggregate Reimbursement**		\$224,512	\$183,858	\$137,426
Expected Number of Stop Loss Claims	3.7			
Probability of Organ Transplant Exposure				
<i>In 1 Year</i>	24%			
<i>In 5 Years</i>	40%			

*Current specific deductible for City of Neenah is shown.

**If aggregate claim occurs



Specific Deductible Thresholds

Expected Claims Frequency



The below chart is a tool that may be used in advising you on setting an appropriate specific deductible based on group size. We recognize that these thresholds depend on several variables besides group size – risk tolerance, industry, and profit margins, to name a few – however these are reasonable ranges most groups fall into by considering the expected frequency of stop loss claims.

Too many expected claims equates to higher premiums, and points towards the specific deductible being set too low. Too few claims indicates that the specific deductible could be set too high, putting the group in a risky position should several large claims occur below the stop loss policy's deductible.

Specific Deductible



= You are here

	Risky options (under 2 claims)		Risky options (6-8 claims)
	Optimal risk options (2-5 claims)		Very Risky options (9 or more claims)



Custom Benchmarking Data

City of Neenah

Specific Stop Loss Deductibles

Deductible Threshold Employer Size Industry State

Claims Above \$75,000 150 to 174 Public Administration Wisconsin

Percentage that have a claim	91%	74%	88%
Average number of claims	3.2	3.4	2.9
Average specific reimbursement	\$87,948	\$89,154	\$87,281

Claims Above \$150,000 150 to 174 Public Administration Wisconsin

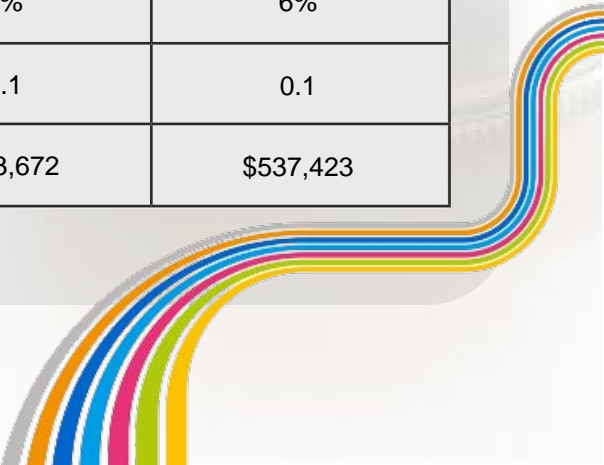
Percentage that have a claim	65%	61%	63%
Average number of claims	1.2	1.7	1.5
Average specific reimbursement	\$146,502	\$148,681	\$129,617

Claims Above \$250,000 150 to 174 Public Administration Wisconsin

Percentage that have a claim	36%	48%	43%
Average number of claims	0.5	1.1	0.9
Average specific reimbursement	\$217,101	\$183,880	\$178,706

Claims Above \$1,000,000 150 to 174 Public Administration Wisconsin

Percentage that have a claim	2%	5%	6%
Average number of claims	0.0	0.1	0.1
Average specific reimbursement	\$872,249	\$703,672	\$537,423



Custom Benchmarking Data

Historical Data for: City of Neenah

Number of Claims by Policy Year

January 1, 2025

\$100,000 Specific Level
0 Claimants

Reimbursed Claims & Premium by Policy Year*

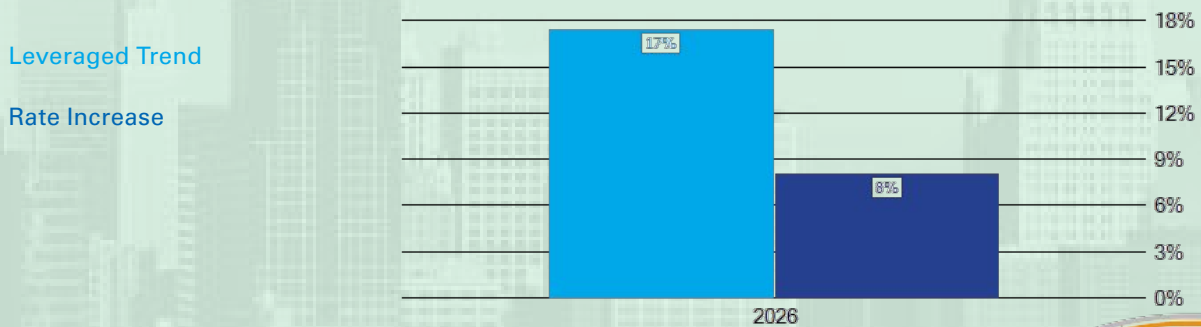
\$0 Claims
\$437,607 Premium
0.0% Loss Ratio

* Reimbursed claims include paid claims plus reserves, and premium represents paid gross premium.

Observed Discount on Reimbursed Claims

0.0%

Rate History vs Leveraged Trend

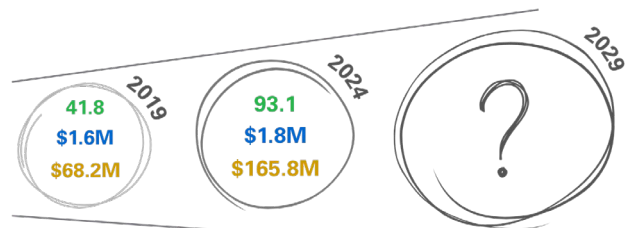


Insights from the Broader Market

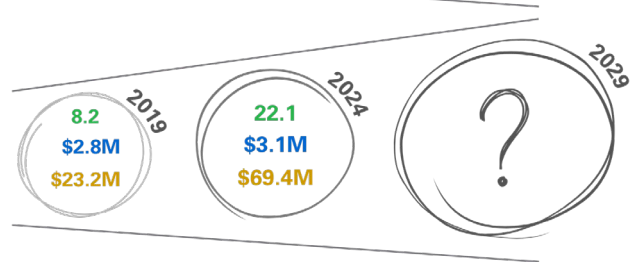
Catastrophic Claims & Maturity of Stop Loss Claims

Catastrophic Claims

\$1 Million+



\$2 Million+



■ Number of Claims/1M Lives
 ■ Average Claim Amount
 ■ Total Claims/1M Lives

Our \$1 million+ and \$2 million+ stop loss claim costs both increased substantially in the past 5 years.

What will happen in the next 5 years?

*2024 claims per 1 Million Lives are matured based on historical patterns

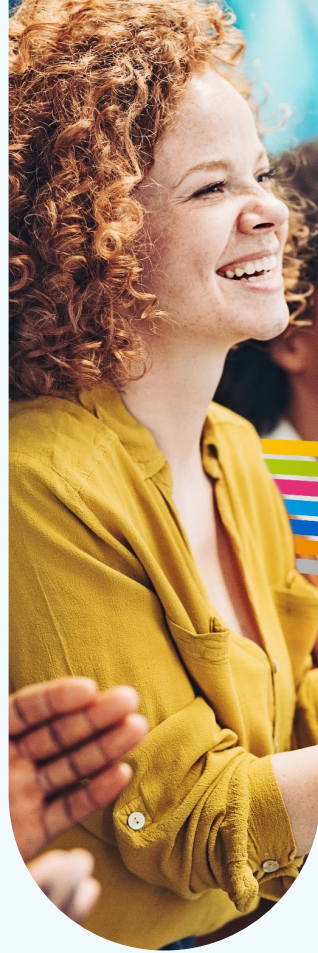
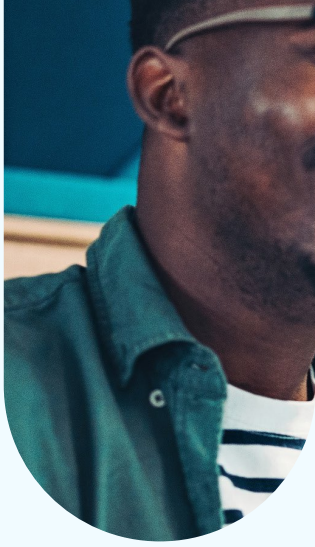
Maturity of Stop Loss Claims

Average Known Claimants as a Percent of Ultimate Claimants

Month Since Policy Effective Date	7	8	9	10	15	20
Percent of Claimants	27.6%	37.2%	46.8%	56.8%	96.8%	99.9%

By month 7 of the policy, only about 28% of ultimate stop loss claimants are known on average. Even by month 15, which is 3 months after the policy year has ended, there can still be stop loss claimants not yet reflected in the claims reporting for a given policy.

Given this uncertainty of predicting how the most recent experience year will turn out, the pricing of risky early locks often results in higher rates for the policyholder. Stop loss pricing is more accurate when following traditional renewal timelines that use 9 or 10 months of claims reporting.



TOKIO MARINE
HCC

Renewal Proposal

for City of Neenah





TOKIO MARINE
HCC

11100 Wayzata Blvd., Suite 350
Minnetonka, MN 55305
Telephone: (763) 486-1000
Facsimile: (763) 486-1001

Underwriter:
Tasha Njoes
tnjoes@tmhcc.com

Marketing Representative:
Jill VerWoert
jverwoert@tmhcc.com

Stop Loss Proposal for: City of Neenah
Effective Dates: 01/01/2026 – 12/31/2026
Quoted for: M3 Insurance Solutions, Inc.

Proposal Number: 1-1457615

ILLUSTRATIVE

INDIVIDUAL STOP LOSS COVERAGE

Plan Description	Option 1	Option 2
Coverages	Medical, Rx Card	Medical, Rx Card
Annual Specific Deductible per Individual	\$ 100,000	\$ 100,000
Contract Basis	12/12	24/12
Lifetime Reimbursement	Unlimited	Unlimited
Maximum Contract Period Reimbursement	Unlimited	Unlimited
Rate(s) Per Month		
Composite		
Enrollment		
161	\$ 303.18	\$ 336.72
Estimated Contract Period Premium	\$ 585,744	\$ 650,543
Rate(s) include Commission of	0.00 %	0.00 %



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 Minnetonka, MN 55305
 Telephone: (763) 486-1000
 Facsimile: (763) 486-1001

Underwriter:
 Tasha Njoes
 tnjoes@tmhcc.com

Marketing Representative:
 Jill VerWoert
 jverwoert@tmhcc.com

Stop Loss Proposal for: City of Neenah
 Effective Dates: 01/01/2026 – 12/31/2026
 Quoted for: M3 Insurance Solutions, Inc.

Proposal Number: 1-1457615

ILLUSTRATIVE

AGGREGATE STOP LOSS COVERAGE

Plan Description	Option 1	Option 2
Coverages	Medical, Rx Card	Medical, Rx Card
Contract Basis	12/12	24/12
Loss Limit per Individual	\$ 100,000	\$ 100,000
Maximum Contract Period Reimbursement	\$ 1,000,000	\$ 1,000,000
Rate per Month	Enrollment	
Composite	161	
	\$ 10.21	\$ 11.31
Estimated Contract Period Premium	\$ 19,726	\$ 21,851
Rate(s) include Commission of	0.00 %	0.00 %
Annual Aggregate Deductible	\$ 3,274,450	\$ 3,975,496
Minimum Aggregate Deductible	\$ 2,947,005	\$ 3,577,946
Monthly Aggregate Claim Factors	Enrollment	
Medical, Rx Card		
Composite	161	
	\$ 1,694.85	\$ 2,057.71
Composite	161	
	\$ 1,694.85	\$ 2,057.71
Run-In Limited To	\$ 0	\$ 596,324

OVERALL COST SUMMARY

Plan Description	Option 1	Option 2
Total Annual Fixed Cost	\$ 605,470	\$ 672,394
Aggregate Variable	\$ 3,274,450	\$ 3,975,496
Maximum Annual Liability	\$ 3,879,920	\$ 4,647,890



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Minnetonka, MN 55305
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Underwriter:
Tasha Njoes
tnjoes@tmhcc.com

Marketing Representative:
Jill VerWoert
jverwoert@tmhcc.com

Stop Loss Proposal for: City of Neenah

Effective Dates: 01/01/2026 – 12/31/2026

Quoted for: M3 Insurance Solutions, Inc.

Proposal Number: 1-1457615

ILLUSTRATIVE

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Quoted terms and conditions are subject to possible revision based upon the receipt and review of the following items:

- Paid claims experience to the effective date including monthly enrollment figures.
- Updated shock loss information to the date HCC Life Insurance Company has been notified that the proposal has been accepted by the group. Shock loss information should include injuries, illnesses, diseases, diagnoses, or other losses of the type, which are reasonably likely to result in a significant medical expense claim or disability, regardless of current claim dollar amount. In addition, shock loss information should include any claimant that has incurred claim dollars in excess of \$ 50,000, regardless of diagnosis. Information is also needed on any claims processed and unpaid, pending or denied for any reason. Please refer to our Trigger Diagnosis Disclosure List, which provides examples of some, but not all, types of shock losses.
- We will accept final shock loss disclosure no earlier than 30 days prior to the effective date.
- Please see the attached exhibit for plan document assumptions and requirements.
- Should a large claim(s) (non-reoccurring and/or ongoing) become known and the initial date of service is prior to the date of written acceptance by HCC Life Insurance Company, we reserve the right to re-underwrite the case.
- In the event there is a greater than 10% change in enrollment between the submitted initial enrollment data and the final enrollment data, rates and factors may be recalculated.
- Minimum participation level of 75% of all eligible employees is required.
- Our proposal includes Simultaneous Funding on Specific reimbursements.
- Rates and Factors are calculated with the plan anniversary date and the Policy effective date as the same date. Should the plan anniversary date and the stop loss policy effective date be different we reserve the right to modify our rates, factors and terms of coverage to accommodate for additional liabilities incurred by the plan due to state and/or federal mandates during the stop loss contract period.
- Quote rated with retirees covered. Quote rated with no COBRAs being covered based on the census information provided.
- INCUMBENT ADMINISTRATORS ONLY In Lieu of Disclosure Statement, UMR, Inc. approved reports SLAM Report (Stop Loss Activity Management), UM Cases Open or Closed Within Specified Timeframe, SLAM Report (Stop Loss Activity Management), SLAM Report (Stop Loss Activity Management), SLAM Report (Stop Loss Activity Management), Monthly Aggregate Stop Loss Results will be accepted as disclosure.
- Quote Rated with the following UR Vendors: CARE - UR.
- Quote Rated with the following Cost Containment Program(s): UnitedHealthcare ChoicePlus.
- This proposal does not bind insurance coverage: additional conditions will apply. All rates and factors are subject to final underwriting. Please see accompanying cover letter for further information.

Plan Document Assumptions

This proposal for stop loss coverage assumes the Plan Sponsor's plan document includes certain standard clauses, exclusions and limitations. These exclusions and limitations include, but are not limited to the following:

1. **Eligibility, Effective Date, and Enrollment Date** provisions, which include definitions of eligible employees (including definitions of full-time and part-time), dependents, and retirees, if applicable.
2. **Termination Provisions** which clearly define when eligibility and benefits cease. The Termination Provisions should include specific wording regarding extension of coverage (also known as "extension of active service") during a period of inactive service due to disability, layoff or leave of absence. The plan should include COBRA wording consistent with federal requirements.
3. **Transplant** benefit wording that identifies any benefits applicable to the donor (particularly the non-participating donor), the recipient, organ procurement, and any covered transportation, lodging and companion charges.
4. The Plan is expected to contain provisions that preserve its ability to seek a right of recovery, to recover funds via subrogation, to enforce coordination of benefit clauses with other plans and where able, to be secondary to Medicare and other public programs (subject to the Plan's compliance with Medicare Secondary Payer rules).
5. Exclude expenses resulting from losses which are due to any act of war, whether declared or not.
6. Exclude expenses for any injury or illness arising out of or in the course of any occupation or employment for wage or profit.
7. Exclude expenses related to Alternative Treatment, except when deemed both medically necessary and cost effective when compared to a normal course of treatment.
8. All HCC Life policies contain an Experimental and Investigative definition and exclusion along with coverage requirements for clinical trials that complies with the Affordable Care Act (ACA).

We Will be There for You

Tokio Marine HCC – A&H Group



TOKIO MARINE
HCC

Financial Strength

Tokio Marine HCC – A&H Group maintains strong financial ratings and is backed by its parent company, Tokio Marine HCC, which is parented by Tokio Marine Holdings, Inc.

Solutions

TMHCC has expanded its product offerings to include: organ transplant, level funded stop loss, and MedPlus supplemental health. Our stop loss portfolio offers traditional stop loss, Taft-Hartley, and captive specialty solutions, along with value-added services to help control high-dollar costs.

Experience

HCC Life Insurance Company, operating as Tokio Marine HCC – A&H Group, has been in the stop loss market for over 50 years. We place great value on our producer relationships and provide direct access to all of TMHCC's decision-making personnel.

Stability

One of the largest direct writers of stop loss in the U.S., TMHCC has reached \$2.5 billion in annual MSL premium this year. We keep our producers and policyholders updated on the stop loss market with our proven expertise and long-term devotion to this industry.

Please contact your TMHCC sales representative with any questions



Thank you for trusting TMHCC!



\$100,000 Specific Stop Loss Deductible - UMR/TMHCC

I. TREND ASSUMPTIONS

Medical Trend	6.5%	
Prescription Drug Trend	10.6%	
Blended Trend	8.1%	Represents blend of medical & Rx trend based on group experience
Renewal Date	01/01/2026	07/02/2026
Projection End Date	12/31/2026	12

II. HISTORICAL CLAIMS EXPERIENCE

05/02/2025

EXPERIENCE PERIOD	01/01/25 - 08/31/25
Paid Medical Claims	\$772,364
Paid Prescription Drug Claims	\$508,944
Less Pooled Claims (@ \$100,000 Stop Loss Threshold)	\$0
Plan Change Adjustment Factor	1.0000
Plan Completion Factor	1.2102
Adjusted Paid Claims	\$1,550,576
Number of Months in Experience Period	8
Annualized Adjusted Paid Claims	\$2,325,864
Average Members*	502
Claims per Member per Year	\$4,633
Trend to Midpoint (number of months)	14.0
Trend to Midpoint (trend factor)	1.0955
Projected Claims per Member per Year	\$5,075
Weight	100%
Weighted Average Claims per Member per Year	\$5,075

III. CALCULATION OF FUNDING LEVELS

1. Variable Costs

Current Member Count	504
M3 Projected Plan Year Medical/Rx Claims	\$2,558,046
Stop Loss Projected Plan Year Medical/Rx Claims	\$3,298,921
Stop Loss Maximum Plan Year Medical/Rx Claims	\$4,123,651

2. Fixed Costs

	Single Rate PEPM	Family Rate PEPM	Total Annual Cost	Notes
Medical Claims Admin	\$44.87	\$44.87	\$89,919	UMR Renewal
OptumRx Rebate Fee Credit	-\$34.96	-\$34.96	-\$70,056	UMR Renewal Estimate
Maternity Care	\$0.65	\$0.65	\$1,303	UMR Renewal
Nurseline	\$0.50	\$0.50	\$1,002	UMR Renewal
Plan Advisor	\$2.95	\$2.95	\$5,912	UMR Renewal
Custodial Banking	\$1.50	\$1.50	\$3,000	UMR Renewal
M3 Commission	\$17.51	\$17.51	\$35,090	Renewal
Specific Stop Loss (\$100,000)	\$336.72	\$336.72	\$674,787	TMHCC Preliminary Renewal
Aggregate Stop Loss	\$11.31	\$11.31	\$22,665	TMHCC Preliminary Renewal
Springbuk	\$1.25	\$1.25	\$2,505	Renewal
OptumRx Premium PDL Savings	-\$7.49	-\$7.49	-\$15,000	Estimate
Total Fixed Costs=			\$751,127	

21.4%

Calculated Funding Rate Increase

M3 Projected Overall Plan Year Expenditures	\$3,309,173	-27.44%
Stop Loss Projected Overall Plan Year Expenditures	\$4,050,048	-11.19%
Stop Loss Maximum Overall Plan Year Expenditures	\$4,874,778	6.90%
Projected Funding w/ Current Rates	\$4,560,298	

Plan Level	Current Contract Counts	Current Funding Rate	M3 Calculated Funding Rate	Stop Loss Calculated Funding Rate	Stop Loss Calculated Max Funding Rate
Employee Only	47	\$1,042.86	\$756.75	\$926.17	\$1,114.78
Employee + Family	120	\$2,758.42	\$2,001.64	\$2,449.78	\$2,948.64
Totals	167	\$4,560,298	\$3,309,173	\$4,050,048	\$4,874,778

The recommended rates do not include the plan sponsor's 2% administrative allowance for COBRA Participants

Disclaimer: The calculated proposed funding rates represents our suggestion of what adjustment should be applied to current premium funding rates to meet future expected plan costs. M3 Insurance Solutions, Inc. will not be liable for any potential shortfalls or surpluses of dollars based on these projections.

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Health Carrier	UMR		UMR		
	Current	Renewal	Current	Renewal	
Insurance Type	PPO		PPO		
Provider Network:	Choice Plus		Choice Plus		
Deductible	Single	Family	Single	Family	
In Network	\$1,750	\$3,500	\$1,750	\$3,500	
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000	
Co-Insurance	80%		80%		
In Network	50%		50%		
Max Out-of-Pocket (Ded/Coins/Copy)	Single	Family	Single	Family	
In Network Medical	\$7,000	\$14,000	\$7,000	\$14,000	
Out of Network	\$14,000	\$28,000	\$14,000	\$28,000	
Office Visits	PCP	Specialist	PCP	Specialist	
In Network	\$40	\$65	\$40	\$65	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance		
Preventive Care	Select Services Covered In Full		Select Services Covered In Full		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Urgent Care	\$100		\$100		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Emergency Room	\$500		\$500		
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance		
Prescriptions (Rx)	\$10/\$50/\$75/30% to \$300 Max		\$10/\$50/\$75/30% to \$300 Max		
Rates	Employee	47	\$1,042.86	47	\$811.15
	Employee/Spouse	0	\$0.00	15	\$1,865.65
	Employee/Child(ren)	0	\$0.00	15	\$1,460.07
	Family	120	\$2,758.42	90	\$3,244.61

Monthly Totals	\$380,024.82	\$380,024.75	0.00%
Annual Totals	\$4,560,297.84	\$4,560,297.00	(\$1)
Annual Δ% from Current			0.00%
Annual Δ\$ from Current			(\$1)

Current Contribution Strategy (Select)		Renewal Contribution Strategy		12% EE / 88% ER
Single Plan Contribution		Single Plan Contribution		
Employee Monthly	\$63.32	City Monthly	\$713.81	
Employee Monthly	\$979.54	City Monthly	\$97.34	
Family Plan Contribution		Employee/Spouse Contribution		
Employee Monthly	\$167.76	City Monthly	\$223.88	
Employee Monthly	\$2,590.66	City Monthly	\$1,641.77	
Estimated Monthly City Premium Cost	\$223,402	Employee/Child(ren) Contribution		
		Employee Monthly	\$175.21	
		City Monthly	\$1,284.86	
Current Contribution Strategy (Broad)		Family Contribution		
Single Plan Contribution		Employee Monthly	\$389.35	
Employee Monthly	\$128.98	City Monthly	\$2,855.26	
Employee Monthly	\$913.88	City Monthly		
Family Plan Contribution		Employee Monthly	\$341.16	
Employee Monthly	\$2,417.26	City Monthly	\$2,417.26	
Estimated Monthly City Premium Cost	\$92,239.52	Est Monthly City Premium Total	\$334,421.78	
		Est Monthly City Δ\$ from current	5.95%	
Estimated Monthly Total City Premium Cost	\$315,641.60			

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Health Carrier	UMR		UMR		
	Alternate OOP 1	Alternate OOP 2	Alternate OOP 1	Alternate OOP 2	
Insurance Type	PPO		PPO		
Provider Network:	Choice Plus		Choice Plus		
Deductible	Single	Family	Single	Family	
In Network	\$1,750	\$3,500	\$1,750	\$3,500	
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000	
Co-Insurance	80%		80%		
In Network	50%		50%		
Max Out-of-Pocket (Ded/Coins/Copy)	Single	Family	Single	Family	
In Network Medical	\$6,000	\$13,000	\$5,000	\$12,000	
Out of Network	\$13,000	\$27,000	\$12,000	\$26,000	
Office Visits	PCP	Specialist	PCP	Specialist	
In Network	\$40	\$65	\$40	\$65	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance		
Preventive Care	Select Services Covered In Full		Select Services Covered In Full		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Urgent Care	\$100		\$100		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Emergency Room	\$500		\$500		
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance		
Prescription Drugs	\$10/\$50/\$75/30% to \$300 Max		\$10/\$50/\$75/30% to \$300 Max		
Rates	Employee	47	\$817.64	47	\$825.75
	Employee/Spouse	15	\$1,880.58	15	\$1,899.23
	Employee/Child(ren)	15	\$1,471.75	15	\$1,486.35
	Family	90	\$3,270.57	90	\$3,303.01

Monthly Totals	\$383,064.95	\$386,865.20	1.80%
Annual Totals	\$4,596,779.38	\$4,642,382.35	\$2,085
Annual Δ% from Current	0.80%	1.80%	1.80%
Annual Δ\$ from Current	\$36,482	\$82,085	\$82,085

Renewal Contribution Strategy (Alt 1)		Renewal Contribution Strategy (Alt 2)	
Single Plan Contribution		Single Plan Contribution	
Employee Monthly	\$98.12	City Monthly	\$719.52
Employee Monthly	\$719.52	City Monthly	\$98.12
Employee/Spouse Contribution		Employee/Spouse Contribution	
Employee Monthly	\$225.67	City Monthly	\$1,654.91
Employee Monthly	\$1,654.91	City Monthly	\$225.67
Employee/Child(ren) Contribution		Employee/Child(ren) Contribution	
Employee Monthly	\$176.61	City Monthly	\$1,295.14
Employee Monthly	\$1,295.14	City Monthly	\$176.61
Family Contribution		Family Contribution	
Employee Monthly	\$392.47	City Monthly	\$2,878.10
Employee Monthly	\$2,878.10	City Monthly	\$392.47
Est Monthly City Premium Total	\$337,097.15	Est Monthly City Premium Total	\$340,441.37
Est Monthly City Δ\$ from current	6.80%	Est Monthly City Δ\$ from current	7.86%

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Health Carrier	UMR		UMR		
	Alternate OOP 3	Alternate OOP 4	Alternate OOP 3	Alternate OOP 4	
Insurance Type	PPO		PPO		
Provider Network:	Choice Plus		Choice Plus		
Deductible	Single	Family	Single	Family	
In Network	\$1,750	\$3,500	\$1,750	\$3,500	
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000	
Co-Insurance	80%		80%		
In Network	50%		50%		
Max Out-of-Pocket (Ded/Coins/Copy)	Single	Family	Single	Family	
In Network Medical	\$6,000	\$12,000	\$5,000	\$10,000	
Out of Network	\$12,000	\$24,000	\$10,000	\$20,000	
Office Visits	PCP	Specialist	PCP	Specialist	
In Network	\$40	\$65	\$40	\$65	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance		
Preventive Care	Select Services Covered In Full		Select Services Covered In Full		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Urgent Care	\$100		\$100		
In Network	Deductible & Coinsurance		Deductible & Coinsurance		
Emergency Room	\$500		\$500		
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance		
Prescription Drugs	\$10/\$50/\$75/30% to \$300 Max		\$10/\$50/\$75/30% to \$300 Max		
Rates	Employee	47	\$819.26	47	\$827.37
	Employee/Spouse	15	\$1,884.31	15	\$1,902.96
	Employee/Child(ren)	15	\$1,474.67	15	\$1,489.27
	Family	90	\$3,277.06	90	\$3,309.50

Monthly Totals	\$383,825.00	\$387,625.25	2.00%
Annual Totals	\$4,605,899.97	\$4,651,502.94	\$45,603
Annual Δ% from Current	1.00%	2.00%	2.00%
Annual Δ\$ from Current	\$45,603	\$91,206	\$91,206

Renewal Contribution Strategy (Alt 3)		Renewal Contribution Strategy (Alt 4)	
Single Plan Contribution		Single Plan Contribution	
Employee Monthly	\$98.31	City Monthly	\$720.95
Employee Monthly	\$720.95	City Monthly	\$98.31
Employee/Spouse Contribution		Employee/Spouse Contribution	
Employee Monthly	\$226.12	City Monthly	\$1,658.19
Employee Monthly	\$1,658.19	City Monthly	\$226.12
Employee/Child(ren) Contribution		Employee/Child(ren) Contribution	
Employee Monthly	\$176.96	City Monthly	\$1,297.71
Employee Monthly	\$1,297.71	City Monthly	\$176.96
Family Contribution		Family Contribution	
Employee Monthly	\$393.25	City Monthly	\$2,883.81
Employee Monthly	\$2,883.81	City Monthly	\$393.25
Est Monthly City Premium Total	\$337,766.00	Est Monthly City Premium Total	\$341,110.22
Est Monthly City Δ\$ from current	7.01%	Est Monthly City Δ\$ from current	8.07%

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Health Carrier	UMR Current		UMR Renewal	
Insurance Type	PPO		PPO	
Provider Network:	Choice Plus		Choice Plus	
Deductible	Single	Family	Single	Family
In Network	\$1,750	\$3,500	\$1,750	\$3,500
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000
Co-Insurance	80% In Network, 50% Out of Network		80% In Network, 50% Out of Network	
Max Out-of-Pocket (Ded/Coins/Copay)	Single	Family	Single	Family
In Network Medical	\$7,000	\$14,000	\$7,000	\$14,000
Out of Network	\$14,000	\$28,000	\$14,000	\$28,000
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$40	\$65	\$40	\$65
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Preventive Care	Select Services Covered In Full		Select Services Covered In Full	
Urgent Care	\$100 Deductible & Coinsurance		\$100 Deductible & Coinsurance	
Emergency Room	\$500		\$500	
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance	
Prescriptions (Rx)	In Network \$10/\$50/\$75/30% to \$300 Max		In Network \$10/\$50/\$75/30% to \$300 Max	

Rates	Employee	Employee/Spouse	Employee/Child(ren)	Family
In Network	47	0	0	120
Employee	\$1,042.86	\$0.00	\$0.00	\$2,758.42
Employee/Spouse	\$0.00	\$0.00	\$0.00	\$2,758.42
Employee/Child(ren)	\$0.00	\$0.00	\$0.00	\$2,758.42
Family	\$2,758.42	\$2,758.42	\$2,758.42	\$2,758.42

Monthly Totals	\$380,024.82	\$380,024.75	0.00%
Annual Totals	\$4,560,297.84	\$4,560,297.00	(\$1)

Annual Δ% from Current: 0.00%
Annual Δ\$ from Current: (\$1)

Current Contribution Strategy (Select)		Renewal Contribution Strategy	
Single Plan Contribution		Single Plan Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$63.32	\$979.54	\$73.00	\$738.15
Family Plan Contribution		Employee/Spouse Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$167.76	\$2,590.66	\$167.91	\$1,697.74
Estimated Monthly City Premium Cost		Employee/Child(ren) Contribution	
\$223,402.08		Employee Monthly	City Monthly
		\$131.41	\$1,328.66
		Family Contribution	
		Employee Monthly	City Monthly
		\$292.01	\$2,952.60
Estimated Monthly City Premium Cost		Est Monthly City Premium Total	
\$92,239.52		\$345,822.52	
		Est Monthly City Δ\$ from current 9.56%	
Estimated Monthly Total City Premium Cost			
\$315,641.60			

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Alternate Plan Design

Health Carrier	UMR Alternate OOP 1		UMR Alternate OOP 2	
Insurance Type	PPO		PPO	
Provider Network:	Choice Plus		Choice Plus	
Deductible	Single	Family	Single	Family
In Network	\$1,750	\$3,500	\$1,750	\$3,500
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000
Co-Insurance	80% In Network, 50% Out of Network		80% In Network, 50% Out of Network	
Max Out-of-Pocket (Ded/Coins/Copay)	Single	Family	Single	Family
In Network Medical	\$6,000	\$13,000	\$5,000	\$12,000
Out of Network	\$13,000	\$27,000	\$12,000	\$26,000
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$40	\$65	\$40	\$65
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Preventive Care	Select Services Covered In Full		Select Services Covered In Full	
Urgent Care	\$100 Deductible & Coinsurance		\$100 Deductible & Coinsurance	
Emergency Room	\$500		\$500	
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs	In Network \$10/\$50/\$75/30% to \$300 Max		In Network \$10/\$50/\$75/30% to \$300 Max	

Rates	Employee	Employee/Spouse	Employee/Child(ren)	Family
In Network	47	15	15	90
Employee	\$817.64	\$1,865.65	\$1,471.75	\$3,270.57
Employee/Spouse	\$1,865.65	\$1,865.65	\$1,471.75	\$3,270.57
Employee/Child(ren)	\$1,471.75	\$1,471.75	\$1,471.75	\$3,270.57
Family	\$3,270.57	\$3,270.57	\$3,270.57	\$3,270.57

Monthly Totals	\$383,064.95	\$386,865.20	1.80%
Annual Totals	\$4,596,779.38	\$4,642,382.35	\$36,482

Annual Δ% from Current: 1.80%
Annual Δ\$ from Current: \$36,482

Renewal Contribution Strategy (Alt 1)		Renewal Contribution Strategy (Alt 2)	
Single Plan Contribution		Single Plan Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$73.59	\$744.05	\$74.32	\$751.43
Employee/Spouse Contribution		Employee/Spouse Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$169.25	\$1,711.32	\$170.93	\$1,728.30
Employee/Child(ren) Contribution		Employee/Child(ren) Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$132.46	\$1,339.29	\$133.77	\$1,352.58
Family Contribution		Family Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$294.35	\$2,976.22	\$297.27	\$3,005.74
Est Monthly City Premium Total		Est Monthly City Premium Total	
\$348,589.10		\$352,047.33	
Est Monthly City Δ\$ from current 10.44%		Est Monthly City Δ\$ from current 11.53%	

Health Insurance Benefit Comparison



City of Neenah
Effective Date: 01/01/2026

Alternate Plan Design

Health Carrier	UMR Alternate OOP 3		UMR Alternate OOP 4	
Insurance Type	PPO		PPO	
Provider Network:	Choice Plus		Choice Plus	
Deductible	Single	Family	Single	Family
In Network	\$1,750	\$3,500	\$1,750	\$3,500
Out of Network	\$3,500	\$7,000	\$3,500	\$7,000
Co-Insurance	80% In Network, 50% Out of Network		80% In Network, 50% Out of Network	
Max Out-of-Pocket (Ded/Coins/Copay)	Single	Family	Single	Family
In Network Medical	\$6,000	\$12,000	\$5,000	\$10,000
Out of Network	\$12,000	\$24,000	\$10,000	\$20,000
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$40	\$65	\$40	\$65
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Preventive Care	Select Services Covered In Full		Select Services Covered In Full	
Urgent Care	\$100 Deductible & Coinsurance		\$100 Deductible & Coinsurance	
Emergency Room	\$500		\$500	
Hospital Services	Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs	In Network \$10/\$50/\$75/30% to \$300 Max		In Network \$10/\$50/\$75/30% to \$300 Max	

Rates	Employee	Employee/Spouse	Employee/Child(ren)	Family
In Network	47	15	15	90
Employee	\$819.26	\$1,884.31	\$1,474.67	\$3,309.50
Employee/Spouse	\$1,884.31	\$1,884.31	\$1,474.67	\$3,309.50
Employee/Child(ren)	\$1,474.67	\$1,474.67	\$1,474.67	\$3,309.50
Family	\$3,309.50	\$3,309.50	\$3,309.50	\$3,309.50

Monthly Totals	\$383,825.00	\$387,625.25	2.00%
Annual Totals	\$4,605,899.97	\$4,651,502.94	\$45,603

Annual Δ% from Current: 2.00%
Annual Δ\$ from Current: \$45,603

Renewal Contribution Strategy (Alt 3)		Renewal Contribution Strategy (Alt 4)	
Single Plan Contribution		Single Plan Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$73.73	\$745.53	\$74.46	\$752.91
Employee/Spouse Contribution		Employee/Spouse Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$169.59	\$1,714.72	\$171.27	\$1,731.70
Employee/Child(ren) Contribution		Employee/Child(ren) Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$132.72	\$1,341.95	\$134.03	\$1,355.24
Family Contribution		Family Contribution	
Employee Monthly	City Monthly	Employee Monthly	City Monthly
\$294.94	\$2,982.12	\$297.86	\$3,011.65
Est Monthly City Premium Total		Est Monthly City Premium Total	
\$349,280.75		\$352,738.97	
Est Monthly City Δ\$ from current 10.66%		Est Monthly City Δ\$ from current 11.75%	



City of Neenah
Health Insurance Contribution Modeling
1/1/2026

2026 Opt Out Modeling		
	Enrollment	Cash in Lieu
<i>Single</i>	8	\$1,250.00
<i>Family</i>	56	\$2,500.00
<i>Total</i>		\$150,000
Combined Total		\$150,000

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.



City of Neenah

Health Insurance Contribution Modeling

Effective Date: 1/1/2026

2026 Funding Rates

HRA Contribution (Single/Family):

Estimated Annual Exam Participation:

N/A

Health Carrier	UMR		
Deductible		Single	Family
In Network		\$1,750	\$3,500
Out of Network		\$3,500	\$7,000
HRA Contribution		Single	Family
		\$0	\$0
Maximum Out-of-Pocket		Single	Family
In Network		\$7,000	\$14,000
Out of Network		\$14,000	\$28,000
Rates		Current	Proposed
Employee	47	\$1,042.86	\$811.15
Employee + Spouse	15	\$2,758.42	\$1,865.65
Employee + Child(ren)	15	\$2,758.42	\$1,460.07
Employee + Family	90	\$2,758.42	\$3,244.61
Monthly Totals		\$380,025	\$380,025
Annual Totals		\$4,560,298	\$4,560,298

HRA Contribution

Annual Employer Premium + HRA Contribution Total

\$4,560,298



Optum Rx Reprice Summary
Customer Name: City of Neenah
Plan Effective Date: 1/1/2026
Date Range: 1/1/2025 to 8/31/2025

Biosimilar Strategy

Formulary
 Plan Design

SUMMARY	High WAC	
	Premium PDL	Select PDL
	Traditional	Comprehensive
Total Amount Paid	\$533,733	\$533,733
Administrative Fees	\$0	\$0
Rebates Applied	\$304,810	\$221,880
Rebate Fee Credit Applied	\$0	\$46,704
Total Costs	\$228,923.12	\$265,149.12
Average Cost per Claim	\$97.96	\$113.46
Total Savings	\$104,298.18	\$68,072.18
Total Savings per Claim	\$44.63	\$29.13
Savings%	31.30%	20.43%
Total Claims Count:	2,337	

* Refer to Proposal for Applicable Rates, Terms, and Conditions

<u>Therapy class</u>	<u>Drug name</u>	<u>Alternative</u>	<u>Utilizers</u>
ADHD & Narcolepsy Medications	CONCERTA	Please talk to your doctor about other option(s).	1
ADHD & Narcolepsy Medications	VYVANSE	Please talk to your doctor about other option(s).	1
Angiotensin II Receptor & Neprilysin Inhibitor (ARNI)	ENTRESTO	SACUBITRIL-VALSARTAN TABLET	1
Contraceptives	YAZ	DROSPIRENONE-ETHINYL ESTRADIOL TABLET, LORYNA, NIKKI, NATAZIA	1
Inhaled Bronchodilator	VENTOLIN HFA	ALBUTEROL HFA	1
Diabetes Monitoring and Testing Supplies	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	DEXCOM BLOOD GLUCOSE MONITORING SYSTEM	1
ADHD & Narcolepsy Medications	QELBREE	ATOMOXETINE CAPSULE, CLONIDINE ER TABLET, GUANFACINE ER TABLET	1
Thyroid Hormones	TIROSINT	LEVOTHYROXINE TABLET, LEVOXYL, UNITHROID	1



MEMORANDUM

Date: October 6, 2025

To: Chairperson Steiner and members of the Finance and Personnel Committee

From: Amy Fairchild, Director of Human Resources and Safety
Care of Parks Superintendent Trevor Fink

RE: 2026 Benefits Renewal Proposals and Projections

M3 Representative Bec Kurzynske will present the Committee with proposals which have been presented to date along with alternative options for consideration.

Items available at the time of the agenda with attachments include:

- Dental renewals and proposals – additional coverage options
- Family Savings Plan proposals – new benefit

Items still in underwriting due to only having 8 months of finalized data include:

- Final medical plan proposals
- Stop-loss proposals

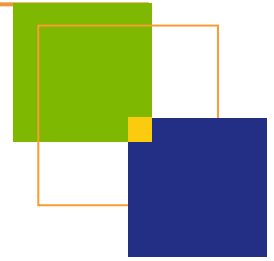
Staff continues to receive information relevant to final medical proposals and anticipates having this data by late Friday, October 3rd. Any new information will be forwarded to the Committee as it becomes available. If it is not received prior to the scheduled meeting, it will be presented during the meeting for review and consideration.

Recommendation:

Staff recommends that the Committee review all proposals presented by M3 and consider approving the 2026 plan year designs for medical and dental coverage. Final approval may be contingent upon receipt and review of complete medical plan and stop-loss information. This approach allows the Committee to make informed decisions while ensuring timely plan renewal and continuity of benefits for employees.

City of Neenah Self Funded Health Plan Update

September 30, 2025

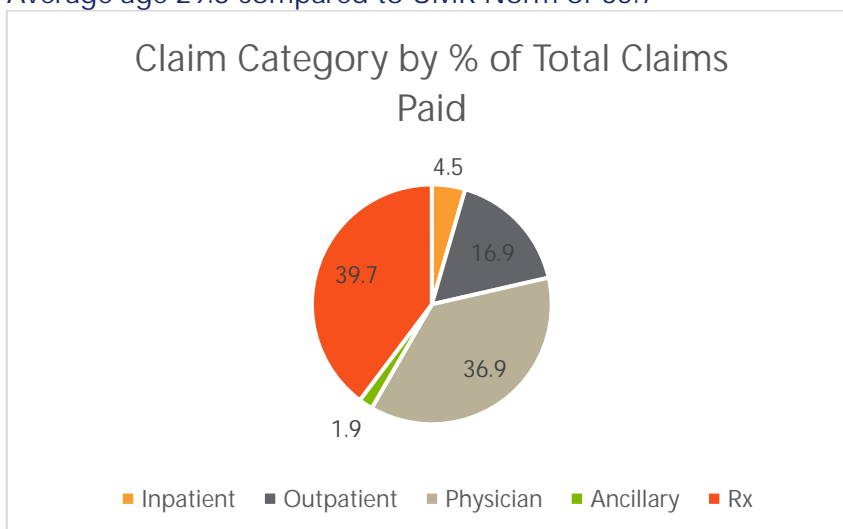


Health Plan Performance Monitor – January 1, 2025 through August 31, 2025 – M3 Insurance risk management team

- Robin by Health Partners (fully insured health insurance carrier) paid claims for all medical and pharmacy services incurred through December 31, 2025.
- Enrollment in the health plan has been consistent throughout the year with an average of 47 single plans and 120 family plans.
- The plan runs on a calendar year with members having accumulated 8 months of claims and plan expenses. Generally speaking, this is the time of the year that members typically begin to meet their deductible and more of the costs shift to the health plan.
- With 8 months of data, the plan has a cost to funding ratio of 56.4%, indicating favorable performance relative to funding.
- Year to date, distribution of plan costs are as follows:
 - 45% of plan costs come from medical claims
 - 30% of plan costs come from prescription drug claims
 - 25% of plan costs come from fixed costs (stop loss insurance, third party administrator and network fees, etc.)

Plan Utilization Data – January 1, 2025 through August 31, 2025 – various UMR reports summarized by M3 Insurance

- Benchmark Reference: UMR Norm is UMR Active Groups excluding retiree only health plans (includes 4,822 groups and 7.5 million members)
- City of Neenah Average family size 3.0 compared to UMR Norm of 1.9 | City of Neenah Average age 29.8 compared to UMR Norm of 35.7



- All claim categories are below UMR Norm on a Per Member Per Month cost as compared to UMR Norm

- Of the 501 members covered on the health plan, 20 have claims exceeding \$15,000. Of those 20, 11 have claims exceeding \$25,000. Of those 11, 4 have claims exceeding \$50,000.
- The discount through UnitedHealthcare's ChoicePlus Network is strong at 49.5% at the most recent reporting.

Stop Loss

- In the first year of self-funding a group's stop loss coverage protects from high cost claims that are incurred and paid during a 12 month period. The City's policy is from January 1, 2025 through December 31, 2025.
- Upon renewal, the City will have a contract change that will also protect from claims that are incurred prior to January 1, 2026 but are not paid until after January 1, 2026.
- This contract change will come at an increased premium as compared to the 2025 stop loss premium. This is a known increased cost in the second year of self-funding as compared to the first year.

Additional Insights

- Members who are insured on the City of Neenah's health plan continue to make use of efficiencies in the health plan to access high quality care. The City's onsite clinic utilization remains strong, Teladoc virtual care continues to increase as we encourage members to enroll in the platform so that they are ready for care when they need it, and the HR team continues to educate employees about the resources available to them, helping employees make informed decisions and maximize their benefits.
- The next few months of the plan are still quite uncertain as member's utilization patterns at the end of the plan year are still unknown. Additionally, it is important to remember that next year will include a full year of plan utilization including "run-in" claims – those that are incurred in the prior plan year but not paid until the next plan year. The funding forecast prepared by M3 will account for that but it is expected that the plan continues to do very well this year, barring any catastrophic claims.
- We look forward to the City's upcoming benefits fair and meeting with employees at open enrollment education sessions.



2025 COVERAGE & RENEWAL SUMMARY

City of Neenah

Coverage Name	Carrier	Prior Renewal Recap	Renewal Date	2026 Renewal
Medical	UMR	Admin fee \$43.63 PEPM	1/1/2026	Review moving to 4 tier rate structure Admin fee \$44.87 PEPM (Year 2 of 3-year fee guarantee)
Stop Loss	TMHCC	Specific Ded: \$100,000 Lasers: \$200,000 & \$350,000	1/1/2026	19.9% Increase 24/12 Contract Basis No Lasers
PBM	Optum Rx via UMR	Pharmacy Credit (\$27.00 PEPM)	1/1/2026	Pharmacy Credit (\$30.00 PEPM) High WAC Savings options
Health Plan Data Analytics	SpringBuk			Implementation 1/1/2026 \$1.25 PEPM
Family Savings Plan	Network Health			Proposal effective 1/1/2026
Onsite Clinic	ThedaCare	24 hours per week. Hours worked above contract billed in 15-minute increments at \$102.00 / hour	2/1/2026	Renewal expected Mid/Late October
COBRA Administration	DBS	Monthly admin \$.75/eligible month \$60/month min	10/1/2025	Monthly Admin \$.75/eligible/month \$65/month min
FSA / HRA Administration	DBS	Health, Limited Health, Dependent Care	1/1/2029	
Dental	Delta Dental	Delta admin fee \$4.71 PEPM	1/1/2026	Recommendation to add CarePlus effective 1/1/2026 Delta admin fee \$4.91 PEPM (through 12/31/2028)
Vision	Delta Vision	EE \$6.56 ESP \$13.12 ECH \$11.80 FAM \$17.30	1/1/2029	Rates guaranteed through 12.31.2028
Hospital Indemnity/ Critical Illness / Accident	The Standard	Voluntary Benefit – See Benefit Guide	1/1/2027	
EAP	Ascension	8 session model	7/1/2026	
Pet Insurance	Spot Pet			Voluntary Benefit – Proposal effective 1/1/2026