Brown & Brown INSURANCE
FORT LAUDERDALE

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February 1st, 2022

Board of Trustees
International Union of Operating Engineers Local 487
Health and Welfare Fund
911 Ridgebrook Rd.
Sparks, MD 21152

Dear Trustees:

This report includes United Healthcare negotiated benefit renewal for International Union of Operating Engineers Local 487 Health and Welfare Fund.

Negotiations have been completed for the United Healthcare NHP Medical, United Healthcare Dental and United Healthcare Vision for the April 1, 2022, effective date. The following are the results:

United Healthcare NHP Medical: The medical loss ratio is 106%. Shock claims are driving the loss ratio in an upward direction. Currently, there is an **active shock claim (92 Days in Hospital)** of **$1,733,222.** After several discussions and the hope that this unprecedented claim will be inactive soon, United agreed to a renewal for this year of **7.9%** with current benefits.

United Healthcare Dental: The renewal for this year will be **0%** with current benefits.

United Healthcare Vision: The renewal for this year will be **0%** with current benefits.

Please see attached reports.

Thank you.
Bob Sudler

Bob Sudler
Senior Vice President

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International Union of Operating Engineers Local 487 Health and Welfare Fund
United Healthcare Renewal
Renewal Effective Date: April 1, 2022

Shock Claims

Claimant	Medical Diagnosis	Total Paid	Status
Claimant 1	Covid Viral --**Hosp: 92 Days**	$1,733,220.92	OPEN
Claimant 2	Breast Cancer	$ 291,346.66	OPEN
Claimant 3	Covid Viral--Hosp 19 Days	$ 240,193.82	OPEN
Claimant 4	Pulminary Heart Disease	$ 181,179.01	OPEN
Claimant 5	Biliary/Liver Tract Disease	$ 112,690.13	OPEN

Premium vs Claims

Year/Month	Members	Premium	Total Payments	Ratio
2020-11	567	$701,368	$513,059	73.2%
2020-12	558	$694,813	$469,485	67.6%
2021-01	537	$579,138	$342,626	59.2%
2021-02	528	$567,336	$350,188	61.7%
2021-03	529	$567,997	$474,069	83.5%
2021-04	523	$604,420	$816,061	135.0%
2021-05	537	$618,655	$1,230,183	198.8%
2021-06	539	$619,518	$999,390	161.3%
2021-07	542	$626,139	$701,994	112.1%
2021-08	547	$630,818	$779,257	123.5%
2021-09	548	$635,457	$823,735	129.6%
2021-10	551	$641,129	$462,010	72.1%

Ratio
106.3%

International Union of Operating Engineers Local 487 Health and Welfare Fund
United Healthcare Renewal
Renewal Effective Date: April 1, 2022

		Renewal ***HMO***		***Renewal*** ***EPO-POS***	
Benefits	**NHP HMO BAXP7 M-3**	**NHP HMO BAXP7 M-3**		**United CMD4 EPO**	**United BWU6 POS**
	In Network	**In Network**		**In Network**	**In Network**
Preventive Care	No Copay	No Copay		No Copay	No Copay
· **preventive office visits**	No Copay	No Copay		No Copay	No Copay
· **pap smear and mammogram**	No Copay	No Copay		No Copay	No Copay
· **prostate screening**	No Copay	No Copay		No Copay	No Copay
· **child immunizations to age 18**	No Copay	No Copay		No Copay	No Copay
· **flu and pneumonia immunizations**	No Copay	No Copay		No Copay	No Copay
· **endoscopic services**	No Copay	No Copay		No Copay	No Copay
PCP Visit	$30 Copay	$30 Copay		$30 Copay	$30 Copay
Specialist Visit	$50 Copay	$50 Copay		$50 Copay	$50 Copay
Individual Deductible	$2,500	$2,500		$2,500	$2,500
Family Deductible	$5,000	$5,000		$5,000	$5,000
Coinsurance	20% After Ded.	20% After Ded.		20% After Ded.	20% After Ded.
Maximum Out-Of-Pocket	$8,550/$17,100	$8,550/$17,100		$8,850/$17,100	$8,850/$17,100
Lifetime Maximum	Unlimited	Unlimited		Unlimited	Unlimited
Hospital Inpatient Services	20% After Ded.	20% After Ded.		20% After Ded.	20% After Ded.
Outpatient Surgery (H / FS)	20% After Ded./$175 Copay	20% After Ded./$175 Copay		20% After Ded./$175 Copay	20% After Ded./$175 Copay
Diagnostic MRI, CT Scan (H / FS)	20% After Ded. /$175 Copay	20% After Ded. /$175 Copay		20% After Ded. /$175 Copay	20% After Ded. /$175 Copay
Emergency Room/ Urgent Care	$200 /$50 Copay	$200 /$50 Copay		$200 /$50 Copay	$200 /$50 Copay
RX	$20/$40/$60	$20/$40/$60		$20/$40/$60	$20/$40/$60
RX Mail Order	$40/$80/$120	$40/$80/$120		$40/$80/$120	$40/$80/$120
Dental	Separate Coverage	Separate Coverage		Separate Coverage	Separate Coverage
Vision	Separate Coverage	Separate Coverage		Separate Coverage	Separate Coverage
Mental Health & Substance Abuse					
· **Inpatient**	20% After Ded.	20% After Ded.		20% After Ded.	20% After Ded.
· **Outpatient**	$50 Copay	$50 Copay		$50 Copay	$50 Copay
Rate Details	**NHP HMO BAXP7 M-3**	**NHP HMO BAXP7 M-3**		**United CMD4 EPO**	**United BWU6 POS**
Employee Only	**$564.15**	**$608.70**		**$840.32**	**$840.32**
Employee + One	**$1,184.81**	**$1,278.37**		**$1,764.79**	**$1,764.79**
Family	**$1,664.29**	**$1,795.72**		**$2,479.00**	**$2,297.57**
Monthly Premium	**$610,348.00**	**$658,547.00**		**$16,135.00**	**$0.00**
Annual Premium	**$7,324,179.00**	**$7,902,563.00**		**$193,615.00**	**$0.00**
Increase		***7.9%***		***7.9%***	***7.9%***

International Union of Operating Engineers Local 487 Health and Welfare Fund
United Dental and Vision Renewal
Effective Date 4/1/2022

Dental (Solstice)

	United Option D1056
Calendar Year Deductible	
Single	None
Family	None
Appointments	
D0120 Office Visit	$0
D0180 Comprehensive Evaluation	$0
Preventive/Restoration	
D1110 Prophylaxis (Cleaning)	$0
D2140 Amalgam (Grey Cavity Filling)	$0
D2330 Resin (White Cavity Filling)	$20
Most Common Services	
D2740 Crown	$195
D3310 Root Canal	$100
D7111 Tooth Extraction	$20
D8070 Orthodontics (Children)	$1,800
D5110 Complete Denture	$210
Rates	
Employee:	**$11.41**
Employee + One:	**$22.26**
Family:	**$36.52**
Increase %	***0%***

Vision

	United Option V1357
Exam Copay	$20
Lens and Frames	
Single	$0
Bifocal	$0
Trifocal	$0
Retail Frames	$130 Allowance
Contact Lenses	
Extended Wear	$105 Allowance
Disposable	$105 Allowance
Employee: 205	**$3.88**
Employee + One: 180	**$7.37**
Family: 228	**$10.74**
0%	