Brown & Brown INSURANCE®
FORT LAUDERDALE

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January 25th, 2026

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

Dear Trustees:

This report contains the United Health Care renewal with an effective date of April 1, 2026. United/NHP Medical, Dental and Vision benefits are offered. The following are the Claims Data and the final United / NHP renewal.

United Health Care Renewal Claims

Medical Loss Ratio
The Medical Loss Ratio is **80%**
(See Attached Report)

Shock Claims
There are 9 shock claims over $100,000
(See Attached Report)

United Health Care Renewal Rates

United / NHP has agreed to a **3.7%** increase with current benefits for Medical, **3.5%** for Dental and **0%** for Vision.

Average Rate Increase for past 3years: **3.2%**

2026: 3.7% (United)
2025: 2% (United)
2024: 4% (United moving from Aetna)

Please see attachments for Claims Experience, Benefit and Rate illustrations.

Thank you,

Bob Sudler

Bob Sudler
Senior Vice President
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Premium vs Claims Ratio

Year/Month	Members & Deps	Members	Premium	Medical Payments	Cap	Pharmacy	Total	Ratio
2024-11	1,414	627	$867,565	$354,606	$29,927	$157,543	$542,076	62.5%
2024-12	1,396	618	$856,021	$506,943	$29,552	$117,616	$654,111	76.4%
2025-01	1,389	621	$857,098	$353,024	$31,917	$159,998	$544,940	63.6%
2025-02	1,385	622	$855,894	$560,390	$32,285	$120,198	$712,873	83.3%
2025-03	1,387	630	$857,452	$607,469	$32,329	$183,540	$823,338	96.0%
2025-04	1,404	629	$882,124	$542,546	$32,758	$160,282	$735,586	83.4%
2025-05	1,414	635	$889,475	$489,095	$32,994	$159,769	$681,857	76.7%
2025-06	1,429	643	$900,161	$618,000	$33,373	$120,231	$771,604	85.7%
2025-07	1,451	653	$915,944	$519,394	$33,921	$136,112	$689,427	75.3%
2025-08	1,454	661	$917,177	$510,438	$34,007	$177,049	$721,493	78.7%
2025-09	1,457	664	$917,731	$408,934	$34,070	$163,219	$606,223	66.1%
2025-10	1,511	712	$952,990	$786,021	$35,239	$231,207	$1,052,466	**110.4%**
Current Period			$10,669,630	$6,256,860	$392,371	$1,886,763	$8,535,994	***80.0%***
Prior Period								*65.8%*

Shock Claims

Claimant	Status	Medical Paid	Rx Paid	Total Paid	Medical Diagnosis Description
Claimant 1	TERMED	$724,500.00	$590.14	$725,090.14	SEPSIS UNSPECIFIED ORGANISM
Claimant 2	ACTIVE	$492,872.91	$7,201.89	$500,074.80	ENCOUNTER FOR ANTINEOPLASTIC CHEMO
Claimant 3	ACTIVE	$272,979.51	$11,316.66	$284,296.17	ATRIAL FIBRILLATION
Claimant 4	ACTIVE	$254,131.79	$18,304.73	$272,436.52	INTRAHEPATIC BILE DUCT CARCINOMA
Claimant 5	ACTIVE	$255,095.64	$335.83	$255,431.47	ENCOUNTER FOR ANTINEOPLASTIC CHEMO
Claimant 6	ACTIVE	$96,946.70	$41,983.34	$138,930.04	NONTRAUM IC HEMORR HEMISPH SUBCORT
Claimant 7	ACTIVE	$10,187.32	$125,381.57	$135,568.89	L&D COMP CORD NECK NO COMPRS NA/UNS
Claimant 8	ACTIVE	$73,847.39	$46,659.68	$120,507.07	NONTRAUMAT CHRONIC SUBDURAL HEMORR
Claimant 9	ACTIVE	$234.71	$118,141.55	$118,376.26	ENC GYN EX GEN RTN W/O ABNORM FIND
Claimant 10	ACTIVE	$101,409.20	$153.29	$101,562.49	TOXIC GASTROENTERITIS AND COLITIS
Claimant 11	ACTIVE	$2,552.80	$92,228.96	$94,781.76	PRIMARY OSTEOARTHRITIS LT ANK FOOT
Claimant 12	ACTIVE	$93,615.45	$88.17	$93,703.62	STBL BURST FX 1ST LV INIT CLO FX
Claimant 13	TERMED	$79,333.62	$643.74	$79,977.36	MALIGNANT NEOPLASM BODY STOMACH

International Union of Operating Engineers Local 487 Health and Welfare Fund
United / NHP Renewal
Renewal Effective Date: April 1, 2026

	United/NHP	***United*** ***(Out of State)***
Benefits	**United/NHP HMO**	**United**
	In Network	**In Network**
Preventive Care	No Copay	No Copay
· preventive office visits	No Copay	No Copay
· pap smear and mammogram	No Copay	No Copay
· prostate screening	No Copay	No Copay
· child immunizations to age 18	No Copay	No Copay
· flu and pneumonia immunizations	No Copay	No Copay
· endoscopic services	No Copay	No Copay
PCP Visit	$30 Copay	$30 Copay
Specialist Visit	$50 Copay	$50 Copay
Individual Deductible	$2,500	$2,500
Family Deductible	$5,000	$5,000
Coinsurance	20% After Ded.	20% After Ded.
Maximum Out-Of-Pocket	$8,550/$17,100	$8,550/$17,100
Lifetime Maximum	Unlimited	Unlimited
Hospital Inpatient Services	20% After Ded.	20% After Ded.
Outpatient Surgery (H / FS)	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
Emergency Room/ Urgent Care	$200 /$50 Copay	$200 /$50 Copay
RX	$20/$40/$70	$20/$40/$70
RX Mail Order	$40/$80/$140	$40/$80/$140
Specialty RX	$20/$40/$70	$20/$40/$70
Dental	Separate Coverage	Separate Coverage
Vision	Separate Coverage	Separate Coverage
Mental Health & Substance Abuse		
· Inpatient	20% After Ded.	20% After Ded.
· Outpatient	$50 Copay	$50 Copay
Rate Details		
Employee Only: 246 / 2	**$740.99**	**$861.54**
Employee + One: 135 / 4	**$1,574.86**	**$1,831.07**
Family: 219 / 3	**$2,201.23**	**$2,559.34**
Monthly Premium	**$909,264.00**	**$26,234.00**
Annual Premium	**$10,911.17**	**$314,814.00**
Increase % above current rates	***3.7%***	***3.7%***

International Union of Operating Engineers Local 487 Health and Welfare Fund

United / NHP Renewal

Renewal Effective Date: April 1, 2026

DHMO Dental	United
Plan Name	**United DHMO** 1066
Calendar Deductible:	
Single	NONE
Family	NONE
Appointments	
D0120 Office Visit	No Copay
D0180 Comprehensive Evaluation	No Copay
Preventive/Restoration Services	
D110 Prophylaxis (Cleaning)	No Copay
D2140 Amalgam (Grey Cavity Fill)	No Copay
D2330 Resin (White Cavity Fill)	No Copay
Most Common Services	
D2740 Crown	$195 Copay
D3310 Root Canal	$100 Copay
D7111 Tooth Extraction	$45 Copay
D8070 Orthodontics (Children)	$1,950 Copay
D5110 Complete Denture	$210 Copay
Rates	
Employee:	$12.18
Employee + One:	$21.33
Employee + Family:	$31.48
Monthly	$13,541.65
Annually	$162,499.80
Increase	***3.5%***

Vision	United
Plan Name	**United**
Exam Copay	$20 Copay
Lenses	
Single	$20 Copay
Bifocal	$20 Copay
Trifocal	$20 Copay
Contact Lenses	
Extended Wear	$130 Allowance
Disposable Lenses	$130 Allowance
Frames	$130 Allowance
Rates	
Employee:	$3.94
Employee + Spouse:	$7.49
Employee + Child(ren):	$10.93
	$4,447.86
	$53,374.32
	0%