Brown & Brown INSURANCE
FORT LAUDERDALE

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February 7th, 2025

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 first year renewal with an effective date of April 1, 2025. United Medical, Dental and Vision benefits are offered. The trustees voted to move the benefits from Aetna to United last year. 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 **70%**
(See Attached Report)

Shock Claims
There are six shocks. Two of the six are of concern.
(See Attached Report)

United Health Care Renewal Rates

First year renewals can be unfavorable due to the lack of credibility / monthly claims experience. The claims data for this renewal are derived from paid claims experience 4/1/2024 thru 10/31/2024. Even with only 6 months of claims data, United / NHP has agreed to a **2%** increase with current benefits for Medical and **0%** for Dental and Vision.

2025: 2% (United)
2024: 4% (United moving from Aetna)
2023: 5.5% (Aetna moving from United)
2022: 8% (United)

Average Rate Increase for past 4 years: **4.8%**

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

Thank you,

Bob Sudler

Bob Sudler
Senior Vice President
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Shocks Claims

	Medical Diagnosis Description	Status	Medical Paid	RX Paid	Total Paid
Claimant 1	Stomach Cancer	CLOSED	$74,365.30	$15.52	$74,380.82
Claimant 2	Breast Cancer	OPEN	$63,098.18	$4.73	$63,102.91
Claimant 3	Brain Hemorrhage	CLOSED	$51,913.29	$4.69	$51,917.98
Claimant 4	Nasal Cancer	OPEN	$49,887.45	$131.20	$50,018.65
Claimant 5	Pregnancy Complications	OPEN	$3,890.48	$40,021.12	$43,911.60
Claimant 6	Bone Cancer	CLOSED	$6,587.31	$36,602.81	$43,190.12

Claims Experience

Year/Month	Members	Premium	Medical	Capitation	RX	Total	Loss Ratio
2024-04	620	$861,237	$241,375	$26,158	$70,266	$337,798	39.2%
2024-05	629	$870,282	$408,136	$26,398	$117,450	$551,984	63.4%
2024-06	621	$860,887	$261,682	$26,198	$111,894	$399,773	46.4%
2024-07	617	$858,480	$360,815	$26,031	$115,832	$502,678	58.6%
2024-08	604	$842,624	$331,295	$25,591	$119,558	$476,444	56.5%
2024-09	609	$839,807	$317,642	$25,483	$129,458	$472,583	56.3%
2024-10	612	$847,790	$1,314,416	$25,668	$119,038	########	***172.1%***
Current Period		$5,981,106	$3,235,362	$181,527	$783,495	########	***70.2%***

International Union of Operating Engineers Local 487 Health and Welfare Fund
United / NHP Renewal
Renewal Effective Date: April 1, 2025

	United/NHP	***United*** ***(Out of State)***
Benefits	**United/NHP HMO** **In Network**	**United** **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	**$714.55**	**$830.80**
Employee + One: 135 / 4	**$1,518.67**	**$1,765.74**
Family: 219 / 3	**$2,122.69**	**$2,468.02**
Monthly Premium	**$845,669.00**	**$16,129.00**
Annual Premium	**$10,148,026.00**	**$193,543.00**
Increase % above current rates	***2%***	***2%***

International Union of Operating Engineers Local 487 Health and Welfare Fund

United / NHP Renewal

Renewal Effective Date: April 1, 2025

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:	$11.77
Employee + One:	$20.61
Employee + Family:	$30.42
Monthly	$12,553.62
Annually	$150,643.44
Increase	***0%***

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%