



2022 Renewal



ABC COMPANY



Lawley | EMPLOYEE BENEFITS

TABLE OF CONTENTS

STEWARDSHIP SUMMARY	1
RENEWAL WORKUP	2
MEDICAL PLAN ANALYSIS	3
CONTRIBUTION ANALYSIS	4
ANCILLARY ANALYSIS	5
STRATEGIC INITIATIVES CALENDAR	6
ACCOUNT TEAM	7
RESOURCES & EXHIBITS	8

1 | STEWARDSHIP SUMMARY



STEWARDSHIP SUMMARY

ABC COMPANY

2021

MEDICAL INSURANCE

- 2021 Renewal came in at 9.9% with Univera, an annual increase of \$361,211.88
- Lawley negotiated upfront with Univera to mitigate the increase to 5%, or an annual increase of \$182,977
- Lawley marketed the medical renewal to BCBS of WNY
 - BCBS of WNY's most equivalent package came in at 2.8%, an annual increase of \$104,400
- As a result of the competitive marketing results from BCBS of WNY, Lawley was able to negotiate a final rate concession of 3% with Univera, an annual increase of \$109,584
- Through our concession efforts, Lawley was able to mitigate the overall increase by \$73,393 for the plan year

GROUP INSURANCE

- Lawley was able to negotiate a special open enrollment with Guardian for the 1/1 voluntary lines for 1/1/2021
- In addition to the special open enrollment, a concession was made to extend the current rate on all 1/1 lines until 1/1/2023
- The DBL renewal effective 1/1/2021 with Standard Security came in at 54.7% increase or \$40,638.36 in estimated annual premium
 - This is an additional \$14,369.16 over current annual premium
- Lawley marketed the DBL and Guardian came in at 32.74% over current or \$34,869.24 in estimated annual premium
 - This is an \$8,600.04 increase over the current premium with Standard Security and a \$5,769.12 decrease from the Standard Security renewal
- ShelterPoint came in at 118% over current or \$57,267.00 in estimated annual premium
 - This is an additional \$30,997.80 in annual premium over the current Standard Security premium and a \$16,628.64 increase from the Standard Security renewal
- ABC Company moved the DBL to Guardian effective 1/1/21
- Lawley conducted an analysis and obtained FMLA proposals from Guardian, ProFlex, ComPsych and Work&Well for a 1/1/21 effective date
- Proposals range in annual cost from \$13,404.72 to \$15,865.08 with ComPsych as the lowest
- ABC Company decided to hold off on a Leave Administrator

2 | RENEWAL WORKUP



UNDERWRITING CONSIDERATIONS

ABC COMPANY

RATE PROJECTION

- BCBS WNY delivered an initial renewal increase of 9.6% over current for the upcoming September 2021 plan year.
- The renewal is based on Company ABC being 45% credible. In previous years, BCBS put more credibility on the group experience, but made this adjustment on their book of business due to the volatility of claims during the COVID-19 pandemic. As a comparison, last year Company ABC was 82% credible. The remaining 55% is based on the manual rates, which are helping the group's renewal. The manual rates did not increase as much as expected from the prior year which was a favorable adjustment made by BCBS.
- Based on BCBS of WNY's new methodology, the prior period is automatically weighed in - the claims in the prior period were 4.0% better than the most recent period.
- Currently BCBS is using a medical trend of 8.2% and drug trend of 6.3%. The trend assumption estimates how much medical or prescription drug costs are expected to increase or decrease annually on a per capita basis. Trend reflects health care inflation, changes in health care utilization or delivery patterns, technological advances, and changes in the health status of the plan participants. BCBS applies these trends to your claims experience to project future claims.
- The Premium Tax is suspended and no longer being built into the rates, which is a savings of 2-3%.
- The pooling charge increased 63% compared to the prior year. This was due the group being moved from a \$125,000 pooling point to \$100,000 and also because BCBS increased their charges.

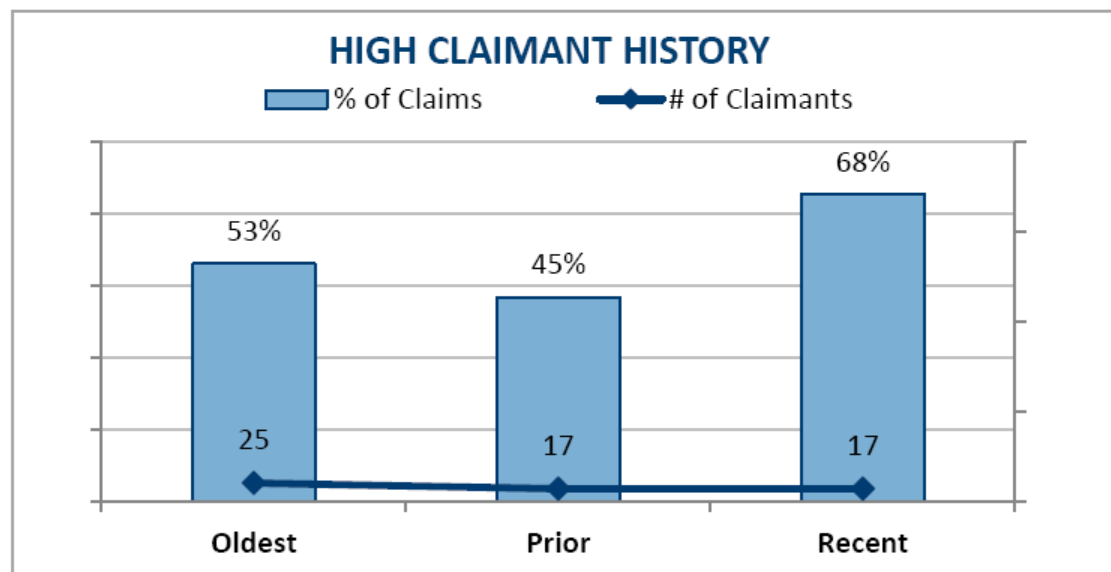
Please note the future impact of COVID-19 on Company ABC's plan performance is unknown at this time.

UNDERWRITING CONSIDERATIONS

ABC COMPANY

CLAIMS HISTORY

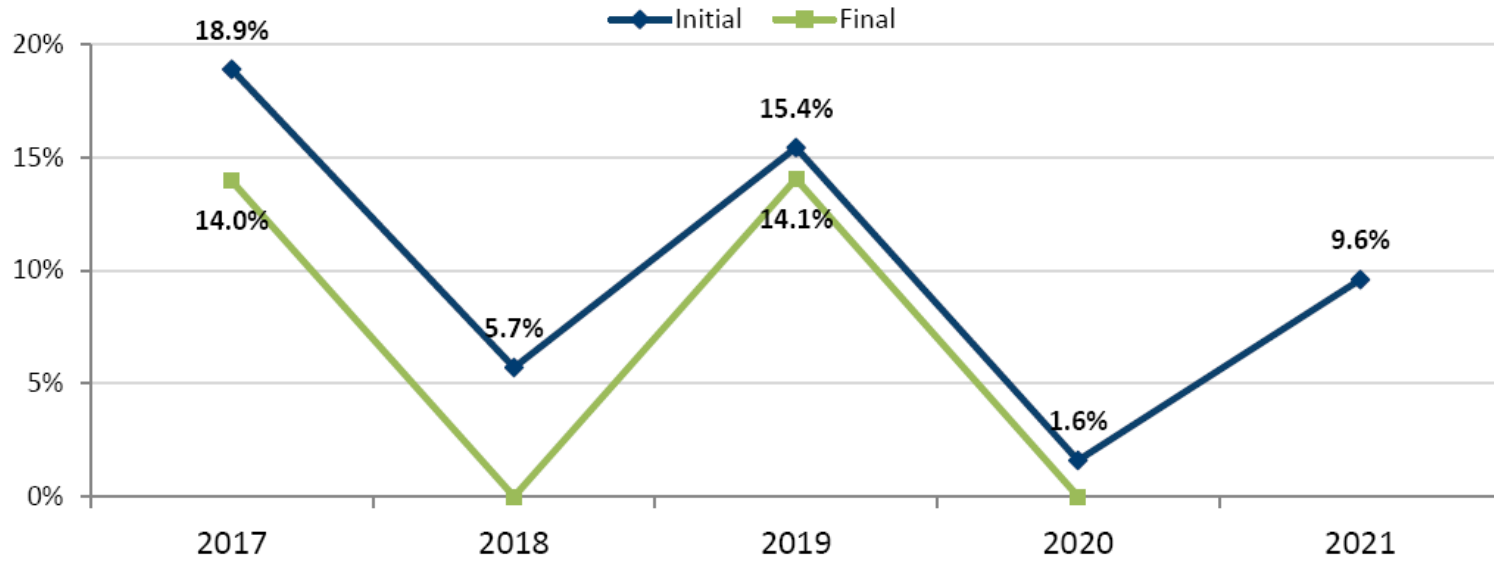
- High cost claimant activity is above-average. During the most recent twelve months, there were 17 claimants (4.3% of membership) over \$30,000 accounting for 68.4% of total claims. 3 claimants exceeded the \$100,000 pooling level with \$1,398,414 in claims, and \$1,098,414 was removed from the rate calculation.
- In the prior year, there were 17 high claimants (3.6% of membership) making up 45.4% of total claims. 2 claimants went over pooling in the prior period with \$315,492 in claims, and \$115,492 was removed from the rate calculation.
- Typically it's expected that high claimants are 3.7% of total membership, and represent about 51% of total claims. For a group of similar size to Company ABC, we would expect 14.8 high cost claimants.



Disclaimer: In performing our analysis, we relied on data provided to us by the client and current carrier. If the underlying data is either inaccurate or incomplete, the results of our analysis may also be inaccurate or incomplete. Due to the nature of any medical block of business, results are highly variable, and as such, actual results may vary from the results described in this report.

RATE HISTORY

COMPANY ABC HISTORICAL RATE CHANGES



NOTE: Final 2021 rate is to be determined

NATIONAL AND REGIONAL CLAIMS TRENDS

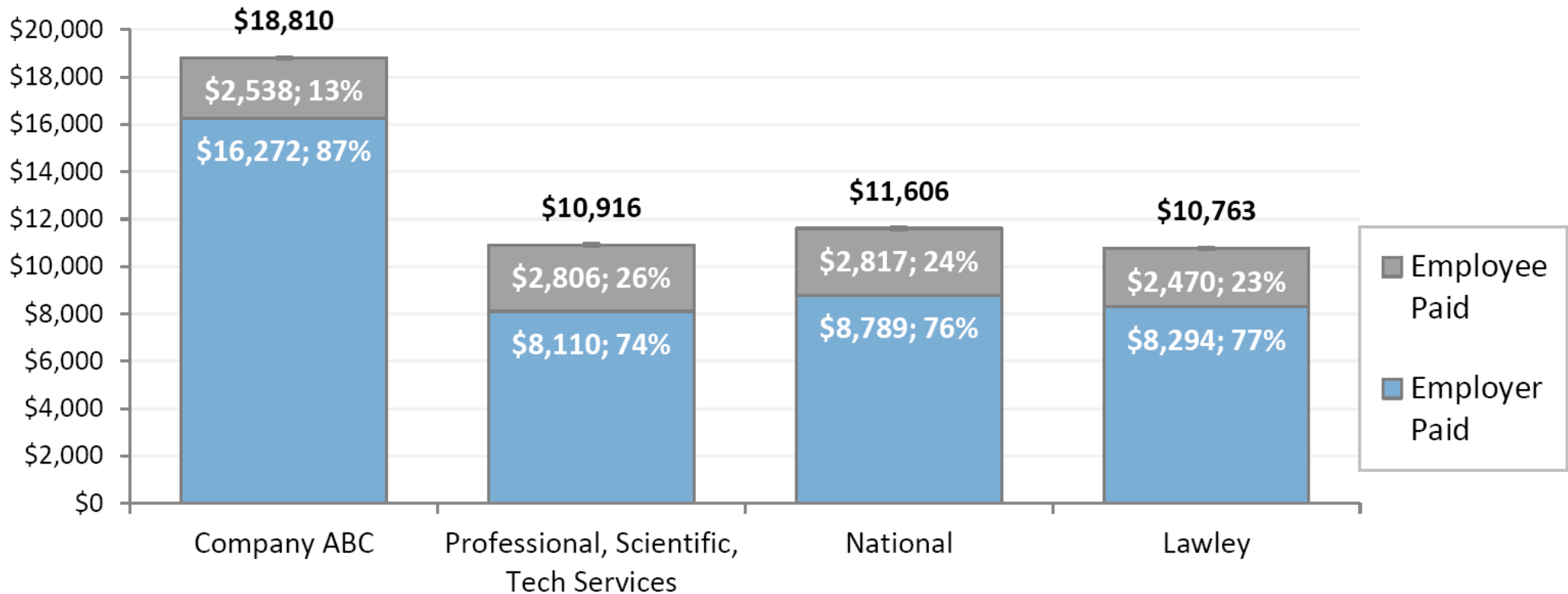
CLAIMS TRENDS	MEDICAL	RX	COMBINED
<i>Regional/National Average</i>	8.6%	8.3%	8.5%
<i>BCBS of WNY</i>	8.2%	6.3%	7.8%
<i>Independent Health</i>	4.3%	6.4%	4.7%
<i>Univera</i>	13.4%	12.7%	13.3%
<i>Excellus Rochester</i>	13.6%	8.2%	12.5%
<i>MVP</i>	4.9%	8.5%	5.6%
<i>National</i>	7.0%	8.0%	7.2%

Group trends are based on the most recent claims experience, accounting for high claimants, and carrier trends are as of Jun. 2020.

EMPLOYEE & EMPLOYER COST SHARE

ABC COMPANY

PREMIUM CONTRIBUTIONS VS. BENCHMARK (Average Annual Premium per Employee)

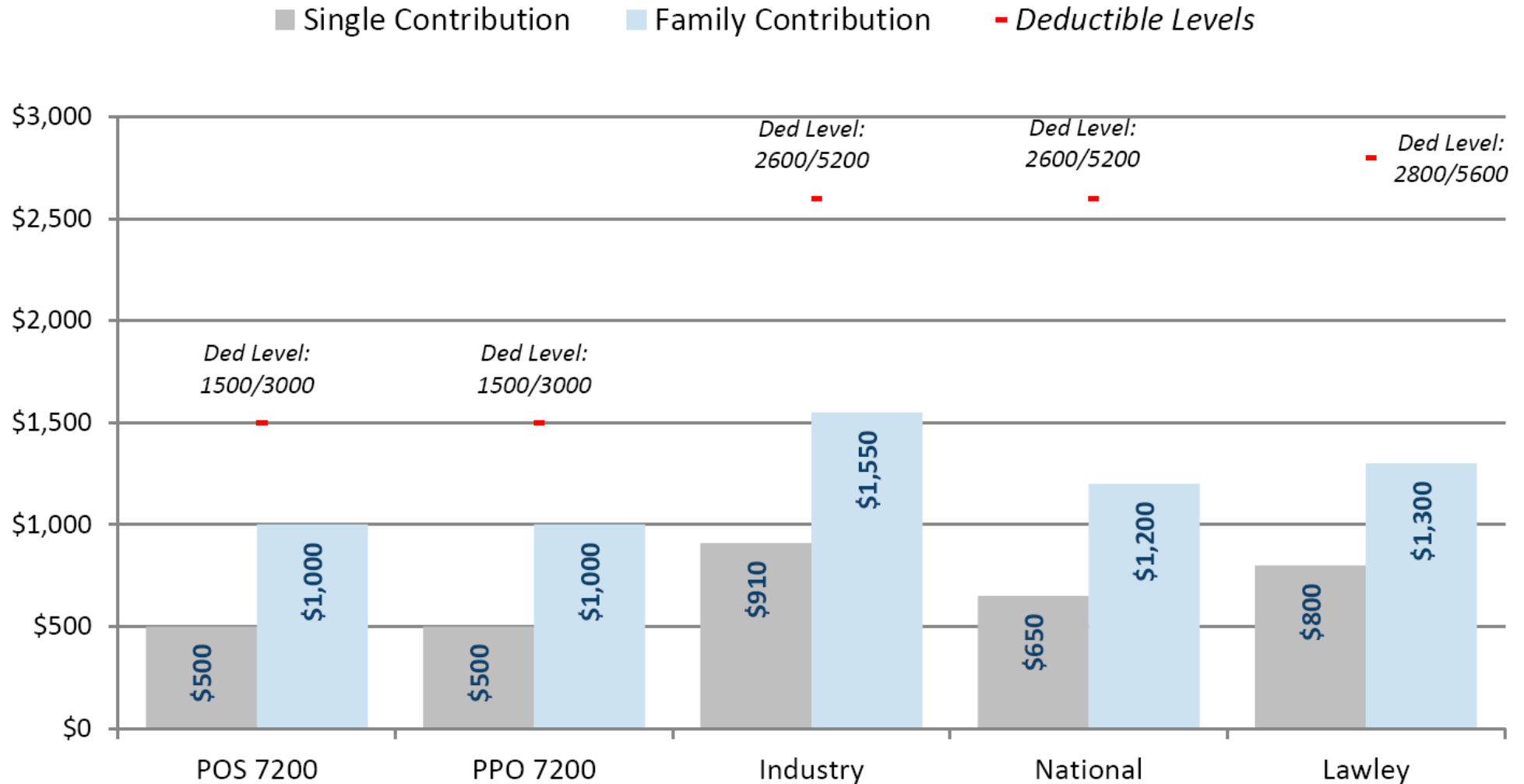


National Source: The Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits Annual Survey

EMPLOYEE & EMPLOYER COST SHARE

ABC COMPANY

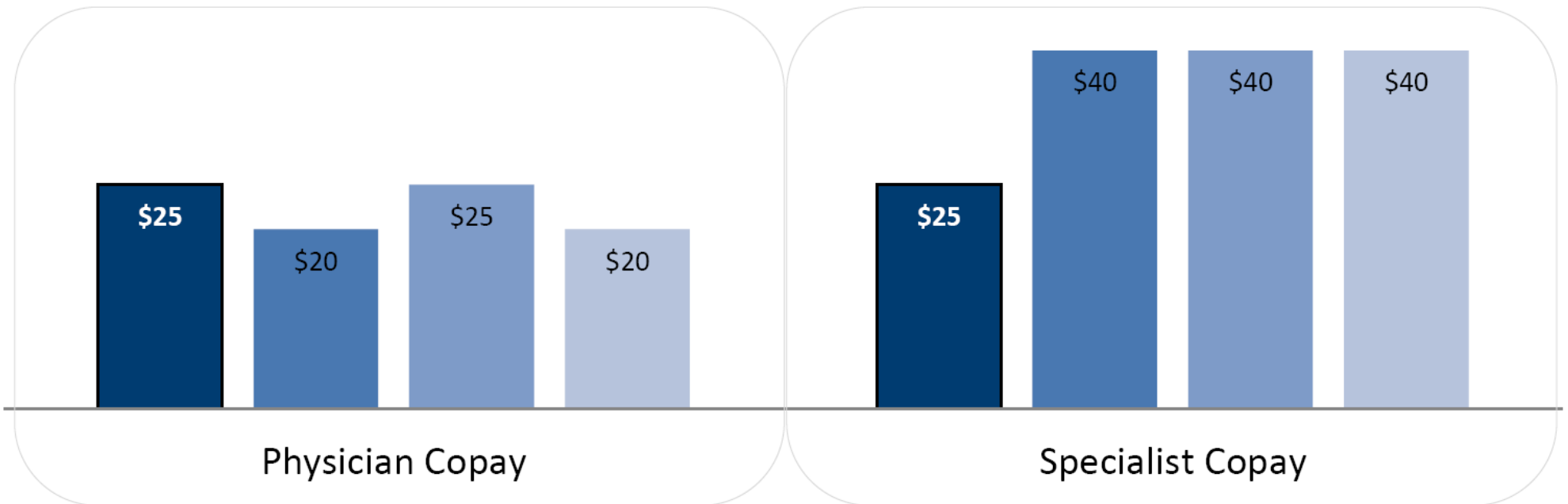
HRA/HSA CONTRIBUTIONS VS. BENCHMARK



PLAN COPAY BENCHMARKS

PLAN COPAY BENCHMARKS

■ POS 250D ■ Industry ■ National ■ Lawley



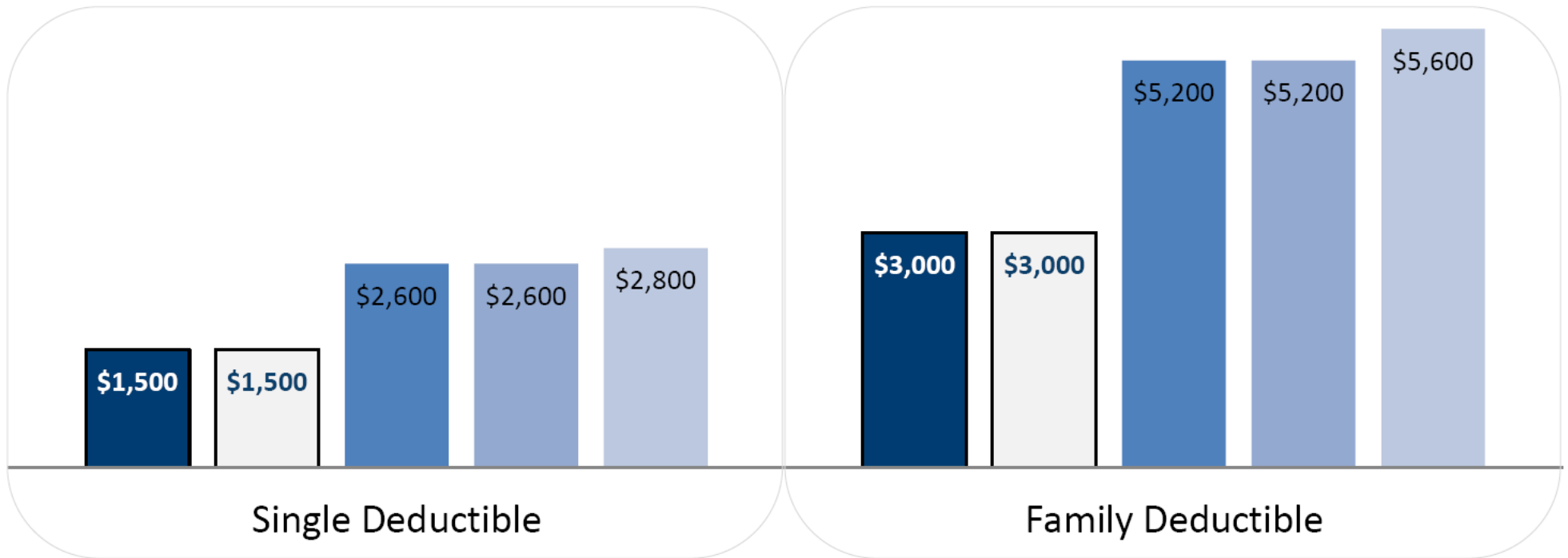
PLAN DESIGN

ABC COMPANY

PLAN DEDUCTIBLE LEVEL BENCHMARKS

PLAN DEDUCTIBLE LEVEL BENCHMARKS

■ POS 7200 ■ PPO 7200 ■ Industry ■ National ■ Lawley



National benchmarks are supplied by Lewis & Ellis.

HIGH COST CLAIMANTS

ABC COMPANY

Company ABC

RECENT PERIOD Incurred 02/2020 through 01/2021, paid through 03/2021 Pooling Level: \$100,000

Encrypted Member ID	Class	Relationship; Age	Most Expensive Diagnosis	Medical	Pharmacy	Total
1 151018	PPO 804	Employee; 35-39	13 Essential Hypertension, Chronic Maintenance	\$1,015,684	\$8,107	\$1,023,791
2 150890	PPO 816	Employee; 55-59	162 Neoplasm, Malignant: Small Bowel	\$246,201	\$17,935	\$264,135
3 151113	PPO 804	Employee; 40-44	10 Angina Pectoris, Chronic Maintenance	\$136,529	\$74	\$136,604
4 150086	POS 204	Employee; 65-69	519 Rhino, Adeno, and Corona Virus Infections	\$92,298	\$2,786	\$95,084
5 150458	POS 7200	Dependent; 10-14	327 Other Bacterial Infections	\$77,987	\$38	\$78,025
6 151114	PPO 804	Spouse; 45-49	409 Multiple Sclerosis	\$5,913	\$71,888	\$77,801
7 150585	POS 204	Employee; 35-39	142 Crohn's Disease	\$3,344	\$73,910	\$77,254
8 150448	POS 250D	Spouse; 60-64	383 Spondylitis, Ankylosing	\$1,901	\$72,092	\$73,993
9 150613	PPO 804	Spouse; 40-44	496 Asthma, chronic maintenance	\$16,764	\$48,821	\$65,585
10 150060	POS 204	Spouse; 35-39	541 Psoriasis Vulgaris	\$2,213	\$59,994	\$62,207
11 150113	POS 250D	Spouse; 45-49	351 Fracture: Humerus, Supracondylar	\$36,686	\$24,150	\$60,835
12 150059	POS 204	Employee; 40-44	541 Psoriasis Vulgaris	\$853	\$59,644	\$60,497
13 151013	PPO 816	Dependent; 1-4	415 Other CNS Inflammation, Infection, or Disorder	\$41,716	\$4,214	\$45,931
14 150001	POS 250D	Employee; 35-39	430 Encounter for Preventive Health Services	\$45,684	\$0	\$45,684
15 150203	PPO 816	Dependent; 20-24	361 Fracture, Dislocation, or Sprain: Humerus/Shoulder	\$31,679	\$9,238	\$40,917
16 150249	POS 250D	Employee; 45-49	374 Osteoarthritis, Except Spine	\$31,695	\$4,627	\$36,321
17 150607	PPO 816	Employee; 25-29	526 Other Disorders of Respiratory System	\$32,342	\$78	\$32,420
Total High Cost Claims				\$1,819,488	\$457,597	\$2,277,085
% of Claims				71.3%	58.7%	68.4%

NOTES:
 10 individuals were high cost claimants in the prior period
 3 individuals over pooling
 # by Relationship: 9 employee; 5 spouse; 3 dependent
 For a group of similar size to Company ABC, we would expect 14.8 high cost claimants.

Total High Cost Claimants 17
% of Membership 4.3%

HIGH COST CLAIMANTS

ABC COMPANY

Company ABC

PRIOR PERIOD Incurred 02/2019 through 01/2020, paid through 03/2020

Encrypted Member ID	Class	Relationship; Age	Most Expensive Diagnosis	Medical	Pharmacy	Total
1 150890	PPO 816	Employee; 55-59	162 Neoplasm, Malignant: Small Bowel	\$180,900	\$9,404	\$190,304
2 150448	POS 250D	Spouse; 60-64	426 Complication: Device/Implant/Graft	\$74,626	\$86,498	\$161,124
3 151013	PPO 816	Dependent; 1-4	406 Meningitis, Encephalitis, and Myelitis: Viral	\$134,592	\$4,217	\$138,809
4 151114	PPO 804	Spouse; 40-44	409 Multiple Sclerosis	\$8,938	\$101,197	\$110,134
5 150371	PPO 7200	Employee; 60-64	365 Intervertebral Disc Disorders: Lumbar and Lumbosacral	\$66,490	\$2,789	\$69,279
6 150585	POS 204	Employee; 35-39	430 Encounter for Preventive Health Services	\$300	\$67,046	\$67,346
7 150001	POS 250D	Employee; 35-39	294 Other Immunodeficient Disorders	\$66,384	\$15	\$66,400
8 150060	POS 204	Spouse; 35-39	541 Psoriasis Vulgaris	\$2,392	\$60,867	\$63,259
9 150059	POS 204	Employee; 35-39	541 Psoriasis Vulgaris	\$819	\$58,302	\$59,122
10 150828	PPO 804	Employee; 40-44	433 Factors Influencing Health Status	\$353	\$41,375	\$41,728
11 150086	POS 204	Employee; 60-64	504 Emphysema	\$31,167	\$9,099	\$40,265
12 151032	PPO 816	Dependent; 5-9	404 Injury: Craniocerebral	\$37,473	\$222	\$37,695
13 151040	PPO 816	Spouse; 25-29	203 Delivery, Vaginal	\$36,751	\$0	\$36,751
14 150808	PPO 804	Employee; 40-44	426 Complication: Device/Implant/Graft	\$33,151	\$2,467	\$35,618
15 150624	PPO 816	Dependent; 10-14	386 Anomaly: Musculoskeletal System	\$32,174	\$257	\$32,431
16 150599	POS 204	Employee; 60-64	50 Diabetes Mellitus Type 2 & Unspec Type Maintenance	\$10,740	\$20,697	\$31,437
17 150613	PPO 804	Spouse; 40-44	496 Asthma, chronic maintenance	\$12,476	\$18,721	\$31,197
Total High Cost Claims				\$729,725	\$483,174	\$1,212,899
% of Claims				39.2%	59.5%	45.4%
Total High Cost Claimants						17
% of Membership						3.6%

3 | MEDICAL PLAN ANALYSIS



RENEWAL PLANS

ABC COMPANY

Experience Rated
January 1, 2022 - December 31, 2022

	Univera Signature Hybrid 1 Current/Renewal			Univera Signature Deductible 3 - \$2,000 Current/Renewal			Univera Signature Deductible 3 - \$3,000 Current/Renewal			Univera Signature Deductible 3 - \$6,650 Current/Renewal		
	Current	Renewal	Negotiated	Current	Renewal	Negotiated	Current	Renewal	Negotiated	Current	Renewal	Negotiated
Physician Copay	\$20			20% after Deductible			20% after Deductible			Covered in Full after Deductible		
Specialist Copay	\$20			20% after Deductible			20% after Deductible			Covered in Full after Deductible		
Hospital Copay	20% after Deductible per Admission			20% after Deductible per Admission			20% after Deductible per Admission			Covered in Full after Deductible per Admission		
Outpatient Surgery Copay	20% after Deductible			20% after Deductible			20% after Deductible			Covered in Full after Deductible		
Emergency Room	20% after Deductible			20% after Deductible			20% after Deductible			Covered in Full after Deductible		
Urgent Care	\$75			20% after Deductible			20% after Deductible			Covered in Full after Deductible		
Prescription Drug	\$10/\$30/\$50 2 Copays / 90 Day Supply			\$5/\$35/\$70 after Deductible 2 Copays / 90 Day Supply			\$5/\$35/\$70 after Deductible 2 Copays / 90 Day Supply			Covered in Full after Deductible 2 Copays / 90 Day Supply		
Dependent Rider	26 / 26			26 / 26			26 / 26			26 / 26		
Domestic Partner Coverage	Not Included			Not Included			Not Included			Not Included		
In-Network Deductible	\$500 / \$1,500 (Embedded)			\$2,000 / \$4,000 (True Family)			\$3,000 / \$6,000 (True Family)			\$6,650 / \$13,300 (Embedded) N/A		
Coinsurance	80% / 20%			80% / 20%			80% / 20%			80% / 20%		
Out-of-Pocket Maximum	\$3,000 / \$9,000 (Embedded)			\$5,000 / \$10,000 (True Family with \$6,650 In-Network Individual Max Cap)			\$5,000 / \$10,000 (True Family with \$6,650 In-Network Individual Max Cap)			\$6,650 / \$13,300 (Embedded)		
Out-of-Network Deductible	\$500 / \$1,500 (Embedded)			\$2,000 / \$4,000 (True Family)			\$3,000 / \$6,000 (True Family)			\$6,650 / \$13,300 (Embedded) N/A		
Coinsurance	60% / 40%			60% / 40%			60% / 40%			60% / 40%		
Out-of-Pocket Maximum	\$6,000 / \$18,000 (Embedded)			\$10,000 / \$20,000 (True Family with \$20,000 Out-of-Network Individual Max Cap)			\$10,000 / \$20,000 (True Family with \$6,650 Out-of-Network Individual Max Cap)			\$6,650 / \$13,300 (Embedded)		
Pooling Limit	\$60,000			\$60,000			\$60,000			\$60,000		
Actuarial Value > 60%	Yes			Yes			Yes			Yes		
Rates:	Current	Renewal	Negotiated	Current	Renewal	Negotiated	Current	Renewal	Negotiated	Current	Renewal	Negotiated
Single	\$525.88	\$613.59	\$573.18	\$441.05	\$514.62	\$480.73	\$402.46	\$469.59	\$438.67	\$367.83	\$429.18	\$400.93
Family	\$1,393.57	\$1,626.01	\$1,518.95	\$1,168.79	\$1,363.74	\$1,273.94	\$1,066.49	\$1,244.38	\$1,162.45	\$974.75	\$1,137.34	\$1,062.45
# of Enrollees:												
Single	25			11			14			22		
Family	14			6			11			9		
Total Monthly Premium	\$32,656.98	\$38,103.89	\$35,594.80	\$11,864.29	\$13,843.26	\$12,931.67	\$17,365.83	\$20,262.44	\$18,928.33	\$16,865.01	\$19,678.02	\$18,382.51
Total Annual Premium	\$391,883.76	\$457,246.68	\$427,137.60	\$142,371.48	\$166,119.12	\$155,180.04	\$208,389.96	\$243,149.28	\$227,139.96	\$202,380.12	\$236,136.24	\$220,590.12
Percentage of Increase (Calculated off current rates)		\$65,362.92 16.68%	\$35,253.84 9.00%		\$23,747.64 16.68%	\$12,808.56 9.00%		\$34,759.32 16.68%	\$18,750.00 9.00%		\$33,756.12 16.68%	\$18,210.00 9.00%

Current Premium \$945,025.32

Renewal Premium \$1,102,651.32 \$157,626.00 16.68%

Negotiated Premium \$1,030,047.72 \$85,022.40 9.00%

Total Contracts 112

*Contract Counts Updated per Univera Renewal

DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Hybrid 1

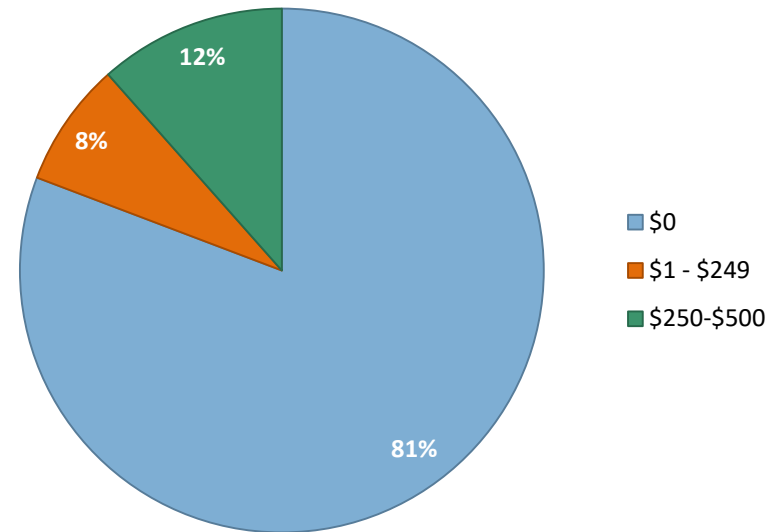
Single Plan Deductible: \$500

TOTAL SINGLE CONTRACTS: 26

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	21	81%
\$1 - \$249	2	8%
\$250-\$500	3	12%
\$0	0	0%
Grand Total	26	100%

SINGLE DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Hybrid 1

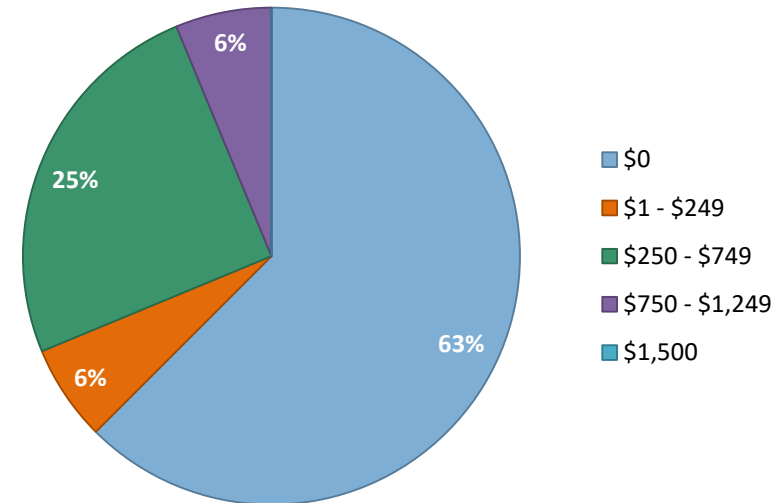
Family Plan Deductible: \$1,500

TOTAL FAMILY CONTRACTS: 16

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	10	63%
\$1 - \$249	1	6%
\$250 - \$749	4	25%
\$750 - \$1,249	1	6%
\$1,500	0	0%
Grand Total	16	100%

FAMILY DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$2,000 - \$4,000

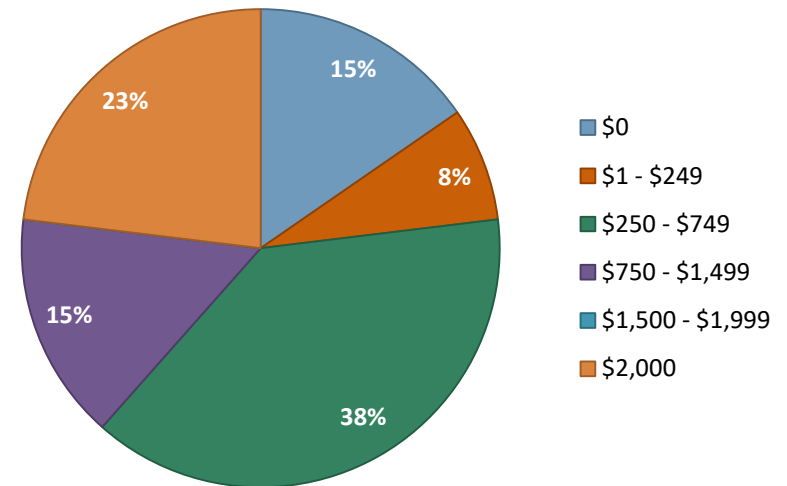
Single Plan Deductible: \$2,000

TOTAL SINGLE CONTRACTS: 13

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	2	15%
\$1 - \$249	1	8%
\$250 - \$749	5	38%
\$750 - \$1,499	2	15%
\$1,500 - \$1,999	0	0%
\$2,000	3	23%
Grand Total	13	100%

SINGLE DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$2,000 - \$4,000

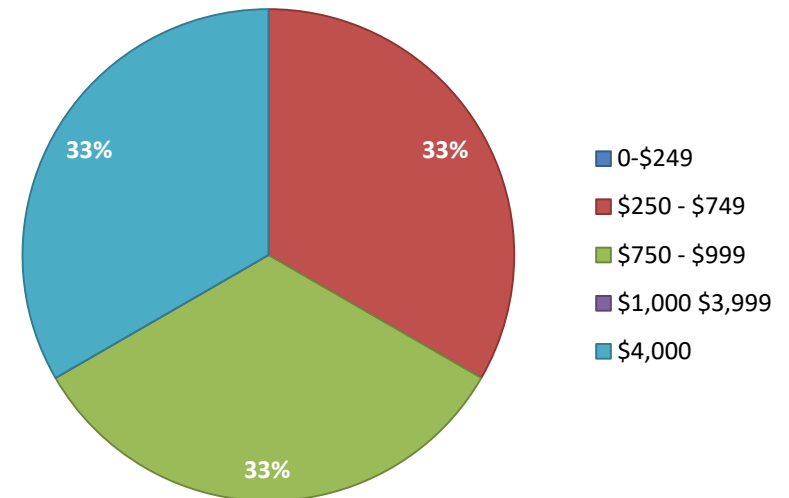
Family Plan Deductible: \$4,000

TOTAL FAMILY CONTRACTS: 9

COUNT OF CONTRACTS

Band	Total	Percentage
0-\$249	0	0%
\$250 - \$749	3	33%
\$750 - \$999	3	33%
\$1,000 \$3,999	0	0%
\$4,000	3	33%
Grand Total	9	100%

FAMILY DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$3,000 - \$6,000

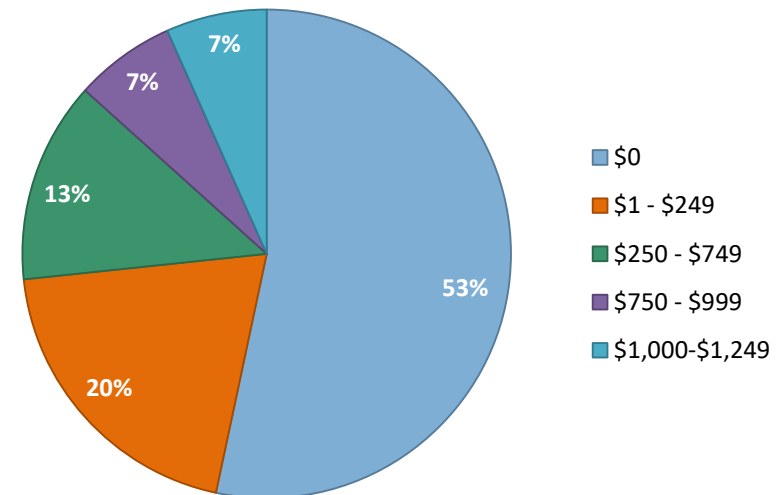
Single Plan Deductible: \$3,000

TOTAL SINGLE CONTRACTS: 15

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	8	53%
\$1 - \$249	3	20%
\$250 - \$749	2	13%
\$750 - \$999	1	7%
\$1,000-\$1,249	1	7%
Grand Total	15	100%

SINGLE DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$3,000 - \$6,000

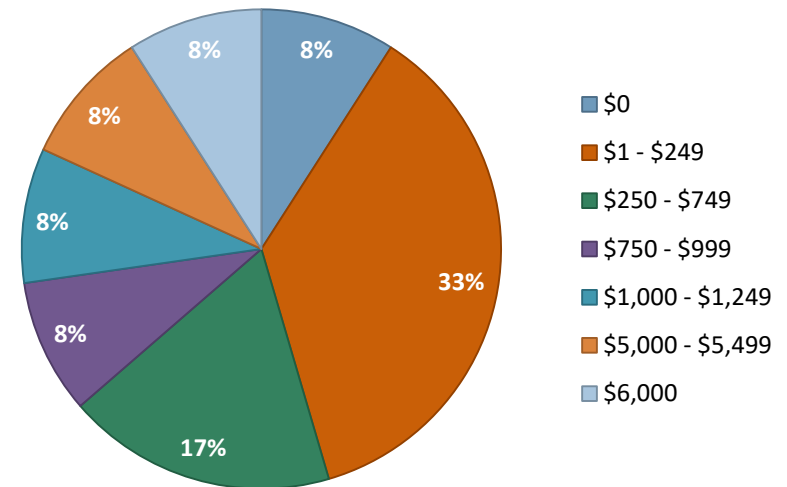
Family Plan Deductible: \$6,000

TOTAL FAMILY CONTRACTS: 12

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	1	8%
\$1 - \$249	4	33%
\$250 - \$749	2	17%
\$750 - \$999	1	8%
\$1,000 - \$1,249	1	8%
\$5,000 - \$5,499	1	8%
\$6,000	1	8%
Grand Total	12	92%

FAMILY DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$6,650 - \$13,300

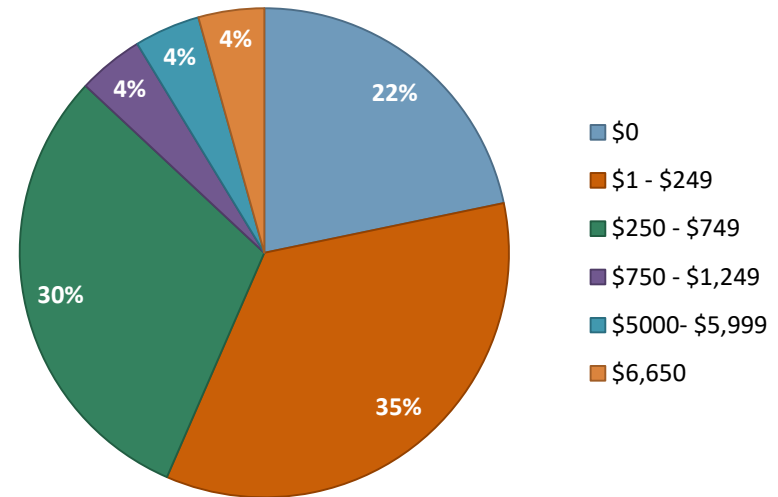
Single Plan Deductible: \$6,650

TOTAL SINGLE CONTRACTS: 23

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	5	22%
\$1 - \$249	8	35%
\$250 - \$749	7	30%
\$750 - \$1,249	1	4%
\$5000- \$5,999	1	4%
\$6,650	1	4%
Grand Total	23	100%

SINGLE DEDUCTIBLE UTILIZATION



DEDUCTIBLE REPORT: 1/1/2021 – 8/31/2021

ABC COMPANY

Signature Deductible 3 - \$6,650 - \$13,300

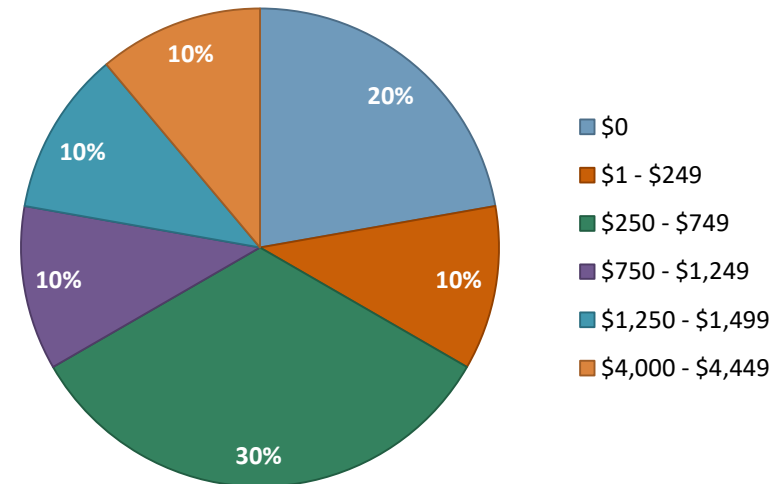
Family Plan Deductible: \$13,300

TOTAL FAMILY CONTRACTS: 10

COUNT OF CONTRACTS

Band	Total	Percentage
\$0	2	20%
\$1 - \$249	1	10%
\$250 - \$749	3	30%
\$750 - \$1,249	1	10%
\$1,250 - \$1,499	1	10%
\$4,000 - \$4,449	1	10%
Grand Total	10	90%

FAMILY DEDUCTIBLE UTILIZATION



4 | CONTRIBUTION ANALYSIS



CONTRIBUTION ANALYSIS, SUMMARY OF SCENARIOS

ABC COMPANY

Current: 01/01/2021 through 12/31/2021

Renewal: 01/01/2022 through 12/31/2022

SUMMARY	<i>Employer Premium</i>	<i>Employee Premium</i>	Total Premium Expense	Premium Cost Share ER % / EE %	<i>Employer Contribution to HSA</i>	Total Annual Expense	Employer Net Cost	Total Cost Share ER % / EE %
Current:	\$696,308	\$248,717	\$945,025	73.7% / 26.3%	\$36,500	\$981,525	\$732,808	74.7% / 25.3%
Renewal:								
Maintain Current Employer Contribution Dollar Amounts	\$696,308	\$333,740	\$1,030,048	67.6% / 32.4%	\$36,500	\$1,066,548	\$732,808	68.7% / 31.3%
<i>\$ Difference</i>	\$0	\$85,022	\$85,022		\$0	\$85,022	\$0	
<i>% Difference</i>	0.0%	34.2%	9.0%		0.0%	8.7%	0.0%	
Maintain Current Total Cost Share	\$758,955	\$271,093	\$1,030,048	73.7% / 26.3%	\$36,500	\$1,066,548	\$795,455	74.6% / 25.4%
<i>\$ Difference</i>	\$62,647	\$22,376	\$85,022		\$0	\$85,022	\$62,647	
<i>% Difference</i>	9.0%	9.0%	9.0%		0.0%	8.7%	8.5%	
Employer & Employee Split Increase 50%/50%	\$738,819	\$291,228	\$1,030,048	71.7% / 28.3%	\$36,500	\$1,066,548	\$775,319	72.7% / 27.3%
<i>\$ Difference</i>	\$42,511	\$42,511	\$85,022		\$0	\$85,022	\$42,511	
<i>% Difference</i>	6.1%	17.1%	9.0%		0.0%	8.7%	5.8%	

CURRENT CONTRIBUTION

ABC COMPANY

Monthly Premium

Total Contracts:

112

Pay Periods: 26

Signature Hybrid 1

Coverage Tier	Current Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP
Single	\$525.88	\$325.99	62%	\$199.89	38%	25	\$92.26
Family	\$1,393.57	\$863.86	62%	\$529.71	38%	14	\$244.48

Signature Deductible 3 High

Coverage Tier	Current Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP
Single	\$441.05	\$325.99	74%	\$115.06	26%	11	\$53.10
Family	\$1,168.79	\$863.86	74%	\$304.93	26%	6	\$140.74

Signature Deductible 3 Mid

Coverage Tier	Current Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP
Single	\$402.46	\$325.99	81%	\$76.47	19%	14	\$35.29
Family	\$1,066.49	\$863.86	81%	\$202.63	19%	11	\$93.52

Signature Deductible 3 Low

Affordability Threshold: \$5,134 ; \$3.29 hr

Coverage Tier	Current Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP
Single	\$367.83	\$325.99	89%	\$41.84	11%	22	\$19.31
Family	\$974.75	\$863.86	89%	\$110.89	11%	9	\$51.18

Premium

Employer

Employee

Total Premium

Total Current Premium Expense:

\$696,308

\$248,717

\$945,025

Current Premium % Cost Share:

73.7%

26.3%

Single % Cost Share:

74.0%

Family % Cost Share:

73.5%

RENEW AS IS, MAINTAIN CURRENT EMPLOYER CONTRIBUTION DOLLAR AMOUNTS

ABC COMPANY

Monthly Premium

Total Contracts:

112

Pay Periods:

26

Signature Hybrid 1								
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference
Single	\$573.18	\$325.99	57%	\$247.19	43%	25	\$114.09	\$21.83
Family	\$1,518.95	\$863.86	57%	\$655.09	43%	14	\$302.35	\$57.87
Signature Deductible 3 High								
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference
Single	\$480.73	\$325.99	68%	\$154.74	32%	11	\$71.42	\$18.32
Family	\$1,273.94	\$863.86	68%	\$410.08	32%	6	\$189.27	\$48.53
Signature Deductible 3 Mid								
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference
Single	\$438.67	\$325.99	74%	\$112.68	26%	14	\$52.01	\$16.72
Family	\$1,162.45	\$863.86	74%	\$298.59	26%	11	\$137.81	\$44.29
Signature Deductible 3 Low								
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference
Single	\$400.93	\$325.99	81%	\$74.94	19%	22	\$34.59	\$15.28
Family	\$1,062.45	\$863.86	81%	\$198.59	19%	9	\$91.66	\$40.48

Affordability Threshold: \$9,195 ; \$5.89 hr

Premium	Employer	Employee	Total Premium
Total Renewal Premium Expense:	\$696,308	\$333,740	\$1,030,048
Current Premium:	\$696,308	\$248,717	\$945,025
\$ Difference to Current:	\$0	\$85,022	\$85,022
% Difference to Current:	0.0%	34.2%	9.0%
Renewal Premium % Cost Share:	67.6%	32.4%	

Single % Cost Share:	67.9%
Family % Cost Share:	67.4%

RENEW AS IS, MAINTAIN CURRENT TOTAL COST SHARE

ABC COMPANY

Monthly Premium							Total Contracts:	112	Pay Periods:	26
Signature Hybrid 1										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$573.18	\$355.31	62%	\$217.87	38%	25	\$100.55	\$8.29		
Family	\$1,518.95	\$941.58	62%	\$577.37	38%	14	\$266.48	\$22.00		
Signature Deductible 3 High										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$480.73	\$355.32	74%	\$125.41	26%	11	\$57.88	\$4.78		
Family	\$1,273.94	\$941.58	74%	\$332.36	26%	6	\$153.40	\$12.66		
Signature Deductible 3 Mid										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$438.67	\$355.32	81%	\$83.35	19%	14	\$38.47	\$3.18		
Family	\$1,162.45	\$941.59	81%	\$220.86	19%	11	\$101.94	\$8.42		
Signature Deductible 3 Low										
<i>Affordability Threshold: \$5,596 ; \$3.59 hr</i>										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$400.93	\$355.32	89%	\$45.61	11%	22	\$21.05	\$1.74		
Family	\$1,062.45	\$941.58	89%	\$120.87	11%	9	\$55.78	\$4.60		

Premium	Employer	Employee	Total Premium
Total Renewal Premium Expense:	\$758,955	\$271,093	\$1,030,048
Current Premium:	\$696,308	\$248,717	\$945,025
<i>\$ Difference to Current:</i>	\$62,647	\$22,376	\$85,022
<i>% Difference to Current:</i>	9.0%	9.0%	9.0%
Renewal Premium % Cost Share:	73.7%	26.3%	

Single % Cost Share:	74.0%
Family % Cost Share:	73.5%

RENEW AS IS, EMPLOYER & EMPLOYEE SPLIT INCREASE 50%/50%

ABC COMPANY

Monthly Premium							Total Contracts:	112	Pay Periods:	26
Signature Hybrid 1										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$573.18	\$345.89	60%	\$227.29	40%	25	\$104.90	\$12.64		
Family	\$1,518.95	\$916.60	60%	\$602.35	40%	14	\$278.01	\$33.53		
Signature Deductible 3 High										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$480.73	\$345.89	72%	\$134.84	28%	11	\$62.23	\$9.13		
Family	\$1,273.94	\$916.60	72%	\$357.34	28%	6	\$164.93	\$24.19		
Signature Deductible 3 Mid										
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$438.67	\$345.89	79%	\$92.78	21%	14	\$42.82	\$7.53		
Family	\$1,162.45	\$916.60	79%	\$245.85	21%	11	\$113.47	\$19.95		
Signature Deductible 3 Low										
						<i>Affordability Threshold: \$6,753 ; \$4.33 hr</i>				
Coverage Tier	Renewal Rate	Employer	Employer %	Employee	Employee %	Contracts	EE per PP	EE PP Difference		
Single	\$400.93	\$345.89	86%	\$55.04	14%	22	\$25.40	\$6.09		
Family	\$1,062.45	\$916.60	86%	\$145.85	14%	9	\$67.32	\$16.14		

Premium	Employer	Employee	Total Premium
Total Renewal Premium Expense:	\$738,819	\$291,228	\$1,030,048
Current Premium:	\$696,308	\$248,717	\$945,025
<i>\$ Difference to Current:</i>	\$42,511	\$42,511	\$85,022
<i>% Difference to Current:</i>	6.1%	17.1%	9.0%
Renewal Premium % Cost Share:	71.7%	28.3%	

Single % Cost Share:	72.0%
Family % Cost Share:	71.5%

5 | ANCILLARY ANALYSIS



LIFE INSURANCE

ABC COMPANY

Class 1: CEO and Vice Presidents	
Class 2: All Other Full-Time Employees	
	Guardian
	Policy Number: 419800
	Current Renewal
Enrollment	143
Monthly Volume	\$3,918,750
Life Rate (per \$1,000)	\$0.116 \$0.122
AD&D Rate (per \$1,000)	\$0.020 \$0.020
Estimated Annual Premium	\$6,395.40 \$6,677.55
Dollar Change	\$282.15
Percentage Change	4.41%
Rate Guarantee	1/1/2022 1/1/2023
Contribution Level	Non-Contributory
Benefit Details	
Life & AD&D Benefit	Class 1: \$50,000 Class 2: \$25,000
Non Medical Max Guarantee	All Amounts Guarantee Issue
Additional Benefit Details	
Waiver of Premium	Included
Accelerated Benefit	Included
Portability	Not Included
Conversion	Included
Reduction Schedule	35% at 65, 50% at 70
Waiting Period	FOM Following 60 Days

SUPPLEMENTAL LIFE INSURANCE

ABC COMPANY

Class 1: All Full-Time Employees	
	Guardian Policy Number: 419800 Current/Renewal
Enrollment	EE: 25 SP: 6 CH: 16
Benefit Details	
Employee Benefit	\$10,000 Increments to a maximum of \$500,000
Spouse Benefit	\$5,000 Increments to a maximum of \$100,000; Not to exceed 50% of employee benefit amount
Child(ren) Benefit	Birth to 14 Days: \$500 14 Days to Age 23/25: \$1,000 Increments to a maximum of \$10,000; Not to exceed 10% of employee benefit amount
Non Medical Max Guarantee	
Employee	Under Age 65: \$150,000 Age 65-69: \$50,000 Age 70+: \$10,000
Spouse	Under Age 65: \$30,000 Age 65-69: \$10,000 Age 70+: N/A
Child(ren)	All Amounts Guarantee Issue
Rates (per \$1,000)	Current
Under 25	\$0.070
25 - 29	\$0.070
30 - 34	\$0.080
35 - 39	\$0.110
40 - 44	\$0.150
45 - 49	\$0.220
50 - 54	\$0.430
55 - 59	\$0.670
60 - 64	\$0.770
65 - 69	\$1.330
70 - 74	\$2.520
75 - 79	\$2.520
80 - 84	\$2.520
85 - 89	\$2.520
90 - 94	\$2.520
95 - 99	\$2.520
Children	\$0.200
AD&D	\$0.020
Additional Information	
Age Reduction Schedule	35% at 65; 50% at 70
Rate Guarantee	1/1/2023
Waiting Period	FOM Following 60 Days

NYS DISABILITY INSURANCE

ABC COMPANY

Class: All Active Employees as Defined by NYS		
NYSDBL Costs	Guardian	
	Current	Renewal
Employee Count	657	
NYSDBL Rate (PEPM) - Quarterly	\$9.00	\$11.16
Estimated Annual NYSDBL Premium	\$23,652.00	\$29,328.48
Dollar Change		\$5,676.48
Percentage Change		24.00%
Rate Guarantee	1/1/2022	1/1/2023
Contribution Level	Non-Contributory	
NYSDBL Benefit Details		
Benefit Percentage	50%	
Weekly Benefit Maximum	\$170	
Waiting Period - Accident/Sickness	7 Days	
Benefit Duration	26 Weeks	
NYSDBL Benefit Details		
Benefit Percentage	60% of EE's Average Weekly Wage	
Benefit Maximum	60% of the NYS Average Weekly Wage as Defined by NYS	
Benefit Duration	10 Weeks	
Additional Benefit Details		
Benefit Duration (Combined DBL & PFL)	26 Weeks Combined NYSDBL and NYSPFL	

SHORT TERM DISABILITY INSURANCE

ABC COMPANY

Class 1: CEO and Vice Presidents

Class 2: All Other Full-Time Employees Working 30 Hours/Week

	Guardian	
	Current	Renewal
	Policy Number: 419800	
Enrollment	143	
Weekly Volume (estimated for comparison purposes only)	\$93,172	
Rate (per \$10)	\$0.475	\$0.499
Estimated Annual Premium	\$53,108.04	\$55,791.39
Rate Guarantee	1/1/2022	1/1/2023
Dollar Change		\$2,683.35
Percentage Change		5.05%
Contribution Level	Non-Contributory	
Benefit Details		
Benefit Percentage	66.67%	
Weekly Benefit Maximum	Class 1: \$2,800 Class 2: \$1,000	
Benefit Duration	25 Weeks	
Pre-Existing Limitation	None	
Waiting Periods		
Accident	7 Days	
Illness	7 Days	
Additional Benefit Details		
FICA Match	Not Included	
W-2 Reporting	Not Included	
NYS Disability Integration	Offset	
Waiting Period	FOM Following 60 Days	

LONG TERM DISABILITY INSURANCE

ABC COMPANY

Class 1: CEO and Vice Presidents		
Class 2: All Other Full-Time Employees		
	Guardian	
	Policy Number: 419800	
	Current	Renewal
Enrollment	143	
Monthly Volume (estimated for comparison purposes only)	\$598,932	
Rate (per \$100)	\$0.420	\$0.440
Estimated Annual Premium	\$30,186.17	\$31,623.61
Dollar Change		\$1,437.44
Percentage Change		4.76%
Rate Guarantee	1/1/2022	1/1/2023
Contribution Level	Non-Contributory	
Benefit Details		
Benefit Percentage	66.67%	
Monthly Benefit Maximum	Class 1: \$12,000 Class 2: \$4,000	
Elimination Period	180 Days	
Disability Definition	SSNRA	
Benefit Duration	Class 1: Extended Own Occupation Class 2: 2 Years Own Occupation	
Additional Benefit Details		
Residual Disability	Zero Day	
Social Security (Primary/Family)	Family	
Chemical Dependency and Mental & Nervous Coverage	24 Months	
EAP	Included	
Pre-Existing Limitation	3/12	
Survivor Benefit	3 Months	
Waiting Period	FOM Following 60 Days	

DENTAL INSURANCE

ABC COMPANY

Class 1: CEO and Vice Presidents

Class 2: All Other Full-Time Employees

			Guardian Policy Number: 419800 Base Plan (Value K9)	Guardian Policy Number: 419800 Buy-Up Plan (PPO ZD)
Plan Type			PPO	PPO
Rates			Current/Renewal	Current/Renewal
	Base	Buy-Up		
Single	35	39	\$18.01	\$36.07
Employee + Spouse	5	12	\$34.50	\$69.00
Employee + Child(ren)	1	7	\$38.02	\$76.05
Family	5	7	\$54.52	\$109.03
Estimated Annual Premium			\$13,361.64	\$42,363.48
Rate Guarantee			1/1/2023	1/1/2023
In-Network				
Preventive Services			100%	100%
Basic Services			50%	90%
Major Services			0%	60%
Child Ortho Service			N/A	N/A
Out-of-Network				
Preventive Services			90%	100%
Basic Services			40%	80%
Major Services			0%	50%
Child Ortho Service			N/A	N/A
Additional Benefit Details				
Individual Maximum			\$500	\$1,000
Endo, Perio, Oral Surgery			Basic Services	Basic Services
Implants			Not Covered	Major Services
Includes Maximum Roll-over			Not Included	Included
Ortho Lifetime Maximum			N/A	N/A
Deductible			In-Network: \$0 Out-of-Network: \$50/\$150 Waived for Preventive Services	\$50/\$150 Waived for Preventive Services
Out-of-Network R & C / UCR			Negotiated Fee Schedule	90th Percentile
Waiting Periods				
Preventive			None	None
Basic			None	None
Major			None	None
Ortho			N/A	N/A
Additional Information				
Contribution Level			Contributory	Contributory
Dependent Age Limits			20/26	20/26
Waiting Period			FOM Following 60 Days	FOM Following 60 Days

VISION INSURANCE

ABC COMPANY

Class 1: CEO and Vice Presidents

Class 2: All Other Full-Time Employees

		Guardian VSP Policy Number: 419800 Current/Renewal	
Employee	73	\$7.27	
Family	36	\$15.58	
Estimated Annual Premium		\$13,099.08	
Rate Guarantee		1/1/2023	
Benefit Details		In-Network	Out-of-Network
Exams:			
Exam with Dilation as Necessary		\$20 Copay	Up to \$50
Frames:			
Any available frame at participating provider location		Up to \$130; 20% off any amount over allowance	Up to \$48
Lenses:			
Single Vision Lenses		\$20 Copay	Up to \$48
Bifocal Lenses		\$20 Copay	Up to \$67
Trifocal Lenses		\$20 Copay	Up to \$86
Lenticular Lenses		\$20 Copay	Up to \$126
Cosmetic Lens Enhancements		Discounts Apply	N/A
Contact Lenses:			
Elective		Up to \$130	Up to \$120
Medically Necessary		Covered in full after initial copay	Up to \$210
Laser Vision Correction:			
Lasik or PRK from US Laser Network		15% off usual price 5% off promotional price	N/A
Frequency:			
Examination		12 Months	
Frame		24 Months	
Lenses or Contact Lenses		12 Months	
Additional Information:			
Contribution Level		Contributory	
Dependent Age Limits		20 / 26	
Waiting Period		FOM Following 60 Days	

ACCIDENT INSURANCE

ABC COMPANY

Class 1: All Eligible Employees			
	Guardian Policy Number: 419800 Current/Renewal		
Monthly Rates	Premier	Advantage	Value
Employee	\$12.67	\$9.93	\$7.25
Employee & Spouse	\$20.65	\$16.24	\$11.89
Employee & Child	\$20.43	\$16.36	\$12.18
Family	\$28.41	\$22.67	\$16.82
Rate Guarantee	1/1/2023		
Plan Description			
Type of Plan	Off Job		
Portability	Included		
Child(ren) Age Limits	To Age 26		
Benefits			
Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000
Hospital Admission	\$1,250	\$1,000	\$750
Intensive Care Unit Admission	\$2,500	\$2,000	\$1,500
Air Ambulance	\$1,500	\$1,000	\$500
Ambulance	\$200	\$150	\$100
Accident Emergency Treatment	\$200	\$175	\$150
Waiting Period	FOM Following 60 Days		

CRITICAL ILLNESS INSURANCE

ABC COMPANY

Class 1: All Eligible Employees

Guardian Policy Number: #419800 Current/Renewal										
Enrollment	EE: 8 SP: 3 CH: 4									
Benefit Amount										
Employee Benefit Amount(s)	Choice of \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000 Lump Sum Benefit									
Spouse Benefit	50% of Employee's Lump Sum Benefit									
Child Benefit (Birth to Age 26)	25% of Employee's Lump Sum Benefit									
Conditions	1st Occurrence	2nd Occurrence								
Cancer (Invasive)	100%	50%								
Carcinoma In Situ	30%	0%								
Skin Cancer	\$250 Lifetime	N/A								
Heart Attack	100%	50%								
Stroke	100%	50%								
Heart Failure	100%	50%								
Arteriosclerosis	30%	0%								
Organ Failure	100%	50%								
Kidney Failure	100%	50%								
Non-Medical Max Guarantee										
Employee	\$20,000									
Spouse	\$10,000									
Child	All Amounts Guarantee Issue									
Wellness Benefit	Included									
Pre-Existing Condition Limitation	6/6									
Monthly Rates	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
	EE	Spouse	EE	Spouse	EE	Spouse	EE	Spouse	EE	Spouse
<30	\$3.71	\$2.04	\$5.51	\$2.94	\$7.31	\$3.84	\$9.11	\$4.74	\$10.91	\$5.64
30-39	\$5.16	\$2.85	\$8.26	\$4.40	\$11.36	\$5.95	\$14.46	\$7.50	\$17.56	\$9.05
40-49	\$9.15	\$5.07	\$15.80	\$8.39	\$22.45	\$11.72	\$29.10	\$15.04	\$35.75	\$18.37
50-59	\$15.92	\$8.88	\$28.47	\$15.15	\$41.02	\$21.43	\$53.57	\$27.70	\$66.12	\$33.98
60-69	\$23.83	\$13.35	\$42.28	\$23.07	\$62.73	\$32.79	\$82.18	\$42.52	\$101.63	\$52.25
70+	\$43.02	\$23.72	\$80.07	\$42.25	\$117.12	\$60.78	\$154.17	\$79.30	\$191.22	\$97.83
Child(ren)	Included in Employee Rate									
Rate Guarantee	1/1/2023									
Waiting Period	FOM Following 60 Days									

6 | STRATEGIC INITIATIVES CALENDAR



2021 STRATEGIC INITIATIVES

ABC COMPANY

ABC Company 2021 Strategic Initiatives

Action	Responsible Party	Comments	Expected Completion	Open/Closed
Schedule A's	Lawley	Request Schedule A's from the carriers and provide to ABC Company for their 5500 filings	January 15, 2021	Closed
Strategic Meeting	ABC/Lawley	Review the Initiatives and Strategies for 2021	March 6, 2021	Closed
Health Plan Performance Review	BCBS/ABC/Lawley	Review plan performance and identify clinical cost drivers with BCBS	May 15, 2021	Closed
Mid-Year Meeting (Pre-Renewal) and Annual Claim Review	Lawley	Pre-Renewal estimate and work on contribution ideas from this number and finalize in June.	June 7, 2021	Closed
Renewal Meeting	Lawley	Review final renewal numbers and discuss contribution and plan design for 2022	Early August	Closed
Finalize Plan Designs	ABC/Lawley	Finalize any changes to plans for 2022	August 2021	Closed
FSA/ProFlex for 2022	Lawley	Reviewed 4th quarter of 2021 and will revisit for 2022	Early August	Open
Benefit Fair	Lawley	Assist with the coordination of the vendors and provide support at the event	October 22, 2021	Open
Open Enrollment Support	Lawley/ABC	Lawley will help coordinate and attend open enrollment meetings	October/November	Open
Wellness Initiatives	Lawley/ABC	Continue to provide support at all locations as well as assist in coordinating and implementing programs as well as marketing material	Ongoing	Open

7 | ACCOUNT TEAM



ACCOUNT TEAM

ABC COMPANY

Consulting Team



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8 | RESOURCES & EXHIBITS



RESOURCES & EXHIBITS

ABC COMPANY

The following documents will help you through your renewal and contain additional resources pertinent to your account with Lawley Benefits Group:

- [NY PFL Premium Rate Information 2022](#)
- [Open Enrollment Checklist 2022](#)
- [Compliance Checklist 2022](#)
- [Self-Funded Compliance Checklist 2022](#)
- [Lawley Benefits Information Hub Overview](#)
- [Lawley Benefits Information Hub Sample Website](#)
- [NY Health Insurance Mandates](#)

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The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.



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