



Coventry: Town & BOE
 Medical/Rx Plan - Renewal
 Self Funded Rates & Factors - Combined Group
 July 1, 2026 Renewal Date

Stop Loss Outline		Current	ECHIP Renewal	Alternative Renewal	Alternative Renewal	Alternative Renewal
TPA / Network Name		Cigna	Cigna	Cigna	Anthem	UHC
Stop Loss Carrier		Cigna	Cigna	Cigna	Anthem	UHC
Coverages Included		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Specific Stop Loss (SSL)		\$175,000	\$175,000	\$175,000	\$175,000	\$175,000
Contract Basis		Paid	Paid	Paid	24/12	24/12
Fixed Costs						
Administration						
ASO Fee	284	\$42.47	\$43.74	\$44.17	\$18.83	\$36.00
Prescription Drug Rebate Credit	284	(\$85.01)	(\$87.56)	(\$172.00)	(\$163.97)	(\$87.56)
Discount Share	284	\$0.00	\$0.00	\$0.00	\$20.10	\$0.00
ISL Interface Fee	284	\$1.38	\$0.00	\$0.00	\$0.00	\$0.00
Vision Fee	284	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93
PPACA	284	\$0.69	\$0.74	\$0.74	\$0.74	\$0.74
ECHIP Fees	284	\$10.56	\$10.56	\$0.00	\$0.00	\$0.00
Total Annual Fees	284	(\$98,764)	(\$107,646)	(\$429,953)	(\$420,445)	(\$170,026)
Broker Commission		\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
Total Annual Fees w/Broker Commission		(\$63,764)	(\$72,646)	(\$394,953)	(\$385,445)	(\$135,026)
Dollar Change			(\$8,882)	(\$331,189)	(\$321,681)	(\$71,262)
Specific Premium	284	\$234.56	\$293.20	\$284.65	\$286.86	\$296.02
Aggregate SL Premium		\$0.00	\$0.00	\$10.88	\$10.52	\$21.17
Annual Total		\$799,380	\$999,226	\$1,007,166	\$1,013,471	\$1,080,984
Dollar Change			\$199,845	\$207,786	\$214,091	\$281,603
Percentage Change			25.0%	26.0%	26.8%	35.2%
Annual Total Fixed Costs		\$735,617	\$926,580	\$612,213	\$628,026	\$945,957
Dollar Change			\$190,963	(\$123,404)	(\$107,591)	\$210,341
Percentage Change			26.0%	-16.8%	-14.6%	28.6%
Expected Claims Liability						
Expected Medical/Rx Claims PEPM	284	\$2,080.19	\$2,304.74	\$2,304.74	\$2,304.74	\$2,304.74
Claim Fluctuation Corridor		\$36.88	\$36.88	\$0.00	\$0.00	\$0.00
Monthly Expected Claims Liability		\$601,248	\$665,020	\$654,546	\$654,546	\$654,546
Annual Expected Claims Liability		\$7,214,975	\$7,980,239	\$7,854,552	\$7,854,552	\$7,854,552
Dollar Change			\$765,265	\$639,578	\$639,578	\$639,578
Percentage Change			10.6%	8.9%	8.9%	8.9%
Total Cost						
Annual Total Expected Costs		\$7,950,591	\$8,906,819	\$8,466,765	\$8,482,578	\$8,800,510
Minus Rx Rebates		\$0	\$0	\$0	\$0	\$0
Total minus Rx Rebates		\$7,950,591	\$8,906,819	\$8,466,765	\$8,482,578	\$8,800,510
Dollar Change from Current			\$956,228	\$516,174	\$531,987	\$849,918
Percentage Change			12.0%	6.5%	6.7%	10.7%



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Stop Loss Outline		Current	ECHIP Renewal	Alternative Renewal	Alternative Renewal	Alternative Renewal
TPA / Network Name		Cigna	Cigna	Cigna	Anthem	UHC
Stop Loss Carrier		Cigna	Cigna	Cigna	Anthem	UHC
Coverages Included		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Specific Stop Loss (SSL)		\$175,000	\$175,000	\$175,000	\$175,000	\$175,000
Contract Basis		Paid	Paid	Paid	24/12	24/12
Fixed Costs						
Administration						
ASO Fee	56	\$42.47	\$43.74	\$44.17	\$18.83	\$36.00
Prescription Drug Rebate Credit	56	(\$85.01)	(\$87.56)	(\$172.00)	(\$163.97)	(\$87.56)
Discount Share	56	\$0.00	\$0.00	\$0.00	\$20.10	\$0.00
ISL Interface Fee	56	\$1.38	\$0.00	\$0.00	\$0.00	\$0.00
Vision Fee	56	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93
PPACA	56	\$0.69	\$0.74	\$0.74	\$0.74	\$0.74
ECHIP Fees	56	\$10.56	\$10.56	\$0.00	\$0.00	\$0.00
Total Annual Fees	56	(\$19,475)	(\$21,226)	(\$84,780)	(\$82,905)	(\$33,526)
Broker Commission		\$6,901	\$6,901	\$6,901	\$6,901	\$6,901
Total Annual Fees w/Broker Commission		(\$12,573)	(\$14,325)	(\$77,878)	(\$76,003)	(\$26,625)
Dollar Change			(\$1,751)	(\$65,305)	(\$63,430)	(\$14,052)
Specific Premium	56	\$234.56	\$293.20	\$284.65	\$286.86	\$296.02
Aggregate SL Premium		\$0.00	\$0.00	\$10.88	\$10.52	\$21.17
Annual Total		\$157,624	\$197,030	\$198,596	\$199,839	\$213,152
Dollar Change			\$39,406	\$40,972	\$42,215	\$55,527
Percentage Change			25.0%	26.0%	26.8%	35.2%
Annual Total Fixed Costs		\$145,051	\$182,706	\$120,718	\$123,836	\$186,527
Dollar Change			\$37,655	(\$24,333)	(\$21,215)	\$41,476
Percentage Change			26.0%	-16.8%	-14.6%	28.6%
Expected Claims Liability						
Expected Medical/Rx Claims PEPM	56	\$2,080.19	\$2,304.74	\$2,304.74	\$2,304.74	\$2,304.74
Claim Fluctuation Corridor		\$36.88	\$36.88	\$0.00	\$0.00	\$0.00
Monthly Expected Claims Liability		\$118,556	\$131,131	\$129,065	\$129,065	\$129,065
Annual Expected Claims Liability		\$1,422,671	\$1,573,568	\$1,548,785	\$1,548,785	\$1,548,785
Dollar Change			\$150,897	\$126,114	\$126,114	\$126,114
Percentage Change			10.6%	8.9%	8.9%	8.9%
Total Cost						
Annual Total Expected Costs		\$1,567,722	\$1,756,274	\$1,669,503	\$1,672,621	\$1,735,312
Minus Rx Rebates		\$0	\$0	\$0	\$0	\$0
Total minus Rx Rebates		\$1,567,722	\$1,756,274	\$1,669,503	\$1,672,621	\$1,735,312
Dollar Change from Current			\$188,552	\$101,781	\$104,899	\$167,590
Percentage Change			12.0%	6.5%	6.7%	10.7%



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Stop Loss Outline		Current	ECHIP Renewal	Alternative Renewal	Alternative Renewal	Alternative Renewal
TPA / Network Name		Cigna	Cigna	Cigna	Anthem	UHC
Stop Loss Carrier		Cigna	Cigna	Cigna	Anthem	UHC
Coverages Included		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Specific Stop Loss (SSL)		\$175,000	\$175,000	\$175,000	\$175,000	\$175,000
Contract Basis		Paid	Paid	Paid	24/12	24/12
Fixed Costs						
Administration						
ASO Fee	228	\$42.47	\$43.74	\$44.17	\$18.83	\$36.00
Prescription Drug Rebate Credit	228	(\$85.01)	(\$87.56)	(\$172.00)	(\$163.97)	(\$87.56)
Discount Share	228	\$0.00	\$0.00	\$0.00	\$20.10	\$0.00
ISL Interface Fee	228	\$1.38	\$0.00	\$0.00	\$0.00	\$0.00
Vision Fee	228	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93
PPACA	228	\$0.69	\$0.74	\$0.74	\$0.74	\$0.74
Discount Share	228	\$10.56	\$10.56	\$0.00	\$0.00	\$0.00
Total Annual Fees	228	(\$79,289)	(\$86,420)	(\$345,174)	(\$337,540)	(\$136,500)
Broker Commission		\$28,099	\$28,099	\$28,099	\$28,099	\$28,099
Total Annual Fees w/Broker Commission		(\$51,191)	(\$58,321)	(\$317,075)	(\$309,442)	(\$108,401)
Dollar Change			(\$7,131)	(\$265,884)	(\$258,251)	(\$57,211)
Specific Premium	228	\$234.56	\$293.20	\$284.65	\$286.86	\$296.02
Aggregate SL Premium		\$0.00	\$0.00	\$10.88	\$10.52	\$21.17
Annual Total		\$641,756	\$802,195	\$808,570	\$813,632	\$867,832
Dollar Change			\$160,439	\$166,814	\$171,876	\$226,076
Percentage Change			25.0%	26.0%	26.8%	35.2%
Annual Total Fixed Costs		\$590,565	\$743,874	\$491,495	\$504,190	\$759,431
Dollar Change			\$153,308	(\$99,071)	(\$86,376)	\$168,865
Percentage Change			26.0%	-16.8%	-14.6%	28.6%
Expected Claims Liability						
Expected Medical/Rx Claims PEPM	228	\$2,080.19	\$2,304.74	\$2,304.74	\$2,304.74	\$2,304.74
Claim Fluctuation Corridor		\$36.88	\$36.88	\$0.00	\$0.00	\$0.00
Monthly Expected Claims Liability		\$482,692	\$533,889	\$525,481	\$525,481	\$525,481
Annual Expected Claims Liability		\$5,792,304	\$6,406,671	\$6,305,767	\$6,305,767	\$6,305,767
Dollar Change			\$614,367	\$513,464	\$513,464	\$513,464
Percentage Change			10.6%	8.9%	8.9%	8.9%
Total Cost						
Annual Total Expected Costs		\$6,382,869	\$7,150,545	\$6,797,262	\$6,809,957	\$7,065,198
Minus Rx Rebates		\$0	\$0	\$0	\$0	\$0
Total minus Rx Rebates		\$6,382,869	\$7,150,545	\$6,797,262	\$6,809,957	\$7,065,198
Dollar Change from Current			\$767,676	\$414,393	\$427,088	\$682,329
Percentage Change			12.0%	6.5%	6.7%	10.7%



**Coventry: Town & BOE
Connecticut State Plan
July 1, 2026 - Illustrative Rates**

		STATE OF CT PLAN ANTHEM		
Active Population				
Employee Only	96			\$1,342.43
Two Person	63			\$3,035.14
Family	114			\$3,454.89
Under 65 Retirees				
Employee Only	8			\$1,646.23
Two Person	3			\$3,499.65
Family	0			\$4,271.89
Over 65 w/Medicare Part A & B				
Employee Only	0			\$337.24
Post 65 Retirees Not Eligible for Medicare				
Employee Only	0			\$2,901.71
Two Person	0			\$6,263.39
Family	0			\$7,664.14
Renewal Annual Premium				\$8,466,765
State Of CT Plan Annual Premium				\$8,851,357
Estimated Runout				<u>\$1,316,384</u>
Total State of CT Plan & Retirees Annual Premium				\$10,167,741
\$ Change from Renewal				\$1,700,976
% Change from Renewal				20.09%
		WELLNESS COMPLIANT IN-NETWORK	WELLNESS NON-COMPLIANT IN-NETWORK	OUT-OF-NETWORK
FINANCIALS:				
Deductible		N/A	\$350/person to \$1,400	\$300/\$900
Employer Portion of Deductible		N/A	N/A	N/A
Employee Portion of Deductible		N/A	\$350/person to \$1,400	\$300/\$900
Co-insurance		100%	100%	80/20%
Maximum Out of Pocket		\$2,000/\$4,000	\$2,000/\$4,000	\$2,300/\$4,900
Maximum Lifetime Benefit Per Member		Unlimited	Unlimited	Unlimited
Gatekeeper Network		No	No	No
PREVENTIVE CARE:				
Well child care (to sched.)		No charge	No charge	Ded. & Coins.
Periodic, routine health examination (to sched.)		No charge	No charge	Ded. & Coins.
Routine eye exams		No charge	No charge	Ded. & Coins.
Routine OB/GYN visits		No charge	No charge	Ded. & Coins.
Mammography (to sched.)		No charge	No charge	Ded. & Coins.
Hearing Screening		No charge	No charge	Ded. & Coins.
MEDICAL CARE:				
Office Visits (Primary)		\$15 copay	Must Meet Ded. First	\$15 copay
Office Visits (Specialist)		\$15 copay	\$15 copay	\$15 copay
Outpatient Mental Health & Substance Abuse		\$15 copay	\$15 copay	\$15 copay
Diagnostic lab and x-ray		No charge	No charge	No charge
High cost imaging (MRI, CAT, PET, etc.)		No charge	No charge	No charge
Allergy Services - Office Visit and Testing		\$15 copay	\$15 copay	\$15 copay
Allergy Services - Injections (80 within 3 yrs.)		No charge	No charge	No charge
HOSPITAL CARE				
Inpatient Hospitalization		No charge	Must Meet Ded. First	No charge
Skilled Nursing Facility (120 days per year)		No charge	No charge	No charge
Rehabilitative Services (60 days per year)		No charge	No charge	No charge
Outpatient Surgery		No charge	No charge	No charge
EMERGENCY/URGENT CARE				
Emergency Room		\$250 copay	Must Meet Ded. First	\$35 copay
Urgent Care		\$15 copay	\$15 copay	\$15 copay
Ambulance		No charge	No charge	No charge
OTHER SERVICES				
Physical, Occupational, Speech & Chiro Copay		No charge	Must Meet Ded. First	No charge
Physical, Occupational, Speech & Chiro Limit		Not Specified	Not Specified	Not Specified
Durable Medical Equipment (Unlimited)		No charge	No charge	No charge
Home Health Care		Not Specified	Not Specified	Not Specified
PRESCRIPTION DRUGS:				
Retail		\$5/10/25 Maintenance	\$5/10/25 Maintenance	\$5/10/25 Maintenance
Mail Order		\$5/20/35 Non-Maint.	\$5/20/35 Non-Maint.	\$5/20/35 Non-Maint.
Annual Maximum		Not Specified	Not Specified	Not Specified
		Unlimited	Unlimited	Unlimited

This summary is intended for use only as a general summary of benefits. For a detailed description of benefits, terms, limitations and exclusions, see group certificate.



**Coventry: Town & BOE
Summary of Marketing
July 1, 2026 Renewal Date**

Carrier	Status	% over Current Premium
Cigna Direct	Quoted - USI Recommended	6.5%
Anthem	Quoted	6.7%
UHC	Quoted	10.7%
Aetna	DTQ	N/A
State Plan	Quoted	20.1%