



AGC Health Benefit Trust

Meeting of the Board of Trustees

AGC Oregon Columbia Chapter

September 9, 2020

Meeting Agenda
 Wednesday, September 9th, 2020
 12:00 am – 2:00 pm

Location: AGC Oregon-Columbia Chapter
 9450 SW Commerce Circle, Suite 200
 Wilsonville, OR 97070
 Conference Phone: 855.852.7677
 Conference ID: 3256805
 Leader PIN: 5423

AGENDA	PRESENTER(S)
I. Call to Order	Norman Russell, Chairman of the Board
II. Administrative Items	
A. Approval of Minutes from January 16, 2020	Board of Trustees
B. Approval of Sponsor Expense Report – Q1 & Q2 2020	Mike Salsgiver, AGC Oregon Columbia Chapter
III. General Agent's Report	Autumn Schwerdfager & Susan Taylor, JD Fulwiler & CO.
A. 2020 Master Contract Renewal	
1. Carrier Renewal & Experience Reporting	
2. Renewal Discussion & Recommendations	
3. Health Advocate Summary	
4. Wellness Program – 2020 Summary	
5. January 1, 2021 Gross-up Review	
IV. Administrator's Report	Jammie Starr & Erik Ryan, Vimly Benefit Solutions Inc.
A. Membership Report	
B. Financial Report	
V. Date for Next Meeting	
VI. Action Item Review – Current Meeting	
VII. Adjournment	Norman Russell, Chairman of the Board



Meeting of the Board of Trustees
January 16, 2020

Trustees – In Attendance

Norman Russell, Chairman
Roger Silbernagel
Leigh Tapani
Lance Landis

Trustees – Not In Attendance

Sarah Smith

Others in Attendance

Mike Salsgiver – Executive Director, AGC Oregon-Columbia Chapter
Autumn Schwerdfager – Senior Account Manager, JD Fulwiler & Co. Insurance
Susan Taylor – Account Manager, JD Fulwiler & Co. Insurance
Paolo Cruz – Account Manager, Vimly Benefit Solutions
Erik Ryan – VP of Client Services, Vimly Benefit Solutions

Lee Colclasure – Signing Director. CliftonLarsonAllen LLP (on the phone)

Call to Order

The meeting was called to order at 12:00 p.m. by Chairman Russell.

Audit Report Update, CliftonLarsonAllen

Mr. Colclasure gave an introduction on CliftonLarsonAllen and presented the Trust Audit Report to the Board for the year ending on March 31, 2019. He went over the financial statements and the auditor's report which were previously sent out to the Trustees and included in the meeting packet. The audit performed was a full-scope audit of the financial statements as of March 31, 2019.

The audit resulted in an unmodified opinion of the Trust financial statements as there were no major issues that modified this opinion.

Mr. Colclasure stated the finalization of the audit was delayed due to challenges and complexities involved in reconciling the Dollar Bank obligations and in getting timely responses from the Vimly accounting team in ensuring the data being audited was accurate. Mr. Colclasure recommended that Vimly improve their processes in documenting the Dollar Bank obligations in order to communicate and provide this to the auditor in a more timely and accurate fashion. Vimly committed to add more resources to its accounting team and to implement improvements in their current accounting processes, especially around the Dollar Bank. Vimly also committed to provide any data and reporting timely to the Trust auditor to minimize challenges to future audits and to avoid having subsequent Trust audits be delayed.

General Agent's Report

A. Renewal Summary

Ms. Schwerdfager presented the January 2020 Renewal Summary to the Board:

- Regence Medical and Rx – overall base rate increase of 9%; approximately 10 groups had higher renewals due to claims experience
- Regence Wellness Administration - \$3.00 PEPM
- Standard Dental and Vision – renewed with 10% decrease for both dental and vision; 12-month contract effective through December 31, 2020
- LifeMap Group Life/AD&D, Accident, Voluntary Life – renewed as is with rate pass; 12-month contract effective through December 31, 2020
- BPA Health EAP – renewed as is with rate pass; 12-month contract effective through December 31, 2021
- LifeBalance Lifestyle Discount Program – renewed as is with rate pass (\$0.80 PEPM)
- Health Advocate Services – renewed as is with \$0.05 PEPM increase

B. Renewal Results/Sales/Terminations

Ms. Schwerdfager reported as of January 2020 18 out of 23 employers renewed, resulting in an 82% renewal retention. There were 5 new sales as of January 2020 and 1 for February 2020 at the time of the meeting, resulting in 6 new sales year to date.

C. 2020 Communications Plans

Ms. Schwerdfager reported on the following communications campaigns:

1. Wellness Communications
2. EAP Communications
3. Health Advocate Communications
4. MD Live Campaign

D. Experience Reporting

Ms. Taylor reported the Trust's claims experience from December 2018 through November 2019 and compared it to the prior 12-month period. The Trust had a 90.38% loss ratio through November 2019, compared to 87.84% in the prior year. Ms. Taylor stated she is working with Regence to see if there are high dollar claims that are driving the higher loss ratio on some months in 2019.

Ms. Taylor also presented an annual experience summary from 2011 through 2019, illustrating each year's loss ratio at the end of the year. She reported that the loss ratio with Regence has been increasing since 2016. She stated that if ever the Trust decides to send out Requests for Proposals (RFPs) for a new medical carrier, the current loss ratio of 83.81% through November 2019 would not be undesirable, however RFPs usually ask for 2 or more years of experience. The Board proceeded to discuss prior years' attempts at RFPs with medical carriers.

E. ACA Compliance Bulletin

Ms. Taylor presented an ACA Compliance Bulletin produced by JD Fulwiler & Co. Insurance. The bulletin presented compliance updates on the Cadillac Tax, Health Insurance Provider Fee, Medical Devices Excise Tax, and PCORI Fees.

Administrator's Report

A. Membership Report

Mr. Cruz reported on the Trust membership as of January 2020:

- 55 employer groups
- 938 total employees and 1,747 total members
- 8 COBRA members
- 5 groups have terminated in 2019 and there were 6 new groups year to date, including February 2020. January is the month when most groups are up for renewal and when we see most of the year's membership change.

A. Financial Report

Mr. Ryan reviewed the Trust's second quarter financials for the plan year ending September 30, 2019. Cash with Heritage Bank is at \$89,897 and the current value of the investments is \$1,126,674. Total assets are \$1,314,376 and total liabilities and benefit obligations during the period total \$171,994. The resulting net assets available for benefits over benefit obligations were \$1,142,382.

Total employer contributions for the current period was \$2,843,412 and total deductions were \$2,856,476, resulting in a net decrease of \$1,828 for the period. This leaves the Trust with net increase in assets available for benefits at \$23,146 year to date.

B. Vimly Data Incident

Mr. Ryan reported on and provided information related to the Vimly data incident which occurred in August 2019 and the process that was deployed following the incident. He explained that the incident was in the form of a DocuSign email phishing scam that has typically been targeted at financial and banking institutions. The incident was identified as Vimly was performing a security upgrade related to its HISTRUST certification efforts. Mr. Ryan indicated that this incident was limited to eight Vimly email accounts/users, and there was no other access to the Vimly network, database, or software systems. Mr. Ryan reported on the member communications that had gone out to all affected participants which includes information on how to avail free credit monitoring as a result of this incident.

Review and Approval of Prior Meeting Minutes

Motion: It was moved, seconded, and carried for the Trustees to approve the minutes from the August 29, 2019 meeting

Date for Next Meeting

The next meeting date is on **April 9, 2020 from 12 p.m. to 2 p.m.**

Adjournment

With no additional items for discussion, Chairman Russell adjourned the meeting at 1:28 pm.

Oregon - Columbia Chapter AGC of America, Inc.

(503) 682-3363 or (800) 826-6610

www.agc-oregon.org

9450 SW Commerce Circle, #200

Invoice

Invoice #: 600056

Invoice Date: 9/8/2020

Due Date: 9/23/2020

Project:

P.O. Number:

Bill To:

AGC Health Trust

Description	Hours/Qty	Rate	Amount
2020 Q1 & Q2 Staff Time - M Salsgiver	20	75.00	1,500.00
2020 Q1 & Q2 Travel & Meal expense - M Salsgiver		57.43	57.43

Total \$1,557.43

Payments/Credits \$0.00

Balance Due \$1,557.43

Section 1: Master Contract Renewal – January 1, 2021

Renewal Summary

The purpose of this table is to summarize the employee benefit plan renewals from the following insurance carriers and vendors for the plan year beginning January 1, 2021:

Carrier Name	Line(s) of Coverage	Marketed?	Renewal Proposal	Recommendation for Renewal
Regence	Medical/Rx	No	Medical: 9.34% Rx: 6.23% Overall: 8.91% *	Renew with benefit changes
Standard Insurance Company	Dental	No	Rate Pass	Renew as is
Standard Insurance Company	Vision	No	Rate Pass	Renew as is
LifeMap	Group Life/AD&D	No	Rate Pass (24-month contract; Jan. 2021 – Dec. 2022)	Renew as is
BPA Health	EAP	No	N/A (24-month contract; Jan. 2020 – Dec. 2021)	Renew as is
LifeBalance	Lifestyle/ Discount Program	No	Rate Pass (\$0.80 PEPM)	Renew as is
Health Advocate	Advocacy Services	No	Rate Pass	Terminate contract due to extremely low utilization

*Taking into account the following considerations, Regence estimates the overall increase will be approximately 5% over current. Group premium adjustments will vary anywhere from -10.4% to beyond +15%.

- o Twelve groups with over a 100% loss ratio will receive additional band adjustments.
- o Plan benefit adjustments (adjusting benefits to increase competition)
- o Plan realignments (adjusting total plan value to increase competition)

Retro Refunding Contract: Regence will provide a true-up summary at the end of the calendar year to determine if the Trust is eligible for a refund for 2020.

Prior Year's Renewal Summary

The purpose of this table is to summarize the employee benefit plan renewals and decisions from the prior plan year:

Carrier Name	Line(s) of Coverage	Marketed?	Prior Year Renewal Proposal	Prior Year Renewal Decision
Regence	Medical/Rx	No	9%	Renew as is
Standard Insurance Company	Dental	No	-10%	Renew as is
Standard Insurance Company	Vision	No	-10%	Renew as is
LifeMap	Group Life/AD&D	No	Rate Pass	Renew as is
BPA Health	EAP	No	Rate Pass (24-month contract; Jan. 2020 – Dec. 2021)	Renew as is
LifeBalance	Lifestyle/ Discount Program	No	Rate Pass (\$0.80 PEPM)	Renew as is
Health Advocate	Advocacy Services	No	Rate Pass	Renewal as is

Regence Renewal Drivers

- The experience period loss ratio used in the rate calculation is 86.95% (March 2019 – February 2020, claims paid through June 2020)
- No claims exceeded the pooling level of \$200,000.
- Age/sex factor has increased 291% from last year.
- Regence's combined medical/Rx trend in Oregon is 9.28%. (Actuarial consultant notes Oregon trend is 9.3% based all local insurance companies.)
- Multiple high claimants continuing into the next plan year:
 - Ulcerative Colitis - \$125,000 in estimated future spend
 - Rubenstein Syndrome - \$125,000 in estimated future spend
 - Multiple Sclerosis - \$90,000 in estimated future spend
 - Malignant neoplasm of ovaries - \$50,000 in estimated future spend
- Multiple high cost medications continuing into the next plan year:
 - Arthritis - \$130,000 for continued use of Humira / Humira Pen
 - Multiple Myeloma - \$108,000 for continued use of Revlimid

Rate Renewal Calculation for AGC HEALTH BENEFIT TRUST

Plan: Regence BlueCross BlueShield of Oregon
Group Id: 800000016
Quote Id: 0035714-01
Renewal Period: January 1, 2021 to December 31, 2021
Experience Period: March 1, 2019 to February 29, 2020 , claims paid through June 30, 2020
Funding Arrangement: Prospective

Enrollment				Medical	Rx	Med/Rx
1. Current Subscribers				896	896	896
2. Current Members				1,714	1,714	1,714
3. Experience Period Subscriber Months				8,489	8,489	8,489
4. Experience Period Member Months				16,319	16,319	16,319
5. Experience Period Average Members per Subscriber				1.91	1.91	1.91
Claims						
6. Incurred Claims				\$4,225,444	\$811,600	\$5,037,044
7. Claim \$ Exceeding Pooling Point of \$200,000				\$0	\$0	\$0
8. Incurred but not Paid				\$150,137	\$0	\$150,137
9. Total Incurred Claims				\$4,375,581	\$811,600	\$5,187,181
10. Total Incurred Claims PMPM				\$268.13	\$49.73	\$317.86
Adjusted Incurred Claims						
11. Product Mix/Benefit Adjustment				(\$4.01)	\$0.00	(\$4.01)
12. Age/Gender Adjustment				\$13.21	\$2.49	\$15.70
13. Adjusted Incurred Claims PMPM				\$277.33	\$52.22	\$329.55
Projected Claim Costs						
14. Months of Trend				22.0	22.0	22.0
15. Annual Trend				8.94%	11.05%	9.28%
16. Applied Trend Factor				1.1700	1.2119	1.1766
17. Trended Incurred Claims PMPM				\$324.48	\$63.29	\$387.76
18. Actuarial Margin For Claims Fluctuation				\$3.24	\$0.63	\$3.87
19. Health Care Reform Mandate				\$0.20	\$0.10	\$0.30
20. Pool Charge @ \$200,000	PMPM	\$42.04		\$41.12	\$0.92	\$42.04
21. Total Adjusted Incurred Claims				\$369.04	\$64.94	\$433.97
Projected Retention Costs						
22. Administration	PMPM	\$46.18		\$46.18	\$0.00	\$46.18
23. Broker Commission				\$0.00	\$0.00	\$0.00
24. Total Retention Cost				\$46.18	\$0.00	\$46.18
Programs						
25. Telehealth - MDLIVE	PEPM	\$0.90		\$0.47	\$0.00	\$0.47
26. Regence Empower Incent (EE Only)	PEPM	\$3.00		\$1.57	\$0.00	\$1.57
27. Projected Cost PMPM				\$417.26	\$64.94	\$482.20
Rate Adjustment Needed				7.11%	4.12%	6.70%
State and Federal Taxes/Fees						
28. Premium Tax	Percent	2.00%		\$8.48	\$1.32	\$9.80
29. Patient Centered Outcome Tax	PMPM	\$0.21		\$0.21	\$0.00	\$0.21
30. Total Government Taxes/Fees				\$8.69	\$1.32	\$10.01
31. Projected Cost with Taxes/Fees PMPM				\$425.95	\$66.26	\$492.21
32. Projected Cost with Taxes/Fees Aggregate				\$8,760,940	\$1,362,836	\$10,123,776
33. Current Premium PMPM				\$389.55	\$62.37	\$451.92
34. Current Premium Aggregate				\$8,012,294	\$1,282,867	\$9,295,161
35. Rate Adjustment Needed with Taxes/Fees				9.34%	6.23%	8.91%

Renewal Assumptions and Conditions

Group Name: AGC HEALTH BENEFIT TRUST

Group Id: 800000016

Quote Id: 0035714-01

Rates Effective: January 1, 2021 through December 31, 2021

1. All rates are guaranteed for the twelve month period beginning January 1, 2021 through December 31, 2021, except in the case of:
 - * Government mandated benefit change;
 - * New or revised government taxes;
 - * An amendment of the benefit plan or contract;
 - * A business reorganization (e.g., acquiring, merging or selling a portion of the business operation) resulting in a +/- 10% enrollment change; or
 - * Any change in employer contribution, employee eligibility, or probationary period.
2. The census used in the rate calculation follows:
Medical 896 Subscribers, 1,714 Members
3. Dependent eligibility must flow through the enrolled subscriber.
4. Effective January 1, 2014, Affordable Care Act (ACA) requires that probationary period does not exceed 90 days.
5. The Group maintains the current contribution schedule. Regence has the right to non-renew any group that does not meet the standard minimum employer contribution at time of renewal: 50% of the employee rate.
6. Regence has the right to non-renew any group that does not meet the standard minimum participation at the time of renewal: 75% of eligible employees.
7. All rates released in this renewal assume Regence is the sole carrier for the Group's healthcare coverage.
8. Rates within this offer are based on at least 50% of the enrolled employees residing in the Regence and its affiliated service areas. "Affiliates service areas" refers to geographic areas served by Asuris Northwest Health, Regence BlueCross BlueShield of Oregon, Regence BlueShield of Idaho, Inc., Regence BlueCross BlueShield of Utah, and /or Regence BlueShield.
9. Rates exclude broker commission.
10. No member is allowed to opt off coverage in lieu of compensation.
11. The quoted rates assume that Regence will not be subject to the benefit or administrative mandates of any other state. In the event that a benefit or administrative mandate is applicable or imposed upon us, we reserve the right to immediately re-evaluate our underwriting position.
12. The rates assume a true employee/employer relationship and that Regence would be contracting with one legal entity. Prior to enrollment, proof may be required documenting that this group is one legal contracting entity.
13. Rates assume standard reporting. Any customized reporting required by the broker/Group may result in additional fees.
14. Employer must disclose to Regence any policies that would offset the member's deductible and/or coinsurance. Regence reserves the right to adjust rates accordingly.
15. Minimum enrollment on any one option for dual option benefits is 15% of total enrollment.
16. If multiple options are implemented without a qualified HDHP, the high option rate can be no more than 15% higher than the low option rate.

17. If multiple options are implemented with a qualified HDHP, the high option rate can be no more than 30% higher than the HDHP rate.
18. Regence Underwriting guidelines apply.
19. Acceptance of this offer (with or without changes) is required no later than 15 days prior to the effective date. No retroactive changes are allowed. Our offer expires 30 days from the release date. The Group's master application must be completed, signed by the Group or group representative, and submitted to Underwriting for review no later than 15 days prior to the effective date of the contract. Failure to provide complete, signed paperwork in a timely manner will result in non-issuance of the contract.
20. Regence reserves the right to re-rate if any of these assumptions are changed.
21. Association is rated as one large group as a whole.
22. Effective September 23, 2010, the Patient Protection and Affordable Care Act prohibits employers from discriminating in favor of highly compensated individuals as set forth in Internal Revenue Code section 105(h) and implementing regulations. Regence is unable to determine whether a plan discriminates in a way that violates the new law because it does not have access to information such as corporate structure, employee salaries, stock ownership, length of service, percentage of premiums paid by the employer, etc. Because the new law imposes fines on employers with discriminatory plans, Regence recommends that employers obtain tax and/or legal advice to ensure they comply with nondiscrimination requirements.

EMPLOYER ACCEPTANCE

I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, contingencies and assumptions listed in this document.

Authorized Signature: _____

Date: _____

Experience Summary by Coverage - Current Period

Post Date : 06/30/2020

Metrics : (Contract Months, Member Months, Reporting Case Count, Premium/Fees, Covered Charges Amount, Paid Claims, Paid PCPM, Paid PMPM, Loss Ratio)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : (Mar 2019, Apr 2019, May 2019, Jun 2019, Jul 2019, Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020)

Coverage Category : (Medical, Prescription Drugs)

Incurred Date : (Mar 2019, Apr 2019, May 2019, Jun 2019, Jul 2019, Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020)

Parent Group : (800000016 - AGC HEALTH BENEFIT TRUST)

Paid Date	Contract Months	Member Months	Reporting Case Count	Premium/Fees	Covered Charges Amount	Paid Claims	Paid PCPM	Paid PMPM	Loss Ratio
Mar 2019	2,042	4,058	2,274	\$846,261.56	\$685,831.65	\$329,751.61	\$322.97	\$162.52	38.97%
Apr 2019	2,030	4,052	4,325	\$846,499.06	\$1,405,639.26	\$677,504.19	\$667.49	\$334.40	80.04%
May 2019	2,058	4,132	13,016	\$872,910.95	\$1,117,714.65	\$547,335.42	\$531.91	\$264.93	62.70%
Jun 2019	2,008	3,900	17,580	\$848,199.11	\$1,621,761.01	\$802,436.62	\$799.24	\$411.51	94.60%
Jul 2019	2,014	3,906	4,498	\$853,179.56	\$1,556,718.85	\$774,668.76	\$769.28	\$396.66	90.80%
Aug 2019	1,998	3,832	3,844	\$845,065.96	\$1,357,436.49	\$682,321.63	\$683.00	\$356.12	80.74%
Sep 2019	2,034	3,940	3,812	\$858,235.33	\$1,421,651.23	\$715,828.42	\$703.86	\$363.36	83.41%
Oct 2019	2,046	3,970	4,828	\$865,081.68	\$1,849,534.65	\$975,780.33	\$953.84	\$491.58	112.80%
Nov 2019	1,814	3,504	4,559	\$776,828.36	\$1,533,562.64	\$895,308.05	\$987.11	\$511.02	115.25%
Dec 2019	1,652	3,110	3,986	\$698,169.27	\$1,291,218.49	\$661,084.06	\$800.34	\$425.13	94.69%
Jan 2020	1,768	3,374	2,709	\$771,718.73	\$884,809.44	\$433,259.14	\$490.11	\$256.82	56.14%
Feb 2020	1,758	3,360	3,608	\$756,260.55	\$1,349,354.95	\$634,684.56	\$722.05	\$377.79	83.92%
Mar 2020			2,551		\$844,783.91	\$385,416.40			
Apr 2020			260		\$105,366.76	\$37,686.42			
May 2020			18		\$6,348.63	(\$11,212.31)			
Jun 2020			69		\$54,890.36	\$12,526.60			
Total: Selected Filter(s)	23,222	45,138	71,937	\$9,838,410.12	\$17,086,622.97	\$8,554,379.90	\$736.75	\$379.03	86.95%

SUMMARY OF CHANGES: Oregon Group 101+ Fully-Insured

This comparison summarizes the substantive revisions that will be made to products effective with the first renewal on or after January 1, 2021 (unless specifically noted otherwise). If there is any inconsistency between this Summary of Changes and the Booklet, Policy, Plan or Endorsement the terms of the Booklet, Policy, Plan or Endorsement will prevail.

- These changes are pending regulatory review and approval and are subject to change.

MANDATED CHANGES – apply to all plans

Benefits	1/2020	1/2021	Mandate
Newborn Home Visits	Not applicable.	<p>Home Visits by an Oregon licensed registered nurse who is certified by the Oregon Health Authority (OHA) to participate in its home visiting program are covered for enrolled newborns up to six months of age including at least one visit during the first three months of life with an opportunity to choose up to three more visits. The newborn must reside in an area of the state that is served by a universal newborn nurse home visiting program approved by OHA.</p> <p>Non-HSA plans: In-network/Category 1 covered with no cost shares. HSA plans: In-network/Category 1 coverage is subject to the deductible, coinsurance waived.</p> <p>No coverage for Out-of-Network/Category 2/3 services.</p>	SB 526

BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2020	1/2021
<p>Emergency Room</p> <p>Applies to Innova, Preferred</p> <p>Decline <input type="checkbox"/></p>	Emergency Room copay amount was \$100.	Emergency Room copay amount will now be \$250. Any other cost shares will continue to be covered at regular plan benefits.

SUMMARY OF CHANGES: Oregon Group 101+ Fully-Insured

BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2020	1/2021
Exclusions - Medical: Services for Administrative or Qualification Purposes	Physical or mental examinations and associated services primarily for administrative or qualification purposes are not covered.	Added 'required by an employer' to the title of the exclusion and included qualification for employment to the exclusion. This clarifies, but does not change the intent of the current exclusion.
Exclusions - Medical: Orthognathic Surgery	Orthognathic surgery due to developmental anomalies was not covered.	Added coverage for orthognathic surgery due to developmental anomalies.
Exclusions - Medical: Adventure, Outdoor, or Wilderness Interventions and Camps	Wilderness and adventure programs were identified under the Activity Therapy exclusion.	<p>Reference to wilderness and adventure programs was removed from the 'Activity Therapy' exclusion and given a distinct exclusion under the heading, 'Adventure, Outdoor, or Wilderness Interventions and Camps.' Corresponding and supporting changes have been made to the definition of 'Residential Care' in the 'Mental Health and/or Substance Use Disorder Services' benefit(s) and in the 'Certain Therapy, Counseling and Training' and the 'Self-Help, Self-Care, Training or Instructional Programs' exclusions. These actions do not change the services intended to be covered or excluded, but provide clarification of the intent.</p> <p>Reference to wilderness and adventure programs was removed from the 'Activity Therapy' exclusion and given a distinct exclusion under the heading, 'Adventure, Outdoor, or Wilderness Interventions and Camps.' Corresponding and supporting changes have been made to the "Therapies, Counseling and Training" and the "Self-Help, Self-Care, Training or Instructional Programs" exclusions, and the "Mental Health or Substance Use Disorder Services" benefit where a definition of "Residential Care" was added. These actions do not change the services intended to be covered or excluded, but provide clarification of the intent.</p>
Genetic Testing	Genetic testing was included as a separate benefit.	Removed as a separate benefit. Genetic testing will be listed under 'Radiology and Laboratory'. No change in benefits.
Mental Health or Substance Use Disorder Services - Cost Shares <i>Applies to all plans except Engage</i> Decline <input type="checkbox"/>	Category 2/Participating mental health and substance use disorder services were covered at the Category 1/In-Network cost share level.	Category 2/Participating mental health and substance use disorder services will now be covered at the Category 2/Participating/Out-of-Network cost share level.

SUMMARY OF CHANGES: Oregon Group 101+ Fully-Insured

BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2020	1/2021
Nutritional Counseling Decline <input type="checkbox"/>	Coverage limited to three visits per lifetime.	Changed limit to three visits per calendar year.
Pharmacy - Continuous Glucose Monitors (CGMs)	CGMs were not covered under the Prescription Medications benefit.	Added coverage of FreeStyle and Dexcom CGMs (referred to as certain CGMs in the booklet/policy) under the Prescription Medications benefit to expand member access. Regular prescription cost shares apply. No change to Durable Medical Equipment coverage which includes CGMs.
Pharmacy - Hemophilia Network	Hemophilia prescription medications were available through a retail or specialty pharmacy and covered at regular prescription medication cost shares.	Added a new hemophilia network. Prescription medications for hemophilia will be administered through a designated Hemophilia Treatment Center or our Specialty pharmacy. Specialty cost shares apply and include one grace fill.
Pharmacy - Insulin Cost Share Cap Decline <input type="checkbox"/>	Insulin covered at regular prescription medication cost shares.	Member cost shares for Preferred Brand-Name insulin will be limited to \$100 per 30-Day supply at a retail pharmacy or \$300 per 90-Day supply through mail-order; deductible waived.
Preventive Care and Immunizations <i>Applies to Classic, Preferred, Innova</i> Decline <input type="checkbox"/>	Out-of-Network/Category 3 childhood immunizations covered at 0% member cost share.	Changed member cost share on Out-of-Network/Category 3 child immunizations. Services will now be covered at regular plan cost shares.
Spinal Manipulations – Osteopathic <i>Applies to Classic</i> Decline <input type="checkbox"/>	Benefits were subject to deductible and coinsurance.	In-Network benefits deductible waived, copay applies. Out-of-Network benefits covered at regular plan cost shares.

SUMMARY OF CHANGES: Oregon Group 101+ Fully-Insured

BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2020	1/2021
<p>Standalone Dental Plans</p> <p>Decline <input type="checkbox"/></p>	<p>Cleanings limited to two per member per calendar year.</p> <p>Periodontal maintenance limited to two per member per calendar year.</p>	<p>Cleanings - A third cleaning may be covered during the same calendar year for members with a diagnosis of one or more of the following: Coronary Atherosclerosis, Hypertensive Heart Disease, Diabetes and Pregnancy.</p> <p>Periodontal maintenance - A third periodontal maintenance may be covered during the same calendar year for members with a diagnosis of one or more of the following: Coronary Atherosclerosis, Hypertensive Heart Disease, Diabetes and Pregnancy.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p><i>Applies to Classic, Innova, Preferred</i></p>	<p>Vendor secure chat was covered under Store and Forward.</p>	<p>Vendor secure chat (currently Ask a Doctor) will now be covered under Telehealth with no cost share.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p><i>Applies to HSA 2.0</i></p>	<p>Vendor secure chat was not covered.</p>	<p>Vendor secure chat (currently Ask a Doctor) will now be covered under Telehealth with no cost share, after deductible.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p><i>Applies to HSA 2.0</i></p> <p>Decline <input type="checkbox"/></p>	<p>Category 2 non-vendor Telehealth services were covered at Category 1 cost shares.</p>	<p>Category 2 non-vendor Telehealth services will now be covered at Category 2 cost shares.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p><i>Applies to HSA 3.0</i></p>	<p>Vendor secure chat was covered under Store and Forward.</p>	<p>Vendor secure chat (currently Ask a Doctor) will now be covered under Telehealth with no cost share, after deductible.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p><i>Applies to Innova, Preferred</i></p> <p>Decline <input type="checkbox"/></p>	<p>Category 2 non-vendor Telehealth/Store and Forward services were covered at Category 1 cost shares.</p>	<p>Category 2 non-vendor Telehealth/Store and Forward services will now be covered at Category 2 cost shares.</p>

SUMMARY OF CHANGES: Oregon Group 101+ Fully-Insured

BENEFIT AND LANGUAGE CHANGES – apply to all plans

Benefits	1/2020	1/2021
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p>Groups that purchased Vendor option</p> <p><i>Applies to Classic, Innova, Preferred</i></p> <p>Decline <input type="checkbox"/></p>	<p>Virtual care Telehealth/Store and Forward cost shares were the same whether service was obtained from preferred vendor(s) or Category 1/2/In-network provider(s).</p>	<p>Virtual care Telehealth from preferred vendor(s) (currently Doctor on Demand or MDLive): \$10 copay (deductible waived) for Classic/Innova, and 10% coinsurance (deductible waived) for Preferred. Telehealth and Store and Forward (secure chat) received from a provider other than our preferred vendor(s), regular office visit cost shares will apply.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p>Groups that purchased Vendor option</p> <p><i>Applies to HSA 2.0</i></p> <p>Decline <input type="checkbox"/></p>	<p>Category 2 non-vendor Telehealth services were covered at Category 1 cost shares.</p>	<p>Category 2 non-vendor Telehealth services will now be covered at Category 2 cost shares.</p>
<p>Virtual Care - Telehealth Visit Cost Shares</p> <p>Groups that purchased Vendor option</p> <p><i>Applies to HSA 3.0</i></p> <p>Decline <input type="checkbox"/></p>	<p>Virtual care Telehealth/Store and Forward cost shares were the same whether the service was obtained from preferred vendor(s) or In-Network provider(s).</p>	<p>Virtual care Telehealth from preferred vendor(s) (currently Doctor on Demand or MDLive): 10% coinsurance, after deductible. Telehealth and Store and Forward (secure chat) received from In-Network providers other than our preferred vendor (s), regular office visit cost shares will apply.</p>

AGC Health Benefit Trust
Medical & Rx Using 12 Months Experience
7/19 - 6/20
Actuarial Consultant Calculation

Experience Period		Medical & Rx	Notes:
1	Contract Months	11,207	From Experience Report
2	Member Months	22,569	From Experience Report
3	Experience Period Claims	\$7,815,158	From Experience Report
4	Adjustment to Incurred	(\$225,077)	Adjustment Based on Regence Calculation
5	Experience Period Incurred Claims	(3 + 4) \$7,590,081	
6	Claims Over Stoploss	\$0	Actual from Large Claim Report
7	Net Incurred Claims	(5 + 6) \$7,590,081	
8	Net Incurred Claims Prior to Adjustments (PMPM)	(7 / 2) \$336.31	
9	Benefit and Other Adjustments	(\$2.67)	Adjusted from Regence Calculation
10	Virus Adjustment (+8% for 4 months)	2.67% \$8.98	Virus Factor: (There will be an increase of elective procedures after the isolation period)
11	Net Incurred Claims (PMPM)	(8 + 9 + 10) \$342.61	
12	Annual Trend	9.30%	Trend based on local insurance companies (close to Regence factor)
13	Trend Factor	18 / 12 114.27%	
14	Trended Net Incurred Claims	(11 x 13) \$391.50	
15	Actuarial Margin	1.00% \$3.92	
16	Health Care Reform	PMPM \$0.30	From Regence Calculation
17	Pooling Charge (@ \$200,000)	PMPM \$42.04	From Regence Calculation
18	Total Adjusted Claims	(14 + 15 + 16 + 17) \$437.76	
19	Administrative Fee	\$46.18	From Regence Calculation
20	Programs from Regence	\$3.90 PEPM \$1.94	From Regence Calculation
21	Patient Centered Outcome Tax	\$0.21 PMPM \$0.21	From Regence Calculation
22	Premium Tax	2.00% \$9.92	
23	Projected Cost (PMPM)	(18 + 19 + 20 + 21 + 22) \$496.01	
24	Experience Period Premium	\$9,632,852	From Experience Report
25	Premium Adjustment (\$)	8.37% (6 mo of 2019) \$482,311	
26	Premium at Current Rate Level (\$)	(24 + 25) \$10,115,163	
27	Premium at Current Rate Level (PMPM)	(26 / 2) \$448.19	
28	Projected 2021 Factor	(23 / 27) 110.67%	
29	Projected 2021 Percentage Increase	10.67%	

AGC Health Benefit Trust
Medical & Rx Using 12 Months Experience
3/19 - 2/20
Actuarial Consultant Calculation

Experience Period		Medical & Rx	Notes:
1	Contract Months	11,611	From Experience Report
2	Member Months	22,569	From Experience Report
3	Experience Period Claims	\$8,808,454	From Experience Report
4	Adjustment to Incurred	(\$254,074)	Adjustment Based on Regence Calculation
5	Experience Period Incurred Claims	(3 + 4) \$8,554,380	
6	Claims Over Stoploss	\$0	Actual from Large Claim Report
7	Net Incurred Claims	(5 + 6) \$8,554,380	
8	Net Incurred Claims Prior to Adjustments (PMPM)	(7 / 2) \$379.03	
9	Benefit and Other Adjustments	(\$4.01)	From Regence Calculation
10	Virus Adjustment (+8% for 0 months)	0.00% \$0.00	Virus Factor: (Experience Period used was before period of Isolation)
11	Net Incurred Claims (PMPM)	(8 + 9 + 10) \$375.02	
12	Annual Trend	9.28%	From Regence Calculation
13	Trend Factor	22 / 12 117.66%	
14	Trended Net Incurred Claims	(11 x 13) \$441.25	
15	Actuarial Margin	1.00% \$4.41	
16	Health Care Reform	PMPM \$0.30	From Regence Calculation
17	Pooling Charge (@ \$200,000)	PMPM \$42.04	From Regence Calculation
18	Total Adjusted Claims	(14 + 15 + 16 + 17) \$488.00	
19	Administrative Fee	\$46.18	From Regence Calculation
20	Programs from Regence	\$3.90 PEPM \$2.01	From Regence Calculation
21	Patient Centered Outcome Tax	\$0.21 PMPM \$0.21	From Regence Calculation
22	Premium Tax	2.00% \$10.95	
23	Projected Cost (PMPM)	(18 + 19 + 20 + 21 + 22) \$547.35	
24	Experience Period Premium	\$9,838,410	From Experience Report
25	Premium Adjustment (\$)	8.37% (10 mo of 2019) \$818,577	
26	Premium at Current Rate Level (\$)	(24 + 25) \$10,656,988	
27	Premium at Current Rate Level (PMPM)	(26 / 2) \$472.20	
28	Projected 2021 Factor	(23 / 27) 115.92%	
29	Projected 2021 Percentage Increase	15.92%	

Claim Lines Summary

Post Date: 06/30/2020

Run Date: 8/6/2020

Metrics: (Premium/Fees, Covered Charges Amount, Paid Claims, Loss Ratio, Average Medical Subscribers, Average Medical Members)

Rows: (Paid Date)

Columns: (Metrics)

Paid Date: (Jun 2018, Jul 2018, Aug 2018, Sep 2018, Oct 2018, Nov 2018, Dec 2018, Jan 2019, Feb 2019, Mar 2019, Apr 2019, May 2019, Jun 2019, Jul 2019, Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020)

Incurred Date: (Jun 2018, Jul 2018, Aug 2018, Sep 2018, Oct 2018, Nov 2018, Dec 2018, Jan 2019, Feb 2019, Mar 2019, Apr 2019, May 2019, Jun 2019, Jul 2019, Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020)

Parent Group: (800000016 - AGC HEALTH BENEFIT TRUST)

Paid Date	Premium/Fees	Covered Charges Amount	Paid Claims	Loss Ratio	Average Medical Subscribers	Average Medical Members
Jun 2018	\$918,850.90	\$635,266.39	\$350,700.26	38.17%	1,162	2,281
Jul 2018	\$937,006.57	\$1,474,666.63	\$746,665.56	79.69%	1,176	2,322
Aug 2018	\$989,535.46	\$1,269,896.59	\$601,096.80	60.75%	1,227	2,435
Sep 2018	\$993,473.39	\$1,653,448.60	\$846,239.65	85.18%	1,234	2,442
Oct 2018	\$996,615.67	\$1,773,732.49	\$907,642.80	91.07%	1,236	2,463
Nov 2018	\$1,026,658.03	\$1,643,895.29	\$899,236.19	87.59%	1,279	2,518
Dec 2018	\$944,680.43	\$1,763,287.49	\$867,158.44	91.79%	1,188	2,251
Jan 2019	\$851,319.88	\$1,525,004.78	\$704,429.82	82.75%	1,056	2,024
Feb 2019	\$856,581.74	\$1,392,316.43	\$681,984.13	79.62%	1,059	2,041
Mar 2019	\$846,261.56	\$1,738,986.43	\$854,122.53	100.93%	1,021	2,029
Apr 2019	\$846,499.06	\$1,639,457.62	\$763,799.32	90.23%	1,015	2,026
May 2019	\$872,910.95	\$1,177,609.63	\$569,109.95	65.20%	1,029	2,066
Jun 2019	\$848,199.11	\$1,698,912.97	\$825,625.43	97.34%	1,004	1,950
Jul 2019	\$853,179.56	\$1,562,731.61	\$775,800.50	90.93%	1,007	1,953
Aug 2019	\$845,065.96	\$1,368,845.80	\$686,296.71	81.21%	999	1,916
Sep 2019	\$858,235.33	\$1,425,141.58	\$716,964.72	83.54%	1,017	1,970
Oct 2019	\$865,081.68	\$1,864,685.72	\$983,925.39	113.74%	1,023	1,985
Nov 2019	\$776,828.36	\$1,550,947.64	\$901,744.86	116.08%	907	1,752
Dec 2019	\$698,169.27	\$1,291,253.49	\$660,817.32	94.65%	826	1,555
Jan 2020	\$771,718.73	\$889,728.82	\$435,502.33	56.43%	884	1,687
Feb 2020	\$756,260.55	\$1,349,000.95	\$634,744.82	83.93%	879	1,680
Mar 2020	\$763,664.78	\$1,490,825.32	\$749,093.74	98.09%	878	1,688
Apr 2020	\$803,869.68	\$1,146,502.87	\$465,280.46	57.88%	924	1,770
May 2020	\$819,525.90	\$720,556.16	\$317,607.98	38.76%	932	1,787
Jun 2020	\$821,251.98	\$1,055,974.91	\$487,378.70	59.35%	931	1,781
Total: Selected Filter(s)	\$21,561,444.53	\$35,102,676.21	\$17,432,968.41	80.85%	1,036	2,015

Medical/Rx Proposed Benefit Design Changes

Benefit Change Description	Benefit Change Details
#1 Network Consolidation	'Preferred' network remains intact; however, Regence is moving to a standard 2 tier network (in-network and out-of-network) as opposed to the current three tier network (Preferred, Participating and Nonparticipating). The Participating tier (approx. 2% of providers) is being rolled into Tier 1 (in-network).
#2 INN OOPM	<p>Increase INN OOPM per the following to adjust to market (<u>individual</u> INN OOPM listed below; family INN OOP adjusted proportionately)</p> <ul style="list-style-type: none"> • PPO 500: \$3,000 → \$4,000 • PPO 1000: \$4,000 → \$5,500 • PPO 1500: \$4,500 → \$5,500 • PPO 2000 & 3000: \$6,000 → \$6,500 • Value 1000, 2500, & 5000: \$6,850 → \$7,500
#3 Primary Care Visits	<p>Increased primary care office visit</p> <ul style="list-style-type: none"> • Value 1000: \$25 → \$35 • Value 2500: \$25 → \$35 • Value 5000: \$25 → \$35
#4 All Plans	<ul style="list-style-type: none"> • Adjust network virtual care visit to 50% of in-person visit (<i>Current: member cost-share is same as in-person visit</i>) • Adjust outpatient mental health visits to mirror PCP copay (<i>Current: member cost-share is parity to professional services, covered as coinsurance, deductible waived</i>) • Adjust ER co-pay amount to \$200, waive it admitted to hospital (<i>Current: member copay is \$150</i>)
#5 Add New Medical Plans	<ul style="list-style-type: none"> • Value 500 Deductible: \$35/0 ~ 70/50/50 ~ \$6,500 OOP • Value 3500 Deductible: \$35/0~70/50/50 ~ \$7,500 OOP • Value 6000 Deductible: \$35/0 ~ 60/50/50 ~ \$8,150 OOP • HSA 4500 Deductible: 70/50/50 ~ \$7,500 OOP
#6 Rx Plan Design Changes	<ul style="list-style-type: none"> • Remove: Rx 2 (20%/30%/30%/40%/40%/50%) • Replace: Rx 2 (\$15/25%/\$40/40%/40%/50%) • Add: Rx 3 ((\$25/30%/\$60/50%/40%/50%)

AGC	Regence (direct)	UHC	Providence	Kaiser	PacificSource	Moda	Health Net
PPO 500	Platinum 250	Premier Platinum 100	Total Enhanced 250 Platinum	Platinum 0/20	Platinum 500	Platinum 250	Platinum 250
PPO 1000	Platinum 500	ProFormance Platinum 250	Total Enhanced 500 Platinum	Gold 0/30	Gold 1000	Platinum 500	Platinum 500
PPO 1500	Gold 500	Premier Platinum 500	Total Enhanced 1000 Gold	Platinum 250/20	Gold 2000	Gold 500	Platinum 750
PPO 2000	Gold 1000	ProFormance Gold 500	Total Enhanced 1500 Gold	Platinum 500/20	Gold 2500	Gold 1000	Gold 0/50%
PPO 3000	Gold 1500	Premier Gold 500	Total Enhanced 2500 Gold	Gold 1000/20	Gold 3500	Gold 1500	Gold 500
PPO 5000	Gold 2000	Premier Gold 750	Total Enhanced 3500 Gold	Gold 1500/35	Silver 3000	Gold 2000	Gold 1000
Value 1000	Gold 2500	Premier Gold 1000	Total Enhanced 4500 Gold	Silver 2500/45	Silver 4500	Silver 2500	Gold 1500
Value 2500	Silver 3500	ProFormance Gold 1500	Total Enhanced 5500 Gold	Silver 3500/40	Silver 5500	Silver 3000	Gold 2000
Value 5000	Silver 4500	Premier Gold 1500	Total Enhanced 7000 Silver	Silver 4500/45	Silver 6500	Silver 4000	Gold 2500
HSA 2500	Silver 5500	ProFormance Gold 2000	Balance 750 Gold	Bronze 5500/50	Bronze 7500	Silver 5000	Gold 3500
HSA 6550	Silver 7000	Premier Gold 2000	Balance 1500 Gold	Bronze 8150/40	HSA 3000 Gold	Bronze 5500	Silver 3000
Silver Care on Demand 4000		ProFormance Gold 2500	Balance 2500 Gold	Silver HSA 2800/25%	HSA 3000 Silver	Bronze 8150	Silver 3500
Bronze Care on Demand 5500		Premier Gold 2500	Balance 3500 Gold	Bronze HSA 5200/20	HSA 4500 Silver	Silver HSA 2800	Silver 4000
Gold HSA 1500		Premier Silver 3500-40	Balance 4500 Gold	Added Choice Platinum 250/20 3T	HSA 5500 Silver	Bronze HSA 5000	Silver 5000
Silver HSA 2000		Premier Silver 3500-35	Balance 6000 Silver	Added Choice Gold 600/35 3T	HSA 5000 Bronze		Bronze 5000
Silver HSA Emb. \$3000		Premier Silver 5000	Balance 7000 Bronze	Added Choice Gold 1000/20 3T	HSA 6750 Bronze		Bronze 7350
Silver HSA 3500		Premier Bronze 7500	Balance 8150 Bronze	Added Choice Silver 2500/45 3T			Silver HSA 2800
Silver HSA 4250		Silver HSA 2500	HSA 2000 Silver				Bronze HSA 6550
Bronze HSA 5000		Silver HSA 3000	HSA 2500 Silver				CC-1T Platinum 750
		Silver HSA 5000	HSA 3500 Silver				CC-1T Gold 1000
			HSA 4500 Bronze				CC-1T Gold 2000
			HSA 5500 Bronze				CC-1T Gold 3500
			HSA 6750 Bronze				CC-1T Silver 3000
			Connect 750 Gold				CC-1T Silver 4500
			Connect 1500 Gold				CC-3T Platinum 750
			Connect 2500 Gold				CC-3T Gold 1000
			Connect 3500 Gold				CC-3T Gold 2000
			Connect 4500 Gold				CC-3T Gold 3500
			Connect 6000 Silver				CC-3T Silver 3000
			Connect 7000 Bronze				CC-3T Silver 4500
			Connect 8150 Bronze				

11

19

20

31

17

16

14

30

Standard plans not listed



ASSOCIATED GENERAL CONTRACTORS HEALTH BENEFIT TRUST

2021 Renewal Summary

Policy 160-753399

Thank you for allowing Standard Insurance Company to provide quality products to support your employees' insurance needs. We are pleased to renew your policy with continued coverage and services.

We have carefully reviewed the current composition of your organization and evaluated the experience of your dental and vision policy. Based upon this review and application of rate factors appropriate for your industry classification, we are renewing your policy at the existing premium rates as indicated in the chart below. These rates are guaranteed until January 1, 2022.

DENTAL \$1000 AM NO ORTHO

Division 1/Class 1

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$32.87 per member	\$32.87 per member
Employee & Spouse	\$64.51 per member	\$64.51 per member
Employee & Child(ren)	\$73.08 per member	\$73.08 per member
Employee, Spouse and Children	\$113.47 per member	\$113.47 per member

DENTAL \$1000 AM WITH ORTHO

Division 1/Class 2

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$34.42 per member	\$34.42 per member
Employee & Spouse	\$67.57 per member	\$67.57 per member
Employee & Child(ren)	\$76.54 per member	\$76.54 per member
Employee, Spouse and Children	\$118.80 per member	\$118.80 per member

DENTAL \$1500 AM NO ORTHO

Division 1/Class 3

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$38.16 per member	\$38.16 per member
Employee & Spouse	\$74.92 per member	\$74.92 per member
Employee & Child(ren)	\$84.89 per member	\$84.89 per member
Employee, Spouse and Children	\$131.76 per member	\$131.76 per member

DENTAL \$1500 AM WITH ORTHO

Division 1/Class 4

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$39.71 per member	\$39.71 per member
Employee & Spouse	\$77.98 per member	\$77.98 per member
Employee & Child(ren)	\$88.34 per member	\$88.34 per member
Employee, Spouse and Children	\$137.09 per member	\$137.09 per member

DENTAL \$2000 AM NO ORTHO

Division 1/Class 5

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$41.87 per member	\$41.87 per member
Employee & Spouse	\$82.15 per member	\$82.15 per member
Employee & Child(ren)	\$93.02 per member	\$93.02 per member
Employee, Spouse and Children	\$144.43 per member	\$144.43 per member

DENTAL \$2000 AM WITH ORTHO

Division 1/Class 6

Dental Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$43.42 per member	\$43.42 per member
Employee & Spouse	\$85.21 per member	\$85.21 per member
Employee & Child(ren)	\$96.48 per member	\$96.48 per member
Employee, Spouse and Children	\$149.72 per member	\$149.72 per member

VISION - PLAN 1 VOLUNTARY

Division 101/Class 7

Vision Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$5.98 per member	\$5.98 per member
Employee & Spouse	\$11.59 per member	\$11.59 per member
Employee & Child(ren)	\$11.63 per member	\$11.63 per member
Employee, Spouse and Children	\$17.96 per member	\$17.96 per member

VISION - PLAN 2 VOLUNTARY

Division 101/Class 8

Vision Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$7.38 per member	\$7.38 per member
Employee & Spouse	\$14.62 per member	\$14.62 per member
Employee & Child(ren)	\$14.33 per member	\$14.33 per member
Employee, Spouse and Children	\$21.74 per member	\$21.74 per member

VISION - PLAN 1 CONTRIBUTORY

Division 101/Class 9

Vision Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$3.46 per member	\$3.46 per member
Employee & Spouse	\$7.38 per member	\$7.38 per member
Employee & Child(ren)	\$7.24 per member	\$7.24 per member
Employee, Spouse and Children	\$11.48 per member	\$11.48 per member

VISION - PLAN 2 CONTRIBUTORY

Division 101/Class 10

Vision Coverage

Product & Services	Through 12/31/2020	Effective 1/1/2021
Employee	\$4.57 per member	\$4.57 per member
Employee & Spouse	\$9.04 per member	\$9.04 per member
Employee & Child(ren)	\$8.86 per member	\$8.86 per member
Employee, Spouse and Children	\$13.46 per member	\$13.46 per member

If you have any questions about your rates or our review process our Employee Benefits Sales and Service office at 503-248-2755 is available to serve your needs. We value your business and welcome the opportunity to provide continued assistance to you.

Sincerely yours,

Troy Bartling
Group Insurance Underwriter
Employee Benefit Services
Standard Insurance Company

Group Name: **AGC Health Benefit Trust, Oregon Columbia Chapter**

Policy #: **OR300267**

Anniversary Date: **1/1/2021**



LifeMap Renewal Rate Exhibit

Coverage	Rate Mode	Current Monthly Rate	Renewal Monthly Rate	Assumed Volume	Assumed Lives	Current Monthly Premium	Renewal Monthly Premium	Monthly Premium Change	Rate Guarantee Period
Basic Life Insurance									
Plan 1	Per \$1,000	\$1.720	\$1.720	8,489,000	860	\$14,601.08	\$14,601.08	\$0.00	2 Years
Plan 2	Per \$1,000	\$3.440	\$3.440	533,000	27	\$1,833.52	\$1,833.52	\$0.00	2 Years
Plan 3	Per \$1,000	\$4.310	\$4.310	250,000	10	\$1,077.50	\$1,077.50	\$0.00	2 Years
Plan 4	Per \$1,000	\$5.160	\$5.160	0	0	\$0.00	\$0.00	\$0.00	2 Years
Plan 5	Per \$1,000	\$8.600	\$8.600	3,465,000	70	\$29,799.00	\$29,799.00	\$0.00	2 Years
Basic AD&D									
Plan 1	Per \$1,000	\$0.260	\$0.260	8,489,000	860	\$2,207.14	\$2,207.14	\$0.00	2 Years
Plan 2	Per \$1,000	\$0.520	\$0.520	533,000	27	\$277.16	\$277.16	\$0.00	2 Years
Plan 3	Per \$1,000	\$0.650	\$0.650	250,000	10	\$162.50	\$162.50	\$0.00	2 Years
Plan 4	Per \$1,000	\$0.780	\$0.780	0	0	\$0.00	\$0.00	\$0.00	2 Years
Plan 5	Per \$1,000	\$1.300	\$1.300	3,465,000	70	\$4,504.50	\$4,504.50	\$0.00	2 Years
Coverage	Rate Mode	Current Monthly Rate	Renewal Monthly Rate	Assumed Volume	Assumed Lives	Current Monthly Premium	Renewal Monthly Premium	Monthly Premium Change	Rate Guarantee Period
Voluntary Life		Age-Rated	Age-Rated					No Change	2 Years
Total Group Premium						\$54,462.40	\$54,462.40	\$0.00	

Payment of premium is understood as acceptance of these rates.

Health Advocate – 2020 Summary

To help promote awareness Health Advocate mailed postcards to all employees enrolled in the health plan. Vimly posted alerts on their portal, SIMON, to remind groups of the Health Advocate benefit. Vimly also sent an email blast advising all groups that we offer Health Advocate.

As of the last report received from Health Advocate, we have had 64 historical interactions (In 3 years) totalling 22 hours assisting AGC members.

After continuous efforts to increase awareness and to promote Health Advocate as an added benefit to the Trust and given the extremely low level of utilization, JD Fulwiler recommends The Trust terminate their partnership with Health Advocate.

Summary of All Activity At-A-Glance

A high-level overview of the total enrollment and interactions for your organization. A snapshot of your Health Advocate experience.

Employee Enrollment	864
Hours	
Total Historical Interactions	64
(Includes Early Interactions)	
Hours	22.0

Wellness Program – 2020 Summary

There was a total of 111 members who completed their preventive exams between January 1st- 31st 2020. Seventy-seven have created regence.com accounts and 67 visited Regence Empower to complete their annual Health Assessment to receive their gift cards.

Due to COVID-19, the requirement for members to obtain a preventive exam was removed as non-essential healthcare visits were postponed. Regence mailed letters to all employees and spouses informing them of the program adjustment.

The 2020 wellness incentive credit received from Regence is \$6,000 and only \$3,500 has been paid out to date, leaving \$2,500 remaining for employee incentives. Regence will continue to raffle two \$250 gift cards monthly (through December 2020) for members who completed their Health Assessment.

There are 11 groups who achieved 25% of employee participation in the 2020 wellness program. These groups will receive the retroactive \$8.00 PEPM premium credit, totalling \$12,136 in cost to the Trust. These groups will also receive \$3.00 PEPM off their 2021 medical premiums.

Two groups achieved participation in 2019, so they have been receiving the \$3.00 PEPM premium credit in 2020 for a total of \$552.

The total estimated cost of the 2020 wellness program to the Trust is \$12,688.

Premium Gross-Up – January – December 2021

Line of Coverage	Net Carrier Premium	Wellness Admin Fee	EAP	Broker Commission	Vimly	AGC HBT	JDF	Total	Gross Rate
Medical	varies	\$3.00 PEPM (credit)	\$0.85 PEPM	4.00%	\$7.65	0.25%	\$12.55 PEPM	4.25% + \$18.05	varies
Prescription (Rx)	varies	-	-	4.00%	-	0.25%	-	4.25%	varies
Dental	varies	-	-	4.00%	-	0.25%	-	4.25%	varies
Vision	varies	-	-	4.00%	-	0.25%	-	4.25%	varies
LifeMap Products	varies	-	-	4.00%	-	0.25%	-	4.25%	varies
Life/AD&D	varies	-	-	4.00%	-	0.25%	-	4.25%	varies
LifeBalance	\$0.80 PEPM	-	-	4.00%	-	0.25%	-	4.25%	\$0.83 PEPM

Approval

AGC Health Benefit Trust: _____

Signature

Date

JD Fulwiler & Co. Insurance: _____

Signature

Date

Vimly Benefit Solutions, Inc: _____

Signature

Date

Section 2: Oregon Quoting

	2020 (YTD)	2019	2018
Quotes	274	270	302
New Sales	12	11	12
Close Ratio	4.4%	4.1%	4.0%

AGC Oregon Columbia Chapter - September 2020

Membership Highlights

Membership	Current	% of Change From Prior Year	Prior Year Same Period
Number of Employer Groups	58	-1.7%	59
Number of Employees	971	-8.8%	1,065
Number of Total Members	1,843	-9.5%	2,037
Number of Medical COBRA Members	8	-11.1%	9

Employee High & Low Watermarks (Medical)

High Watermark	1025 Employees in October 2019	Low Watermark	828 Employees in December 2019
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Employee Demographics by Age - Medical

Age	# of Employees in each bracket	% of Employees in each bracket
0 - 29	171	18.63%
30 - 39	245	26.69%
40 - 49	220	23.97%
50 - 59	193	21.02%
60 - 69	88	9.59%
70 +	1	0.11%

Employer Lines of Coverage

Coverage	# of Employers	# of Members	% of Employers
Medical	58	1775	100%
RX**	56	1697	97%
Dental	22	562	38%
Vision	33	852	57%
Life Balance Card	7	129	12%
Buy up Life	6	9	10%
Wellness	12	165	21%

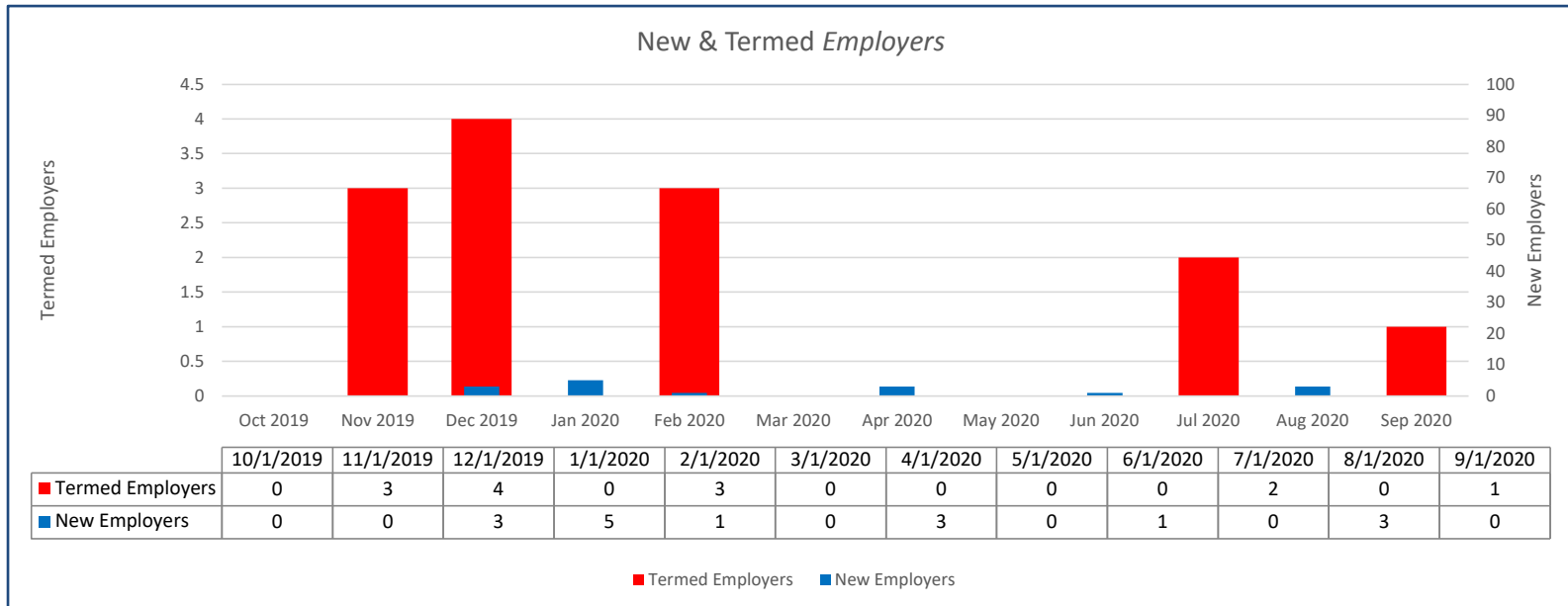
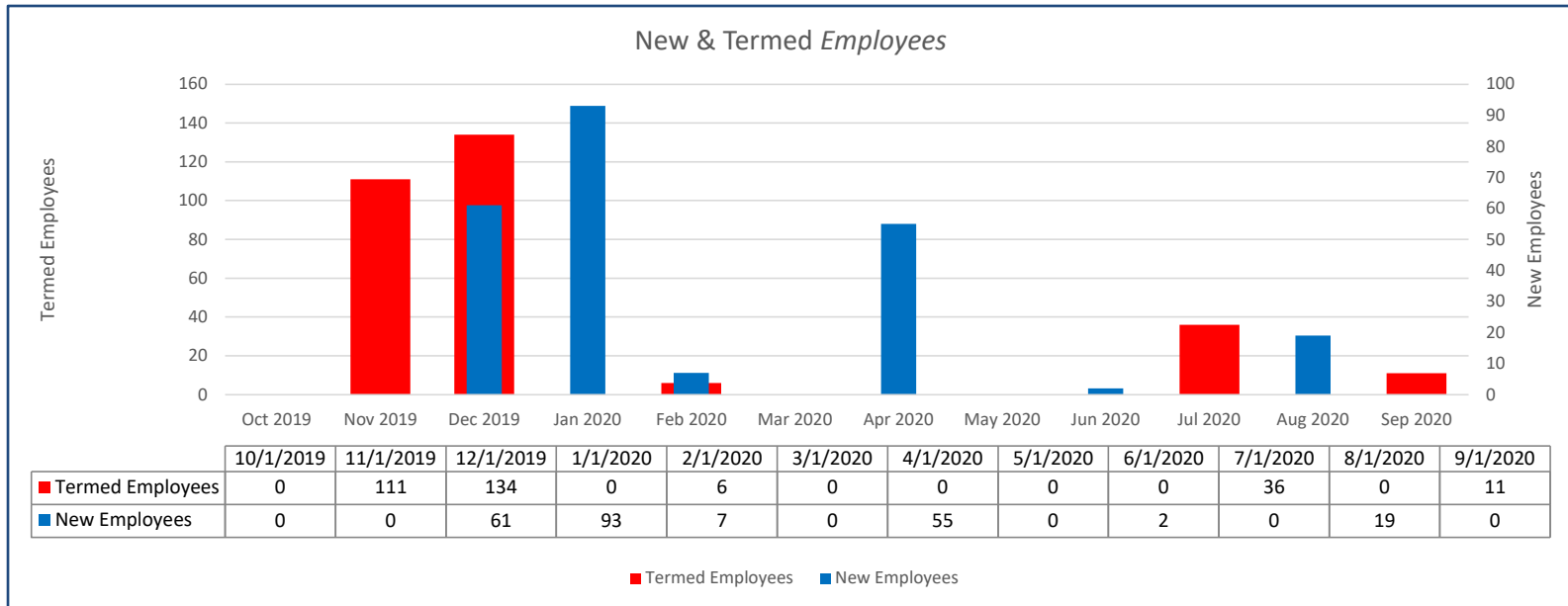
** excludes H S A Plans



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee & Employer Additions and Cancellations

Data includes employers and employees termed or effective October 2019 through September 2020





AGC Health Benefit Trust - Oregon Columbia Chapter

Net Membership History - Medical

Data includes Employee & Dependent counts & trends from October 2019 through September 2020

low-watermark 828
high-watermark 1025

Member Medical Count

Activity Month	New	Continuous	Termed	Active
10/19	47	1938	32	1985
11/19	35	1717	268	1752
12/19	110	1445	307	1555
01/20	223	1465	90	1688
02/20	39	1641	47	1680
03/20	41	1647	33	1688
04/20	115	1655	33	1770
05/20	40	1745	25	1785
06/20	18	1764	21	1782
07/20	54	1675	107	1729
08/20	75	1713	16	1788
09/20	21	1754	37	1775

Employee Medical Count

Activity Month	New	Continuous	Termed	Active
10/19	27	998	21	1025
11/19	16	893	132	909
12/19	68	760	149	828
01/20	114	772	56	886
02/20	20	861	25	881
03/20	17	863	18	880
04/20	65	861	19	926
05/20	21	912	14	933
06/20	13	921	12	934
07/20	27	878	56	905
08/20	35	897	8	932
09/20	9	909	23	918



AGC Health Benefit Trust - Oregon Columbia Chapter

Net Membership History - Medical

Data includes Employee & Dependent counts & trends from October 2019 through September 2020

New Member Medical Growth

Source:	New Members	Growth	Growth %
10/19	0	47	100.0%
11/19	0	35	100.0%
12/19	98	12	10.9%
01/20	171	52	23.3%
02/20	12	27	69.2%
03/20	0	41	100.0%
04/20	93	22	19.1%
05/20	0	40	100.0%
06/20	3	15	83.3%
07/20	0	54	100.0%
08/20	42	33	44.0%
09/20	0	21	100.0%

New Employee Medical Growth

Source:	New Employees	Growth	Growth %
10/19	0	27	100.0%
11/19	0	16	100.0%
12/19	61	7	10.3%
01/20	93	21	18.4%
02/20	7	13	65.0%
03/20	0	17	100.0%
04/20	55	10	15.4%
05/20	0	21	100.0%
06/20	2	11	84.6%
07/20	0	27	100.0%
08/20	19	16	45.7%
09/20	0	9	100.0%

Member Medical Reduction

Source:	Termed Members	Reduction	Reduction %
10/19	0	32	100.0%
11/19	228	40	14.9%
12/19	298	9	2.9%
01/20	0	90	100.0%
02/20	10	37	78.7%
03/20	0	33	100.0%
04/20	0	33	100.0%
05/20	0	25	100.0%
06/20	0	21	100.0%
07/20	69	38	35.5%
08/20	0	16	100.0%
09/20	11	26	70.3%

Employee Medical Reduction

Source:	Termed Employees	Reduction	Reduction %
10/19	0	21	100.0%
11/19	111	21	15.9%
12/19	134	15	10.1%
01/20	0	56	100.0%
02/20	6	19	76.0%
03/20	0	18	100.0%
04/20	0	19	100.0%
05/20	0	14	100.0%
06/20	0	12	100.0%
07/20	36	20	35.7%
08/20	0	8	100.0%
09/20	11	12	52.2%



AGC Health Benefit Trust - Oregon Columbia Chapter

Net Membership History - Dental

Data includes Employee & Dependent counts & trends from October 2019 through September 2020

low-watermark 271

high-watermark 327

Member Dental Count

Activity Month	New	Continuous	Termed	Active
10/19	4	644	6	648
11/19	8	557	91	565
12/19	30	557	8	587
01/20	44	556	31	600
02/20	10	578	22	588
03/20	10	576	12	586
04/20	11	571	15	582
05/20	8	576	6	584
06/20	10	581	3	591
07/20	14	555	36	569
08/20	25	567	2	592
09/20	0	562	30	562

Employee Dental Count

Activity Month	New	Continuous	Termed	Active
10/19	2	325	3	327
11/19	8	294	33	302
12/19	15	296	6	311
01/20	22	275	36	297
02/20	5	282	15	287
03/20	4	280	7	284
04/20	7	280	4	287
05/20	6	281	6	287
06/20	7	284	3	291
07/20	8	268	23	276
08/20	12	275	1	287
09/20	0	271	16	271



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

EO	Employee Only
ES	Employee & Spouse
EF	Employee, Spouse & Children
EC	Employee & Children

Carrier	Benefit	Election	Employees	Dependents	Members	Members	
RBS	Medical	EO	549	0	549	30.93%	
		ES	109	109	218	12.28%	
		EF	183	601	784	44.17%	
		EC	77	147	224	12.62%	
	Medical Total			918	857	1775	100.00%
	RX	EO	518	0	518	30.52%	
		ES	103	103	206	12.14%	
		EF	175	576	751	44.25%	
EC		76	146	222	13.08%		
RX Total			872	825	1697	100.00%	
RBS Total			1790	1682	3472	100.00%	
LMAC	Life	EO	954	0	954	99.07%	
	Voluntary Life	EO	7	0	7	0.73%	
	Spouse Life	EO	2	0	2	0.21%	
	LMAC Total			963	0	963	100.00%
LB	Life Balance Card	EO	129	0	129	100.00%	
STDIC	Dental	EO	140	0	140	9.90%	
		ES	44	44	88	6.22%	
		EF	71	223	294	20.79%	
		EC	16	24	40	2.83%	
	Dental Total			271	291	562	39.75%
	Vision	EO	246	0	246	17.40%	
		ES	60	60	120	8.49%	
		EF	91	291	382	27.02%	
EC		38	66	104	7.36%		
Vision Total			435	417	852	60.25%	
STDIC Total			706	708	1414	100.00%	
OAC	Discount	EO	165	0	165	100.00%	
AMFX	CDHP	EO	7	0	7	9.33%	
		ES	1	1	2	2.67%	
		EF	8	55	63	84.00%	
		EC	1	2	3	4.00%	
	CDHP Total			17	58	75	100.00%
AMFX Total			17	58	75	100.00%	



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Cobra Breakdown			Dependent Breakdown		
COBRA Breakdown	Cobra	Total	Dependent Breakdown		Total
Medical	Non-COBRA	912	Medical	Non-Spouses	565
	COBRA	6		Spouses	292
Medical Total		918		Dependents	857
RX	Non-COBRA	866	RX	Non-Spouses	547
	COBRA	6		Spouses	278
RX Total		872		Dependents	825
Dental	Non-COBRA	271	Dental	Non-Spouses	176
	COBRA			Spouses	115
Dental Total		271		Dependents	291
Vision	Non-COBRA	434	Vision	Non-Spouses	266
	COBRA	1		Spouses	151
Vision Total		435		Dependents	417

Medical Cobra Population %: 0.65%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Carrier Breakdown			Gender Breakdown			
Carrier	Benefit	Total	Benefit	Gender	Total	% of Gender
RBS	Medical	918	Medical	Total Male	784	85.40%
	RX	872		Total Female	134	14.60%
RBS Total		1790	Medical Total		918	100.00%
LMAC	Life	954	RX	Total Male	746	85.55%
	Spouse Life	2		Total Female	126	14.45%
	Voluntary Life	7		RX Total		872
LMAC Total		963	Dental	Total Male	234	86.35%
LB	Life Balance Card	129		Total Female	37	13.65%
LB Total		129	Dental Total		271	100.00%
STDIC	Dental	271	Vision	Total Male	386	88.74%
	Vision	435		Total Female	49	11.26%
STDIC Total		706	Vision Total		435	100.00%
OAC	Discount	165	Life	Total Male	810	84.91%
OAC Total		165		Total Female	144	15.09%
AMFX	CDHP	17	Life Total		954	100.00%
AMFX Total		17	CDHP	Total Male	10	58.82%
				Total Female	7	41.18%
			CDHP Total		17	100.00%
			Life Balance Card	Total Male	120	93.02%
				Total Female	9	6.98%
			Life Balance Card Total		129	100.00%
			Voluntary Life	Total Male	6	85.71%
				Total Female	1	14.29%
			Voluntary Life Total		7	100.00%
			Discount	Total Male	131	79.39%
				Total Female	34	20.61%
			Discount Total		165	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Age Band - Gender Ratio

Benefit	Band	Male		Female		Total Employees	Total %
		Employees	%	Employees	%		
Medical	0 to 29	149	87.13%	22	12.87%	171	100.00%
	30 to 34	122	93.13%	9	6.87%	131	100.00%
	35 to 39	108	94.74%	6	5.26%	114	100.00%
	40 to 44	94	85.45%	16	14.55%	110	100.00%
	45 to 49	91	82.73%	19	17.27%	110	100.00%
	50 to 54	77	78.57%	21	21.43%	98	100.00%
	55 to 59	73	76.84%	22	23.16%	95	100.00%
	60 to 64	51	75.00%	17	25.00%	68	100.00%
	65 to 69	18	90.00%	2	10.00%	20	100.00%
	70 to 74	1	100.00%	0	0.00%	1	100.00%
Medical Total		784	85.40%	134	14.60%	918	100.00%
RX	0 to 29	139	88.54%	18	11.46%	157	100.00%
	30 to 34	116	92.80%	9	7.20%	125	100.00%
	35 to 39	101	95.28%	5	4.72%	106	100.00%
	40 to 44	91	85.05%	16	14.95%	107	100.00%
	45 to 49	86	82.69%	18	17.31%	104	100.00%
	50 to 54	73	78.49%	20	21.51%	93	100.00%
	55 to 59	70	76.92%	21	23.08%	91	100.00%
	60 to 64	51	75.00%	17	25.00%	68	100.00%
	65 to 69	18	90.00%	2	10.00%	20	100.00%
	70 to 74	1	100.00%	0	0.00%	1	100.00%
RX Total		746	85.55%	126	14.45%	872	100.00%
Dental	0 to 29	32	88.89%	4	11.11%	36	100.00%
	30 to 34	35	94.59%	2	5.41%	37	100.00%
	35 to 39	39	95.12%	2	4.88%	41	100.00%
	40 to 44	25	83.33%	5	16.67%	30	100.00%
	45 to 49	32	82.05%	7	17.95%	39	100.00%
	50 to 54	23	85.19%	4	14.81%	27	100.00%
	55 to 59	24	82.76%	5	17.24%	29	100.00%
	60 to 64	18	75.00%	6	25.00%	24	100.00%
	65 to 69	6	85.71%	1	14.29%	7	100.00%
	70 to 74	0	0.00%	1	100.00%	1	100.00%
Dental Total		234	86.35%	37	13.65%	271	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Age Band - Gender Ratio

Benefit	Band	Male		Female		Total Employees	Total %
		Employees	%	Employees	%		
CDHP	30 to 34	1	100.00%	0	0.00%	1	100.00%
	35 to 39	1	100.00%	0	0.00%	1	100.00%
	40 to 44	1	50.00%	1	50.00%	2	100.00%
	45 to 49	1	33.33%	2	66.67%	3	100.00%
	50 to 54	2	66.67%	1	33.33%	3	100.00%
	55 to 59	1	50.00%	1	50.00%	2	100.00%
	60 to 64	3	75.00%	1	25.00%	4	100.00%
	65 to 69	0	0.00%	1	100.00%	1	100.00%
CDHP Total		10	58.82%	7	41.18%	17	100.00%
Life Balance Card	0 to 29	23	100.00%	0	0.00%	23	100.00%
	30 to 34	18	94.74%	1	5.26%	19	100.00%
	35 to 39	16	94.12%	1	5.88%	17	100.00%
	40 to 44	18	90.00%	2	10.00%	20	100.00%
	45 to 49	13	100.00%	0	0.00%	13	100.00%
	50 to 54	12	92.31%	1	7.69%	13	100.00%
	55 to 59	10	83.33%	2	16.67%	12	100.00%
	60 to 64	8	80.00%	2	20.00%	10	100.00%
65 to 69	2	100.00%	0	0.00%	2	100.00%	
Life Balance Card Total		120	93.02%	9	6.98%	129	100.00%
Voluntary Life	0 to 29	2	100.00%	0	0.00%	2	100.00%
	35 to 39	1	100.00%	0	0.00%	1	100.00%
	45 to 49	2	100.00%	0	0.00%	2	100.00%
	60 to 64	1	50.00%	1	50.00%	2	100.00%
Voluntary Life Total		6	85.71%	1	14.29%	7	100.00%
Discount	0 to 29	16	88.89%	2	11.11%	18	100.00%
	30 to 34	14	93.33%	1	6.67%	15	100.00%
	35 to 39	19	100.00%	0	0.00%	19	100.00%
	40 to 44	14	73.68%	5	26.32%	19	100.00%
	45 to 49	16	84.21%	3	15.79%	19	100.00%
	50 to 54	18	62.07%	11	37.93%	29	100.00%
	55 to 59	16	72.73%	6	27.27%	22	100.00%
	60 to 64	14	70.00%	6	30.00%	20	100.00%
65 to 69	4	100.00%	0	0.00%	4	100.00%	
Discount Total		131	79.39%	34	20.61%	165	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Age Band - Gender to Age Band Ratio

Band	Male		Female		Total Employees	Total %
	Employees	%	Employees	%		
0 to 29	149	19.01%	22	16.42%	171	18.63%
30 to 34	122	15.56%	9	6.72%	131	14.27%
35 to 39	108	13.78%	6	4.48%	114	12.42%
40 to 44	94	11.99%	16	11.94%	110	11.98%
45 to 49	91	11.61%	19	14.18%	110	11.98%
50 to 54	77	9.82%	21	15.67%	98	10.68%
55 to 59	73	9.31%	22	16.42%	95	10.35%
60 to 64	51	6.51%	17	12.69%	68	7.41%
65 to 69	18	2.30%	2	1.49%	20	2.18%
70 to 74	1	0.13%	0	0.00%	1	0.11%
Grand Total	784	100.00%	134	100.00%	918	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Coverage & Plan

Benefit	Description	Employees	Dependents	Members	% of Members
Medical	PPO 500	245	272	517	29.13%
	PPO 1500	121	129	250	14.08%
	PPO 2000	110	71	181	10.20%
	PPO 3000	109	89	198	11.15%
	Value 1000	102	91	193	10.87%
	PPO 1000	98	110	208	11.72%
	Value 2500	49	33	82	4.62%
	HSA 2500	46	32	78	4.39%
	PPO 5000	25	24	49	2.76%
	Value 5000	13	6	19	1.07%
Medical Total		918	857	1775	100.00%
RX	Rx 1	775	756	1531	90.22%
	Rx 2	97	69	166	9.78%
RX Total		872	825	1697	100.00%
Dental	Dental 1500	132	151	283	50.36%
	Dental 1000	103	113	216	38.43%
	Dental 1500w/Ortho	18	4	22	3.91%
	Dental 2000	13	12	25	4.45%
	Dental 2000w/Ortho	5	11	16	2.85%
Dental Total		271	291	562	100.00%
Vision	Plan 150	270	251	521	61.15%
	Plan 100	136	151	287	33.69%
	Plan 100V	17	1	18	2.11%
	Plan 150V	12	14	26	3.05%
Vision Total		435	417	852	100.00%
Life	Life / AD&D	951	0	951	99.69%
	Vol Accident - Individual	2	0	2	0.21%
	Vol Accident - EE+Spouse	1	0	1	0.10%
Life Total		954	0	954	100.00%
CDHP	FSA Medical 2019	5	4	9	12.00%
CDHP Total		17	58	75	100.00%
Life Balance Card Total		129	0	129	100.00%
Voluntary Life Total		7	0	7	100.00%
Spouse Life Total		2	0	2	100.00%
Discount	Wellness Incentive	165	0	165	100.00%
Discount Total		165	0	165	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Coverage & Plan

EO	Employee Only
ES	Employee & Spouse
EF	Employee, Spouse & Children
EC	Employee & Children

Benefit	Description	EO	ES	EF	EC	Grand Total
Medical	PPO 500	134	36	59	16	245
	PPO 1500	67	15	33	6	121
	PPO 2000	74	10	14	12	110
	PPO 3000	68	13	16	12	109
	Value 1000	62	10	22	8	102
	PPO 1000	58	8	21	11	98
	Value 2500	31	6	4	8	49
	HSA 2500	31	6	8	1	46
	PPO 5000	15	4	6	0	25
	Value 5000	9	1	0	3	13
Medical Total		549	109	183	77	918
RX	Rx 1	456	91	160	68	775
	Rx 2	62	12	15	8	97
RX Total		518	103	175	76	872
Dental	Dental 1500	69	17	40	6	132
	Dental 1000	49	22	25	7	103
	Dental 1500w/Ortho	16	1	0	1	18
	Dental 2000	6	2	3	2	13
	Dental 2000w/Ortho	0	2	3	0	5
Dental Total		140	44	71	16	271
Vision	Plan 150	155	33	52	30	270
	Plan 100	69	24	37	6	136
	Plan 100V	16	1	0	0	17
	Plan 150V	6	2	2	2	12
Vision Total		246	60	91	38	435
Life	Life / AD&D	951	0	0	0	951
	Vol Accident - Individual	2	0	0	0	2
	Vol Accident - EE+Spouse	1	0	0	0	1
Life Total		954	0	0	0	954
CDHP	FSA Medical 2020	3	0	6	0	9
	FSA Medical 2019	3	1	1	0	5
	CDHP Admin Fee 2020	1	0	1	1	3
CDHP Total		7	1	8	1	17
Life Balance Card Total		129	0	0	0	129
Voluntary Life Total		7	0	0	0	7
Spouse Life Total		2	0	0	0	2
Discount Total		165	0	0	0	165



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Distribution by Carrier & Plan

Benefit	Carrier	Description	Employer Plan Count	Employers	Employees	Dependents	Members	% of Members
Medical	RBS	PPO 500	24	19	245	272	517	29.13%
		PPO 1500	10	4	121	129	250	14.08%
		PPO 2000	9	5	110	71	181	10.20%
		PPO 3000	14	9	109	89	198	11.15%
		Value 1000	5	5	102	91	193	10.87%
		PPO 1000	11	7	98	110	208	11.72%
		Value 2500	7	4	49	33	82	4.62%
		HSA 2500	4	3	46	32	78	4.39%
		PPO 5000	2	1	25	24	49	2.76%
		Value 5000	2	1	13	6	19	1.07%
Medical Total			88	58	918	857	1775	100.00%
RX	RBS	Rx 1	52	50	775	756	1531	90.22%
		Rx 2	7	6	97	69	166	9.78%
RX Total			59	56	872	825	1697	100.00%
Dental	STDIC	Dental 1500	10	9	132	151	283	50.36%
		Dental 1000	10	9	103	113	216	38.43%
		Dental 1500w/Ortho	1	1	18	4	22	3.91%
		Dental 2000	2	2	13	12	25	4.45%
		Dental 2000w/Ortho	1	1	5	11	16	2.85%
Dental Total			24	22	271	291	562	100.00%
Vision	STDIC	Plan 150	20	20	270	251	521	61.15%
		Plan 100	12	10	136	151	287	33.69%
		Plan 100V	1	1	17	1	18	2.11%
		Plan 150V	2	2	12	14	26	3.05%
Vision Total			35	33	435	417	852	100.00%
Life	LMAC	Life / AD&D	61	58	951	0	951	99.69%
		Vol Accident - Individual	2	0	2	0	2	0.21%
		Vol Accident - EE+Spouse	1	0	1	0	1	0.10%
Life Total			64	58	954	0	954	100.00%
CDHP	AMFX	FSA Medical 2020	1	0	9	20	29	60.42%
		FSA Medical 2019	1	1	5	4	9	18.75%
		CDHP Admin Fee 2020	1	1	3	7	10	20.83%
CDHP Total			3	2	17	31	48	100.00%
Life Balance Card Total			8	7	129	0	129	100.00%
Voluntary Life Total			4	4	7	0	7	100.00%
Spouse Life Total			2	2	2	0	2	100.00%
Discount Total			12	12	165	0	165	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Plans by Region - Employers

Er Region	PPO 500	PPO 3000	PPO 1000	Value 1000	PPO 2000	Value 2500	PPO 1500	HSA 2500	PPO 5000	Value 5000	Grand Total
Portland Metro	8	1	5	1	3	2	3	1	0	0	24
Mid-Valley	5	3	0	1	0	0	0	1	1	0	11
Sw Washington	3	1	0	2	1	1	0	0	0	0	8
North Valley	0	1	1	0	0	1	1	0	0	1	5
South East	1	0	0	1	0	0	0	0	0	0	2
Central	1	1	0	0	0	0	0	0	0	0	2
Linn County	0	1	0	0	0	0	0	1	0	0	2
Eastern	1	0	0	0	0	0	0	0	0	0	1
Gorge	0	1	0	0	0	0	0	0	0	0	1
Southern	0	0	1	0	0	0	0	0	0	0	1
North Coast	0	0	0	0	1	0	0	0	0	0	1
Total Employers	19	9	7	5	5	4	4	3	1	1	58
% of Employers	32.76%	15.52%	12.07%	8.62%	8.62%	6.90%	6.90%	5.17%	1.72%	1.72%	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Plans by Region - Employees

Ee Region	PPO 500	PPO 1500	PPO 2000	PPO 3000	Value 1000	PPO 1000	Value 2500	HSA 2500	PPO 5000	Value 5000	Grand Total
Portland Metro	81	44	67	16	26	57	27	11	10	7	346
North Valley	32	35	15	17	5	6	8	12	4	5	139
Mid-Valley	54	5	1	37	2	5	7	20	8	0	139
Sw Washington	38	8	13	10	34	13	7	0	1	0	124
South East	20	1	0	0	22	0	0	0	0	0	43
Central	6	2	7	13	0	2	0	1	0	0	31
West, Wa	6	14	0	0	2	0	0	0	0	0	22
Southern	1	1	1	1	0	13	0	0	0	0	17
North Coast	1	3	3	0	1	1	0	1	0	0	10
Beaverton	3	0	1	0	3	1	0	0	0	1	9
Bend	1	0	1	6	0	0	0	0	0	0	8
Gorge	0	0	0	7	0	0	0	0	0	0	7
Eastern	1	2	0	0	0	0	0	0	2	0	5
Aloha	0	0	0	0	3	0	0	1	0	0	4
Canby, Ca	0	0	0	0	4	0	0	0	0	0	4
North, Wa	0	2	0	0	0	0	0	0	0	0	2
Anchorage, Ak	0	2	0	0	0	0	0	0	0	0	2
Harrisburg, Pa	0	0	1	0	0	0	0	0	0	0	1
Juneau, Ak	0	1	0	0	0	0	0	0	0	0	1
Burnsville, Mn	0	0	0	1	0	0	0	0	0	0	1
Yuma, Az	0	0	0	1	0	0	0	0	0	0	1
Auburn, Ca	1	0	0	0	0	0	0	0	0	0	1
Cottonwood, Ca	0	1	0	0	0	0	0	0	0	0	1
Total Employees	245	121	110	109	102	98	49	46	25	13	918
% of Employees	26.69%	13.18%	11.98%	11.87%	11.11%	10.68%	5.34%	5.01%	2.72%	1.42%	100.00%



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Employer Distribution by Region

State	Er Region	Total
OR	Portland Metro	24
	Mid-Valley	11
	Sw Washington	8
	North Valley	5
	Central	2
	Linn County	2
	South East	2
	Gorge	1
	Eastern	1
	North Coast	1
Southern	1	
OR Total		58



AGC Health Benefit Trust - Oregon Columbia Chapter

Employee Demographics

Data includes ALL Active Participants. (COBRA, Future Effectives and Future Terms)

Report Date: September 2020

Employee Distribution by Region

State	Ee Region	Employees	Dependents	Members	% of Members
OR	Portland Metro	346	292	638	35.94%
	North Valley	139	135	274	15.44%
	Mid-Valley	139	139	278	15.66%
	Sw Washington	124	196	320	18.03%
	South East	43	24	67	3.77%
	Central	31	9	40	2.25%
	Southern	17	2	19	1.07%
	North Coast	10	4	14	0.79%
	Beaverton	9	3	12	0.68%
	Bend	8	3	11	0.62%
	Gorge	7	10	17	0.96%
	Eastern	5	2	7	0.39%
	Aloha	4	1	5	0.28%
OR Total		882	820	1702	95.89%
Out of State	West, Wa	22	25	47	2.65%
	Canby, Ca	4	3	7	0.39%
	Anchorage, Ak	2	0	2	0.11%
	North, Wa	2	6	8	0.45%
	Harrisburg, Pa	1	0	1	0.06%
	Auburn, Ca	1	0	1	0.06%
	Burnsville, Mn	1	0	1	0.06%
	Yuma, Az	1	0	1	0.06%
	Juneau, Ak	1	0	1	0.06%
	Cottonwood, Ca	1	3	4	0.23%
Out of State Total		36	37	73	4.11%
Grand Total		918	857	1775	100.00%



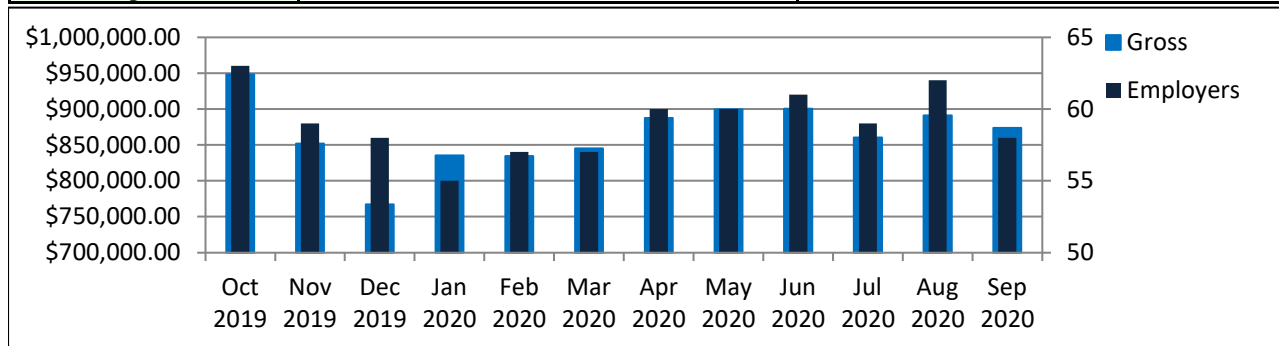
AGC Health Benefit Trust - Oregon Columbia Chapter

Report Date: September 2020

Contributions Billed Summary

Data includes Contributions for Eligibility at Billing time
(does not contain retro-active or financial adjustments)

Elig Period	Employers	Gross
Oct 2019	63	\$948,167.05
Nov 2019	59	\$851,988.35
Dec 2019	58	\$767,118.07
Jan 2020	55	\$835,340.11
Feb 2020	57	\$834,557.03
Mar 2020	57	\$844,922.52
Apr 2020	60	\$887,629.49
May 2020	60	\$899,613.10
Jun 2020	61	\$900,234.36
Jul 2020	59	\$860,351.46
Aug 2020	62	\$890,973.83
Sep 2020	58	\$873,415.74





AGC Health Benefit Trust - Oregon Columbia Chapter

Report Date: September 2020

Employer List 58 Total Groups

Active Employers	MAILING / Physical	Address	City	State	Zip
Anderson Poolworks	M	9500 SW Boeckman Rd	Wilsonville	OR	97070-9207
Apex Mechanical LLC	M	PO Box 1652	Battle Ground	WA	98604-1652
ARC Fabrication LLC	P	240 SE 2nd St	Hermiston	OR	97838-2408
Bent LLC	P	36750 Richardson Gap Rd	Scio	OR	97374-9769
Bergeman Enterprises	P	92319 Youngs River Rd	Astoria	OR	97103-8363
Bineham Construction	M	4171 W 1st Ave	Eugene	OR	97402-9392
Bob's Excavating Inc	P	4821 Tingley Ln	Klamath Falls	OR	97603-9316
Brix Paving Northwest Inc	P	11277 SW Clay St Ste C	Sherwood	OR	97140-9564
BRX Inc	M	33887 Columbus St SE	Albany	OR	97322-7235
Carr Construction Inc	M	2718 SW Water Ave	Portland	OR	97201-4810
Carter's Fire Sprinkler Maint & Piping	M	40478 Baptist Church Dr	Lebanon	OR	97355-9142
CivilWorks NW, Inc	P	2621 E 5th St	Vancouver	WA	98661-7730
CJ Hansen Company, Inc	M	3552 Silverton Rd NE	Salem	OR	97305-1468
Columbia Stone, Inc	M	18880 SW Teton Ave	Tualatin	OR	97062-8806
Concrete Structures LLC	M	8536 SW Saint Helens Dr Ste E	Wilsonville	OR	97070-9636
Crater Sand & Gravel, Inc.	M	7260 Blackwell Rd	Central Point	OR	97502-9301
DeWitt Construction, Inc.	M	PMB201-13023 NE Highway 99 Suite 7	Vancouver	WA	98686
Efficiency Heating & Cooling	M	4040 SE International Way	Milwaukie	OR	97222-6069
EntrePrises USA Inc	M	63085 18th St Ste 101	Bend	OR	97701-7406
Foreess Sign & Manufacturing LLC	M	30255 Highway 34 SW	Albany	OR	97321-9438
Frontier Landscape, Inc	M	11402 NE St Johns Rd	Vancouver	WA	98686-4657
GBC Construction LLC	M	2273 NW Professional Dr Ste 200	Corvallis	OR	97330-4699
Hatch Western Company, Inc.	P	4612 SW Eastgate Dr	Wilsonville	OR	97070-6829
Industrial Systems Inc	M	12119 NE 99th St Ste 2090	Vancouver	WA	98682-2461
James E John Construction	M	1701 SE Columbia River Dr	Vancouver	WA	98661-8078
Karvonen Sand and Gravel	P	21310 NE 87th Ave	Battle Ground	WA	98604
Landis & Landis Construction LLC	P	4888 NW Bethany Blvd Ste K5	Portland	OR	97229-9260
Lantz Electric Inc	M	34531 Highway 58	Eugene	OR	97405-9665
LCD Excavation LLC	M	13625 SW Farmington Rd	Beaverton	OR	97005-2605
Level Excavating Inc	M	3035 Lower Mill Dr	Hood River	OR	97031-8585
Marion Construction Company	M	14835 SE 82nd Dr	Clackamas	OR	97015-7624
McKenzie Commercial Contractors, Inc	M	865 W 2nd Ave	Eugene	OR	97402-4967
Mid-Valley Commercial Construction Inc	P	340 Vista Ave SE Ste 150	Salem	OR	97302-4546
Mike Adams Construction Co	P	2210 W Washington St	Stayton	OR	97383-9588



AGC Health Benefit Trust - Oregon Columbia Chapter

Report Date: September 2020

Employer List 58 Total Groups

Active Employers	MAILING / Physical	Address	City	State	Zip
Modoc Contracting Co Inc	M	4027 Highway 39	Klamath Falls	OR	97603-9612
Northwest Masonry Restoration, LLC	M	5691 SE International Way Ste E	Milwaukie	OR	97222-4644
Oregon State Bridge Construction	P	38848 Highway 226	Scio	OR	97374-9515
Pacific Crest Construction	M	24111 NE Halsey St Ste 400	Wood Village	OR	97060-1081
Pacificmark Construction Corp	P	16065 SE 98th Ave	Clackamas	OR	97015-9500
PC Electric	P	1005 Industrial Pkwy Suite C- 200	Newberg	OR	97132-7435
Pine Ridge Investment Corporation	M	6795 SW 111th Ave	Beaverton	OR	97008-5335
Pioneer Restoration	M	675 NE Hemlock Ave Ste 116	Redmond	OR	97756-1829
PMG Inc Asbestos Removal	M	27090 SE Highway 224	Eagle Creek	OR	97022-9729
Portland Electrical Construction Inc	M	1019 7th St	Oregon City	OR	97045-2405
Portland Road and Driveway Co Inc	P	10500 SE Jennifer St	Clackamas	OR	97015-9511
Professional Underground Services Inc	P	90185 Zumwalt St	Eugene	OR	97402-9695
RA Gray Construction LLC	P	12705 SW Herman Rd	Tualatin	OR	97062-6611
Ray E. Wells Inc - Salaried	P	1770 Laurel Way	Florence	OR	97439-9461
RL Reimers Company	M	3939 Old Salem Rd NE Ste 200	Albany	OR	97321-4886
Russell and Sons Plumbing	M	6015 NE 88th St	Vancouver	WA	98665-0957
Siegner & Company	M	8824 N LOMBARD ST	Portland	OR	97203-3735
Specialized Pavement Marking Inc	M	11095 SW Industrial Way Ste A	Tualatin	OR	97062-9685
The Natt McDougall Company	M	20182 SW 112th Ave	Tualatin	OR	97062-6886
Timberline Electrical Contractors Inc	P	9414 SW Barbur Blvd Ste 100	Portland	OR	97219-5411
TNT Builders Inc	M	620 Queen Ave SW Ste A	Albany	OR	97322-2600
TS Consulting LLC	P	9760 SW Tigard St	Tigard	OR	97223-5242
Walen Construction	P	9740 SW Wilsonville Rd Ste 230	Wilsonville	OR	97070-7717
Webb Industries Inc	M	253 S 15th St	Springfield	OR	97477-5269

FINANCIAL REPORT

FOR THE FIRST QUARTER ENDING JUNE 30, 2020

PREPARED FOR:

AGC HEALTH BENEFIT TRUST OREGON COLUMBIA CHAPTER

PREPARED BY:

VIMLY BENEFIT SOLUTIONS

**12121 HARBOUR REACH DRIVE
SUITE 105
MUKILTEO, WA 98275**

UNAUDITED FINANCIAL REPORT

**AGC HEALTH BENEFIT TRUST OREGON COLUMBIA CHAPTER
UNAUDITED REPORT OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE FIRST QUARTER ENDING JUNE 30, 2020**

ASSETS

Cash

Heritage Bank	\$	46,945
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Investments

Columbia Cash Reserves Fund	\$	360,748
Columbia Short Term Bond Fund		384,803
Columbia Balanced Fund		414,542
		\$ 1,160,093

Receivables

Employer Contributions Receivable	\$	108,927
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TOTAL ASSETS

	\$	1,315,965
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LIABILITIES

Employer Advance Contributions	\$	46,760
		\$ 46,760

BENEFIT OBLIGATIONS

Medical Premiums Payable	\$	27,025
Administrative Accounts Payable		5,108
Hour Bank Liability (See Schedule 2)		80,534
		\$ 112,667

EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS

	\$	1,156,538
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AGC HEALTH BENEFIT TRUST OREGON COLUMBIA CHAPTER
REPORT OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE FIRST QUARTER ENDING JUNE 30, 2020

	CURRENT PERIOD	YEAR TO DATE 2020-2021	YEAR TO DATE 2019-2020	YEAR TO DATE 2018-2019	YEAR TO DATE 2017-2018	YEAR TO DATE 2016-2017
NET INCREASE IN DOLLAR BANK OBLIGATIONS (SEE SCHEDULE 2)	\$ (7,976)	\$ (7,976)	\$ (29,346)	\$ (3,428)	\$ 6,989	\$ (624)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS:						
Contributions:						
Employer Contributions	\$ 2,703,346	\$ 2,703,346	\$ 2,805,798	\$ 3,001,979	\$ 2,438,524	\$ 1,934,070
Total Contributions	\$ 2,703,346	\$ 2,703,346	\$ 2,805,798	\$ 3,001,979	\$ 2,438,524	\$ 1,934,070
Other Income:						
Dividend Income CMM	\$ 4,076	\$ 4,076	\$ 6,734	\$ 3,399	\$ -	\$ -
Interest Income	46	46	95	-	-	-
Check Processing Fees	-	-	-	2,929	2,939	-
POP Fees	-	-	-	300	-	-
Realized Gains/Losses	73,353	73,353	16,499	2,859	12,457	9,994
Total Other Income	\$ 77,475	\$ 77,475	\$ 23,328	\$ 9,487	\$ 15,396	\$ 9,994
TOTAL CONTRIBUTIONS	\$ 2,780,821	\$ 2,780,821	\$ 2,829,126	\$ 3,008,038	\$ 2,460,909	\$ 1,943,440
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:						
Regence Medical Premium Cost	\$ 2,459,663	\$ 2,459,663	\$ 2,543,225	\$ 2,712,684	\$ 2,198,447	\$ 1,737,056
The Standard Dental Premium Cost	58,747	58,747	68,884	72,310	72,188	70,196
The Standard Vision Premium Cost	10,079	10,079	9,414	12,963	12,444	10,490
Lifemap Premium Cost	8,381	8,381	9,114	9,947	9,416	7,440
CDHP Premium Cost	294	294	294	262	300	275
Life Balance Premium Cost	368	368	209	505	393	52
Total Premium Expenses	\$ 2,537,532	\$ 2,537,532	\$ 2,631,140	\$ 2,808,671	\$ 2,293,188	\$ 1,825,509
Administrative Expenses (See Schedule 1)	\$ 165,671	\$ 165,671	\$ 173,012	\$ 192,023	\$ 163,462	\$ 126,380
TOTAL DEDUCTIONS	\$ 2,703,203	\$ 2,703,203	\$ 2,804,152	\$ 3,000,694	\$ 2,456,650	\$ 1,951,889
INCREASE (DECREASE) IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS						
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	\$ 77,618	\$ 77,618	\$ 24,974	\$ 7,344	\$ 4,259	\$ (8,449)
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS						
BEGINNING OF PERIOD	\$ 1,078,919	\$ 1,078,919	\$ 1,135,222	\$ 1,111,429	\$ 1,117,446	\$ 1,161,978
AUDIT ADJUSTMENTS	-	-	-	-	-	-
END OF PERIOD	\$ 1,156,538	\$ 1,156,538	\$ 1,160,196	\$ 1,118,773	\$ 1,121,705	\$ 1,153,529

AGC HEALTH BENEFIT TRUST OREGON COLUMBIA CHAPTER
SUPPLEMENTAL INFORMATION: SCHEDULE 1
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE FIRST QUARTER ENDING JUNE 30, 2020

	CURRENT PERIOD	2020-2021 YEAR TO DATE	2019-2020 YEAR TO DATE	2018 - 2019 YEAR TO DATE	2017 - 2018 YEAR TO DATE	2016 - 2017 YEAR TO DATE
Agent Commissions	\$ 108,106	\$ 108,106	\$ 112,232	\$ 120,077	\$ 98,843	\$ 76,902
Administrative Fee - JD Fulwiler	34,887	34,887	37,525	43,875	38,729	28,841
Vimly Administrative Fees	21,619	21,619	22,972	26,744	23,608	16,742
Administrative Expenses	-	-	-	1,062	818	-
Legal Fees	59	59	111	265	490	3,895
Audit Fees	1,000	1,000	-	-	-	-
Website Expenses	-	-	-	-	81	-
Printing Fees	-	-	173	-	844	-
Travel & Conferences	-	-	-	-	49	-
Total Administrative Expenses	\$ 165,671	\$ 165,671	\$ 173,012	\$ 192,023	\$ 163,462	\$ 126,380

**AGC HEALTH BENEFIT TRUST OREGON COLUMBIA CHAPTER
 SUPPLEMENTAL INFORMATION: SCHEDULE 2
 SCHEDULE OF DOLLAR BANK BALANCE
 FOR THE FIRST QUARTER ENDING JUNE 30, 2020**

	SPM	Ray Wells Inc	Lantz	Total
Beginning Balance	62,442	20,703	6,067	89,213
Forfeitures	(702)	-		(702)
Increase/(Decrease)	(8,123)	2	145	(7,976)
Ending Balance	\$ 53,617	\$ 20,705	\$ 6,212	\$ 80,534
	-	-	-	