AGC Health Benefit Trust

Executive Meeting
May 27, 2021

JDFULWILER&CO.INSURANCE

Agenda

- Administrative Discussion
  - Financial accounts – additional signers *<COMPLETE>*
  - Trustee Document Portal
  - Preliminary 2022 Oregon Small Group Rate Filings
- Vendor Review Discussion
- UHC Oregon Proposal

HBT Objectives / 2021 Action Items

1. Better understand health care needs of AGC members/employees
   a. Survey
   b. Other research

   ! Define and Implement Advisory Group
2. Build the biggest group with the best experience (“Sweet Spot”)
   a. Re-evaluate whether to self-insure
   b. Market and Industry Research
   c. Create cost and price stable health program offerings
   d. Review program reserves management and investment policies to maintain or grow the reserve

   ! Analyze Premium Gross-Up – review add-ons to carrier net premium
3. Build strong, strategic relationships with our vendors and professional partners

   ! Formalize and Implement Vendor Review Process
4. Improve marketing and communications
   a. Every member knows about program
   b. Every member gets a quote

   ! Develop Business & Communications Plans; Articulate AGC Value Proposition
5. Build a program that incorporates best, most cost-effective use of technology

ACA COMPLIANT PLANS
2022 HEALTH INSURANCE RATE REQUESTS

INDIVIDUAL MARKET

Company	Average rate request	Requested Portland silver 40-year-old rate
BridgeSpan Health Company	4.8%	$505
Kaiser Foundation Health Plan of the Northwest	2.9%	$450
Moda Health Plan, Inc.	2.6%	$451
PacificSource Health Plans	1.3%	$461
Providence Health Plan	-0.1%	$460
Regence BlueCross BlueShield of Oregon	4.9%	$461
Average	1.8%	

SMALL GROUP MARKET

Company	Average rate request	Requested Portland silver 40-year-old rate
Cigna Health and Life Insurance Company	new	$336
Health Net Health Plan of Oregon, Inc	4.4%	$381
Kaiser Foundation Health Plan of the Northwest	2.7%	$343
Moda Health Plan, Inc.	3.4%	$395
PacificSource Health Plans	2.8%	$362
Providence Health Plan	-3.3%	$346
Regence BlueCross BlueShield of Oregon	3.4%	$368
Samaritan Health Plans, Inc.	2.4%	$397
UnitedHealthcare Insurance Company	5.2%	$415
UnitedHealthcare of Oregon, Inc.	4.3%	$415
Average	1.5%	

DCBS | Consumer and Business Services
440-5220 (COM/5/21)

AGC HEALTH BENEFIT TRUST

POLICY REGARDING MONITORING OF PROFESSIONAL SERVICE PROVIDERS

The Board of Trustees (the "Trustees") of the AGC Health Benefit Trust (the "Trust") hereby adopts this Policy Regarding Monitoring of Professional Service Providers (the "Policy") for the purpose of monitoring the professional service providers of the Trust.

1. Purpose. The Department of Labor ("DOL") has specific procedural guidance with respect to selection and monitoring of service providers under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The responsible fiduciary must engage in an objective process designed to elicit information necessary to assess the qualifications of the service provider, the quality of services offered, and the reasonableness of the fees charged in light of the services provided. The Policy is intended to assist the Trustees by establishing guidelines for prudently reviewing the service providers to the Trust. The procedures outlined in this Policy are intended to comply with the DOL's procedural guidance; the Trustees recognize that the procedures may vary depending upon the facts and circumstances of the particular service provider.

2. Professionals. Subject to the terms of the Trust, the Trustees are responsible for selecting the service providers to the Trust and approving the use of any Trust assets to pay their fees. The Trustees are also responsible for prudently monitoring the Plan's service providers and fees on an ongoing basis. If the Trustees delegate any of these responsibilities to another fiduciary, the Trustees will be responsible for monitoring such other fiduciary and its performance of the delegated responsibilities. At the time of adoption, the service providers monitored by the Trustees under this Policy include the Trust's administrative agent, consultant/general managing agent (GMA), auditor, and attorney. Review of the Trust's insurance carrier(s), brokers and vendor partners will generally be in accordance with the consultant/GMA's monitoring procedure, rather than under this Policy.

3. Regularly Scheduled Reviews.

3.1 The Trust will conduct a complete review of the service providers identified above at least once every two years (schedule to be determined).

3.2 The Executive Director of AGC Oregon-Columbia Chapter will coordinate the review and complete the following items (See **Exhibit A, Section I**):

(a) Confirmation that there is a written agreement between the Trust and the service provider;

(b) Confirmation that the services and fees are identified in the written agreement and that the terms of the written agreement are current;

(c) Confirmation that the services identified are actually being performed and are authorized by the Trust and not in conflict with other Trust governing documents or adopted policies;

(d) Confirmation that there is no duplication of services between service providers; and

(e) Provide a copy of the current written agreement for each service provider under review to the Trustees.

3.3 Following confirmation of the above, each Trustee shall complete and review a questionnaire regarding the service provider's performance. See **Exhibit A, Section II**. The questionnaire shall be distributed and collected by the Executive Director of AGC Oregon-Columbia Chapter, who shall summarize and present the findings to the Trustees, as well as discuss the findings with the service provider being reviewed.

3.4 The Trustees or a subcommittee of Trustees may meet with the service provider as part of the review. Following any performance review meeting with the service provider, the Chair of the Trustees or a representative of the subcommittee shall submit a performance report to the Trustees, which will be documented in the Trust's meeting minutes. The performance report may include a list of objectives for the future.

3.5 Copies of the performance report, if in writing, and meeting minutes, including any objectives for the future, will be maintained for a minimum of seven years.

4. Investigative Reviews. If a change in circumstances or facts come to the attention of the Trustees that may warrant review of a service provider, and the service provider has not adequately addressed the change or facts to the Trustees satisfaction, the Trustees will conduct an investigation of the facts and circumstances. Examples of items that may trigger such review include a change in the affiliation or corporate structure of the service provider; change in the primary individuals who provide services; questions regarding the appropriateness of fees; or concerns over potential prohibited transactions. Any such review will be documented through either a written report, correspondence, or in Trust meeting minutes.

Adopted this 23rd day of April, 2021.

EXHIBIT A

AGC HEALTH BENEFIT TRUST
PLAN PROFESSIONAL SERVICE PROVIDER REVIEW

The purpose of this evaluation is to review the services provided to the AGC Health Benefit Trust by the professional service provider identified below. The goal of this evaluation is to document monitoring of the Trust's service providers, enhance the effectiveness of such service providers, and advance the Trust's goals, mission, and day-to-day operations.

Section I of this document will be completed by the Executive Director of AGC Oregon-Columbia Chapter. Section II of this document shall be completed by each Trustee and returned to the Executive Director of AGC Oregon-Columbia Chapter.

Plan Professional Service Provider:

_____

SECTION I – Document Review (to be completed by the Executive Director of AGC Oregon-Columbia Chapter)

The Executive Director of AGC Oregon-Columbia Chapter has confirmed the following regarding the professional service provider:

(a) There is a written agreement between the Trust and the professional service provider:
___ Yes/___ No

(b) The services and fees are identified in the written agreement and the terms of the written agreement are current: ___ Yes/___ No

(c) The services performed are authorized by the Trust Agreement and not in conflict with other Trust governing documents or adopted policies: ___ Yes/___ No

(d) The services are not duplicated by another provider: ___ Yes/___ No

(e) The agreement has been provided to the Trustees: ___ Yes/___ No

Comments:

_____
_____
_____

_____ _____
Signature Date

SECTION II – Trustee Review (to be completed by each Trustee)

Definition of Rankings

1 = Commendable: Performance meets and exceeds expectations for the category with an extraordinary level of skill and ability on a consistent basis.

2 = Competent: Performance meets expectations for the category with a satisfactory level of skill and ability.

3 = Needs Improvement: Performance needs improvement for expected competencies for the category. Performance objectives have not been met or have only partially been met.

4 = Unsatisfactory: This ranking indicates that the professional service provider is not meeting expected competencies for the category listed and that failure to improve may be cause for action by the Board of Trustees.

N/A = No interaction with the service provider during the period under review.

Performance Categories

___ Leadership - Exercises sound judgment. Maintains ethical standards. Supports and seeks to advance the goals and mission of the Trust. Anticipates need for change based on market or other conditions and proposes appropriate response to changes required.

___ Problem Solving - Anticipates and responds to problem situations in a timely manner. Produces alternatives and innovative strategies to problems or potential problems that lead to workable solutions.

___ Relationships and Interpersonal Skills - Maintains cooperative, effective and professional relationships with all parties including Board of Trustees, employers and their representatives, service providers, plan professionals, and other individuals or groups as may be required. Is aware of and sensitive to the needs of others. Considers all sides of an issue when framing responses.

___ General Knowledge - Serves as a knowledgeable resource to the Board of Trustees. Demonstrates competence in skills and knowledge of all matters relative to the operations of the Trust. Understands requirements of the position, policies, regulations, procedures, and plan designs approved by the board of Trustees. Seeks to acquire new knowledge where required in order to advise the Board of Trustees effectively.

___ Communication - Speaks, writes, and presents with effectiveness. Listens well and asks clarifying questions as needed. Keeps the Board of Trustees and appropriate individuals informed on the status of key issues and at the same time maintains confidentiality as needed or required. Provides clear and complete reports to Board. Communicates problems to the Board in a timely manner.

___ Responsiveness - Is results oriented and assumes responsibility and accountability for own work and work of subordinates as it relates to the operation of the Trust. Responds in a timely manner to internal requests of the Board of Trustees and external requests of others as may be related to the day to day operation of the Trust. Demonstrates initiative and flexibility.

Fees: Do you believe that that the current fee arrangement commensurate with the services being provided?
___ Yes/___ No

Services Performed: Is the service provider performing meeting your expectations?
___ Yes/___ No

If the answer to either of the above questions is no, please provide an explanation:

_____
_____
_____
_____

Inspiring healthier

On behalf of UHC, I am pleased to present our new business proposal for the Association of General Contractors of Oregon for the requested effective date of 10/1/2021. Highlights include:

- UHC's premium is **4% below current premium compared to the incumbent rates**
- We have included a 4% premium negotiation fund and a marketing budget
- We have included UHC's innovative Motion program as well as an embedded wellness solution inclusive of an EAP

With our strategic underwritten approach we've quoted, we are targeting **growing AGC of OR by 1,000 new members in the next year.**

In addition to the "as is" quote, we have included several plan design options that will positively impact employer and member affordability. For example:

- Premium designation tiering to incentivize high quality providers and reduce trend
- Place of service tiering for certain outpatient services to promote utilization with free standing facilities vs hospitals
- More effective and affordable Prescription Drug List

We've quoted assuming a full takeover effective 10/1/2021, with a 4% reduction to current rates at renewal for in-force business.

May 25, 2021

United Healthcare®

Building and Fostering Growth

UnitedHealthcare is uniquely positioned to create aggressive membership growth for AGC of OR, and here's why:

In the past decade, UnitedHealthcare has leveraged its diverse resources to foster the expansion of multiple Association Health Plans across the country. With proven experience in both the industry and region, UHC has demonstrated success in partnering with Associations and creating mutual growth. UHC is currently the carrier partner of AGC of WA and has grown by over 50% in the past 4 years. Our deep knowledge of the industry and strategic deployment of underwriting tools has enabled us to surpass sales goals year over year. Similarly, our dedication to an Oregon based manufacturing association has resulted in 1000 new members in the first year, with steady membership growth each month thereafter. Both AHP's are proven testaments to UHC's ability to partner with Associations to create explosive growth in both the construction industry and in the local market.

UnitedHealthcare has greater incentive to grow in the Oregon market versus some of our competitors. In the past 2 years Regence small group membership has grown by 42%, However similar membership increases have not translated to AGC. With current dominant market share of 40% and the capability for larger underwriting gains, Regence has significant incentive to keep existing membership in the community pool. The community pool has a loss ratio threshold of 80%, where as AGC would be considered as a large group and subject to an 85% threshold. This means that the community market has the potential to run more profitably versus AGC on in-force business. Given UnitedHealthcare's less expansive membership, we are in truly the best position to grow, with substantial incentive to do so. By writing AGC of OR, UHC is given the opportunity to compete for community business in an underwritten environment, which gives us a significant competitive edge.

United Healthcare is creating a trajectory to grow by members by end of year in 2022, how are we going to do it?

UHC has the experience and success in underwriting risk effectively on association business. By leveraging proprietary Optum GRA risk assessment tools, UHC is able to accurately predict risk on a future population and provide underwritten rates relevant to the individual group's experience and premium. This means that UnitedHealthcare can assess new membership and position the association to win the healthy groups, creating rate stability and aggressive pricing custom to the employer. Underwriting individual groups and assigning risk bands based on their current premium creates an individually targeted selling strategy. This also translates to more sustainable renewals as we are being strategic in bringing good risk.

Building and Fostering Growth

To even further propel the association into growth we will be offering 4% premium negotiation on new business while coming out 4% below current for the first cycle of renewals. This means that we will be even more aggressive in targeting the right cases, while keeping the best membership on the block.

The new business side will be complemented by a strategic suite of plans that are growth-focused. These plans target main competitors and membership in the market while leveraging our innovative tiered networks to create a unique selling proposition. This value story will be told by using a dedicated marketing budget to get the word out. Marketing funds could be used in a variety of ways, including events, sponsorships and collateral.

Finally, UHC is moving to a new innovative quoting model that should allow a 4 day average turnaround time on new business quotes. New GRA integration should enable us to cut current quoting time in more than half.

UnitedHealthcare has an innovative offering of market relevant plans that will be offered to AGC of OR, and here's what that entails:

UnitedHealthcare offers robust and comprehensive wellness benefits, with actionable programs designed to make meaningful impacts on the lives of the members we serve. The portfolio for AGC of OR will include our Motion walking program for those members enrolled on HSA plans. Motion provides the ability for members to earn up to $1,095/year simply by walking and meeting frequency, intensity, and tenacity (FIT) goals. Additional programs available to all members, regardless of plan type, include:

- Simply Engaged with Rally and gym check-in, offering employees and enrolled spouses the opportunity to each earn $20/month by "checking-in" 12 or more times via the Rally app at their gym or other qualified fitness facility.
- Real Appeal, offering employees and age-qualified dependents 52 weeks of virtual weight loss support. The program is free to enrollees and their employer group and provides personalized weight loss coaching along with an initial success kit valued at over $250.
- Employee Assistance Program (EAP), providing support and references for work and personal challenges, such as relationship difficulties, grief, depression, stress; legal and financial advice, etc. The program includes 3 face-to-face visits per incident and unlimited 24/7 telephonic counseling.
- Sanvello, a self-guided mobile app for stress, anxiety and depression. UnitedHealthcare members can access the premium version free of charge simply by inputting their insurance info.

Building and Fostering Growth

- Virtual Visits, allowing members to speak with a US-based doctor 24/7 using their mobile device or computer, without ever leaving home. Prescriptions can even be sent directly to a member's local pharmacy. Virtual visits are offered at no cost to enrolled members on all plans (HSA plans after deductible).

From a customer service standpoint, UnitedHealthcare's Advocate4Me provides a simplified and personalized member care experience. It is an integral part of our member advocacy approach which leverages insights to help people get the most from their benefits and make smart health care choices, whether they are having a one-on-one conversation with an Advocate, program nurse, coach, or using our online or mobile tools.

UnitedHealthcare will smoothly execute on transitioning members with minimal disruption from their current plans:

UnitedHealthcare will assume a full takeover of the AGC OR health plan effective 10/1/2021. All groups will move to UnitedHealthcare in one block, maintaining their current benefit levels and rates, held until the group's regularly scheduled renewal date. Upon renewal, groups will receive an approximate 4% reduction in their rates for their next plan year. Renewal groups will have an opportunity to take advantage of plan changes that utilize UnitedHealthcare's cost-saving benefit features, such as our premium designated tiered network and place of service tiering.

Will there be a 2-year lockout for groups leaving the association?

UnitedHealthcare will not standardly impose a 2-year lockout, and all instances will be handled on a case-by-case basis with both underwriting and AHP input.

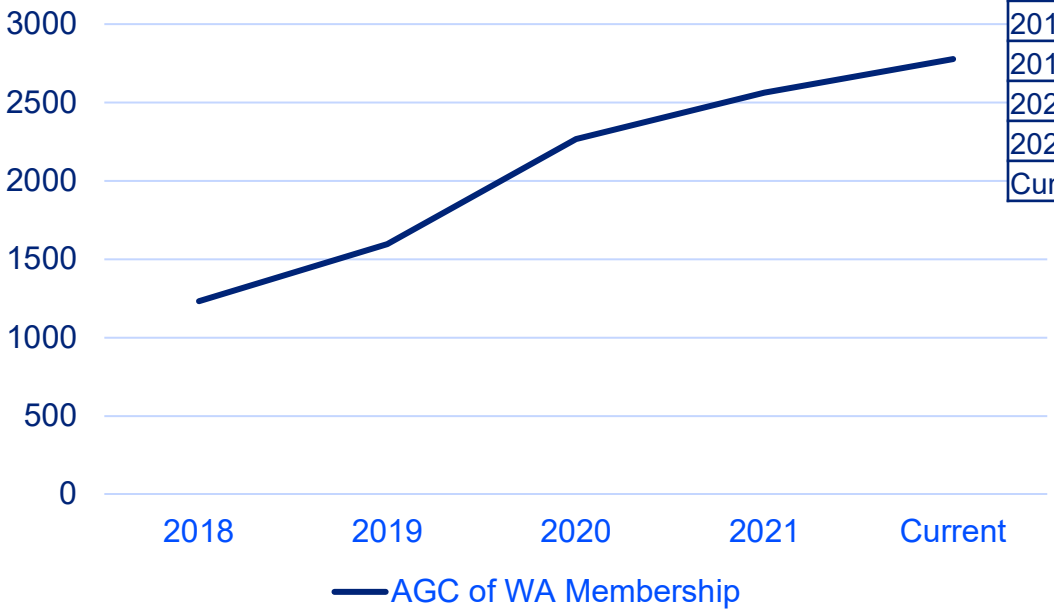
What type of reporting will be available and what is the cadence in which it will be delivered?

Experience reporting with loss ratio info will be delivered quarterly, and at the annual association renewal. Executive performance reporting will be provided annually, offering over 30 pages of insights and metrics on various aspects such as demographics, diagnosis distribution, pharmacy details, and preventive care utilization.

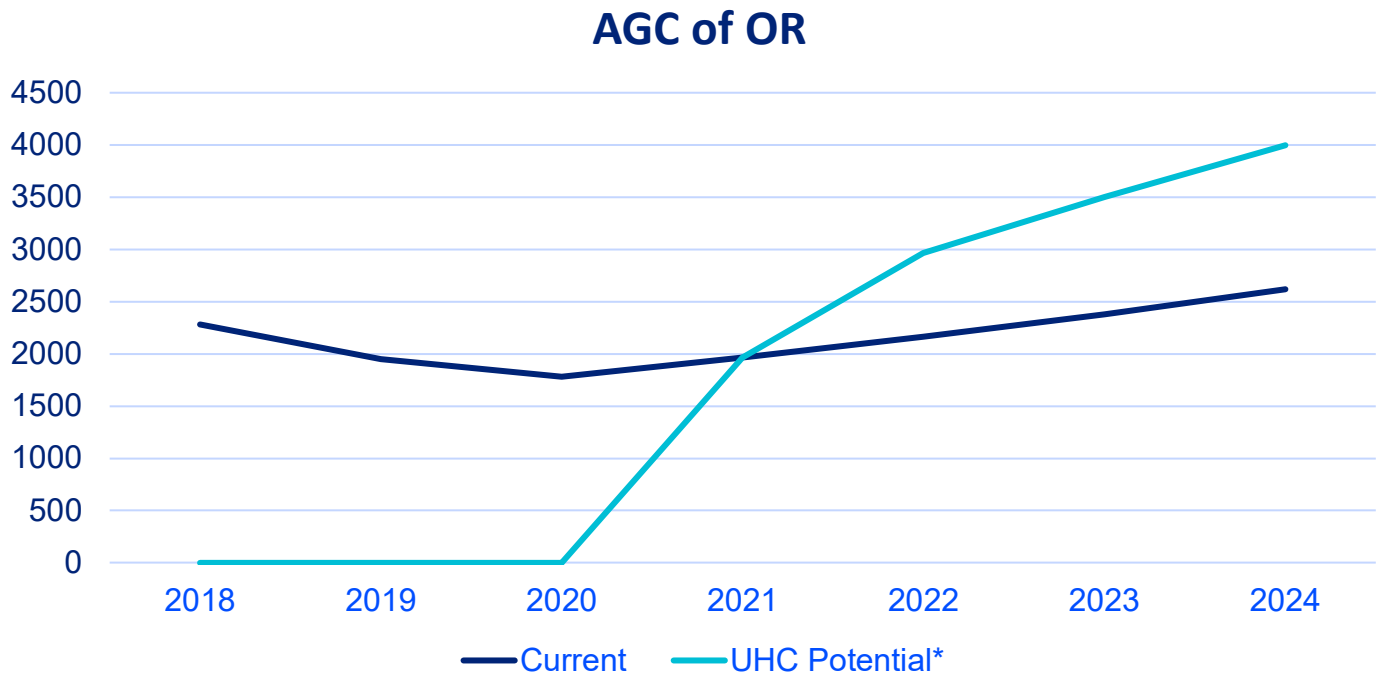
Will plan designs match or improve incumbent carrier portfolio?

Plan designs will mirror incumbent portfolio as much as possible and will also include additional steerage mechanisms for place of service tiering (POST), designed to drive members to freestanding vs. hospital-based facilities for lab, x-ray, and other diagnostic services. Savings are realized by both members and participating employer groups offering the plans.

Growth Trajectory



Year	AGC of WA Membership
2018	1232
2019	1597
2020	2268
2021	2562
Current	2776



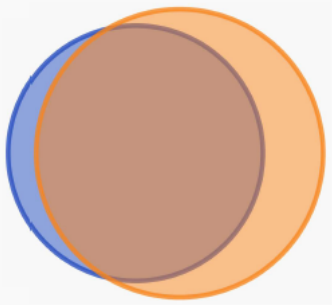
*Target membership growth with increasing close ratio, additional quote volume, acceptance of product design and enhanced broker distribution

Current assumes consistent 2021 average growth

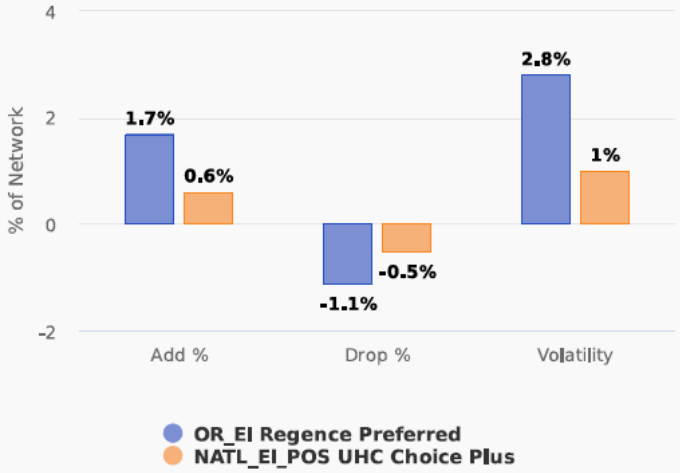
Network Comparison

Overlap

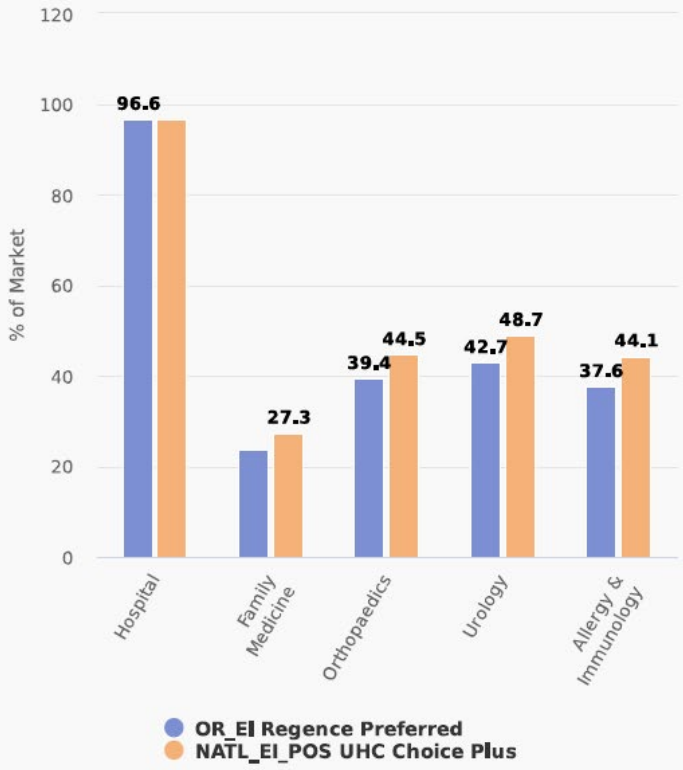
Network	Total	Exclusive
OR_EI Regence Preferred	6,346	713
NATL_EI_POS UHC Choice Plus	8,086	2,453
Overlapping	5,633	n/a



Average Monthly Volatility



Top Specialty Groups



Network Strength (Largest Provider Populations)

OR_EI Regence Preferred	NATL_EI_POS UHC Choice Plus
Base Network Advantage	Comparison Network Advantage

Produced on May 16, 2021
Data Vintage of April 30, 2021
www.network360.com

Our mission is to help people live healthier lives and make the health system work better for everyone.

Better experience

Better health

Better cost control

Our values:

Integrity
Honor commitments. Never compromise ethics.

Compassion
Walk in the shoes of people we serve and those with whom we work.

Relationships
Build trust through collaboration.

Innovation
Invent the future. Learn from the past.

Performance
Demonstrate excellence in everything we do.

Network

With more than 900,000 health care providers across the country, we have networks designed to help you better control costs and meet the unique health care needs of your employees and their families.

965
Centers of Excellence

2,220+
Convenience Care Centers

5,647*
Hospitals

136K*
UnitedHealth Premium® Care Physicians**

911K*
Doctors and Health Professionals

Our network strategy is built on:

Delivering value
- Affordability
- Quality
- Connectivity

Transforming Health Care Delivery
- Accountable Care Platform
- Care Management Innovations
- Local, High-performing Benefit Designs

*As of September 30, 2017. **those meeting UnitedHealth Premium Quality and Cost Efficiency Criteria

Health & Well-Being

Virtual Visits are designed to help employees stay safe, healthy and productive with a quick and convenient way to get 24/7 care.

Employees can:

- Receive non-emergency care and prescriptions* from a quality doctor
- Spend less time away from work — average visit is 20 minutes[1]

Employers can:

- Automatically apply costs to their deductibles, copays or coinsurance
- Take advantage of $0 administrative costs

Comparing costs:

$0—$49
Virtual Visit[2]

$190
urgent care visit[3]

$1,700
ER visit[3]

Behavioral Health Solutions is designed to engage employees through digital and clinical resources to help improve overall health and reduce costs.

By integrating behavioral, medical and pharmacy information, we provide:

- Proactive outreach
- Flexible and faster access to care
- Help managing comorbidities
- Family support
- 20,000+ contracted behavioral health Virtual Visit providers across all 50 states[4]

*Prescription services may not be available in all states. [1] Average based on monthly data reports from Virtual Visit providers. [2] Claim rates are negotiated with each Virtual Visit provider group and will vary. [3] Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. The information and estimates provided are for general information and illustrative purpose only. [4]Optum virtual visit provider network count as of August 2020; Montemayor, August 2020.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Tools

The UnitedHealthcare® app and **myuhc.com®** provide employees with information and tools to help them get the most out of their benefits.

The **Find Care & Costs** tool on myuhc.com® and the UnitedHealthcare® app is designed to help your employees:

- Use intuitive search tools to find care nearby
- View estimates for specific services and treatments
- Locate UnitedHealth Premium® designation providers and Healthgrades® patient satisfaction reviews

Advocate4Me® connects employees with advocates who guide them through the health care system to help them make informed decisions. **Advocate4Me® Support for families with special needs** offers guidance across the health care system — through an assigned adviser — at no additional cost.

When employees reach out for support, the compassionate adviser:

- Listen empathetically
- Draw on data-driven insights
- Find solutions
- Is matched with the family through advanced data and technology
- Takes responsibility for each inquiry
- Supports every member of the family — and their health care needs — not just the child with special needs

Wellness

Rally® delivers proven engagement and retention, helping foster a culture of health that can lead to healthier employees. It's designed to work by:

- Converting health data into healthy action
- Using rewards and incentives
- Maximizing employer investments in health and wellness programs

Real Appeal® is a personalized program designed to help employees lose weight and keep it off. It's created to help change behavior and save on medical expenses with the assistance of:

- A success kit
- A health coach and group classes
- Digital support and tracking

The Employee Assistance Program (EAP) helps remove barriers to care by helping employees focus on their goals and empowering them with appropriate resources. It provides:

- Guidance to relevant resources
- Access to a network of 180,000 clinicians nationwide
- 24/7 access to emotional and mental health support
- Additional support for management

Wellness

UnitedHealthcare Motion® provides rewards to employees and their eligible spouses for completing daily program goal activities that may include swimming, using an elliptical, walking, running and biking.

The program:

- Engages employees across various fitness levels
- Offers flexibility in usability, along with the ability to change reward options quarterly
- Designed to help encourage long-term lifestyle behavior through daily program goals

Built to help lower chronic illness rates and medical expenses, **Quit For Life®** is an accredited program that may help members stop using cigarettes, e-cigarettes, vaping and tobacco.

The clinically proven program includes:

- An app and other digital resources to help manage cravings 24/7
- A Quit Coach® who customizes plans for employees
- Text messages offering daily tips and encouragement
- Medication to help members quit — at no extra charge*

* Based on eligibility.