

Client Name: Hall County
Employee Benefit Plan Renewal - Comparison Summary
Plan Year: 1/1/2026-12/31/2026



Carrier/TPA			Current	Recommendation	Option 1	Option 2	Option 3	Option 4	Option 5
Network			Healthgram	Healthgram	Healthgram	Healthgram	Healthgram	Healthgram	Healthgram
Pharmacy Benefit Manager			Veracity RX/ProCare RX	Veracity RX/ProCare RX	Veracity RX/ProCare RX	Veracity RX/ProCare RX	Veracity RX/ProCare RX	Veracity RX/ProCare RX	Veracity RX/ProCare RX
Stop-loss Carrier			HM	HM	HCC	C&F	QBE	Symetra	Voya
Specific Stoploss Coverage									
Specific Deductible			\$280,000	\$300,000					
Specific Rate	Single	631	\$43.91	\$65.08					
	Family	760	\$131.03	\$197.28					
Total Monthly Stop Loss Premium			\$127,290	\$190,998					
Total Annual Stop Loss Premium			\$1,527,480	\$2,291,979	Decline to Quote	Decline to Quote	Decline to Quote	Decline to Quote	Decline to Quote
\$ Change from Current Stoploss Premium				\$764,499					
				50.0%					

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