A person's hands are shown reviewing a financial report. The report features a bar chart with categories like 'Planned', 'Barbers', 'Customers', and 'Be'. Below the bar chart is a pie chart with segments in blue, orange, and brown. The text 'NONPROFIT BENCHMARKING REPORT' is overlaid in white on a teal background.

# NONPROFIT BENCHMARKING REPORT

# INTRODUCTION

Because Exude works with 150+ non-profits in the Philadelphia area, we are able to provide benchmarking based on our non-profit book of business. This benchmarking data is exclusive to Exude and benchmarks things like: Medical, Prescription, Dental, HSA, Short-Term Disability, Long-Term Disability, Life Insurance and Flexible Spending Accounts. We also utilize national data to further expand our analysis. With this report, your organization can understand the product offerings in the market and identify areas of improvement for your organization.





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## DATA SET

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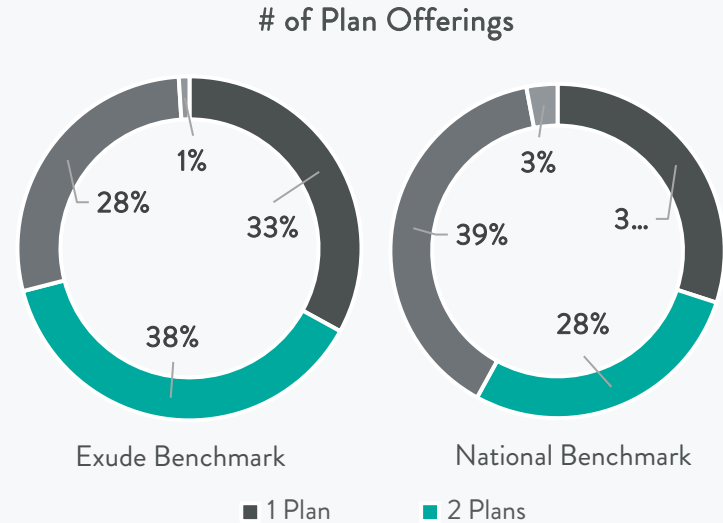
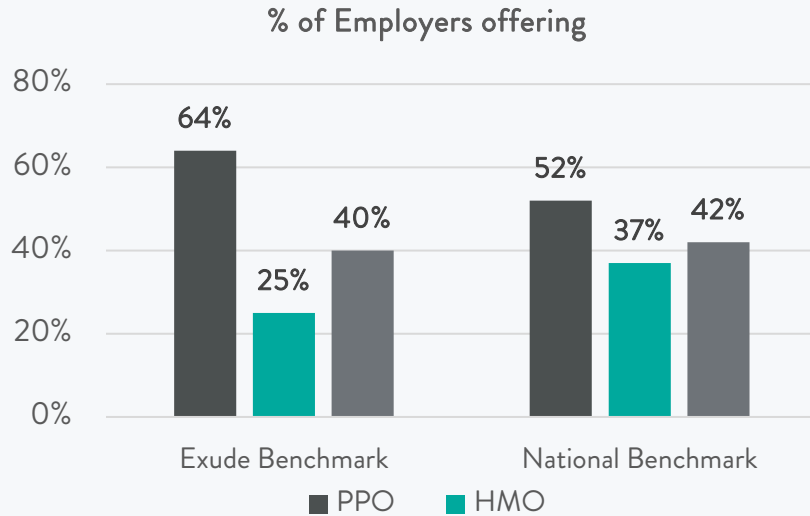
### EXUDE BOOK OF BUSINESS:

- 100+ not for profit organizations
- All industries included
- Companies with less than 250 employees
- PA, NY, MD, DC, VA
- 75% fully insured / 25% self funded
- PPO, HMO and HDHP/HSA plan types

### NATIONAL NONPROFIT BENCHMARK DATA

- 400+ not for profit organizations
- All industries included
- Companies with less than 250 employees
- Nationwide
- 60% fully insured / 40% self funded
- PPO, HMO and HDHP/HSA plan types

# PLAN OFFERINGS



## Savings Accounts Offered By Plan

National Non-Profit Benchmark		
Plan Type	HSA	HRA
PPO	N/A	8%
HMO	N/A	12%
HDHP	58%	17%

Exude Non-Profit Book of Business		
Plan Type	HSA	HRA
PPO	N/A	24%
HMO	N/A	21%
HDHP	65%	33%



# GROSS MONTHLY MEDICAL COSTS

Exude Non-Profit Book of Business			
Coverage Tier	PPO	HMO	HDHP
Employee Only	\$829	\$721	\$678
Employee + Spouse	\$1,878	\$1,658	\$1,498
Employee + Child(ren)	\$1,539	\$1,285	\$1,259
Family	\$2,458	\$2,115	\$2,066

National Non-Profit Benchmark Cut			
Coverage Tier	PPO	HMO	HDHP
Employee Only	\$745	\$676	\$605
Employee + Spouse	\$1,609	\$1,441	\$1,308
Employee + Child(ren)	\$1,391	\$1,307	\$1,168
Family	\$2,123	\$2,015	\$1,802



# MONTHLY EMPLOYER CONTRIBUTIONS %

Exude Non-Profit Book of Business			
Coverage Tier	PPO	HMO	HDHP
Employee Only	88.9%	86.1%	89.7%
Employee + Spouse	73.4%	74.2%	75.3%
Employee + Child(ren)	78.3%	76.1%	77.8%
Family	72.1%	73.3%	76.7%

National Non-Profit Benchmark Cut			
Coverage Tier	PPO	HMO	HDHP
Employee Only	82.7%	84.3%	86.0%
Employee + Spouse	69.9%	72.9%	72.6%
Employee + Child(ren)	70.5%	73.8%	74.2%
Family	67.4%	70.3%	71.7%



# MONTHLY EMPLOYEE CONTRIBUTIONS

Exude Non-Profit Book of Business			
Coverage Tier	PPO	HMO	HDHP
Employee Only	\$92.02	\$100.22	\$69.83
Employee + Spouse	\$499.55	\$427.76	\$370.01
Employee + Child(ren)	\$333.96	\$307.12	\$279.50
Family	\$685.78	\$564.71	\$481.38

National Non-Profit Benchmark Cut			
Coverage Tier	PPO	HMO	HDHP
Employee Only	\$128.89	\$106.13	\$84.70
Employee + Spouse	\$484.31	\$390.51	\$358.39
Employee + Child(ren)	\$410.35	\$342.43	\$301.34
Family	\$692.10	\$598.46	\$509.97



## PLAN DESIGN – DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS

Exude Non-Profit Book of Business			
Plan Benefit	PPO	HMO	HDHP
Deductible - Individual	\$0	\$1,000	\$3,000
Deductible – Family	\$0	\$2,000	\$6,000
Maximum - Individual	\$7,150	\$6,250	\$6,550
Maximum – Family	\$14,300	\$12,500	\$13,100

National Non-Profit Benchmark Cut			
Plan Benefit	PPO	HMO	HDHP
Deductible - Individual	\$500	\$500	\$2,500
Deductible – Family	\$1,500	\$1,000	\$5,000
Maximum - Individual	\$4,500	\$4,500	\$4,550
Maximum – Family	\$9,500	\$9,000	\$9,000





## PLAN DESIGN – PROFESSIONAL SERVICES

Exude Non-Profit Book of Business			
Plan Benefit	PPO	HMO	HDHP
Coinsurance	100%	100%	100%
Primary Care Physician	\$25 Copay	Ded. then \$40 Copay	Ded. then \$30 Copay
Specialist Physician	\$50 Copay	Ded. then \$70 Copay	Ded. then \$60 Copay
Labs & X-Ray	\$40 Copay	Ded. then \$40 Copay	Ded. then coinsurance

National Non-Profit Benchmark Cut			
Plan Benefit	PPO	HMO	HDHP
Coinsurance	90%	100%	100%
Primary Care Physician	\$25 Copay	\$25 Copay	Ded. then coinsurance
Specialist Physician	\$40 Copay	\$40 Copay	Ded. then coinsurance
Labs & X-Ray	\$40 Copay	\$40 Copay	Ded. then coinsurance



## PLAN DESIGN – FACILITY BENEFITS

Exude Non-Profit Book of Business			
Plan Benefit	PPO	HMO	HDHP
Inpatient Hospital	Ded. then coinsurance	Ded. then coinsurance	Ded. then coinsurance
Outpatient Hospital	Ded. then coinsurance	Ded. then coinsurance	Ded. then coinsurance
Emergency Room	\$350 Copay	\$400 Copay	Ded. then coinsurance
Urgent Care	\$60 Copay	\$60 Copay	Ded. then \$30 copay

National Non-Profit Benchmark Cut			
Plan Benefit	PPO	HMO	HDHP
Inpatient Hospital	Ded. then coinsurance	Ded. then \$600 Copay	Ded. then coinsurance
Outpatient Hospital	Ded. then coinsurance	Ded. then coinsurance	Ded. then coinsurance
Emergency Room	\$300 Copay	\$200 Copay	Ded. then coinsurance
Urgent Care	\$70 Copay	\$40 Copay	Ded. then coinsurance



## PLAN DESIGN – PHARMACY

Exude Non-Profit Book of Business			
Plan Benefit	PPO	HMO	HDHP
Generic Rx	\$10 Copay	\$10 Copay	Ded. then \$10
Preferred Rx	\$40 Copay	\$35 Copay	Ded. then \$30
Non-Preferred Rx	\$70 Copay	\$70 Copay	Ded. then \$50
Specialty Rx	\$150 Copay	\$120 Copay	Ded. then \$300

National Non-Profit Benchmark Cut			
Plan Benefit	PPO	HMO	HDHP
Generic Rx	\$10 Copay	\$12 Copay	Ded. then \$20
Preferred Rx	\$35 Copay	\$35 Copay	Ded. then coinsurance
Non-Preferred Rx	\$70 Copay	\$60 Copay	Ded. then coinsurance
Specialty Rx	Ded. then coinsurance	\$100 Copay	Ded. then coinsurance





**THANK YOU!**

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