



## Benchmarking Analysis

### Banking Client

#### Comparison Set Includes: 247 Employers

**Industries:** Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, **Regions:** Mid-Atlantic, Southeast, South Central, East North Central, **Headcounts:** All Sizes, **Other Filters:** All **States Filters:** All

Reporting Date: March 03, 2021

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# Medical / Rx Benchmarking Analysis

## Banking Client

### EPO Plan

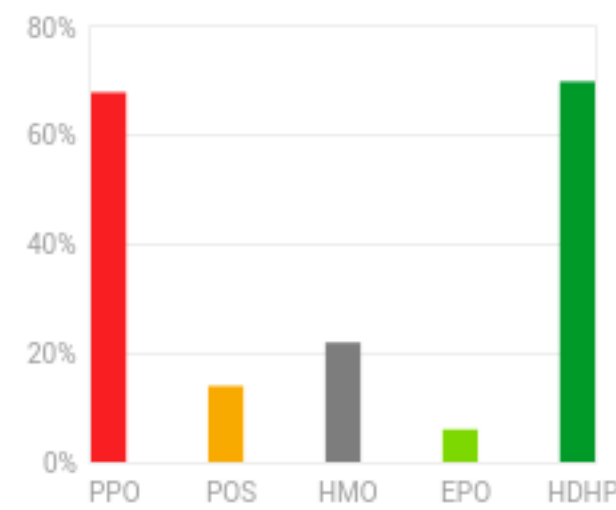
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Other Filters: All, States Filters: All, Plan Type: HMO



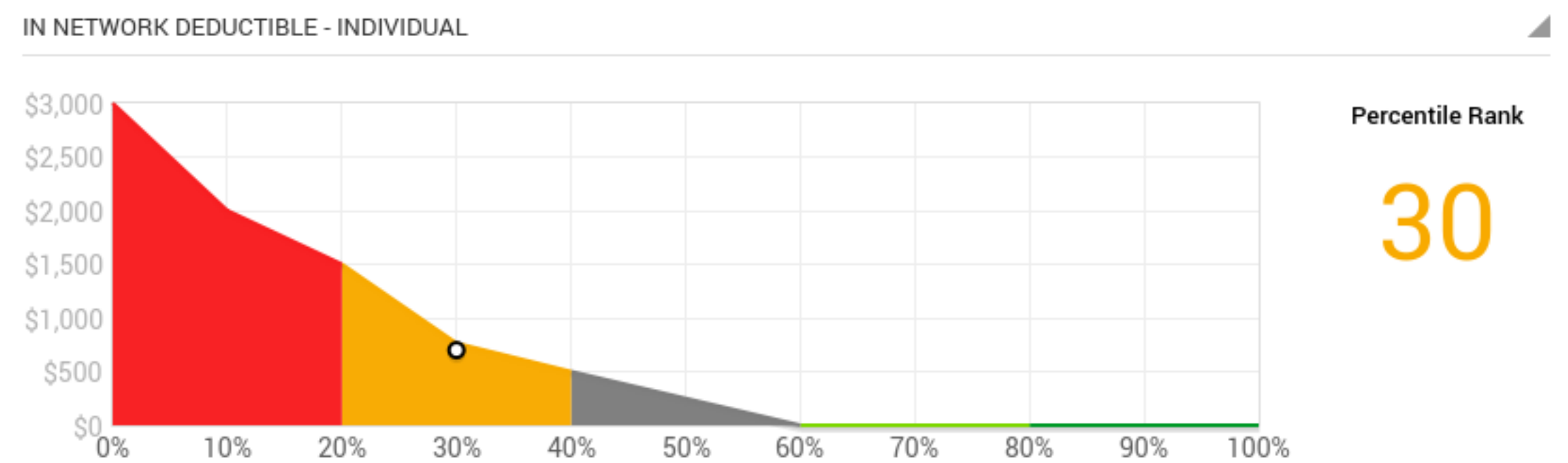
PLAN TYPE	EMPLOYERS
PPO	68%
POS	14%
HMO	22%
EPO	6%
HDHP	70%



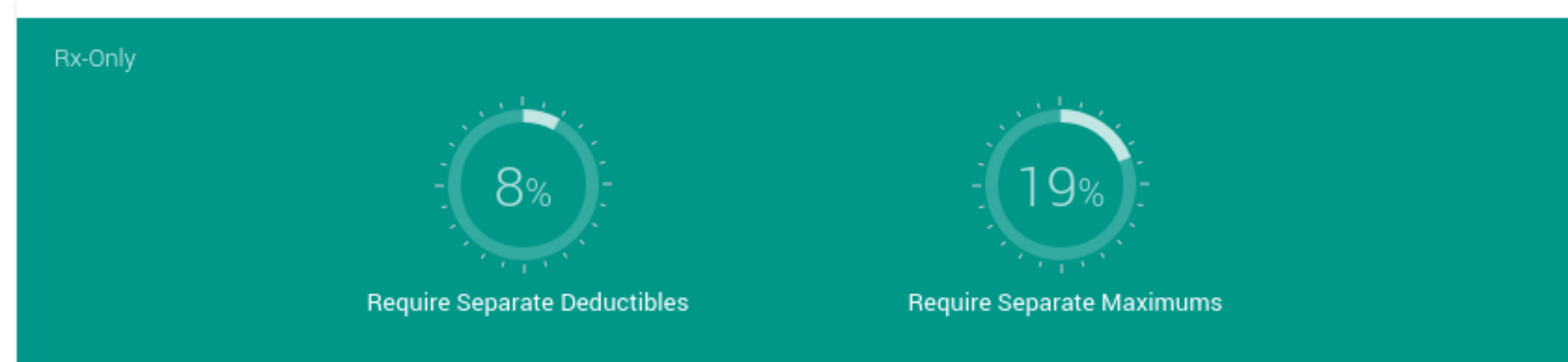
NUMBER OF PLANS	EMPLOYERS
Not Offered	0%
One Plan	20%
Two Plans	31%
Three or More Plans	49%



IN NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$250	\$700
Deductible - Family	\$500	\$1,400
Maximum - Individual	\$3,000	\$6,350
Maximum - Family	\$6,000	\$12,700
Medical Coinsurance	10%	0%
Rx Coinsurance	20%	-

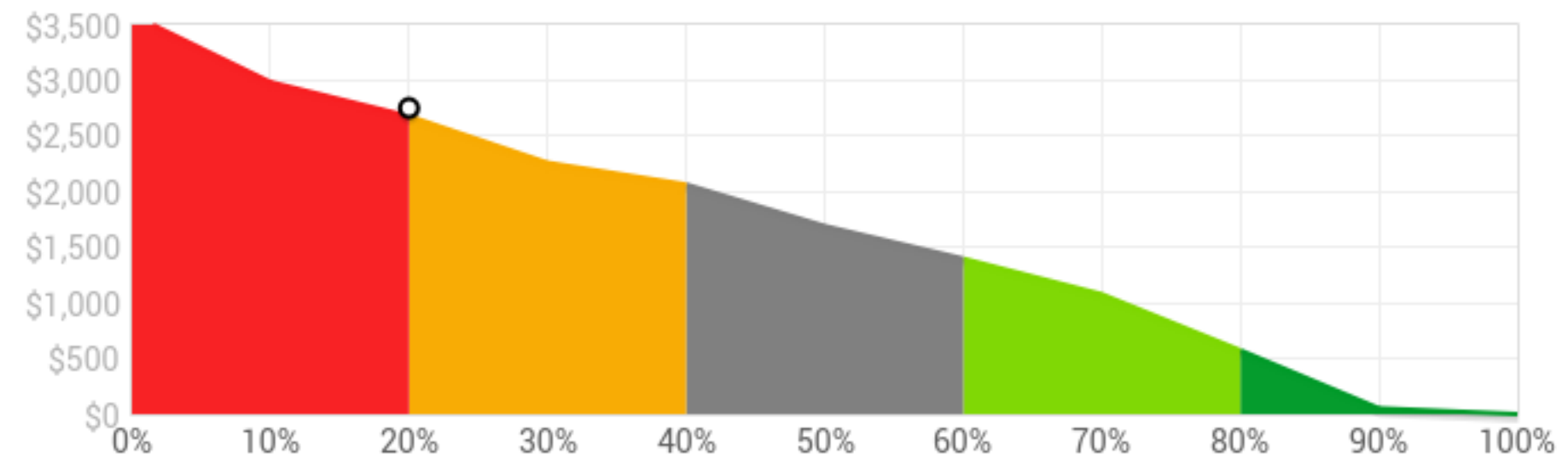


RX ONLY COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$250	-
Deductible - Family	\$500	-
Maximum - Individual	\$2,000	-
Maximum - Family	\$4,000	-



EMPLOYEE ANNUAL CONTRIBUTION	BENCHMARK	YOUR PLAN
Employee Only	\$1,691	\$2,752
Employee + Spouse	\$5,056	\$5,996
Employee + Child(ren)	\$4,176	\$5,996
Family	\$6,619	\$11,230

EMPLOYEE ONLY CONTRIBUTION

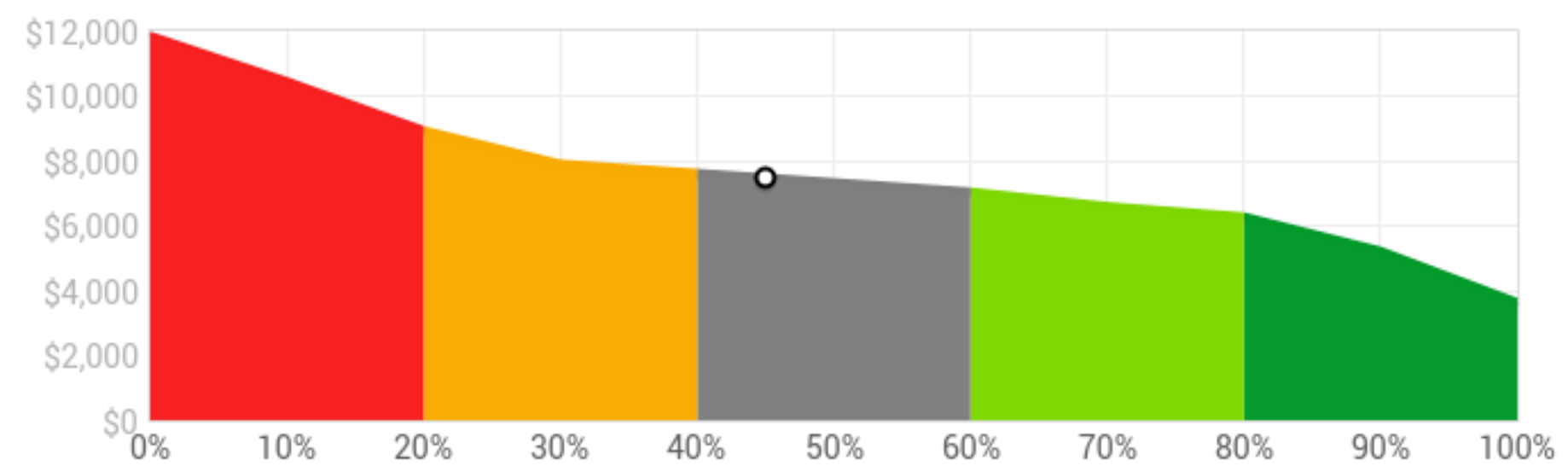


Percentile Rank

20

GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$7,396	\$7,478
Employee + Spouse	\$15,827	\$13,714
Employee + Child(ren)	\$14,054	\$12,228
Family	\$21,998	\$20,522
Age-Banded Rates	12%	No

EMPLOYEE ONLY GROSS COST



Percentile Rank

45

EMPLOYER PROVIDED CDHP ACCOUNT FUNDING	BENCHMARK	YOUR PLAN
Employee Only	\$700	-
Employee + Spouse	\$700	-
Employee + Child(ren)	\$700	-
Family	\$700	-



OFFICE VISITS	BENCHMARK	YOUR PLAN	RANK
Primary Care Physician	No deductible, \$25 copay	No deductible, \$20 copay	70
Specialist Physician	No deductible, \$45 copay	No deductible, \$30 copay	80
Labs & X-Ray	No deductible, \$20 copay	No deductible, \$25 copay	45

FACILITY VISITS	BENCHMARK	YOUR PLAN	RANK
Inpatient Hospital	No deductible, \$500 copay	No deductible, \$250 copay	75
Outpatient Hospital	No deductible, \$300 copay	No deductible, \$125 copay	75
Emergency Room	No deductible, \$250 copay	No deductible, \$150 copay	70
Urgent Care	No deductible, \$50 copay	No deductible, \$25 copay	75

RETAIL RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	No deductible, \$10 copay	No deductible, \$10 copay	55
Preferred Rx	No deductible, \$35 copay	No deductible, \$30 copay	65
Non-Preferred Rx	No deductible, \$60 copay	No deductible, \$50 copay	60
Specialty Rx	No deductible, \$60 copay	-	-

MAIL ORDER RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	No deductible, \$20 copay	No deductible, \$25 copay	35
Preferred Rx	No deductible, \$75 copay	No deductible, \$75 copay	50
Non-Preferred Rx	No deductible, \$125 copay	No deductible, \$125 copay	50
Specialty Rx	No deductible, \$150 copay	-	-

# Medical / Rx Benchmarking Analysis

Banking Client

PPO Plan

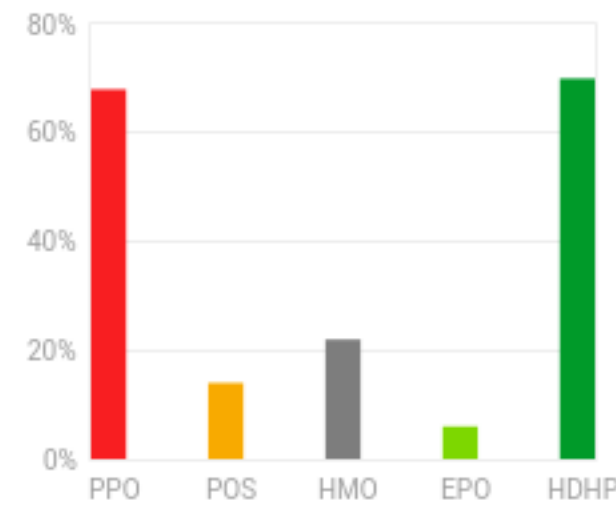
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Other Filters: All, States Filters: All, Plan Type: PPO



PLAN TYPE	EMPLOYERS
PPO	68%
POS	14%
HMO	22%
EPO	6%
HDHP	70%

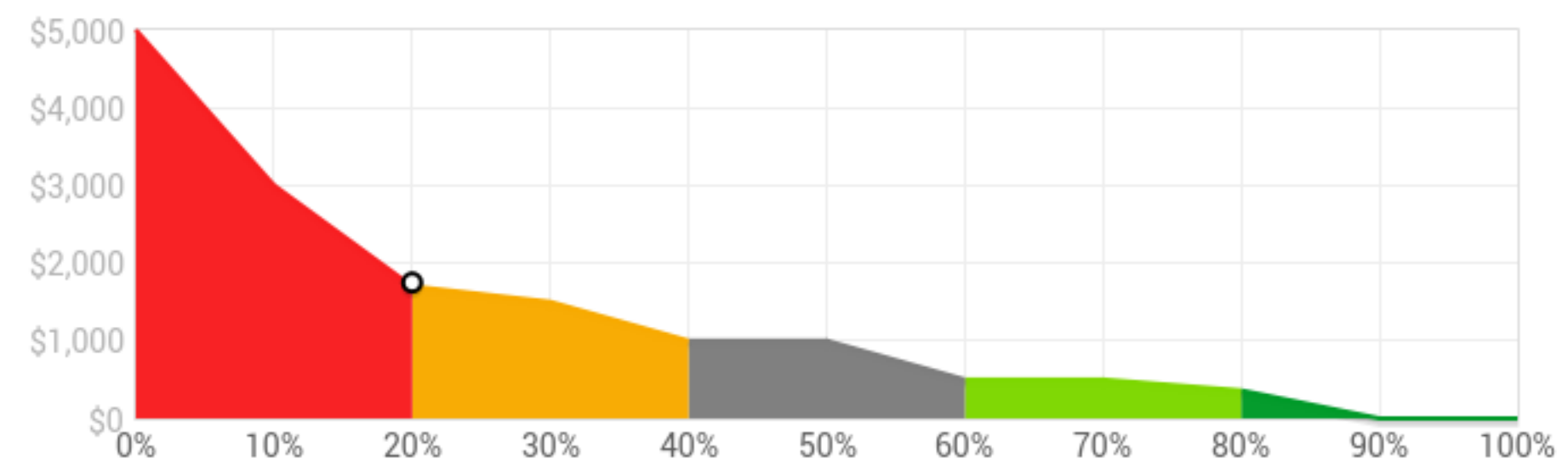


NUMBER OF PLANS	EMPLOYERS
Not Offered	0%
One Plan	20%
Two Plans	31%
Three or More Plans	49%



IN NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$1,000	\$1,750
Deductible - Family	\$2,000	\$3,500
Maximum - Individual	\$4,000	\$4,750
Maximum - Family	\$8,750	\$9,500
Medical Coinsurance	20%	15%
Rx Coinsurance	20%	-

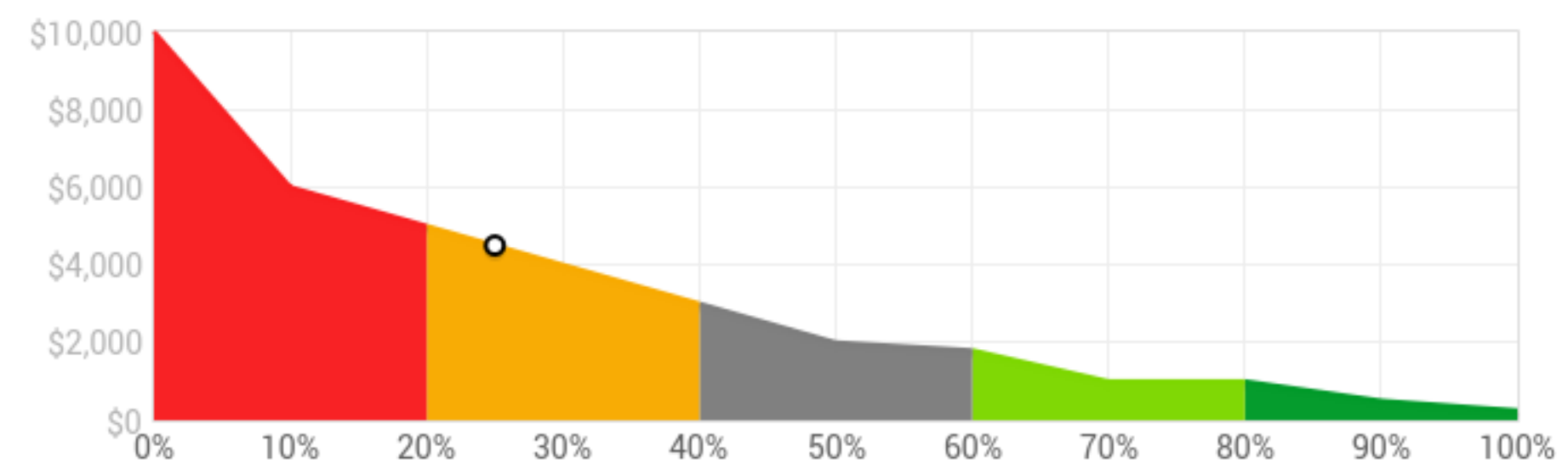
IN NETWORK DEDUCTIBLE - INDIVIDUAL



Percentile Rank  
**20**

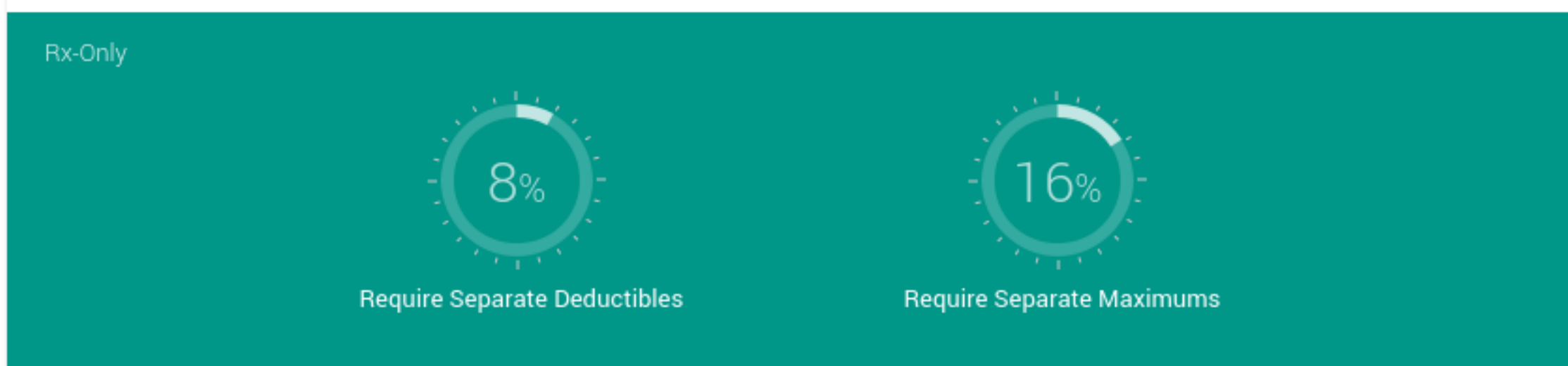
OUT OF NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$2,000	\$4,500
Deductible - Family	\$6,000	\$9,000
Maximum - Individual	\$7,500	\$9,000
Maximum - Family	\$16,000	\$18,000
Coinsurance	40%	30%
Deductibles Accumulate Across Networks	12%	No
Maximums Accumulate Across Networks	12%	No

OUT OF NETWORK DEDUCTIBLE - INDIVIDUAL

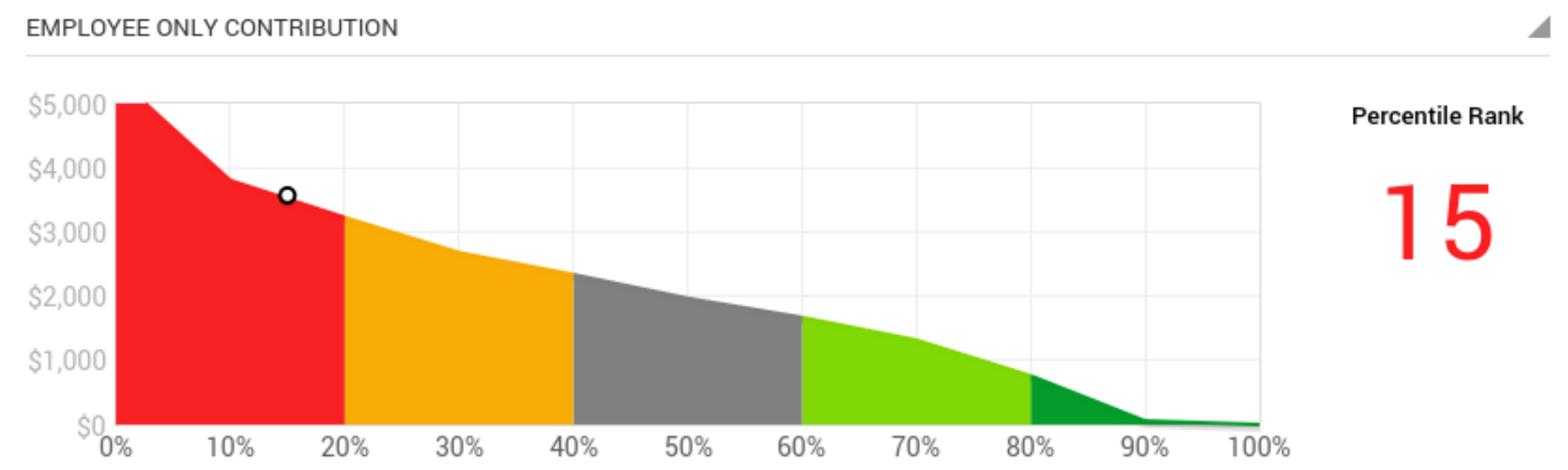


Percentile Rank  
**25**

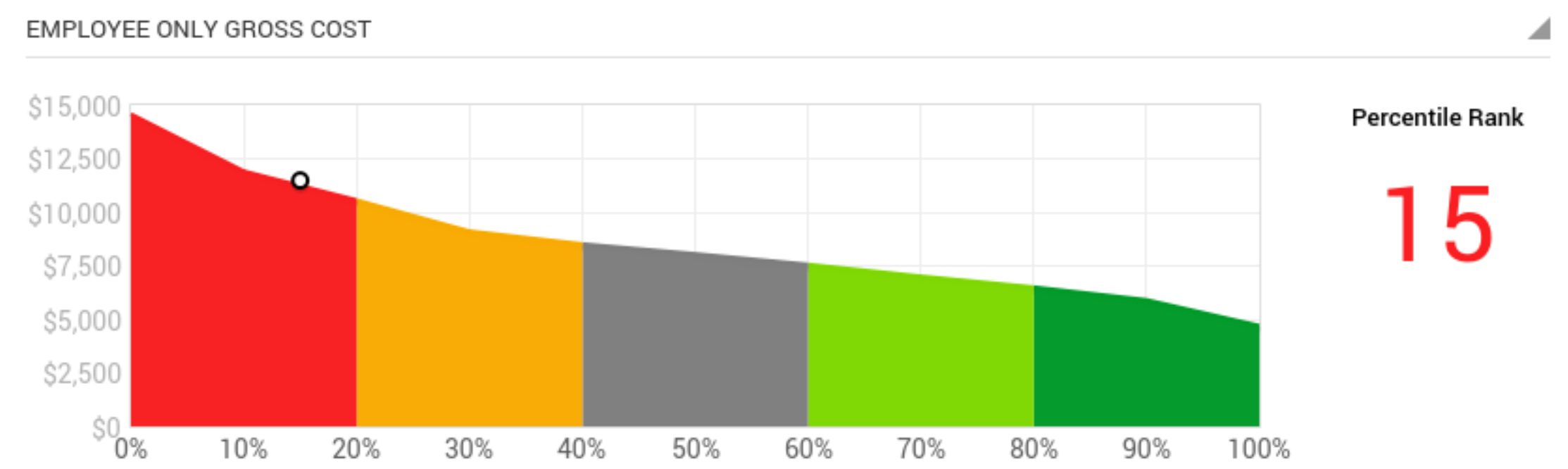
RX ONLY COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$250	-
Deductible - Family	\$500	-
Maximum - Individual	\$2,500	-
Maximum - Family	\$5,000	-



EMPLOYEE ANNUAL CONTRIBUTION	BENCHMARK	YOUR PLAN
Employee Only	\$1,966	\$3,571
Employee + Spouse	\$6,259	\$6,976
Employee + Child(ren)	\$5,327	\$6,976
Family	\$8,568	\$12,818



GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$8,057	\$11,485
Employee + Spouse	\$17,390	\$19,555
Employee + Child(ren)	\$15,324	\$17,435
Family	\$24,013	\$29,262
Age-Banded Rates	5%	No



EMPLOYER PROVIDED CDHP ACCOUNT FUNDING	BENCHMARK	YOUR PLAN
Employee Only	\$500	-
Employee + Spouse	\$500	-
Employee + Child(ren)	\$500	-
Family	\$500	-



OFFICE VISITS	BENCHMARK	YOUR PLAN	RANK
Primary Care Physician	No deductible, \$25 copay	No deductible, \$20 copay	75
Specialist Physician	No deductible, \$50 copay	No deductible, \$35 copay	75
Labs & X-Ray	Deductible, then coinsurance	No deductible, \$25 copay	70

FACILITY VISITS	BENCHMARK	YOUR PLAN	RANK
Inpatient Hospital	Deductible, then coinsurance	Deductible, then coinsurance	25
Outpatient Hospital	Deductible, then coinsurance	Deductible, then coinsurance	25
Emergency Room	No deductible, \$400 copay	No deductible, \$150 copay	80
Urgent Care	No deductible, \$70 copay	No deductible, \$50 copay	65

RETAIL RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	No deductible, \$10 copay	No deductible, \$10 copay	55
Preferred Rx	No deductible, \$35 copay	No deductible, \$30 copay	70
Non-Preferred Rx	No deductible, \$60 copay	No deductible, \$50 copay	75
Specialty Rx	No deductible, \$100 copay	-	-

MAIL ORDER RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	No deductible, \$25 copay	No deductible, \$25 copay	45
Preferred Rx	No deductible, \$80 copay	No deductible, \$75 copay	60
Non-Preferred Rx	No deductible, \$140 copay	No deductible, \$125 copay	60
Specialty Rx	No deductible, \$250 copay	-	-



# Medical / Rx Benchmarking Analysis

Banking Client

HDHP Plan

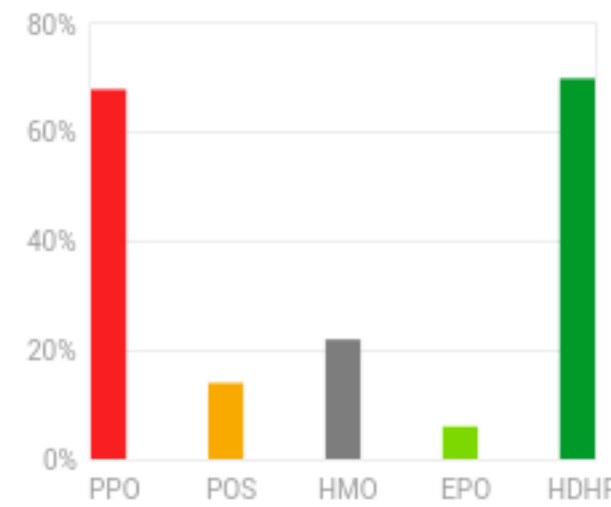
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PLAN TYPE	EMPLOYERS
PPO	68%
POS	14%
HMO	22%
EPO	6%
HDHP	70%

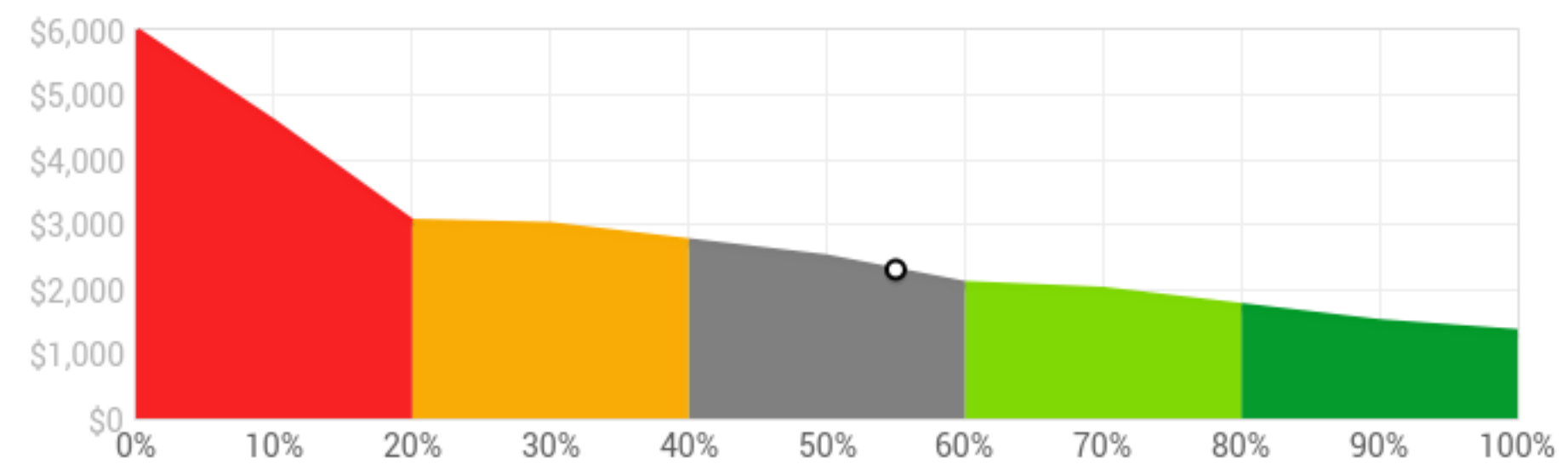


NUMBER OF PLANS	EMPLOYERS
Not Offered	0%
One Plan	20%
Two Plans	31%
Three or More Plans	49%



IN NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$2,500	\$2,300
Deductible - Family	\$5,000	\$6,000
Maximum - Individual	\$4,500	\$6,000
Maximum - Family	\$8,250	\$12,000
Medical Coinsurance	10%	20%
Rx Coinsurance	20%	-

IN NETWORK DEDUCTIBLE - INDIVIDUAL

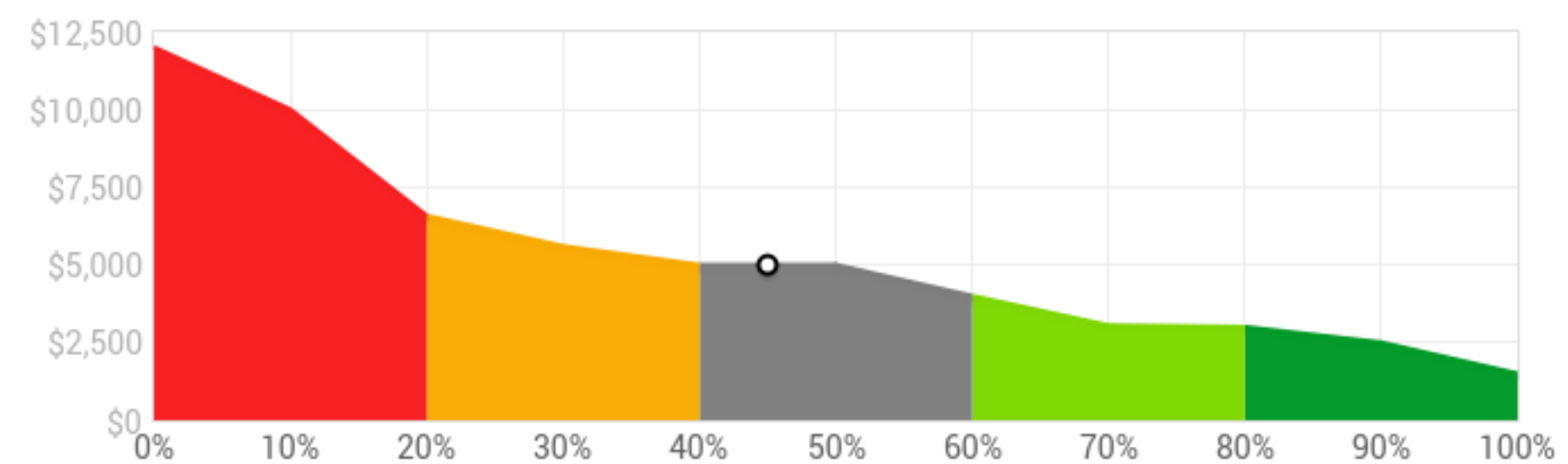


Percentile Rank

55

OUT OF NETWORK COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual	\$5,000	\$5,000
Deductible - Family	\$10,000	\$10,000
Maximum - Individual	\$10,000	\$10,000
Maximum - Family	\$20,000	\$20,000
Coinsurance	40%	40%
Deductibles Accumulate Across Networks	19%	No
Maximums Accumulate Across Networks	15%	No

OUT OF NETWORK DEDUCTIBLE - INDIVIDUAL

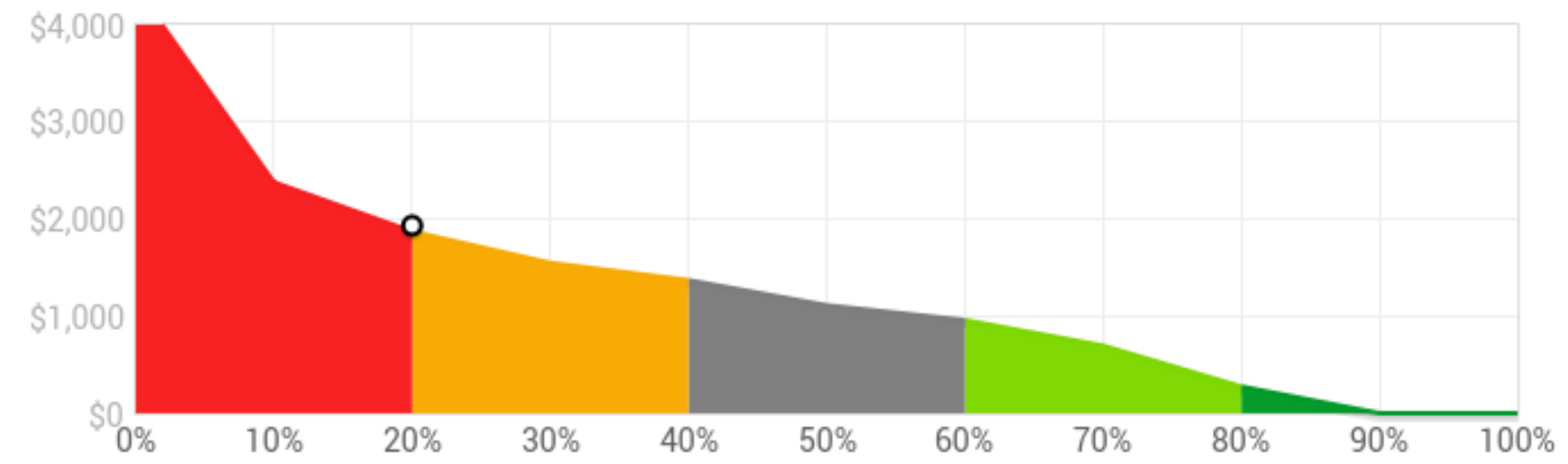


Percentile Rank

45

EMPLOYEE ANNUAL CONTRIBUTION	BENCHMARK	YOUR PLAN
Employee Only	\$1,111	\$1,932
Employee + Spouse	\$4,192	\$5,015
Employee + Child(ren)	\$3,632	\$5,015
Family	\$5,916	\$9,642

EMPLOYEE ONLY CONTRIBUTION

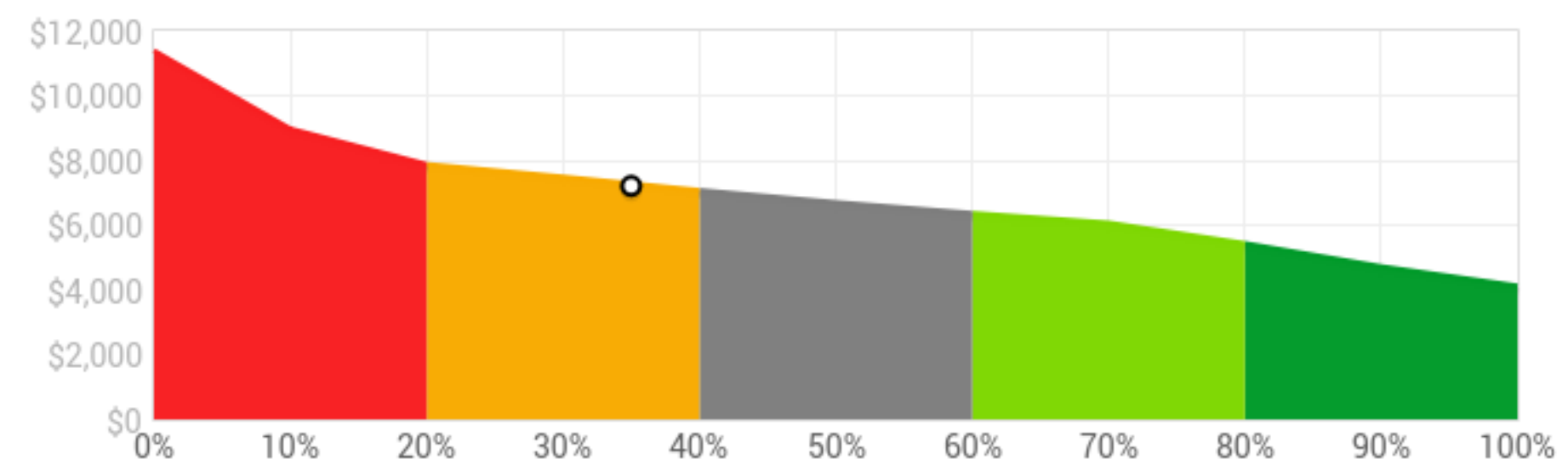


Percentile Rank

20

GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$6,705	\$7,210
Employee + Spouse	\$14,279	\$14,731
Employee + Child(ren)	\$12,484	\$13,134
Family	\$19,969	\$22,043
Age-Banded Rates	3%	No

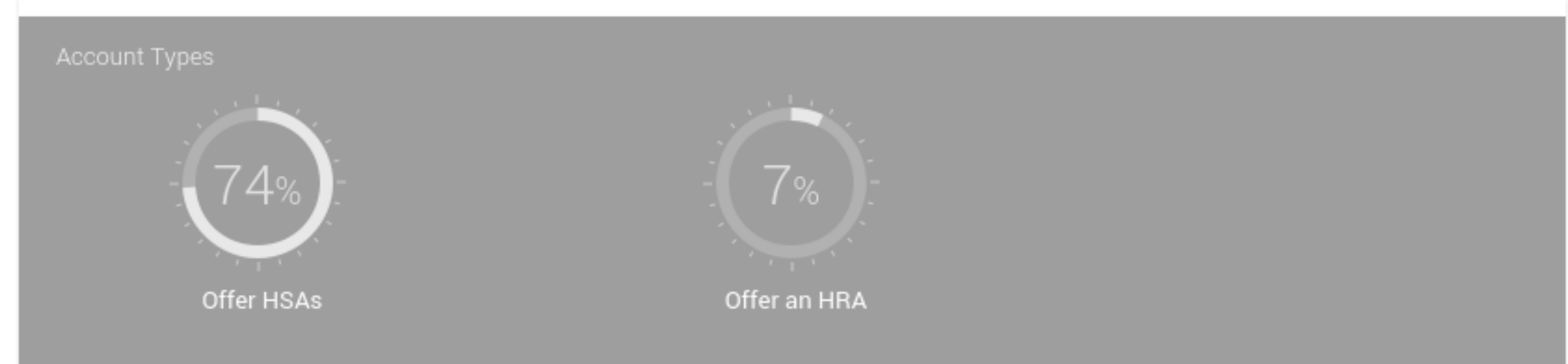
EMPLOYEE ONLY GROSS COST



Percentile Rank

35

EMPLOYER PROVIDED CDHP ACCOUNT FUNDING	BENCHMARK	YOUR PLAN
Employee Only	\$800	\$750
Employee + Spouse	\$1,200	\$1,500
Employee + Child(ren)	\$1,200	\$1,500
Family	\$1,250	\$1,500



OFFICE VISITS	BENCHMARK	YOUR PLAN	RANK
Primary Care Physician	Deductible, then coinsurance	Deductible, then coinsurance	55
Specialist Physician	Deductible, then coinsurance	Deductible, then coinsurance	55
Labs & X-Ray	Deductible, then coinsurance	Deductible, then coinsurance	50

FACILITY VISITS	BENCHMARK	YOUR PLAN	RANK
Inpatient Hospital	Deductible, then coinsurance	Deductible, then coinsurance	20
Outpatient Hospital	Deductible, then coinsurance	Deductible, then coinsurance	40
Emergency Room	Deductible, then coinsurance	Deductible, then coinsurance	55
Urgent Care	Deductible, then coinsurance	Deductible, then coinsurance	55

RETAIL RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	Deductible, then coinsurance	Deductible, then coinsurance	75
Preferred Rx	Deductible, then coinsurance	Deductible, then coinsurance	75
Non-Preferred Rx	Deductible, then coinsurance	Deductible, then coinsurance	75
Specialty Rx	Deductible, then coinsurance	-	-

MAIL ORDER RX	BENCHMARK	YOUR PLAN	RANK
Generic Rx	Deductible, \$0 copay	Deductible, then coinsurance	70
Preferred Rx	Deductible, then coinsurance	Deductible, then coinsurance	75
Non-Preferred Rx	Deductible, then coinsurance	Deductible, then coinsurance	70
Specialty Rx	Deductible, \$0 copay	-	-

# Dental Benchmarking Analysis

Banking Client

Dental Plan

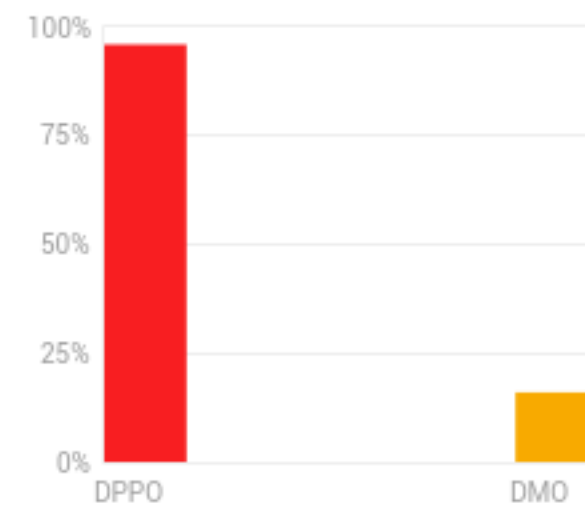
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Other Filters: All, States Filters: All, Plan Type: DPPO



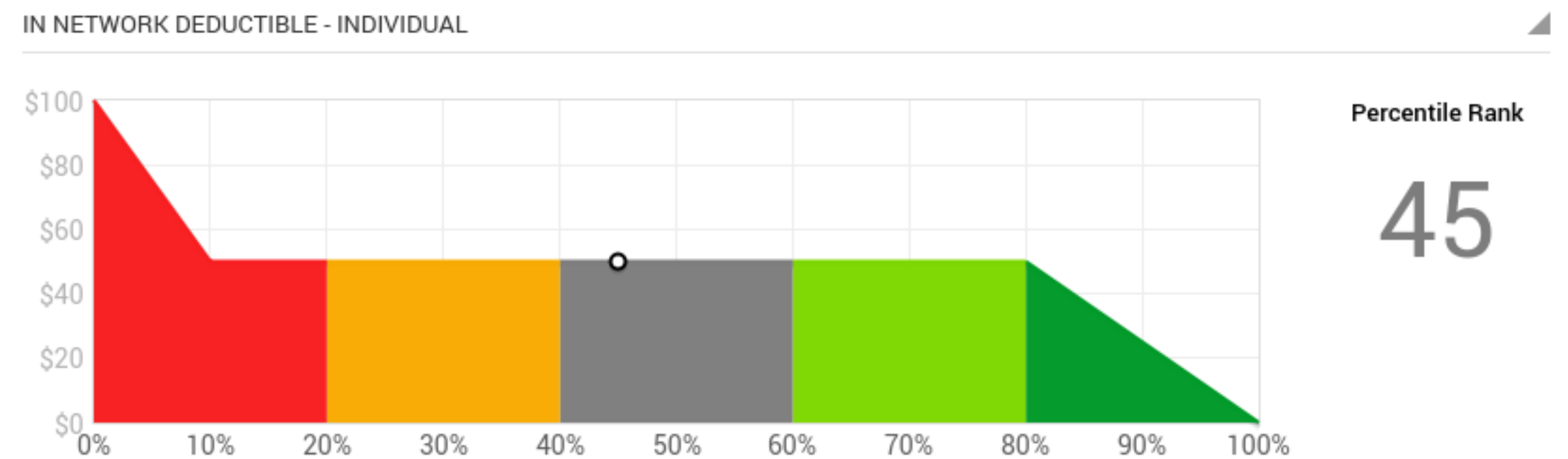
PLAN TYPE	EMPLOYERS
Offer DPPO	96%
Offer DMO	16%



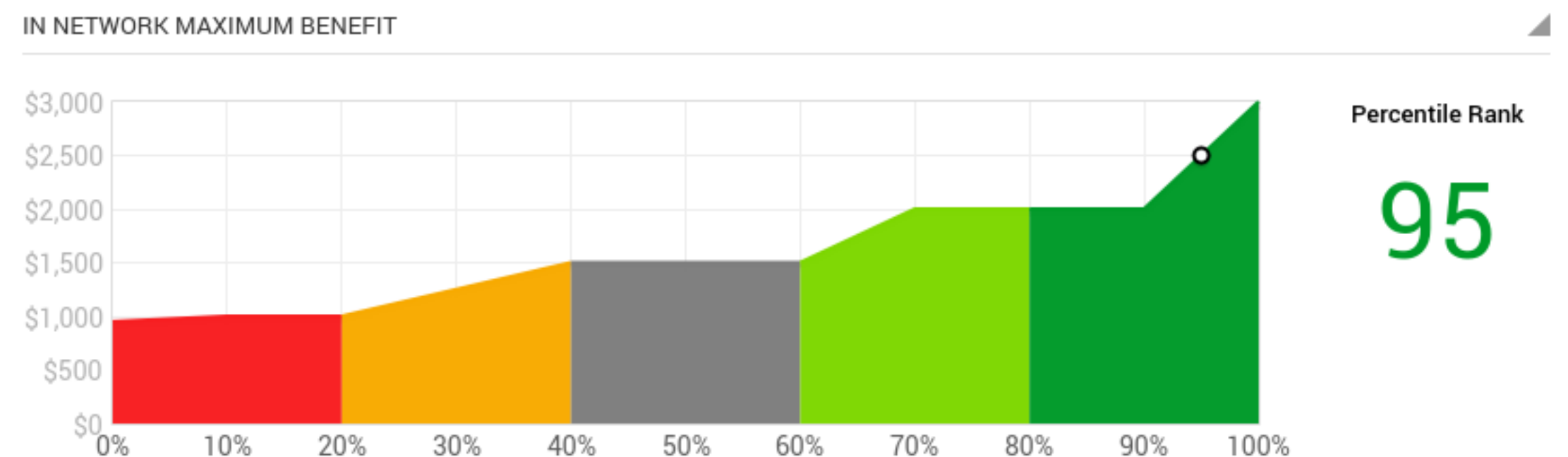
NUMBER OF PLANS	EMPLOYERS
Not Offered	13%
One Plan	51%
Two Plans	30%
Three or More Plans	7%



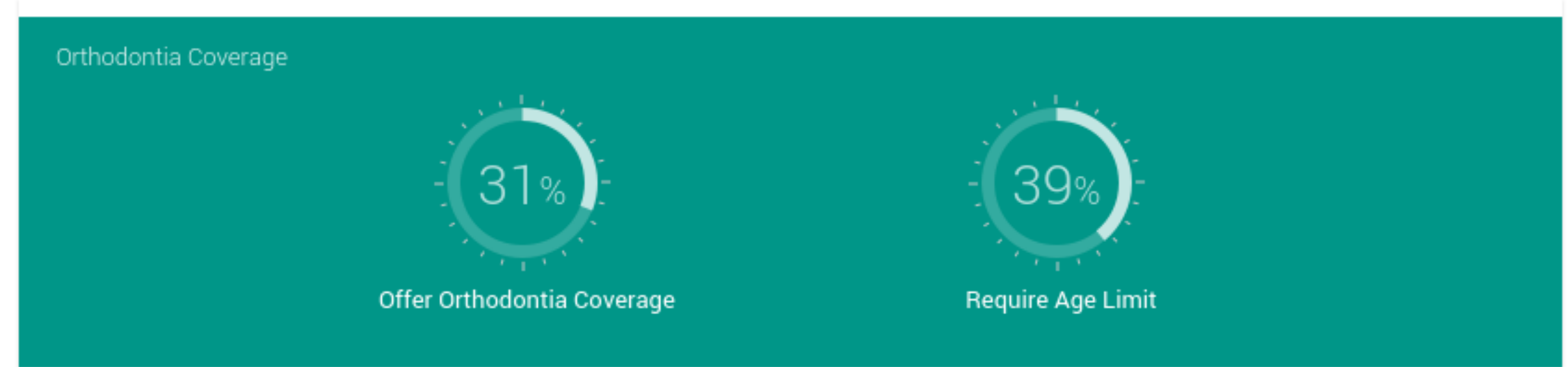
DEDUCTIBLE COST SHARE	BENCHMARK	YOUR PLAN
Deductible - Individual - In Network	\$50	\$50
Deductible - Family - In Network	\$150	\$100
Deductible - Individual - Out of Network	\$50	\$150
Deductible - Family - Out of Network	\$150	\$300



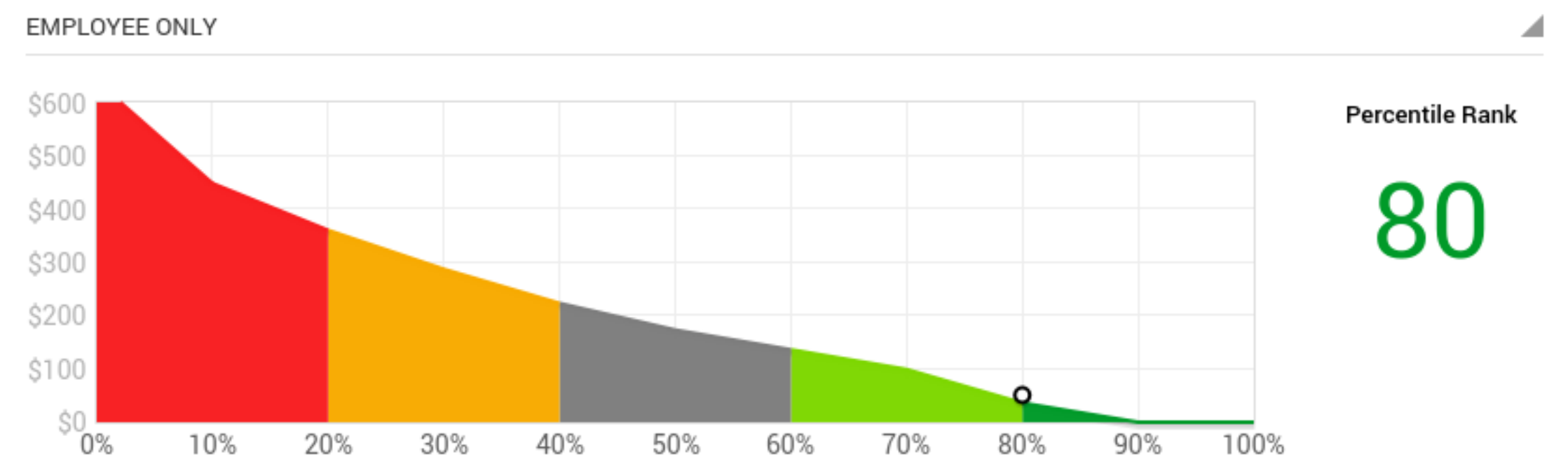
MAXIMUM BENEFIT COST SHARE	BENCHMARK	YOUR PLAN
Maximum Benefit - In Network	\$1,500	\$2,500
Maximum Benefit - Out of Network	\$1,500	\$2,500



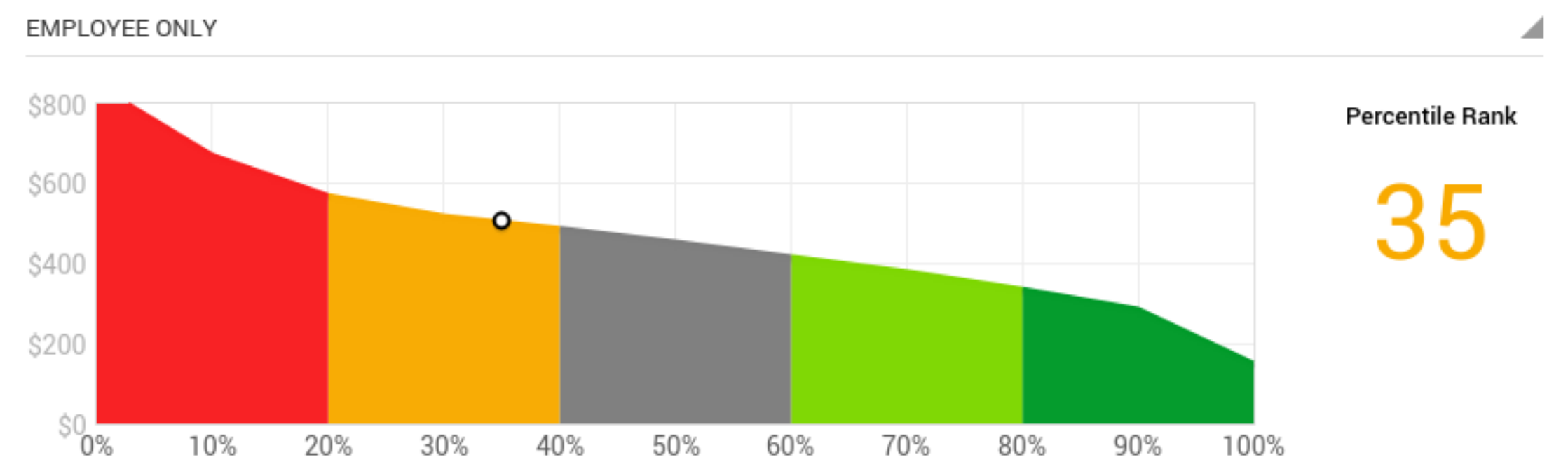
ORTHODONTIA COST SHARE	BENCHMARK	YOUR PLAN
Maximum Benefit - In Network	\$1,500	\$2,000
Maximum Benefit - Out of Network	\$1,500	\$2,000
Age Limit	19	19



EMPLOYEE ANNUAL CONTRIBUTIONS	BENCHMARK	YOUR PLAN
Employee Only	\$173	\$51
Employee & Spouse	\$476	\$115
Employee & Children	\$526	\$115
Family	\$828	\$115



GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$456	\$508
Employee & Spouse	\$932	\$1,148
Employee & Children	\$1,003	\$1,148
Family	\$1,508	\$1,148



DENTAL SERVICES COST SHARE	BENCHMARK	YOUR PLAN
Deductible Applies to Preventive Care	7%	No
In Network Preventive Coinsurance	0%	0%
Out of Network Preventive Coinsurance	0%	0%
Deductible Applies to Basic Care	86%	Yes
In Network Basic Coinsurance	20%	20%
Out of Network Basic Coinsurance	20%	20%

DENTAL SERVICES COST SHARE	BENCHMARK	YOUR PLAN
Deductible Applies to Major Care	86%	Yes
In Network Major Coinsurance	50%	40%
Out of Network Major Coinsurance	50%	40%
Deductible Applies to Orthodontia Care	36%	Yes
In Network Ortho (Class IV) Coinsurance	50%	50%
Out of Network Ortho (Class IV) Coinsurance	50%	50%

## Vision Benchmarking Analysis

### Banking Client

### Vision Plan

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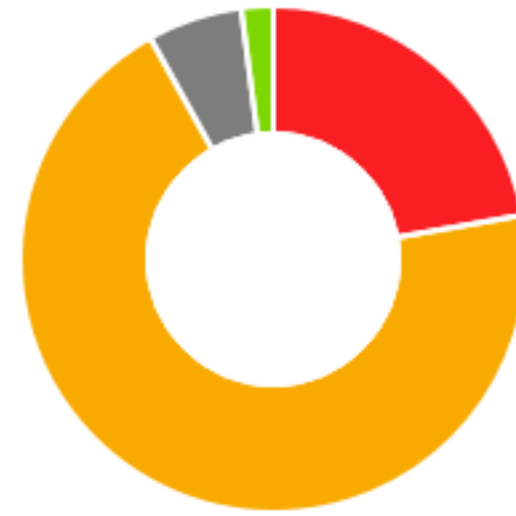
Other Filters: All, States Filters: All,



#### NUMBER OF PLANS

#### EMPLOYERS

NUMBER OF PLANS	EMPLOYERS
Not Offered	22%
One Plan	69%
Two Plans	6%
Three or More Plans	2%



#### MONTHLY FREQUENCIES

#### BENCHMARK

#### YOUR PLAN

MONTHLY FREQUENCIES	BENCHMARK	YOUR PLAN
Exams	12	12
Lenses	12	12
Frames	24	24
Contacts	12	12

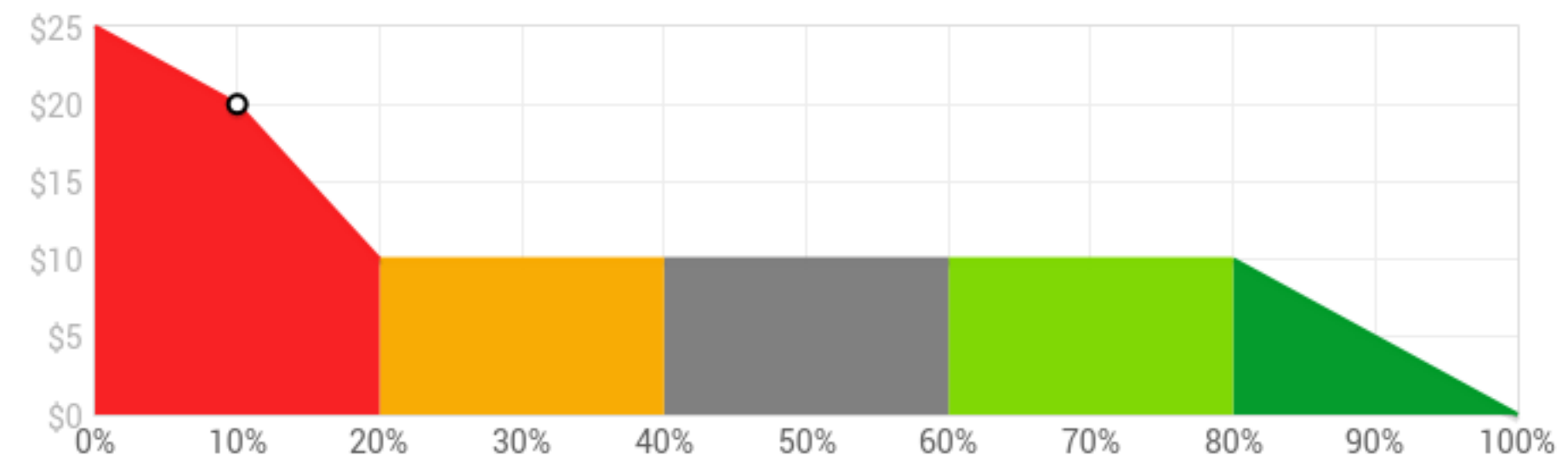
#### VISION COPAY

#### BENCHMARK

#### YOUR PLAN

VISION COPAY	BENCHMARK	YOUR PLAN
Exam Copay	\$10	\$20
Lenses Copay	\$25	\$20
Frames Copay	\$20	-
Contacts Copay	\$20	-

#### EXAM COPAY



Percentile Rank

10

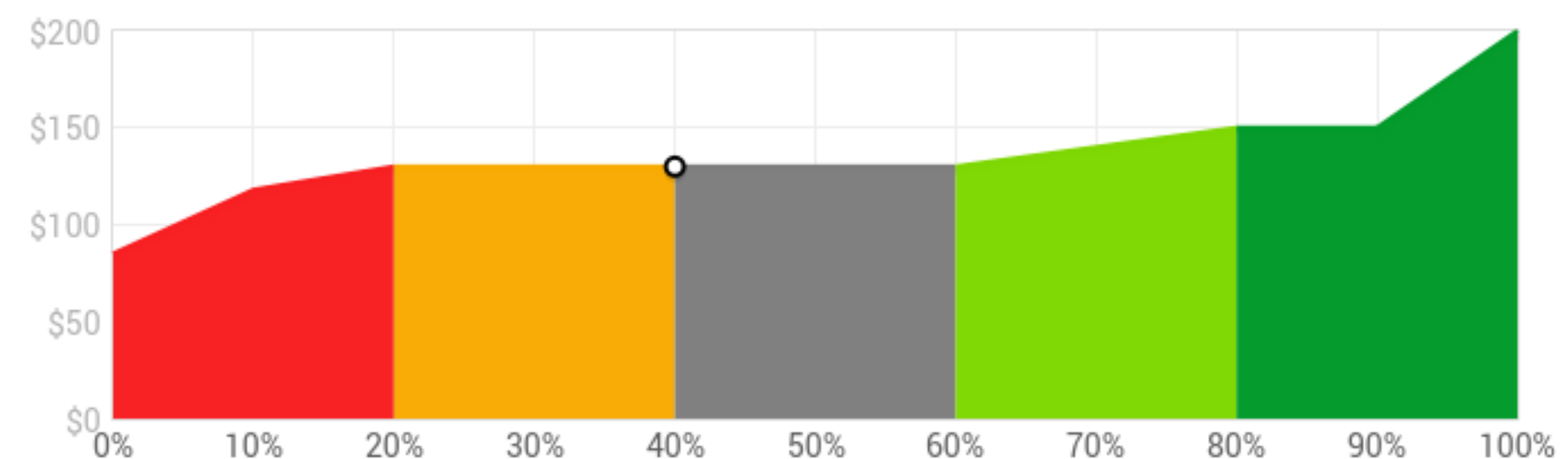
#### VISION ALLOWANCE

#### BENCHMARK

#### YOUR PLAN

VISION ALLOWANCE	BENCHMARK	YOUR PLAN
Frames Allowance	\$130	\$130
Contacts Allowance	\$130	\$180

#### FRAMES ALLOWANCE



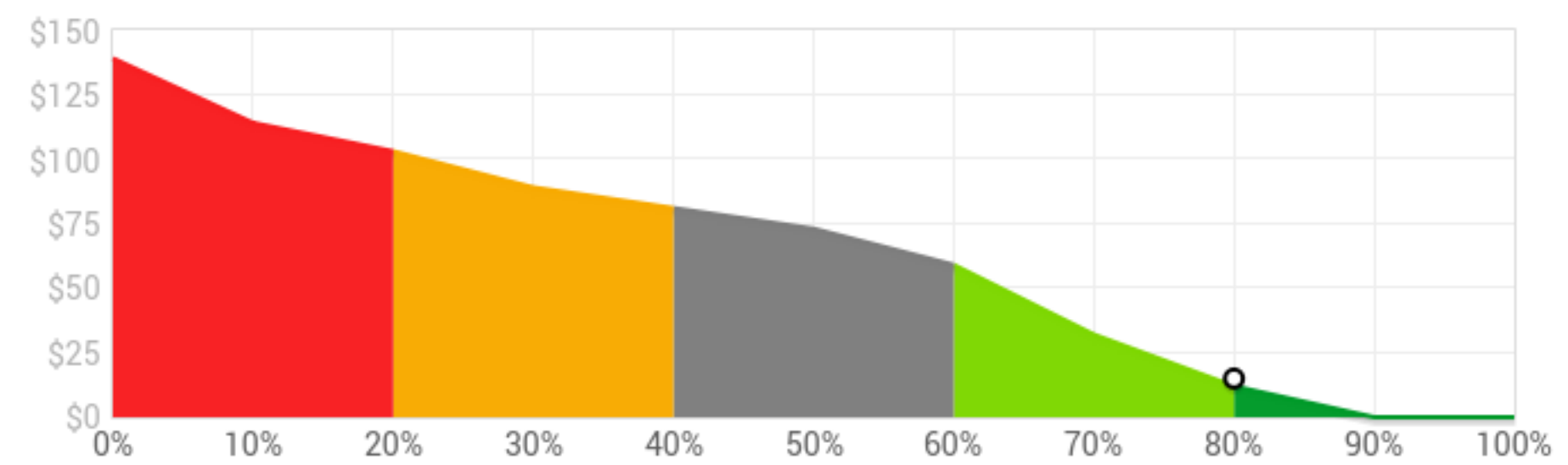
Percentile Rank

40

OUT OF NETWORK BENEFITS	BENCHMARK	YOUR PLAN
Exam Allowance	\$45	\$40
Lenses Allowance	\$40	\$35
Frames Allowance	\$70	\$70
Contacts Allowance	\$105	\$120

EMPLOYEE ANNUAL CONTRIBUTIONS	BENCHMARK	YOUR PLAN
Employee Only	\$73	\$15
Employee & Spouse	\$134	\$27
Employee & Children	\$140	\$24
Family	\$213	\$38

EMPLOYEE ONLY

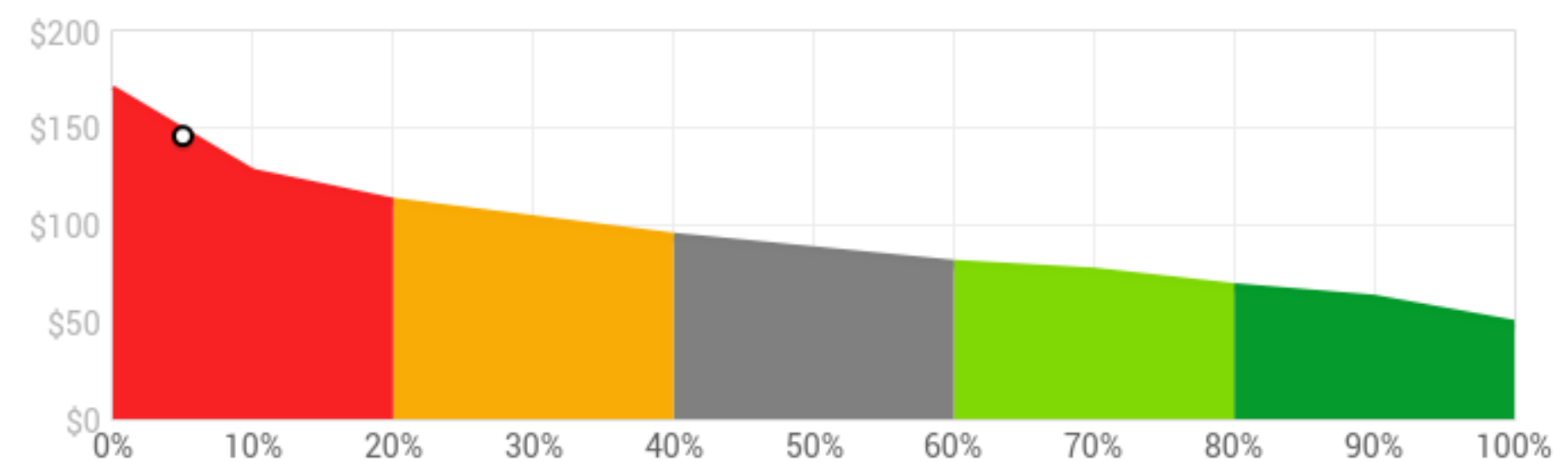


Percentile Rank

80

GROSS ANNUAL COST	BENCHMARK	YOUR PLAN
Employee Only	\$88	\$146
Employee + Spouse	\$166	\$271
Employee + Child(ren)	\$169	\$242
Family	\$255	\$383

EMPLOYEE ONLY



Percentile Rank

5

## Life Benchmarking Analysis

### Banking Client

#### Executives

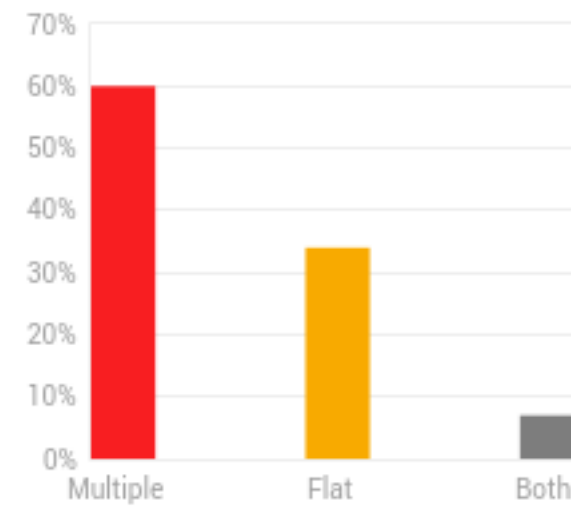
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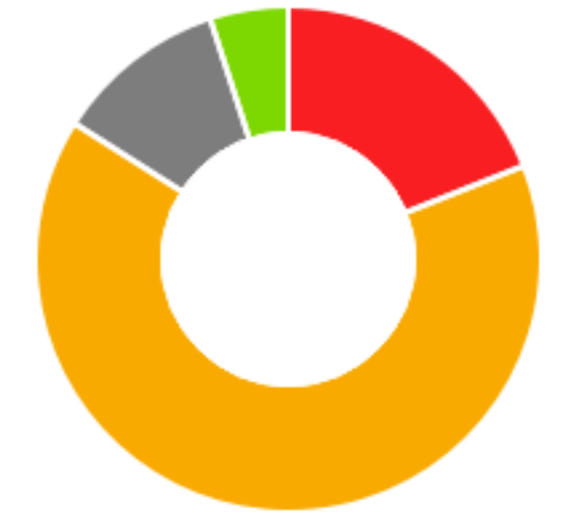
Other Filters: All, States Filters: All, Plan Type: Multiple of Salary



PLAN TYPE	EMPLOYERS
Multiple of Salary Plans Only	60%
Flat Plans Only	34%
Both Multiple & Flat Plans	7%
Not Reported	0%

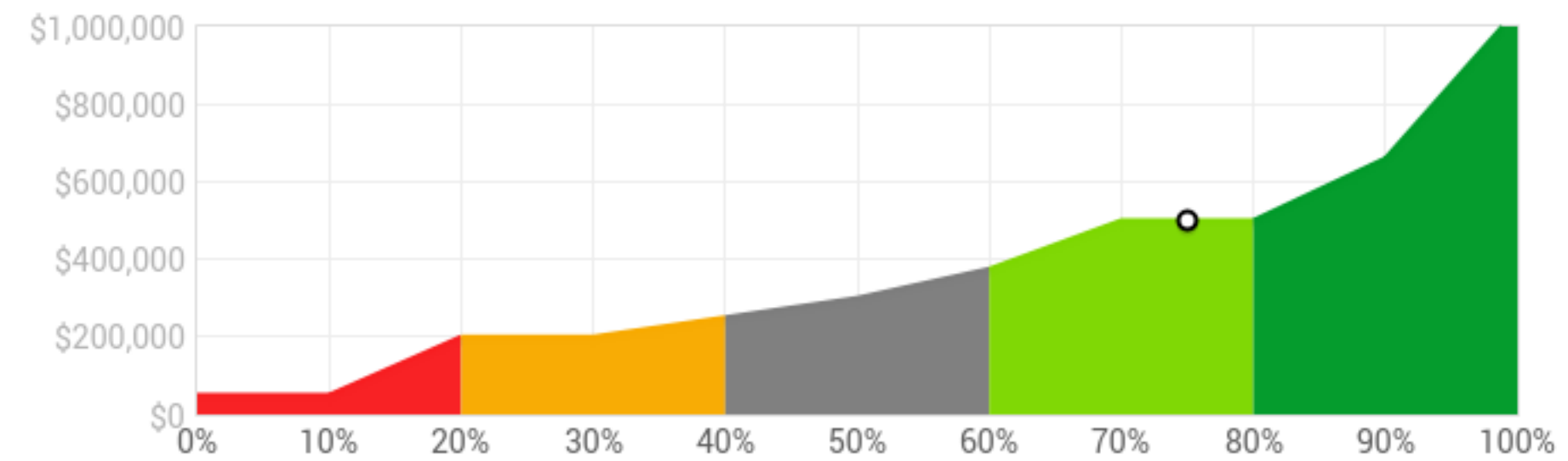


NUMBER OF PLANS	EMPLOYERS
Not Offered	19%
One Plan	65%
Two Plans	11%
Three or More Plans	5%



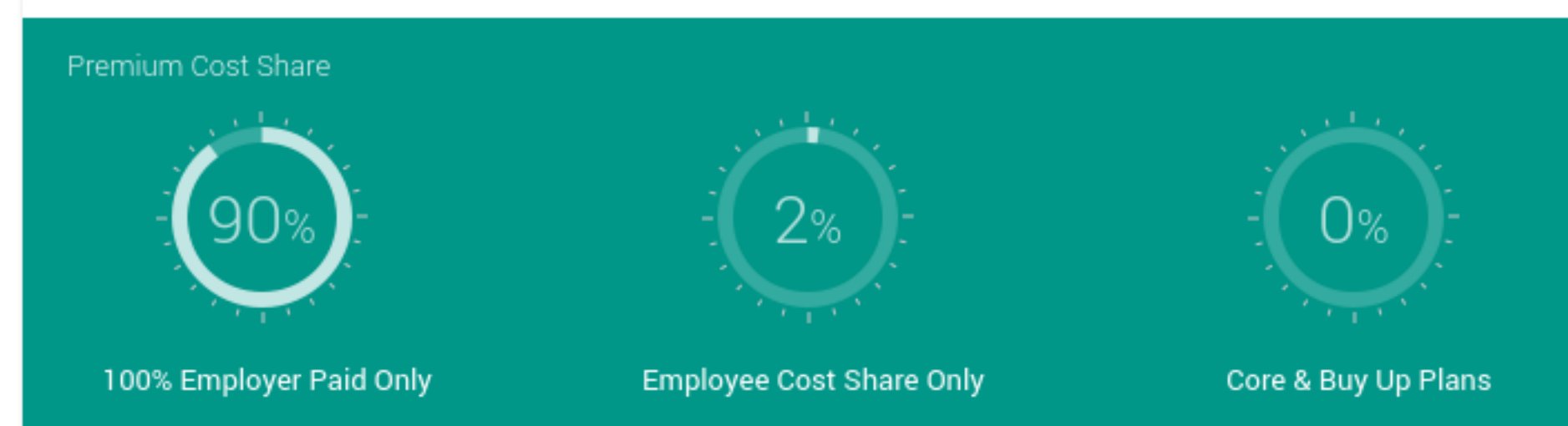
MULTIPLE OF SALARY PLANS	BENCHMARK	YOUR PLAN
Maximum Benefit	\$300,000	\$500,000
Multiple Factor	1.5	2.0
ADD Included	90%	Yes

#### MAXIMUM BENEFIT



Percentile Rank  
**75**

PREMIUM COST SHARE	EMPLOYERS
100% Employer Paid Only	90%
Employee Cost Share Only	2%
Core & Buy Up Plans	0%
Not Reported	8%





## Life Benchmarking Analysis

### Banking Client

#### Staff

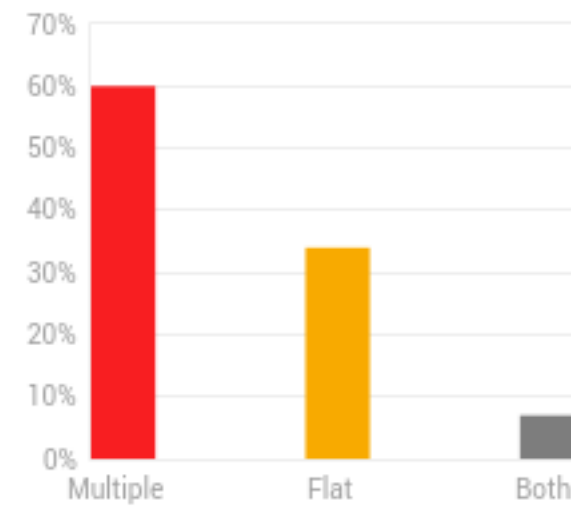
Comparison Set Includes: 247 Employers

Industries: Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, Regions: Mid-Atlantic, Southeast, South Central, East North Central, Headcounts: All Sizes

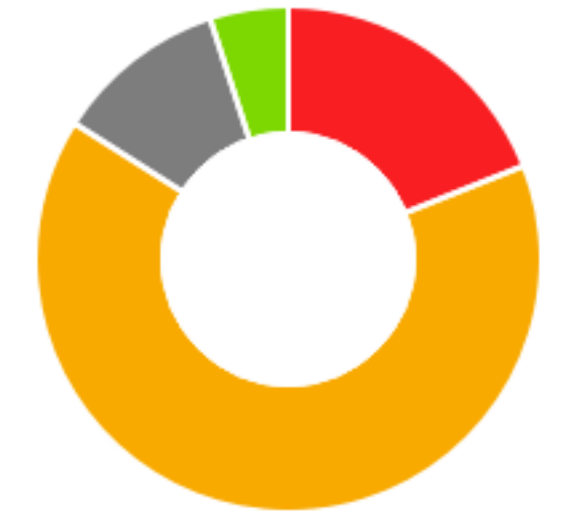
Other Filters: All, States Filters: All, Plan Type: Flat Amount



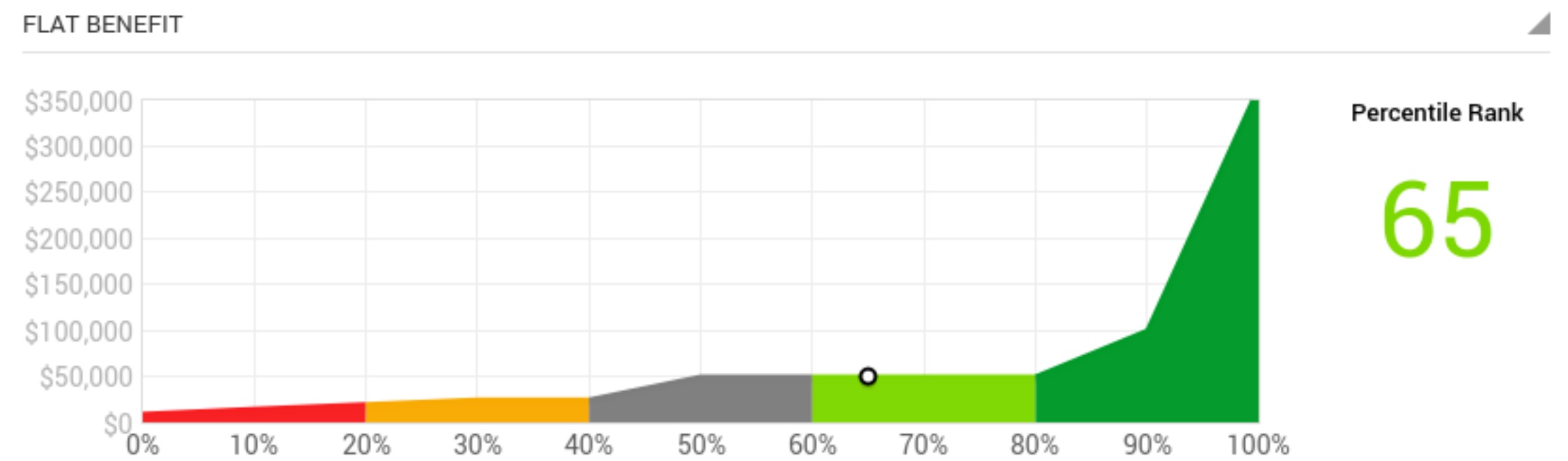
PLAN TYPE	EMPLOYERS
Multiple of Salary Plans Only	60%
Flat Plans Only	34%
Both Multiple & Flat Plans	7%
Not Reported	0%



NUMBER OF PLANS	EMPLOYERS
Not Offered	19%
One Plan	65%
Two Plans	11%
Three or More Plans	5%



FLAT AMOUNT PLANS	BENCHMARK	YOUR PLAN
Flat Benefit	\$50,000	\$50,000
ADD Included	91%	Yes



PREMIUM COST SHARE	EMPLOYERS
100% Employer Paid Only	95%
Employee Cost Share Only	1%
Core & Buy Up Plans	0%
Not Reported	4%



## STD Benchmarking Analysis

Banking Client

STD Plan

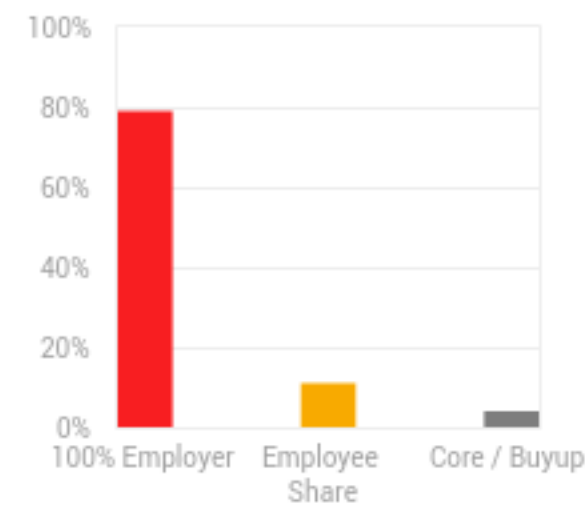
Comparison Set Includes: 247 Employers

Industries: Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, Regions: Mid-Atlantic, Southeast, South Central, East North Central, Headcounts: All Sizes

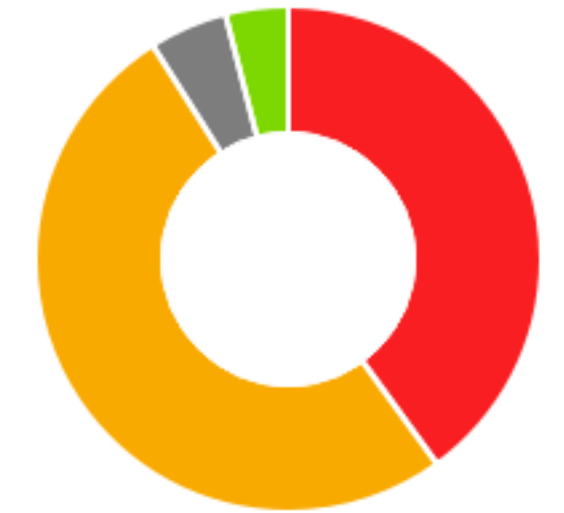
Other Filters: All, States Filters: All,



PREMIUM COST SHARE	EMPLOYERS
100% Employer Paid Only	79%
Employee Cost Share Only	11%
Core & Buy Up Plans	4%
Not Reported	6%

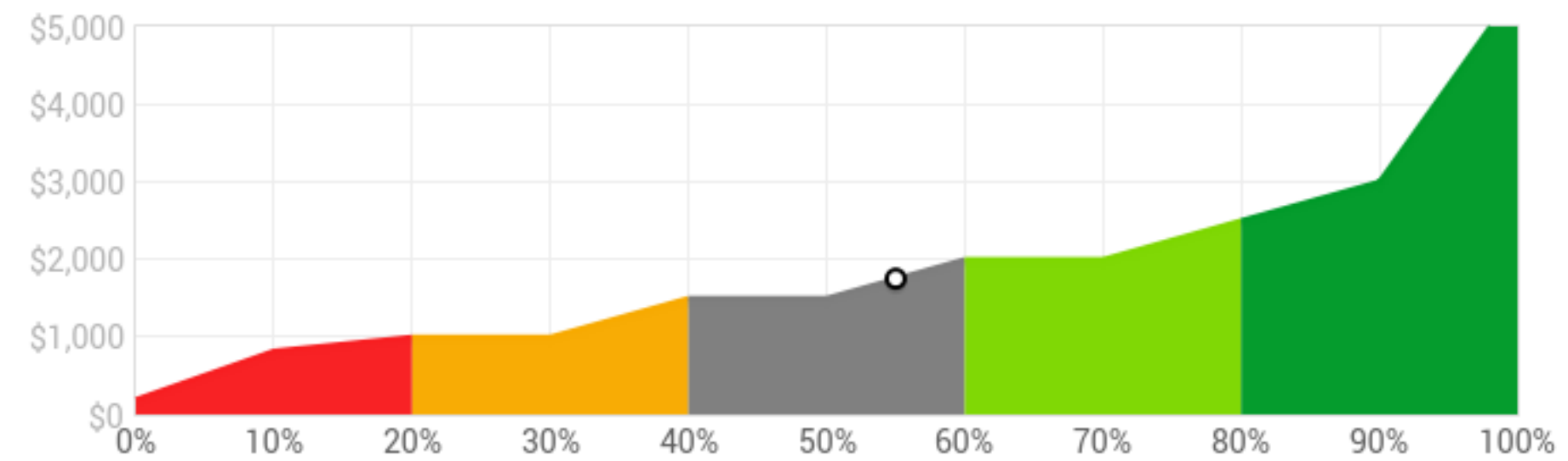


NUMBER OF PLANS	EMPLOYERS
Not Offered	40%
One Plan	51%
Two Plans	5%
Three or More Plans	4%



STD COVERAGE	BENCHMARK	YOUR PLAN
Weekly Maximum Benefit	\$1,500	\$1,750
Replacement Percentage	60%	60%
Waiting Days For Injury	7	7
Waiting Days For Illness	7	7
Duration Weeks	13	13

### WEEKLY MAXIMUM BENEFIT



Percentile Rank

55

# LTD Benchmarking Analysis

## Banking Client

### LTD Plan

Comparison Set Includes: 247 Employers

Industries: Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, Regions: Mid-Atlantic, Southeast, South Central, East North Central, Headcounts: All Sizes

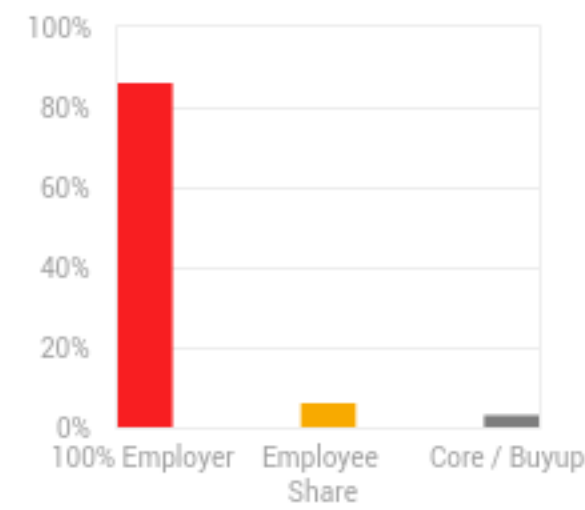
Other Filters: All, States Filters: All,



#### PREMIUM COST SHARE

#### EMPLOYERS

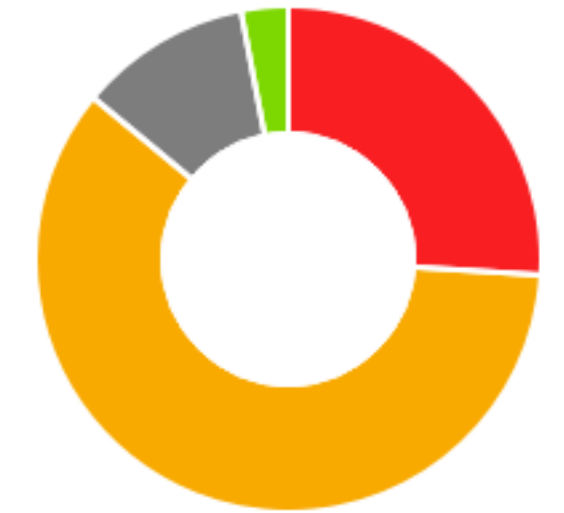
100% Employer Paid Only	86%
Employee Cost Share Only	6%
Core & Buy Up Plans	3%
Not Reported	4%



#### NUMBER OF PLANS

#### EMPLOYERS

Not Offered	26%
One Plan	60%
Two Plans	11%
Three or More Plans	3%



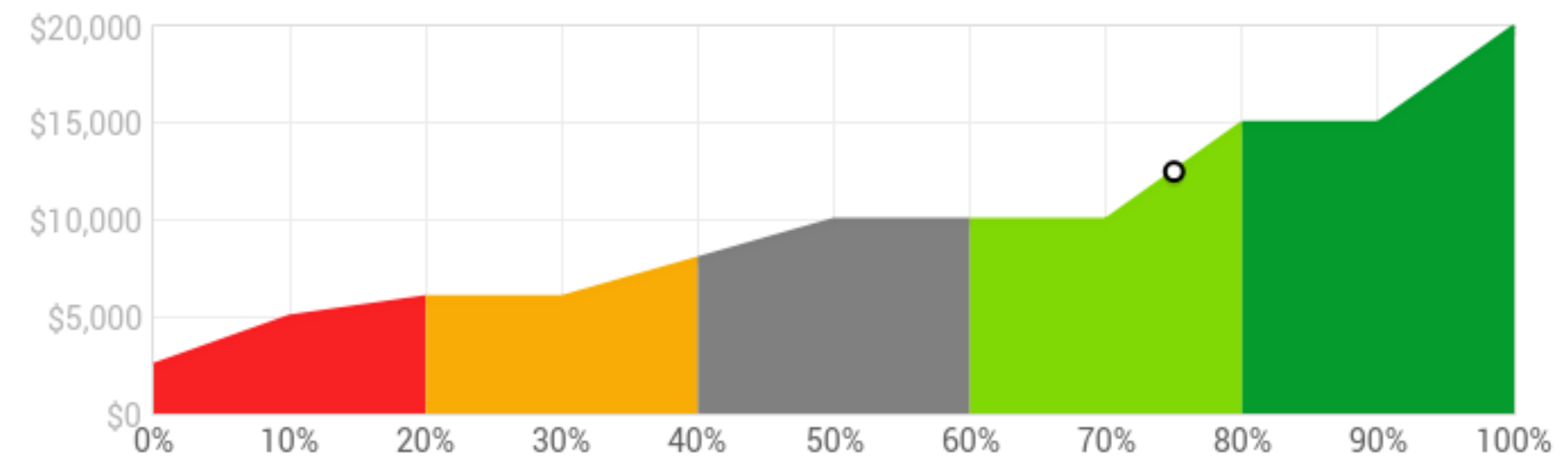
#### LTD COVERAGE

#### BENCHMARK

#### YOUR PLAN

Monthly Maximum Benefit	\$10,000	\$12,500
Replacement Percentage	60%	50%
Waiting Weeks	13	13

#### MONTHLY MAXIMUM BENEFIT



Percentile Rank

75

## Strategy Benchmarking Analysis

### Banking Client

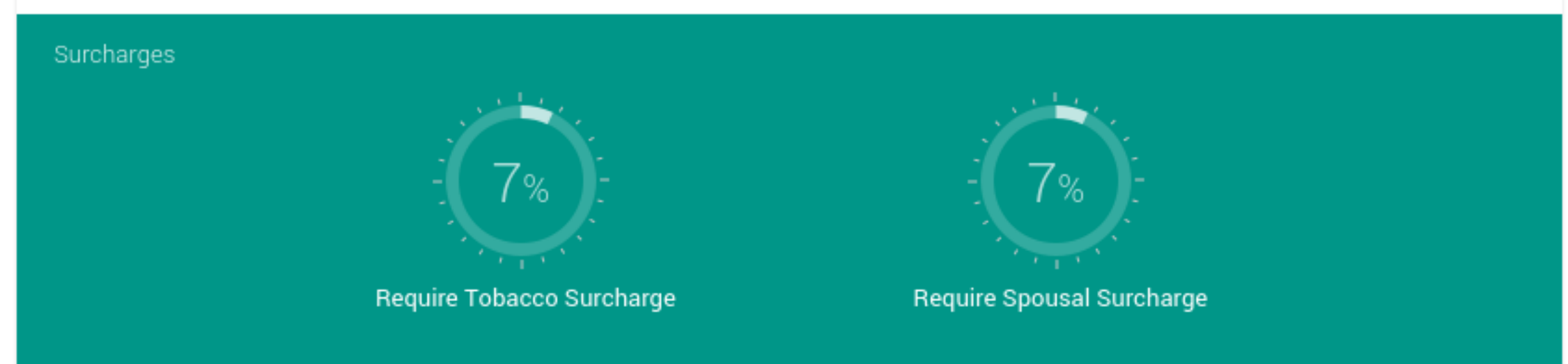
Comparison Set Includes: 247 Employers

Industries: Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, Regions: Mid-Atlantic, Southeast, South Central, East North Central, Headcounts: All Sizes

Other Filters: All, States Filters: All,



SURCHARGES	BENCHMARK	YOUR PLAN
Tobacco Annual Surcharge	\$600	-
Spousal Surcharge Amount	\$1,000	\$1,200



PART-TIME OFFERING	EMPLOYERS
Offer Part-Time Medical	12%
Offer Part-Time Dental	12%
Offer Part-Time Vision	11%
Offer Part-Time Life	10%
Offer Part-Time STD	7%
Offer Part-Time LTD	8%

VOLUNTARY OFFERING	EMPLOYERS
Offer Voluntary Life	59%
Offer Voluntary STD	15%
Offer Voluntary LTD	16%

CONTRIBUTION STRATEGIES	EMPLOYERS
Defined Contribution	12%
Salary Banding	11%
Wellness Banding	14%

OTHER STRATEGIES	EMPLOYERS
Offer FSA	57%
Narrow Networks	6%
Offer MVP Plans	6%
Offer MEC Plans	6%

## Comparison Set Summary

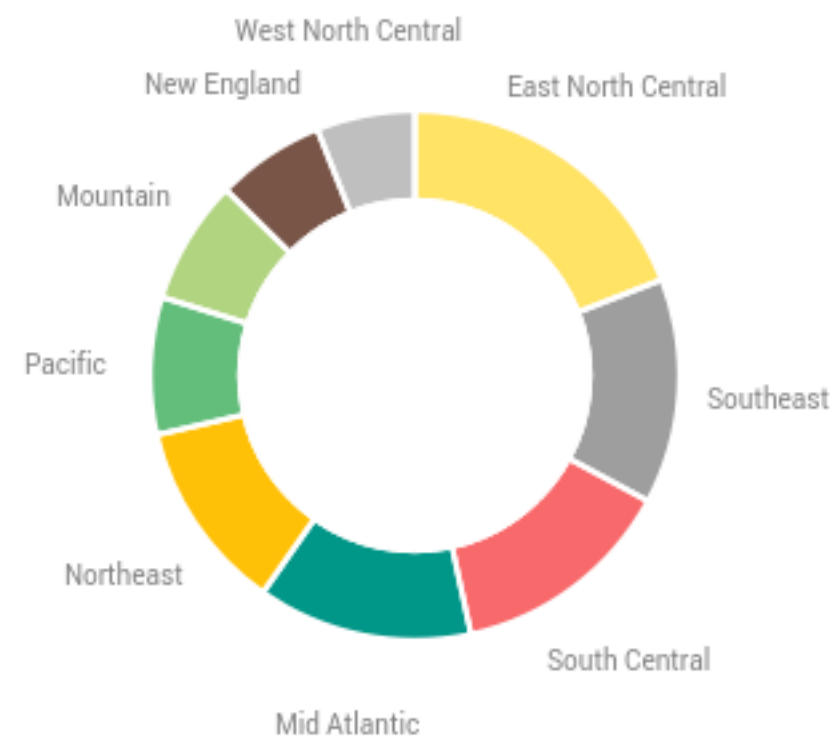
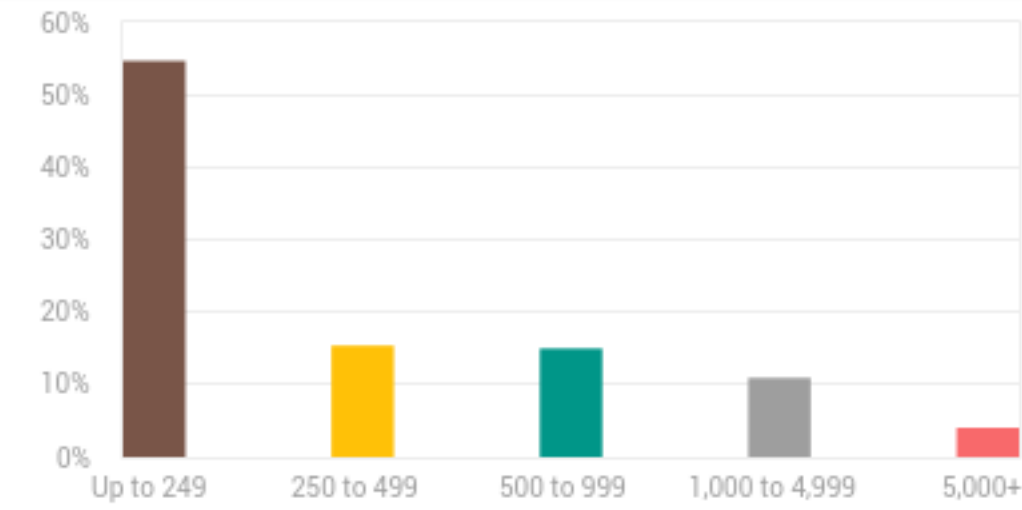
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Industries: Financial Services - Banking, Financial Services - Credit Intermediation & Related Activities, Financial Services - Insurance, Financial Services - Investment Services, Regions: Mid-Atlantic, Southeast, South Central, East North Central, Headcounts: All Sizes

Other Filters: All, States Filters: All,



EMPLOYEE COUNT	PERCENTAGE
Up to 249 Employees	54.7%
250 to 499 Employees	15.4%
500 to 999 Employees	15.0%
1,000 to 4,999 Employees	10.9%
5,000+ Employees	4.0%



U.S. REGIONAL DIVISIONS	% OF EMPLOYERS WITH ACTIVE LOCATIONS
East North Central	49.0%
Southeast	35.2%
South Central	35.2%
Mid Atlantic	33.6%
Northeast	30.0%
Pacific	21.5%
Mountain	19.4%
New England	17.0%
West North Central	15.4%

INDUSTRY GROUPS	% OF EMPLOYERS THAT IDENTIFY AS *
Financial Services - Investment Services	30.77%
Financial Services - Banking	26.32%
Financial Services - Insurance	25.10%
Financial Services - Credit Intermediation & Related Activities	23.08%
Software Development & Computer Programming	2.02%

INDUSTRY GROUPS	% OF EMPLOYERS THAT IDENTIFY AS *
Real Estate	1.62%
Services - Consulting Services	1.21%
Holding Companies	1.21%
Healthcare & Welfare - Ambulatory Services	0.81%
Retail Trade - Stores	0.81%

\* Up to 3 industry groups per employer allowed.

**bnchmrk**