

motivhealth[®]
INSURANCE COMPANY

Renewal

Kinkaid Civil Construction

Effective Date: January 1, 2027



Lower **Premiums.**
Better **Benefits.**
Smarter **Insurance.**



10421 S Jordan Gateway Ste. 300
South Jordan, UT 84095



(844) 234-4472



MotivHealth.com

Kinkaid Civil Construction

3813 N Highley Rd

Mesa, AZ 85215

Effective Date: January 1, 2027

Length of Contract: 12 months

		MotivHealth Motiv Funded Options	
		BCBS of AZ Network Trad 3000	
	Deductible (Single/Family)	\$3,000 /\$6,000	
	Deductible Embedded/Non-Embedded	Embedded	
	Coinsurance (Paid by Member)	20% AD	
	OOP Max (Single/Family)	\$7,350 /\$14,700	
	OOPM Embedded/Non-Embedded	Embedded	
Facility	Inpatient	20% AD	
	Outpatient	20% AD	
	ER	\$500	
Professional	PCP	\$40	
	Specialist	\$80	
	Behavioral Health Visits	\$40	
	Rehab/PT/OT	\$80	
Imaging/ Diagnostics/ Other Outpatient	Radiology- CT/PET Scan/MRI	20% AD	
	Minor Lab & X-Ray Services	Included in office copay	
Rx	Generic - Retail	\$20	
	Preferred Brand - Retail	\$50	
	Non-Preferred Brand - Retail	\$80	
	Specialty Drugs	20% AD	
Other Services	Urgent Care	\$100	
	Ambulance	20% AD	
Out of Network	Deductible	\$6,000 /\$12,000	
	Coinsurance	50% AD	
	OOP Max	\$20,000 /\$40,000	
		Current	Renewal
	Single 51	\$570.55	\$599.66
	Employee Plus Spouse 2	\$1,196.84	\$1,257.91
	Employee Plus Child(ren) 6	\$1,082.90	\$1,138.16
	Family 11	\$1,709.28	\$1,796.50
Annual Total		\$681,494.52	\$716,269.08
Monthly Total		\$56,791.21	\$59,689.09
Renewal Increase		5.1%	

Overall Increase: 4.51%

When offering more than one plan, the premium spread between those plans can't exceed 15%

Virtual Urgent Care + Whole Mental Health services included

This proposal is valid for 65 days from the date of issuance.

Signature: _____

Date: _____

		MotivHealth Motiv Funded Options	
		BCBS of AZ Network Trad 1000	
	Deductible (Single/Family)	\$1,000 /\$2,000	
	Deductible Embedded/Non-Embedded	Embedded	
	Coinsurance (Paid by Member)	0% AD	
	OOP Max (Single/Family)	\$4,000 /\$8,000	
	OOPM Embedded/Non-Embedded	Embedded	
Facility	Inpatient	0% AD	
	Outpatient	0% AD	
	ER	\$250	
Professional	PCP	\$25	
	Specialist	\$50	
	Behavioral Health Visits	\$25	
	Rehab/PT/OT	\$50	
Imaging/ Diagnostics/ Other Outpatient	Radiology- CT/PET Scan/MRI	0% AD	
	Minor Lab & X-Ray Services	Included in office copay	
Rx	Generic - Retail	\$15	
	Preferred Brand - Retail	\$35	
	Non-Preferred Brand - Retail	\$65	
	Specialty Drugs	20% AD	
Other Services	Urgent Care	\$75	
	Ambulance	0% AD	
Out of Network	Deductible	\$2,000 /\$4,000	
	Coinsurance	30% AD	
	OOP Max	\$8,000 /\$16,000	
		Current	Renewal
Single	20	\$769.49	\$797.74
Employee Plus Spouse	5	\$1,616.08	\$1,673.41
Employee Plus Child(ren)	4	\$1,462.06	\$1,514.10
Family	9	\$2,308.77	\$2,389.90
Annual Total		\$601,168.44	\$622,646.74
Monthly Total		\$50,097.37	\$51,887.23
		3.6%	

When offering more than one plan, the premium spread between those plans can't exceed 15%

Virtual Urgent Care + Whole Mental Health services included

This proposal is valid for 65 days from the date of issuance.

Signature: _____

Date: _____

		MotivHealth Motiv Funded Options	
		BCBS of AZ Network HSA 5000	
	Deductible (Single/Family)	\$5,000 /\$10,000	
	Deductible Embedded/Non-Embedded	Embedded	
	Coinsurance (Paid by Member)	0% AD	
	OOP Max (Single/Family)	\$5,000 /\$10,000	
	OOPM Embedded/Non-Embedded	Embedded	
Facility	Inpatient	0% AD	
	Outpatient	0% AD	
	ER	0% AD	
Professional	PCP	0% AD	
	Specialist	0% AD	
	Behavioral Health Visits	0% AD	
	Rehab/PT/OT	0% AD	
Imaging/ Diagnostics/ Other Outpatient	Radiology- CT/PET Scan/MRI	0% AD	
	Minor Lab & X-Ray Services	0% AD	
Rx	Generic - Retail	0% AD	
	Preferred Brand - Retail	0% AD	
	Non-Preferred Brand - Retail	0% AD	
	Specialty Drugs	0% AD	
Other Services	Urgent Care	0% AD	
	Ambulance	0% AD	
Out of Network	Deductible	\$10,000 /\$20,000	
	Coinsurance	20% AD	
	OOP Max	\$10,000 /\$20,000	
		Current	Renewal
Single	25	\$510.83	\$536.25
Employee Plus Spouse	1	\$1,070.99	\$1,124.88
Employee Plus Child(ren)	3	\$969.08	\$1,017.79
Family	6	\$1,529.32	\$1,606.51
Annual Total		\$311,098.80	\$326,681.43
Monthly Total		\$25,924.90	\$27,223.45
		5.0%	

When offering more than one plan, the premium spread between those plans can't exceed 15%

Virtual Urgent Care + Whole Mental Health services included

This proposal is valid for 65 days from the date of issuance.

Signature: _____ Date: _____

Funding Breakdown

BCBS of AZ Network Trad 3000					
Spec Attachment Point		\$125,000			
Threshold for return of claims funding	\$235.63				
Estimated base premium to collect from employer		Single	Employee Plus Spouse	Employee Plus Child(ren)	Family
General Administration	\$37.76	\$46.11	\$96.73	\$87.53	\$138.15
Commissions (5% Premium)	\$24.55	\$29.98	\$62.90	\$56.91	\$89.82
Aggregate Stop Loss Premium	\$33.95	\$41.46	\$86.97	\$78.69	\$124.20
Spec fee	\$80.59	\$98.42	\$206.46	\$186.80	\$294.85
Subtotal	\$176.84	\$215.98	\$453.05	\$409.92	\$647.03
Claims Funding*	\$314.17	\$383.69	\$804.86	\$728.24	\$1,149.47
Monthly Funding (PMPM)	\$491.01	\$599.66	\$1,257.91	\$1,138.16	\$1,796.50
Rating Tier Factors		1.22	2.56	2.32	3.66

Virtual Urgent Care services included

Threshold for Return of Claims Funding	
Estimated Membership	263
x Contract Months	12
= Member Months	3156
x Claims threshold for Refunding PMPM	\$235.63
= Total Claims threshold for Refunding	\$743,634.49

Motiv Funding Arrangement - 70% retained by Kinkaid Civil Construction, 30% retained by MotivHealth

12/24 contract

Signature: _____

Date: _____

Funding Breakdown

BCBS of AZ Network Trad 1000					
Spec Attachment Point		\$125,000			
Threshold for return of claims funding	\$320.69				
Estimated base premium to collect from employer		Single	Employee Plus Spouse	Employee Plus Child(ren)	Family
General Administration	\$37.76	\$46.11	\$96.73	\$87.53	\$138.15
Commissions (5% Premium)	\$32.66	\$39.89	\$83.67	\$75.70	\$119.49
Aggregate Stop Loss Premium	\$41.64	\$50.85	\$106.66	\$96.51	\$152.33
Spec fee	\$113.56	\$138.68	\$290.92	\$263.22	\$415.48
Subtotal	\$225.61	\$275.53	\$577.99	\$522.96	\$825.46
Claims Funding*	\$427.59	\$522.20	\$1,095.42	\$991.14	\$1,564.44
Monthly Funding (PMPM)	\$653.20	\$797.74	\$1,673.41	\$1,514.10	\$2,389.90
Rating Tier Factors		1.22	2.56	2.32	3.66

Virtual Urgent Care services included

Threshold for Return of Claims Funding	
Estimated Membership	263
x Contract Months	12
= Member Months	3156
x Claims threshold for Refunding PMPM	\$320.69
= Total Claims threshold for Refunding	\$1,012,094.88

Motiv Funding Arrangement - 70% retained by Kinkaid Civil Construction, 30% retained by MotivHealth

12/24 contract

Signature: _____ Date: _____

Funding Breakdown

BCBS of AZ Network HSA 5000					
Spec Attachment Point		\$125,000			
Threshold for return of claims funding	\$208.96				
Estimated base premium to collect from employer		Single	Employee Plus Spouse	Employee Plus Child(ren)	Family
General Administration	\$37.76	\$46.11	\$96.73	\$87.53	\$138.15
Commissions (5% Premium)	\$21.95	\$26.81	\$56.24	\$50.89	\$80.33
Aggregate Stop Loss Premium	\$31.49	\$38.46	\$80.69	\$73.00	\$115.23
Spec fee	\$69.27	\$84.60	\$177.46	\$160.56	\$253.44
Subtotal	\$160.48	\$195.99	\$411.12	\$371.98	\$587.15
Claims Funding*	\$278.61	\$340.26	\$713.76	\$645.81	\$1,019.36
Monthly Funding (PMPM)	\$439.08	\$536.25	\$1,124.88	\$1,017.79	\$1,606.51
Rating Tier Factors		1.22	2.56	2.32	3.66

Virtual Urgent Care services included

Threshold for Return of Claims Funding	
Estimated Membership	263
x Contract Months	12
= Member Months	3156
x Claims threshold for Refunding PMPM	\$208.96
= Total Claims threshold for Refunding	\$659,463.63

Motiv Funding Arrangement - 70% retained by Kinkaid Civil Construction, 30% retained by MotivHealth

12/24 contract

Signature:_____

Date:_____

Underwriting Guidelines

MotivHealth is licensed in the state of Arizona, to sell fully insured, level-funded and self-insured health plans to the small and large group markets. For specifics regarding group participation, contribution and geographical requirements, please see below:

Small Group (10-50 Eligible)

PARTICIPATION REQUIREMENTS:

Groups with 10-50 more enrollees should have at least 75% of eligible employees enroll, excluding those with other qualified coverage. MotivHealth reserves the right to re-underwrite the group if the enrolling population is different from the population originally quoted.

CONTRIBUTION REQUIREMENTS:

To be eligible, employers must contribute at minimum 50% of the employee only portion of the monthly premium.

GEOGRAPHICAL REQUIREMENTS:

Small employers seeking a level or self-funded design, should have approximately 70% of enrollees reside within the state of Arizona. Members who live or receive care outside of Arizona will have access to Blue Cross Blue Shield National PPO network.

Large Group (51+ Eligible)

PARTICIPATION REQUIREMENTS:

Groups with 51 or more enrollees should have at least 75% of eligible employees enroll, excluding those with other qualified coverage. MotivHealth reserves the right to re-underwrite the group if the enrolling population is different from the population originally quoted.

CONTRIBUTION REQUIREMENTS:

To be eligible, employers must contribute at minimum 50% of the employee only portion of the monthly premium.

GEOGRAPHICAL REQUIREMENTS:

Large employers seeking a level or self-funded design, should have approximately 70% of enrollees reside within the state of Arizona. Members who live or receive care outside of Arizona will have access to Blue Cross Blue Shield National PPO network.

Deductible & Max Out-of-Pocket Credit

MotivHealth does offer deductible credit but will not credit either out-of-pocket maximums or pharmacy deductibles. Deductible credits will be given up to the amount of the new deductible. For example, a member moving from a \$4,000 deductible to a \$2,000 deductible plan will receive a maximum credit of \$2,000.



Underwriting Guidelines

MotivHealth is licensed in the state of Utah to sell fully insured, level-funded and self-insured health plans to the small and large group markets. For specifics regarding group participation, contribution and geographical requirements, please see below:

Small Group (10-50 Eligible)

PARTICIPATION REQUIREMENTS:

Groups with 10-50 enrollees should have at least 75% of eligible employees enroll, excluding those with other qualified coverage. MotivHealth reserves the right to re-underwrite the group if the enrolling population is different from the population originally quoted.

CONTRIBUTION REQUIREMENTS:

To be eligible, employers must contribute at minimum 50% of the employee only portion of the monthly premium.

GEOGRAPHICAL REQUIREMENTS:

Small employers seeking a level or self-funded design, should have approximately 70% of enrollees reside within the state of Utah. Enrolled members outside of Utah will have access to either the First Health network or Cigna PPO network.

Large Group (51+ Eligible)

PARTICIPATION REQUIREMENTS:

Groups with 51 or more enrollees should have at least 75% of eligible employees enroll, excluding those with other qualified coverage. MotivHealth reserves the right to re-underwrite the group if the enrolling population is different from the population originally quoted.

CONTRIBUTION REQUIREMENTS:

To be eligible, employers must contribute at minimum 50% of the employee only portion of the monthly premium.

GEOGRAPHICAL REQUIREMENTS:

Large employers should have 70% of enrolling employees reside within the state of Utah. Enrolled members outside of Utah will have access to either the First Health network or Cigna PPO network.

Deductible and Max Out-of-Pocket Credit

MotivHealth does offer deductible credit but will not credit either out-of-pocket maximums or pharmacy deductibles. Deductible credits will be given up to the amount of the new deductible. For example, a member moving from a \$4,000 deductible to a \$2,000 deductible plan will receive a maximum credit of \$2,000.



MotivHealth Insurance

RENEWAL GUIDE

Thank you for working with MotivHealth.
Here are the next steps in the renewal process.

TO DO:

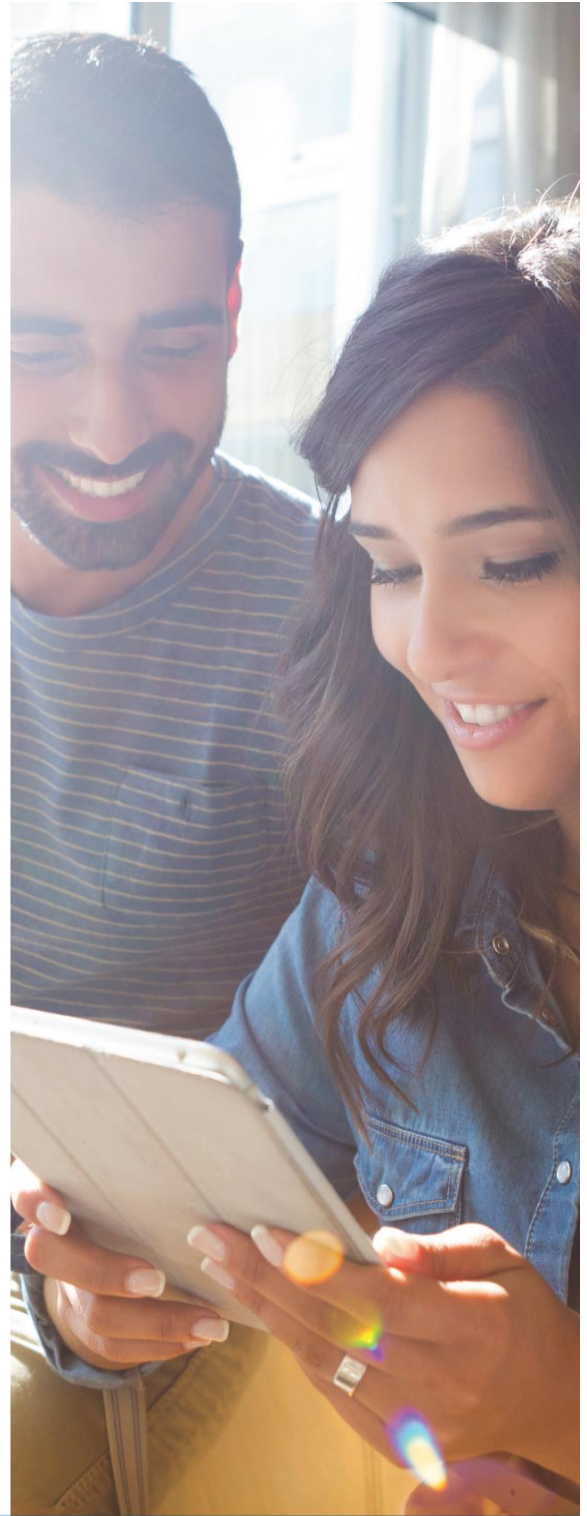
- 1 Review your proposed rates.
- 2 Complete and return enclosed *Renewal Options Form* to your account manager.
- 3 Sign and return your proposed *Rate Sheet* and *Funding Breakdown* documents.

Upon receiving the signed renewal, MotivHealth's Implementation Team will send you important documents that require signature, (*in addition to updated SBC's and OOC's.*)

Once all renewal documents have been signed and approved, you will receive an email from MotivHealth's Implementation Team stating that the group's renewal has been completed. *Please be advised, this can take up to 2-3 weeks.*

PLEASE NOTE

If memberships has changed 15%, or more, we may request additional information prior to completing / approving the groups renewal.



motivhealth[®]
INSURANCE COMPANY



10421 S Jordan Gateway Ste. 300
South Jordan, UT 84095



(844) 234-4472



MotivHealth.com

Renewal Options Form



Please select one of the following renewal options:

- ☐ Renew with signed benefit plan design and current eligibility and contribution structure.
- ☐ Renew with signed benefit plan design with the following eligibility and/or contribution changes.

ELIGIBILITY CHANGES:

Y ☐ N ☐ **Modify New Hire Waiting Period (NHWP)**

- ☐ Date of Hire
- ☐ First of the month following date of hire
- ☐ First of the month following 30 days
- ☐ First of the month following 60 days

Y ☐ N ☐ **Modify Domestic Partnership Status**

- ☐ Yes, we would like to add domestic partner coverage
- ☐ No, we decline to offer domestic partnership coverage

CONTRIBUTION CHANGES:

Y ☐ N ☐ **HSA Contribution**

- _____ Individual
- _____ Employer + Spouse
- _____ Employer + Child(ren)
- _____ Family

Y ☐ N ☐ **Employer Premium Contribution**

- _____ Individual
- _____ Employer + Spouse
- _____ Employer + (Child)ren
- _____ Family



10421 S Jordan Gateway Ste. 300
South Jordan, UT 84095



844-234-4472

