JOINT MEETING
Greenville City Council/Greenville Utilities Commission Board

September 21, 2026
6:00 PM
City Hall Council Chambers, 200 West 5th Street

I. Call Meeting to Order - Mayor Connelly
- Chair Blount

II. Approval of Agenda - City Council
- Greenville Utilities Commission

III. Public Comment Period - For issues that are germane to both the City Council and Greenville Utilities Commission

The Public Comment Period is a period reserved for comments by the public. Items that were or are scheduled to be the subject of public hearings conducted at the same meeting or another meeting during the same week shall not be discussed. A total of 30 minutes is allocated with each individual being allowed no more than 3 minutes. Individuals who registered with the City Clerk to speak will speak in the order registered until the allocated 30 minutes expires. If time remains after all persons who registered have spoken, individuals who did not register will have an opportunity to speak until the allocated 30 minutes expires.

IV. New Business

1. Approval of Minutes from the April 20, 2026 Joint City Council - Greenville Utilities Commission Board Meeting

2. Joint Committee Recommendations on Plan Year 2027 Health and Dental Plan Benefits

V. Adjournment - Greenville Utilities Commission
- City Council

PROPOSED MINUTES
JOINT MEETING OF THE GREENVILLE CITY COUNCIL
AND GREENVILLE UTILITIES COMMISSION BOARD OF COMMISSIONERS

Having been properly advertised, a joint session of the Greenville City Council and the Greenville Utilities Commission Board of Commissioners (GUC Board) was held on Monday, April 20, 2026, at 6:00 p.m. in City Council Chambers located at 200 West Fifth Street, Greenville, N.C.

City Council Members Present
Mayor P.J. Connelly
Mayor Pro-Tem Tonya Foreman
Council Member Arjenae Jones
Council Member Les Robinson
Council Member Matthew Scully
Council Member Portia Willis
Council Member Seth Hardee

City Staff Members Present
City Manager Michael Cowin
Assistant City Manager Dene' Alexander
City Clerk Valerie Shiuwegar
Director of Human Resources Leah Futrell
Communications Manager/PIO Brock Letchworth
Assistant City Attorney Scott Dixon
Deputy City Clerk Danaille Petro

Greenville Utilities Commission Members Present
Chair Mark Garner
Chair-Elect Ferrell Blount
Secretary Wanda Carr
Commissioner Dillon Godley
Commissioner Justin Fuller
Commissioner Simon Swain
City Manager Michael Cowin

Greenville Utilities Commission Members Absent
Commissioner Bob Shaw

Greenville Utilities Commission Staff Present
General Manager/CEO Tony Cannon
Assistant General Manager/COO Chris Padgett
General Counsel Phil Dixon
Chief Administrative Officer Andy Anderson
Executive Assistant to the General Manager/CEO Amy Wade
Secretary to the General Manager/CEO Lou Norris
Director of Human Resources Richie Shreves
Senior Human Resources Manager Lena Previll
Communications Manager/PIO Steve Hawley

Others Present:
Mary Ann Edwards, Segal Consulting; Ginger Livingston, The Daily Reflector;

I. Call to Order

Mayor Connelly called the meeting to order for the City Council and ascertained that a quorum was present via roll call by City Clerk Shiuwegar.

Chair Garner called the meeting to order for the GUC Board and ascertained that a quorum was present via roll call by Executive Assistant Wade.

II. Approval of the Agenda

Upon motion by Council Member Scully and seconded by Council Member Robinson, the Greenville City Council unanimously approved the agenda as presented.

Upon motion by Commissioner Blount and seconded by Commissioner Carr, the GUC Board unanimously approved the agenda as presented.

III. Public Comment Period

The Public Comment Period is a period reserved for comments by the public. Items that were or are scheduled to be the subject of public hearings conducted at the same meeting or another meeting during the same week shall not be discussed. A total of 30 minutes is allocated with each individual being allowed no more than 3 minutes. Individuals who are registered with the City Clerk to speak will speak in the order registered until the allocated 30 minutes expires. If time remains after all persons who registered have spoken, individuals who did not register will have an opportunity to speak until the allocated 30 minutes expires.

Mayor Connelly opened the Public Comment Period up at 6:03 p.m. Seeing no speakers, Mayor Connolly closed the Public Comment Period at 6:04 p.m.

IV. New Business

1. Approval of Minutes from the September 22, 2025, Joint City Council-Greenville Utilities Commission Board Meeting

Upon motion by Council Member Hardee and seconded by Council Member Willis, the Greenville City Council unanimously approved the September 22, 2025, Joint Minutes as presented, 6:0.

Upon motion by Commissioner Swain and seconded by Commissioner Fuller, the GUC Board unanimously approved the September 22, 2025, Joint Minutes as presented.

2. Consideration of Recommendations from Classification & Compensation Study Consultant

The Segal Group Senior Consultant Mary Ann Edwards provided an overview of Segal and its long-standing relationship with the City and GUC, stating its thorough understanding of the City and GUC's jobs and pay structures. She stated the study's goal is to ensure the City and GUC continue to offer a fair, competitive, and sustainable classification and compensation program that supports recruitment, retention, and performance.

Classification Analysis
Ms. Edwards provided an overview of the job description questionnaire (JDQ) process. Segal developed the JDQ and conducted orientation and training sessions for employees, supervisors, managers, and department heads. The questionnaires were then distributed to employees for completion. In total, 599 JDQs were completed, covering 401 job titles. Ms. Edwards noted that sworn Police and Fire/Rescue employees did not complete JDQs.

Segal analyzed all JDQs to determine appropriate groupings, assigned each job and applied Segal Evaluator™ to establish internal equity. Once analysis of JDQs was completed, the consultants worked with the City and GUC to simplify classification structure and recommended standardized titles that included 93 new job titles. The consultants identified benchmark jobs, looked at comparable public sector and utility peers, and reviewed additional published survey resources. The data was analyzed, and the City and GUC's base salary market positions were calculated for every job title. Segal designed market-competitive salary structures and implementation costing options.

Through this process, Segal, the City, and GUC identified 140 benchmark positions that are representative of the City and GUC workforce. Ms. Edwards shared the selection of peer organization and published survey sources. Based on the results of the market study, Segal designed a recommended salary schedule, recommended placement of jobs on the salary schedule (i.e. assigned jobs to pay grades), and conducted compression analysis. She noted that the recommendations are tailored to the City and GUC's unique needs and operating environment.

The market analysis results summary of findings showed the City and GUC were 98% overall competitive to market average midpoint. Ms. Edwards stated that a salary structure

defines ranges of pay for jobs within an organization and encompasses minimum and maximum pay for a group of jobs and defines salary progression for jobs. She noted that the City and GUC are in a good position with only minor adjustments needed. She talked about the difference in paying for the job verses the individual. The salary structure is developed with the focus on the job, and the implementation of the salary structure is focused on the individual.

In order to support the City of Greenville and Greenville Utilities' ability to attract and retain highly qualified employees, Segal partnered with the Human Resources teams to design competitive market salary structures for general employees. Segal provided the findings of the compensation study and recommendation.

Key updates to the General Structure (Pay Grades 106-128):

- Increased the structure to 100% of the overall market average midpoint, a 2% increase, ensuring competitiveness with prevailing market pay levels
- Adjusted the range width to 59% to better reflect the market (current range width is 55%)
- Progressive midpoint differentials ranging from 6% to 10% to accommodate greater variation in market data and provide more growth opportunities
- Built in the flexibility to easily add additional pay grades as organizational needs evolve
- Revised the grade placement for 125 positions (about 28% of roles) to more accurately reflect market-aligned values

In addition, Segal recommended updates for the Police and Fire/Rescue Structures to reflect the current market conditions:

- Police salary structure will maintain current 8 grades with some adjustments being made within the ranges.
- Fire/Rescue structure will maintain current 12 grades with some adjustment being made within the ranges.

Ms. Edwards reviewed the four salary structure implementation options. After discussion with both Human Resources teams, the recommended plan is to move forward with Option 1b, bring employees to 5% above the new minimum of the proposed pay range for their position. While structure provides some guidance for compensation in the form of defined ranges, individuals should be placed in the new pay ranges based on criteria such as experience, performance, time in role, internal equity and expertise and content knowledge, if the budget allows.

City Manager Cowin shared that the GUC Board of Commissioners and City Council should be proud of progress made over the last 15 years maintaining a competitive, market-aligned pay plan.

<u>Recommendation:</u>
Mr. Cowin stated the recommendation of the Joint Pay and Benefits Committee from their March 25th meeting is to recommend Option 1b to bring employees to 5% above new minimum of the proposed pay range for their position:

- Implement the recommended salary structure and based on market data, current midpoint and internal equity considerations, place all employees in the appropriate pay grade
- Bring employees who are below the minimum of their assigned pay grade up to 5% above the minimum of the assigned/new pay grade

Council Member Robinson moved to approve the recommended Option 1b to bring employees to 5% above new minimum of the proposed pay range for their position as presented. Council Member Scully seconded the motion, which passed by unanimous vote, 6:0.

Commissioner Godley moved to approve the recommended Option 1b to bring employees to 5% above new minimum of the proposed pay range for their position as presented. Commissioner Fuller seconded the motion, which passed by unanimous vote.

3. Consideration of Market Adjustment/Merit Allocation Program for FY 2026-2027

City Human Resources Director Leah Futrell stated that the Joint Pay and Benefits Committee meets each spring to evaluate market data and make recommendations to the GUC Board and the Greenville City Council. Published surveys as well as public and private sector benchmarks are reviewed. Director Futrell stated the objective is to maintain an effective pay system for employees that is equitable, compatible, and is as competitive as possible to the external marketplace. She stated that data is collected from various sources to provide the Committee with information related to the market to determine the merit allocation and market adjustment for the upcoming year. This enhances the City's and GUC's ability to recruit and retain qualified and high-performing employees, which is especially important in today's increasingly competitive and tightening labor market.

Survey Groups:
This year data was collected from 7 reputable survey organizations as shown on the chart. The wage projections and trends of these survey groups for 2026 are relatively consistent, collectively averaging 3.5%.

Survey	**Projected Wage Increase**
Catapult*	3.4%
Economic Research Institute (ERI)	3.5%
Korn Ferry	3.5%
Mercer	3.5%
The Conference Board	3.4%
Willis Towers Watson	3.4%
WorldatWork	3.6%
AVERAGE	3.5%

*COG and GUC have traditionally used Catapult (formerly CAI) as the primary benchmark.

Public-sector and Private-sector benchmarks:
Staff also surveyed established public-sector benchmark organizations and local private-sector employers to determine their plans related to compensation decisions.

- Thirteen of 26 public-sector organizations, comprised of municipalities and utilities, responded with an average increase of 4.6% (market and/or merit) in FY 2025-26. Most entities are still developing their FY 2026-27 budgets: however, five of these reported projections averaging 4.0% for FY 2026-27.
- Three of 19 local private-sector employers responded and reported an average increase of 3.7% (market and/or merit) for FY 2025-26 and projections averaging 4.0% for FY 2026-27.

COG/GUC Combined Market and Merit Adjustment Benchmark History:

Actual %				
FY	**Catapult**	**Private Sector**	**Public Sector**	**City/GUC**
21/22	3.1%	2.7%	3.9%	2.0%
22/23	3.8%	4.8%	5.2%	4.0%
23/24	4.2%	3.7%	5.5%	2.0%
24/25	3.9%	3.4%	4.6%	4.0%
25/26	3.9%	3.7%	4.6%	4.0%

Projections:

FY	Catapult	Private Sector	Public Sector	City/GUC
26/27	3.4%	4.0%	4.0%	TBD

Director Futrell stated the recommendation of the Joint Pay and Benefits Committee from their March 25th meeting is to fund an employee pay adjustment of 3.25% for FY 2026-27 to be applied as deemed appropriate by each entity.

There was discussion on the minimum salaries (first salary grade of the General Structure) and Ms. Futrell noted that most employees who begin employment with the City at the first pay grade will receive a 5% increase after their six month probation period.

Council Member Willis moved to fund an employee pay adjustment of 3.25% for FY 2026-27, to be applied as deemed appropriate by each entity. Mayor Pro Tem Foreman seconded the motion, which passed by unanimous vote, 6:0.

Commissioner Swain moved to fund an employee pay adjustment of 3.25% for FY 2026-27, to be applied as deemed appropriate by each entity. Commissioner Carr seconded the motion, which passed by unanimous vote.

4. Review of 401(K) Employer Contribution

GUC Human Resources Director Richie Shreves stated that in April 2024, the Joint Boards approved a multiyear phased approach to increase in the 401(k) employer contribution for employees to better support employee retention and recruitment efforts. At the time, the employer contribution was a flat $40 per pay period. The City and GUC approved a 3% 401(k) employer contribution for FY 2024-25.

In April 2025 the City and GUC both saw a positive impact and both boards agreed to accelerate the plan with a 4% increase for FY 2025-26 and 5% in FY 2026-27. The 5% employer contribution will be effective on January 1, 2027.

V. Adjournment

Mayor Connelly called for a motion to adjourn the City Council meeting.

A motion was made by Council Member Robinson, seconded by Council Member Scully to adjourn the Greenville City Council meeting at 6:42 p.m. Motion passed unanimously, 6:0.

With no further business to conduct and hearing no objection, Chair Garner declared the Greenville Utilities Commission meeting adjourned at 6:42 p.m.

Respectfully submitted,

_____
Amy Carson Wade
Executive Secretary

APPROVED:

_____
Wanda Carr
Secretary

MEMORANDUM

TO: Mayor and City Council
Greenville Utilities Board of Commissioners

FROM: Michael Cowin, City Manager
Anthony C. Cannon, General Manager/CEO

DATE: September 16, 2026

SUBJECT: Joint City/GUC Pay and Benefits Committee Recommendations Related to Plan Year 2027 Health/Dental Insurance Benefits

The Joint City/GUC Pay and Benefits Committee met on September 10, 2026 to review recommendations related to Plan Year 2027 Health/Dental Insurance Benefits.

Joint Committee Recommendation on Plan Year 2027 Health/Dental Insurance Benefits:
At the September 10th meeting, Mr. Joe Harten, Partner with Marsh (formerly Mercer Health and Benefits, LLC) and Mr. Parker Cramer, Principal with Marsh, led the presentation regarding health and dental insurance recommendations for the 2027 plan year. Mr. Harten began the meeting by reflecting on the health plans' experience over the past 12 months, driven significantly by the increased number of high-cost claims. Marsh's projection for the 2027 plan year was a 28.4% increase in cost from the 2026 plan year budget, assuming the status quo. Staff have worked with Marsh to reduce that increase to 18% through a combination of savings achieved by obtaining lower, competitive pricing through the formal Request for Proposal (RFP) process as explained below, implementing intermediate plan design changes, and by projecting that the number of high-cost claims will partially trend back towards historic norms.

While the increased cost projected for the health plan (medical/Rx/vision) for the 2027 plan year is 18%, the recommended increase in employee contributions is 15% across all tiers and salary bands. The dollar amount increases per pay period range from $1.16 for the lowest tier "employee only" for the HSA plan to $55.55 for the "employee plus family" in the highest tier of the Enhanced plan. Employees will have the opportunity to reassess their health insurance needs during the upcoming open enrollment period to ensure that they elect the coverage that best suits their needs.

For the dental plan, the 2027 rates require a slight 2.3% increase from current 2026 rates due to increased utilization in 2026.

The Joint City/GUC Pay and Benefits Committee unanimously recommends adoption of the proposed changes for Plan Year 2027 with the changes being effective January 1, 2027.

RFP – Health Insurance Vendor:
Given the continued and significant increase in healthcare costs, Marsh initiated a Request for Proposal (RFP) for health insurance vendors on behalf of the City and GUC in mid-June. The purpose of the RFP was to evaluate the current healthcare marketplace and determine whether

our existing medical plan and carrier remain the best option to balance long-term cost sustainability with the quality, accessibility, and competitiveness of the healthcare benefits provided to our employees and their families.

The RFP process resulted in three potentially viable vendors: Aetna, Blue Cross Blue Shield, and Cigna. Vendor presentations and interviews were conducted on August 31st. Based on the information provided through the RFP process, financial and plan considerations, network and provider access, administrative capabilities, and the information gained through the on-site vendor interviews, it was determined Cigna remains the lowest cost, best value vendor for these services.

Next Steps:
Recommendations from the Joint Pay and Benefits Committee will be presented to the City Council and the GUC Board of Commissioners at the joint meeting scheduled for Monday, September 21, 2026, at 6:00 p.m. in the City Hall Council Chambers.

cc: Ken Graves, COG Deputy City Manager
Dene' Alexander, COG Assistant City Manager
Chris Padgett, GUC Assistant General Manager/Chief Operating Officer
Andy Anderson, GUC Chief Administrative Officer
Leah Futrell, COG Director of Human Resources
Richie Shreves, GUC Director of Human Resources

MARSH

September 21, 2026

2027 Joint Board Meeting

City of Greenville /
Greenville Utilities Commission

Contents

2027 health plan status quo projection

Medical/Rx/Vision

- 2027 status quo projected gross and net costs are **$31.7M** and **$26.8M**, respectively, yielding a **28.4% rate increase**
  - Assumes status quo programs and indexes the HDHP deductibles and maximums to 2027 IRS minimums
  - Preliminary employee contributions assumed to increase by 28.4% to maintain current COG/GUC cost share approach

	2026 Budget	2026 Reforecast	2027 Status Quo Projection	vs. 2026 Budget $	vs. 2026 Budget %
AGGREGATE					
Total Gross Cost	$24.7M	$28.9M	$31.7M	*$7.0M*	*28.4%*
Employee Contributions	($3.9M)	($3.9M)	($4.9M)	*($1.0M)*	*27.1%*
COG/GUC Net Cost	**$20.8M**	**$25.1M**	**$26.8M**	***$6.0M***	***28.6%***
COG/GUC Cost Share	*84.3%*	*86.6%*	*84.5%*		
PEPY					
Gross Cost	$16,483	$19,306	$21,156	*$4,674*	*28.4%*
Contributions & Surcharges	($2,581)	($2,581)	($3,280)	*($699)*	*27.1%*
COG/GUC Net Cost	**$13,902**	**$16,725**	**$17,876**	***$3,974***	***28.6%***
Enrollment	1,499	1,499	1,499	*0*	*0.0%*

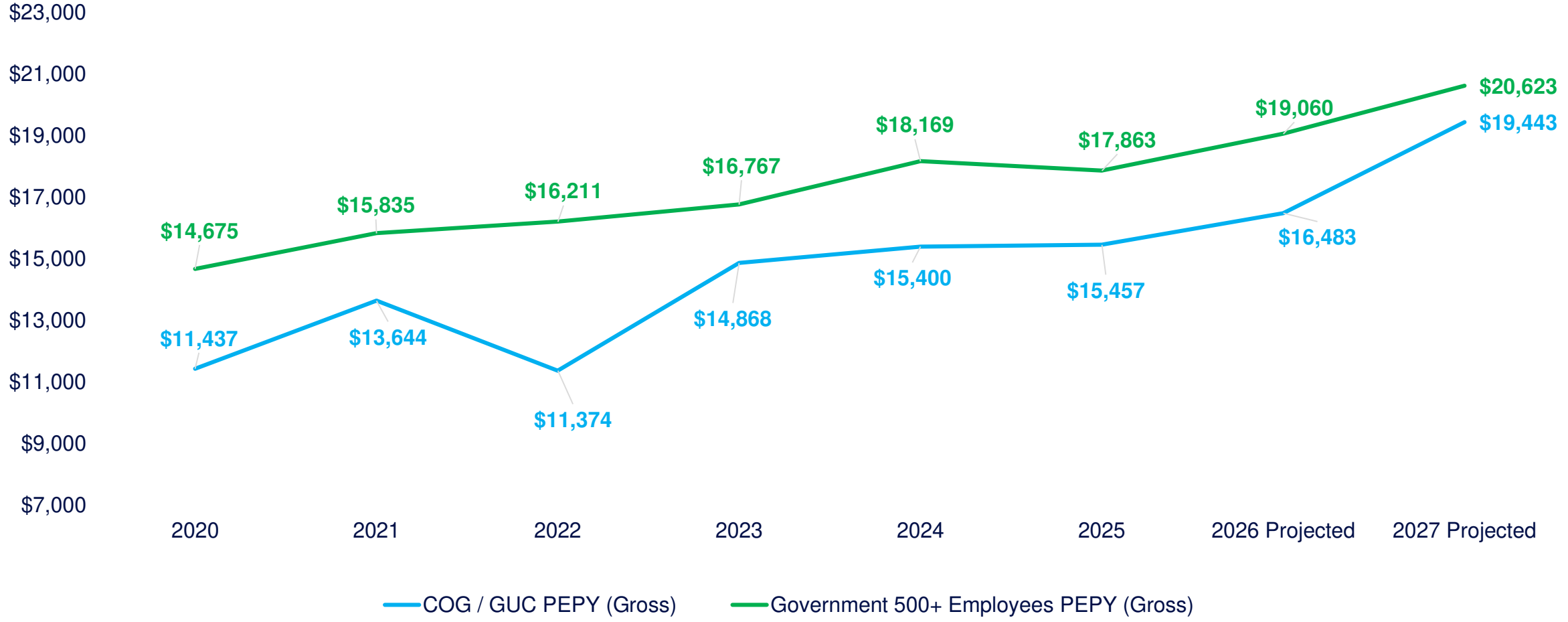
COG / GUC High-Cost Claimant impact

Recent high-cost claimant spend has been well above historical levels and warrants an adjustment to future projections

	COG/GUC Historical High Cost Claim Experience					
	2021	2022	2023	2024	2025	Recent 12
HCC > $50K net SL						
# of Claimants	64	68	76	77	96	99
Rate Per 1,000	21.9	23.6	26.2	26.8	33.3	34.9
Average Claim	$109,000	$107,000	$116,000	$98,000	$133,000	$138,000
% of Total Paid	**36%**	**36%**	**39%**	**37%**	**41%**	**45%**

- High-cost claim ("HCC") volatility can be a major driver in year-to-year trend fluctuations
- HCC spend was much higher over the recent 12 months (**45% of total spend**) than historical norms (**36% - 41%**)
- Following a claim spike, employer health plans often see reversion toward historical norms; therefore, the 2027 projection has been lowered to assume high-cost claimant levels more similar to 2025 than those from emerging 2026 costs
- The lower projection increases risk of a potential budget shortfall, but is supportable based on COG/GUC historical experience and an appropriate projection method for a group of ~1,500 employees (where year-to-year volatility is common)

COG / GUC's health plan costs have been below benchmarks and will remain so in 2027, even after a high claim year



*Government employer 2026 & 2027 projected benchmarks reflect 2025 PEPY increased by 2026 projected increase after plan changes for Mercer's National Survey of Employer-Sponsored Health Plans
** COG / GUC 2027 projections reflect data through June 2026 and plan changes included in this presentation

RFP overview

- COG/GUC partnered with Mercer to conduct a comprehensive medical marketing to perform due diligence, ensure competitive pricing and contact terms, and ensure strong network access
- Bidders were asked to provide proposals assuming:
  - Self-funded medical administration quotes for the current OAP Core, OAP Enhanced, and HSA plans
  - Base ASO fee with current clinical and advocacy programs with pricing for buy-up options
  - Carved-in pharmacy administration
  - Integrated EAP proposal
  - Confirmation that ECU Health Medical Center will remain in-network going into 2027
- The following vendors were selected to participate in the RFP process, and all submitted proposals:

aetna™ | Cigna® (Current partner) | BlueCross BlueShield of North Carolina | United Healthcare

Aetna, Cigna, and BlueCross BlueShield of North Carolina were invited to make finalist presentations on August 31

NetPic results

Employer Cost Relativity By Location

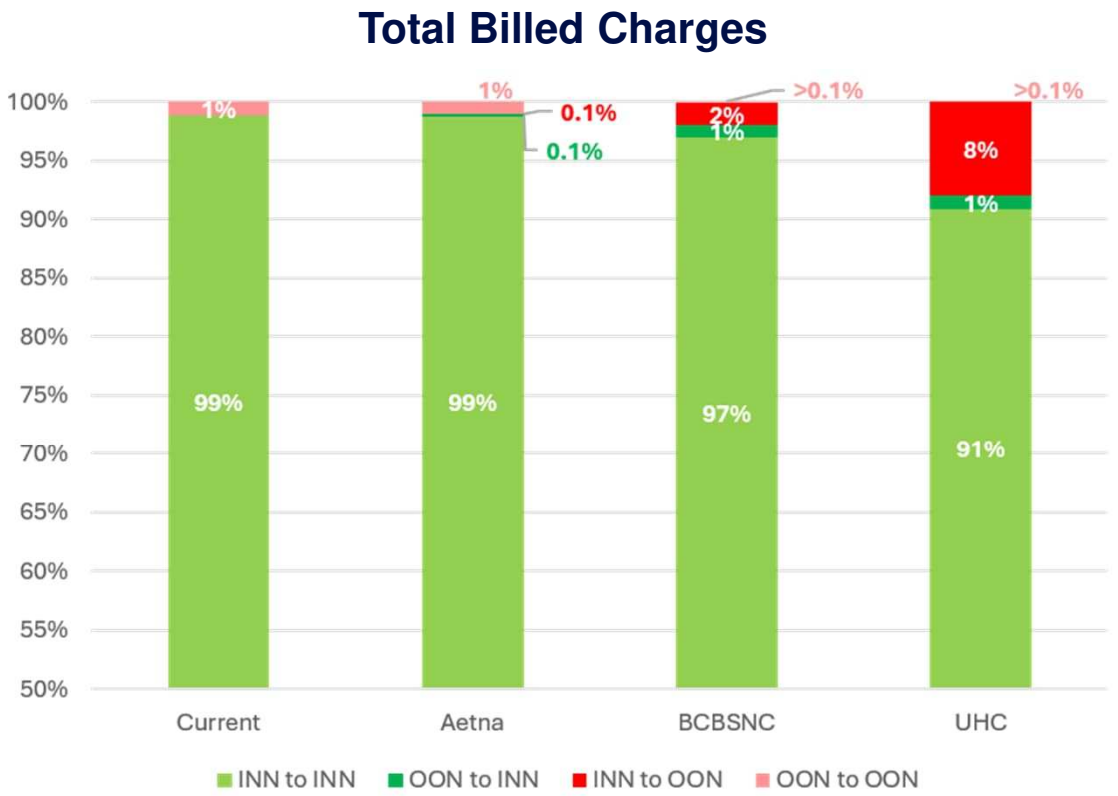
- Cigna's broad network offering has the lowest employer cost relativity. Medical claims are projected to be 0.5% - 2.0% lower than the other quoting carriers
  - Note that there is a margin of error when estimating discounts of +/-2.0% due to variation in provider utilization (+/- 4% on employer cost), which COG/GUC may wish to consider when evaluating carrier options. All the quoting carriers are currently within the margin of error and therefore, depending on provider utilization, may produce equivalent cost levels as Cigna

Location	Enrollment	Medical Claim Relativities (Employer Cost)			
		Cigna	Aetna*	BCBSNC	UHC
Rocky Mount/Greenville/Jacksonville, NC	1,490	1.000	1.020	1.013	1.006
Non-MSA, NC	11	1.000	1.033	0.930	1.024
Raleigh-Durham-Chapel Hill, NC	10	1.000	1.020	1.052	0.975
Asheville, NC	1	1.000	0.969	1.000	0.991
Tulsa, OK	1	1.000	0.918	0.912	0.884
Charlotte-Concord-Gastonia, NC-SC	1	1.000	1.007	0.971	0.970
Saginaw, MI	1	1.000	0.911	0.903	1.030
Knoxville/Johnson City/Kingsport, TN	1	1.000	1.249	1.046	0.994
Atlanta-Sandy Springs-Roswell, GA	1	1.000	1.041	1.072	1.003
Fayetteville/Wilmington, NC	1	1.000	1.021	1.032	0.932
Tampa-St. Petersburg-Clearwater, FL	1	1.000	1.090	1.051	0.958
Total - All Locations	**1,520**	**1.000**	**1.020**	**1.012**	**1.005**

Aetna included new business rate discounts in their proposal. COG/GUC is eligible to receive these discounts for lifetime of relationship

This exhibit represents medical claims only. This does not include differences from prescription drugs, administrative fees, variable or shared savings fees, or stop loss premiums
Figures less than 1.000 represent projected medical claim savings (compared to current state)

Provider disruption analysis



- 99% of current provider utilization based on billed charges (plan year 2025) is in-network
- Disruption assumes ECU providers are in-network with Cigna and UHC
- City of Greenville would see minimal disruption with Aetna's Choice POS II network
- City of Greenville would see the least favorable disruption with UHC's Choice Plus network with 8% of billed charges moving from in-network to out-of-network

2027 financial results

With BAFO Improvements

	2027 Status Quo	2027 Medical RFP			
	Cigna	Cigna BAFO	Aetna	BCBSNC BAFO	UHC
Medical Claims					
Medical Claims Cost Relativity	1.000	1.000	1.020	1.012	1.005
Projected Medical Claims	**$20,909,000**	**$20,909,000**	**$21,329,000**	**$21,163,000**	**$21,021,000**
Fees					
Fixed ASO Fees	$908,000	$620,000	$737,000	$715,000	$700,000
Variable Program Fees	$243,000	$243,000	$273,000	$80,000	$231,000
Total Fees Costs	**$1,151,000**	**$863,000**	**$1,010,000**	**$795,000**	**$931,000**
Credits/Allowances/Guarantees					
Credits/Allowances/Fee Holidays	($35,000)	($515,000)	($354,000)	($130,000)	($150,000)
Trend/Discount Guarantee	$0	$0	($193,000)	$0	$0
Total Offset	**($35,000)**	**($515,000)**	**($547,000)**	**($130,000)**	**($150,000)**
Total Gross Cost					
Projected Total Cost	**$22,025,000**	**$21,257,000**	**$21,792,000**	**$21,828,000**	**$21,802,000**
$ Difference from 2027 Status Quo		($768,000)	($233,000)	($197,000)	($223,000)
% Difference from 2027 Status Quo		-3.5%	-1.1%	-0.9%	-1.0%
$ Difference from Lowest Offer		Lowest Offer	$535,000	$571,000	$545,000
% Difference from Lowest Offer		0.0%	2.5%	2.7%	2.6%
Rank					
1 = best and 4 = worst		***1***	***2***	***4***	***3***

- Cigna BAFO reduced 2027 total cost by **$400K through lower fixed fees and higher credits**
- BCBS BAFO reduced 2027 total cost by **$70K through higher credit**

*Medical claims include a 1% margin for adverse deviation. Status quo projection is based on 24 months of claims and enrollment experience through June 2026. Status quo projection assumes a 2% increase to fixed admin fees, a 9.00% increase to variable charges (in line with medical trend), and assumes current levels of credits/allowances. Enrollment for all columns is estimated at 1,499.
*Note credit allowances and trend/discount guarantees are included in this analysis to show the full picture for each carrier to assist in decision making. Typically, Mercer does not recommend including credit allowances and trend/discount guarantees in budget setting.

Benchmark favorability meter

PPO design benchmarking – current plans

COG/GUC's PPO plans are generally favorable to peers

	City of Greenville/Greenville Utilities Commission		Mercer 2025 Benchmarked Peers			
	Enhanced Plan	Core Plan	NC 500+	Utilities 500+	City Gov 500+	South 500+
Medical In-Network						
Deductible (Ind/Fam)	$600 / $1,200	$750 / $1,500	$875 / $2,000	$575 / $1,500	$775 / $1,550	$1,000 / $2,000
OOPM (Ind/Fam)	$2,500 / $5,000	$3,500 / $7,000	$4,000 / $8,000	$3,000 / $6,000	$3,500 / $7,000	$3,500 / $8,000
Office Visit Copay (PCP/Specialist)	$20 / $40	$25 / $50	$25 / $50	$25 / $40	$25 / $45	$25 / $45
Emergency Room*	$150 + 20%	$150 + 20%	$200 + 20%	$175 + 20%	$225 + 20%	$200 + 20%
General coinsurance	20%	20%	20%	20%	20%	20%
Medical Out-of-Network						
Deductible (Ind/Fam)	$1,200 / $2,400	$1,500 / $3,000	$1,750 / $4,000	$1,100 / $3,000	$1,600 / $4,000	$2,000 / $4,000
OOPM (Ind/Fam)	$5,000 / $10,000	$7,000 / $14,000	$8,000 / $16,000	$5,250 / $10,500	$7,000 / $13,800	$7,000 / $14,000
General Coinsurance	40%	40%	40%	40%	40%	40%
Rx						
Retail Rx Copays Generic Formulary Non-Formulary Specialty	$10 $35 $60 $150	$10 $35 $60 $150	$11 $36 $61 $107	$9 $33 $50 $110	$11 $33 $59 $110	$11 $36 $63 $116
Mail-Order Rx Copays Generic Formulary Non-Formulary Specialty	$0 $70 $96 $150 (30 days)	$0 $70 $96 $150 (30 days)	$26 $88 $144 $260	$18 $62 $110 $45	$21 $68 $122 $186	$25 $81 $143 $200
Actuarial Value	92%	90%	89%	91%	90%	89%

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Mercer National Survey of Employer-Sponsored Health Plans, 2025
City of Greenville / Greenville Utilities Commission Plans, 2026
*Approx 70% of peer groups require copay for ER and 50% require coinsurance. Both copay and coinsurance amounts listed to match COG/GUC's plans

Benchmark favorability meter

PPO design benchmarking – proposed 2027 plans

COG/GUC's Core plan is generally unfavorable to benchmark, and Enhanced plan is more in line with benchmark

	City of Greenville/Greenville Utilities Commission		Mercer 2025 Benchmarked Peers			
	Enhanced Plan	Core Plan	NC 500+	Utilities 500+	City Gov 500+	South 500+
Medical In-Network						
Deductible (Ind/Fam)	$800 / $1,600	$1,200 / $2,400	$875 / $2,000	$575 / $1,500	$775 / $1,550	$1,000 / $2,000
OOPM (Ind/Fam)	$3,250 / $6,500	$4,500 / $9,000	$4,000 / $8,000	$3,000 / $6,000	$3,500 / $7,000	$3,500 / $8,000
Office Visit Copay (PCP/Specialist)	$20 / $40	$25 / $50	$25 / $50	$25 / $40	$25 / $45	$25 / $45
Emergency Room*	$200 + 20%	$200 + 20%	$200 + 20%	$175 + 20%	$225 + 20%	$200 + 20%
General coinsurance	20%	20%	20%	20%	20%	20%
Medical Out-of-Network						
Deductible (Ind/Fam)	$1,600 / $3,200	$2,400 / $4,800	$1,750 / $4,000	$1,100 / $3,000	$1,600 / $4,000	$2,000 / $4,000
OOPM (Ind/Fam)	$6,500 / $13,000	$9,000 / $18,000	$8,000 / $16,000	$5,250 / $10,500	$7,000 / $13,800	$7,000 / $14,000
General Coinsurance	50%	50%	40%	40%	40%	40%
Rx						
Retail Rx Copays Generic Formulary Non-Formulary Specialty	 $15 $40 $65 $150	 $15 $40 $65 $150	 $11 $36 $61 $107	 $9 $33 $50 $110	 $11 $33 $59 $110	 $11 $36 $63 $116
Mail-Order Rx Copays Generic Formulary Non-Formulary Specialty	 $0 $80 $130 $150 (30 days)	 $0 $80 $130 $150 (30 days)	 $26 $88 $144 $260	 $18 $62 $110 $45	 $21 $68 $122 $186	 $25 $81 $143 $200
Actuarial Value	90%	88%	89%	91%	90%	89%

Mercer National Survey of Employer-Sponsored Health Plans, 2025
City of Greenville / Greenville Utilities Commission Plans, proposed 2027 plan changes
*Approx 70% of peer groups require copay for ER and 50% require coinsurance. Both copay and coinsurance amounts listed to match COG/GUC's plans

Blue text reflects a proposed 2027 plan change

Benchmark favorability meter

HSA design benchmarking – current / proposed plan

COG/GUC's HSA plan is richer than peers and has more favorable deductibles and OOPMs (even after deductible increase)

	City of Greenville/Greenville Utilities Commission	Mercer 2025 Benchmarked Peers			
	CDHP with HSA	NC 500+	Utilities 500+	City Gov 500+	South 500+
Medical In-Network					
Deductible (Ind/Fam)	$1,700 / $3,400 ($1,750 / $3,500)	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,500
OOPM (Ind/Fam)	$3,000 / $6,000	$4,000 / $8,000	$5,000 / $10,000	$3,438 / $6,725	$4,000 / $8,000
General coinsurance	20%	20%	20%	20%	20%
Medical Out-of-Network					
Deductible (Ind/Fam)	$3,200 / $6,400	$4,000 / $8,000	$4,000 / $8,000	$4,000 / $8,000	$4,000 / $8,000
OOPM (Ind/Fam)	$6,000 / $12,000	$8,600 / $17,200	$10,000 / $20,000	$7,300 / $14,600	$9,000 / $18,000
General Coinsurance	40%	40%	40%	40%	40%
HSA Funding					
Employee	$500	$500	$750	$650	$600
Family	$1,000	$1,000	$1,500	$2,000	$1,100
Rx*					
Retail Rx Copays Generic Formulary Non-Formulary Specialty	Ded + 20%	Ded + 20% Ded + 25% Ded + 30% Ded + 25%	Ded + 20% Ded + 25% Ded + 30% Ded + 20%	Ded + 25% Ded + 25% Ded + 30% Ded + 25%	Ded + 20% Ded + 20% Ded + 30% Ded + 20%
Mail-Order Rx Copays Generic Formulary Non-Formulary Specialty	Ded + 20%	Ded + 20% Ded + 25% Ded + 30% Ded + 25%	Ded + 20% Ded + 23% Ded + 25% Ded + 20%	Ded + 25% Ded + 25% Ded + 30% ID	Ded + 20% Ded + 20% Ded + 25% Ded + 20%
Actuarial Value (with funding)	89%	85%	84%	86%	84%

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Mercer National Survey of Employer-Sponsored Health Plans, 2025
City of Greenville / Greenville Utilities Commission Plans, 2026
Actuarial Values include employer HSA funding

*Benchmark Rx benefits show the median coinsurance amount for each tier; however, on most plans, the % will be the same for each tier
ID = insufficient data

2027 suggested health plan employee contributions

Medical/Rx/Vision – 15.0% Increase

Bi-Weekly Contributions

Salary Bands	< $32,278			$32,278 - $46,951			$46,952 - $61,623			> $61,623			Retirees		
	2026	2027	Change	2026	2027	Change	2026	2027	Change	2026	2027	Change	2026	2027	Change
HSA															
EE Only	$7.76	$8.93	**$1.16**	$9.21	$10.59	**$1.38**	$10.68	$12.28	**$1.60**	$12.12	$13.94	**$1.82**	n/a	n/a	**n/a**
EE + Sp	$68.89	$79.23	**$10.33**	$81.79	$94.06	**$12.27**	$94.71	$108.92	**$14.21**	$107.65	$123.80	**$16.15**	n/a	n/a	**n/a**
EE + Ch	$67.25	$77.33	**$10.09**	$79.85	$91.83	**$11.98**	$92.47	$106.34	**$13.87**	$105.06	$120.82	**$15.76**	n/a	n/a	**n/a**
EE + Family	$98.34	$113.09	**$14.75**	$116.80	$134.32	**$17.52**	$135.24	$155.53	**$20.29**	$153.68	$176.74	**$23.05**	n/a	n/a	**n/a**
Core															
EE Only	$23.99	$27.59	**$3.60**	$26.33	$30.28	**$3.95**	$31.16	$35.83	**$4.67**	$35.98	$41.37	**$5.40**	$20.41	$24.08	**$3.67**
EE + Sp	$106.49	$122.46	**$15.97**	$116.90	$134.43	**$17.53**	$138.34	$159.09	**$20.75**	$159.75	$183.72	**$23.96**	$469.46	$553.77	**$84.31**
EE + Ch	$103.98	$119.57	**$15.60**	$114.12	$131.23	**$17.12**	$135.06	$155.31	**$20.26**	$155.97	$179.36	**$23.40**	$449.05	$529.70	**$80.65**
EE + Family	$152.05	$174.86	**$22.81**	$166.90	$191.94	**$25.04**	$197.49	$227.12	**$29.62**	$228.07	$262.28	**$34.21**	$836.13	$986.29	**$150.16**
Enhanced															
EE Only	$43.64	$50.18	**$6.55**	$46.53	$53.51	**$6.98**	$52.48	$60.35	**$7.87**	$58.41	$67.17	**$8.76**	$46.68	$55.06	**$8.38**
EE + Sp	$193.77	$222.83	**$29.07**	$206.58	$237.56	**$30.99**	$232.98	$267.93	**$34.95**	$259.38	$298.28	**$38.91**	$524.60	$618.81	**$94.21**
EE + Ch	$189.14	$217.51	**$28.37**	$201.63	$231.87	**$30.24**	$227.45	$261.56	**$34.12**	$253.21	$291.19	**$37.98**	$502.88	$593.19	**$90.31**
EE + Family	$276.68	$318.18	**$41.50**	$294.95	$339.19	**$44.24**	$332.65	$382.55	**$49.90**	$370.33	$425.88	**$55.55**	$914.87	$1,079.17	**$164.30**

Monthly Contributions

Salary Bands	< $32,278			$32,278 - $46,951			$46,952 - $61,623			> $61,623			Retirees		
	2026	2027	Change	2026	2027	Change	2026	2027	Change	2026	2027	Change	2026	2027	Change
HSA															
EE Only	$16.82	$19.34	**$2.52**	$19.96	$22.95	**$2.99**	$23.13	$26.60	**$3.47**	$26.26	$30.20	**$3.94**	n/a	n/a	**n/a**
EE + Sp	$149.27	$171.66	**$22.39**	$177.21	$203.79	**$26.58**	$205.21	$235.99	**$30.78**	$233.24	$268.23	**$34.99**	n/a	n/a	**n/a**
EE + Ch	$145.70	$167.56	**$21.86**	$173.01	$198.96	**$25.95**	$200.36	$230.41	**$30.05**	$227.64	$261.79	**$34.15**	n/a	n/a	**n/a**
EE + Family	$213.07	$245.03	**$31.96**	$253.07	$291.03	**$37.96**	$293.02	$336.97	**$43.95**	$332.98	$382.93	**$49.95**	n/a	n/a	**n/a**
Core															
EE Only	$51.98	$59.78	**$7.80**	$57.05	$65.61	**$8.56**	$67.51	$77.64	**$10.13**	$77.95	$89.64	**$11.69**	$44.23	$52.17	**$7.94**
EE + Sp	$230.73	$265.34	**$34.61**	$253.28	$291.27	**$37.99**	$299.73	$344.69	**$44.96**	$346.13	$398.05	**$51.92**	$1,017.17	$1,199.84	**$182.67**
EE + Ch	$225.28	$259.07	**$33.79**	$247.25	$284.34	**$37.09**	$292.62	$336.51	**$43.89**	$337.93	$388.62	**$50.69**	$972.95	$1,147.68	**$174.73**
EE + Family	$329.45	$378.87	**$49.42**	$361.62	$415.86	**$54.24**	$427.90	$492.09	**$64.18**	$494.15	$568.27	**$74.12**	$1,811.62	$2,136.97	**$325.35**
Enhanced															
EE Only	$94.55	$108.73	**$14.18**	$100.82	$115.94	**$15.12**	$113.71	$130.77	**$17.06**	$126.56	$145.54	**$18.98**	$101.14	$119.30	**$18.16**
EE + Sp	$419.83	$482.80	**$62.97**	$447.58	$514.72	**$67.14**	$504.79	$580.51	**$75.72**	$561.98	$646.28	**$84.30**	$1,136.63	$1,340.76	**$204.13**
EE + Ch	$409.81	$471.28	**$61.47**	$436.86	$502.39	**$65.53**	$492.80	$566.72	**$73.92**	$548.62	$630.91	**$82.29**	$1,089.57	$1,285.25	**$195.68**
EE + Family	$599.47	$689.39	**$89.92**	$639.05	$734.91	**$95.86**	$720.74	$828.85	**$108.11**	$802.39	$922.75	**$120.36**	$1,982.21	$2,338.20	**$355.99**

2027 health plan projection after all changes

Medical/Rx/Vision

- 2027 proposed projected gross and net costs are **$29.1M** and **$24.7M**, respectively, yielding an **18.0% rate increase**
  - Assumes HCC partial normalization, Cigna RFP savings, intermediate plan design changes, and 15.0% employee contribution increase

	2026 Budget	2026 Reforecast	2027 Proposed Projection	vs. 2026 Budget $	vs. 2026 Budget %
AGGREGATE					
Total Gross Cost	$24.7M	$28.9M	$29.1M	*$4.4M*	*18.0%*
Employee Contributions	($3.9M)	($3.9M)	($4.4M)	*($0.6M)*	*14.3%*
COG/GUC Net Cost	**$20.8M**	**$25.1M**	**$24.7M**	***$3.9M***	***18.6%***
COG/GUC Cost Share	*84.3%*	*86.6%*	*84.8%*		
PEPY					
Gross Cost	$16,483	$19,306	$19,443	*$2,960*	*18.0%*
Contributions & Surcharges	($2,581)	($2,581)	($2,951)	*($370)*	*14.3%*
COG/GUC Net Cost	**$13,902**	**$16,725**	$16,492	*$2,590*	*18.6%*
Enrollment	1,499	1,499	1,499	*0*	*0.0%*

2026-27 dental plan projections

Dental

- 2026 Reforecast gross and net costs are **$1,136K** and **$624K**, respectively
  - COG/GUC net cost has no change from the 2026 budget
  - 2027 required rate increase based on Mercer's best estimate is **2.3%** over 2026 budget
  - Assuming the increase is shared with employees evenly, projected 2026 net costs are **$660K**

Final 2026 Projection
Data through June 2024

AGGREGATE	
Gross Cost	
Incurred Claims	$1,146K
Fixed Cost	$53K
Total Gross Cost	**$1,199K**
Employee Contributions	**($531K)**
COG/GUC Net Cost	**$667K**
COG/GUC Cost Share	*55.7%*
PEPY	
Gross cost	$934
Contributions & Surcharges	($414)
COG/GUC Net Cost	$520
Enrollment	1,284

2025 Premium Equivalent Rate Budget
PE Rates x May 2026 Enrollment

		vs. Final 2026 Projection $	vs. Final 2026 Projection %
AGGREGATE			
Gross Cost			
Incurred Claims			
Fixed Cost			
Total Gross Cost	**$1,156K**	***($42K)***	***-3.5%***
Employee Contributions	**($512K)**	***$20K***	***-3.7%***
COG/GUC Net Cost	**$645K**	***($23K)***	***-3.4%***
COG/GUC Cost Share	*55.7%*		
PEPY			
Gross cost	$925	*($9)*	*-0.9%*
Contributions & Surcharges	($409)	*$5*	*-1.1%*
COG/GUC Net Cost	$516	*($4)*	*-0.8%*
Enrollment	1,250	*-34*	*-2.6%*

2026 Reforecast
Data through May 2026

	vs. Final 2026 Projection $	vs. Final 2026 Projection %	vs. 2026 Budget $	vs. 2026 Budget %
$1,085K	*($61K)*	*-5.3%*		
$51K	*($2K)*	*-3.8%*		
$1,136K	***($63K)***	***-5.2%***	***($20K)***	***-1.7%***
($512K)	***$20K***	***-3.7%***	***$0K***	***0.0%***
$624K	***($43K)***	***-6.4%***	***($20K)***	***-3.1%***
55.0%				
$909	*($25)*	*-2.7%*	*($16)*	*-1.7%*
($409)	*$5*	*-1.1%*	*$0*	*0.0%*
$499	*($20)*	*-3.9%*	*($16)*	*-3.1%*
1,250	*-34*	*-2.6%*	*0*	*0.0%*

2027 Status Quo Projection
Data through May 2026

	vs. 2026 Budget $	vs. 2026 Budget %	vs. 2026 Reforecast $	vs. 2026 Reforecast %
$1,131K			*$46K*	*4.3%*
$52K			*$1K*	*2.0%*
$1,183K	***$27K***	***2.3%***	***$47K***	***4.1%***
($524K)	***($12K)***	***2.3%***	***($12K)***	***2.3%***
$660K	***$15K***	***2.3%***	***$35K***	***5.6%***
55.7%				
$947	*$22*	*2.3%*	*$38*	*4.1%*
($419)	*($10)*	*2.3%*	*($10)*	*2.3%*
$528	*$12*	*2.3%*	*$28*	*5.6%*
1,250	*0*	*0.0%*	*0*	*0.0%*

2027 suggested dental plan employee contributions

Dental – 2.3% Increase

Bi-Weekly Contributions

2026 Dental Rates & Contributions - Bi-Weekly					
	Enrollment	Premium Equivalent	COG/GUC Net Cost	EE Contribution	EE Cost Share
Dental					
EE Only	317	$17.32	$13.70	$3.62	20.9%
EE + Sp	73	$36.38	$22.58	$13.80	37.9%
EE + Ch	93	$32.05	$19.90	$12.16	37.9%
EE + Family	104	$51.99	$32.26	$19.73	38.0%
Dental Plus					
EE Only	292	$23.88	$13.83	$10.05	42.1%
EE + Sp	62	$50.15	$22.86	$27.29	54.4%
EE + Ch	156	$44.18	$20.15	$24.03	54.4%
EE + Family	153	$71.64	$32.65	$39.00	54.4%

2027 Dental Rates & Contributions - Bi-Weekly					
Premium Equivalent	COG/GUC Net Cost	EE Contribution	EE $ Increase	EE % Increase	EE Cost Share
$17.72	$14.02	$3.70	$0.08	2.3%	20.9%
$37.22	$23.10	$14.12	$0.32	2.3%	37.9%
$32.80	$20.36	$12.44	$0.28	2.3%	37.9%
$53.20	$33.00	$20.19	$0.46	2.3%	38.0%
$24.43	$14.15	$10.29	$0.24	2.3%	42.1%
$51.32	$23.40	$27.92	$0.64	2.3%	54.4%
$45.21	$20.62	$24.59	$0.56	2.3%	54.4%
$73.31	$33.41	$39.90	$0.91	2.3%	54.4%

Monthly Contributions

2026 Dental Rates & Contributions - Monthly					
	Enrollment	Premium Equivalent	COG/GUC Net Cost	EE Contribution	EE Cost Share
Dental					
EE Only	317	$37.53	$29.69	$7.84	20.9%
EE + Sp	73	$78.82	$48.93	$29.89	37.9%
EE + Ch	93	$69.45	$43.11	$26.34	37.9%
EE + Family	104	$112.64	$69.89	$42.75	38.0%
Dental Plus					
EE Only	292	$51.74	$29.96	$21.78	42.1%
EE + Sp	62	$108.66	$49.54	$59.12	54.4%
EE + Ch	156	$95.72	$43.66	$52.06	54.4%
EE + Family	153	$155.23	$70.74	$84.49	54.4%

2027 Dental Rates & Contributions - Monthly					
Premium Equivalent	COG/GUC Net Cost	EE Contribution	EE $ Increase	EE % Increase	EE Cost Share
$38.40	$30.38	$8.02	$0.18	2.3%	20.9%
$80.65	$50.06	$30.59	$0.70	2.3%	37.9%
$71.07	$44.12	$26.95	$0.61	2.3%	37.9%
$115.26	$71.51	$43.75	$1.00	2.3%	38.0%
$52.94	$30.65	$22.29	$0.51	2.3%	42.1%
$111.19	$50.69	$60.50	$1.38	2.3%	54.4%
$97.95	$44.68	$53.27	$1.21	2.3%	54.4%
$158.84	$72.38	$86.46	$1.97	2.3%	54.4%

Appendix

A

Medical/Rx/Vision data assumptions and methodology

Data	**ENROLLMENT & CLAIMS EXPERIENCE** • Provided by Cigna through May 2026 • 75% weight is put on most recent 12 months (June 2025 – May 2026) and 25% on prior 12 months (June 2024 – May 2025) of Paid Med/Rx/Vision claims for the 2025 Reforecast unless noted for sensitivity testing • Historical claims are adjusted to reflect changes to plan designs, new programs, and coverage profile (plan/tier mix) • Future enrollment set equal to May 2026 enrollment headcount provided by Cigna • Smoker and spousal surcharge counts provided by COG/GUC in recent census • Employer HSA funding of $500/$1,000 assumed to remain unchanged
Fees	**FEES** • 2026 (All PEPM): Cigna ASO: $22.21, Cigna Network Access: $26.94, Embarc: $2.32, HSA account fee: $2.65, Stop Loss: $93.24 • 2027 (All PEPM): Assumed 2.0% increase for most fees pending renewal/RFP. Assumed stop loss increase of 20.0% (will not be available before rates are finalized). • Some fees listed above have a contract fee basis of PMPM or per participant per month (PPPM). These have been converted to PEPM fees based on membership or participation and enrollment at a given point in time.
Assumptions	• **TREND:** 2026 & 2027: 9.00% medical; 10.00% pharmacy • **CLAIMS MARGIN:** 2025 & 2026: 1.00% • **RX REBATES:** Assumed to be 21% of total Rx claims based 2025 actuals • **ECU CREDIT ADJUSTMENT:** Cigna indicated an outstanding credit is owed for claims incurred from Feb 1st thru Apr 14th from ECU Health providers due to an overcharge of +35% (due to ongoing contract negotiation that was resolved in August). Due to timing, a preliminary estimate of credits was used to adjust claim projections prior to projecting to future periods

Dental data assumptions and methodology

Data	**ENROLLMENT & CLAIMS EXPERIENCE** • Provided by Cigna through May 2026 • 100% weight is put on most recent 12 months (June 2025 – May 2026) of Paid dental claims for the 2026 Reforecast • Historical claims are adjusted to reflect changes to plan designs, new programs, and coverage profile (plan/tier mix) • Future enrollment set equal to May 2026 enrollment headcount provided by Cigna
Fees	**FEES** • 2026 (All PEPM): Dental ASO: $2.68, Dental Network Access: $0.70 • 2027 (All PEPM): Dental ASO: $2.73 (+2% pending renewal), Dental Network Access: $0.71 (+2% pending renewal)
Assumptions	**TREND** • 2026 & 2027: 4.25% dental **CLAIMS MARGIN** • 2026 & 2027: 1.00% dental

Caveats

Methodology	• All estimates are based upon the information available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. • Actuarial values included in this document are based upon Mercer's proprietary relative value pricing tool, MedPrice. While appropriate for budgeting purposes and expected financial impact of employer plan design changes, Mercer's MedPrice calculated actuarial values should not be construed as an Affordable Care Act 60% minimum value determination or protection from an IRS employer shared responsibility assessment. • These estimates do not attempt to consider the possibility of a high-profile, catastrophic rare event that is beyond the scope of reasonable expectations, such as a health pandemic which could result in very high costs for many members at the same time. These estimates may not be used or relied upon by any other party or for any other purpose than for which they were issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.

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MARSH

We are leaders in risk, strategy and people. One company united by a shared purpose to build the confidence to thrive through the power of perspective.