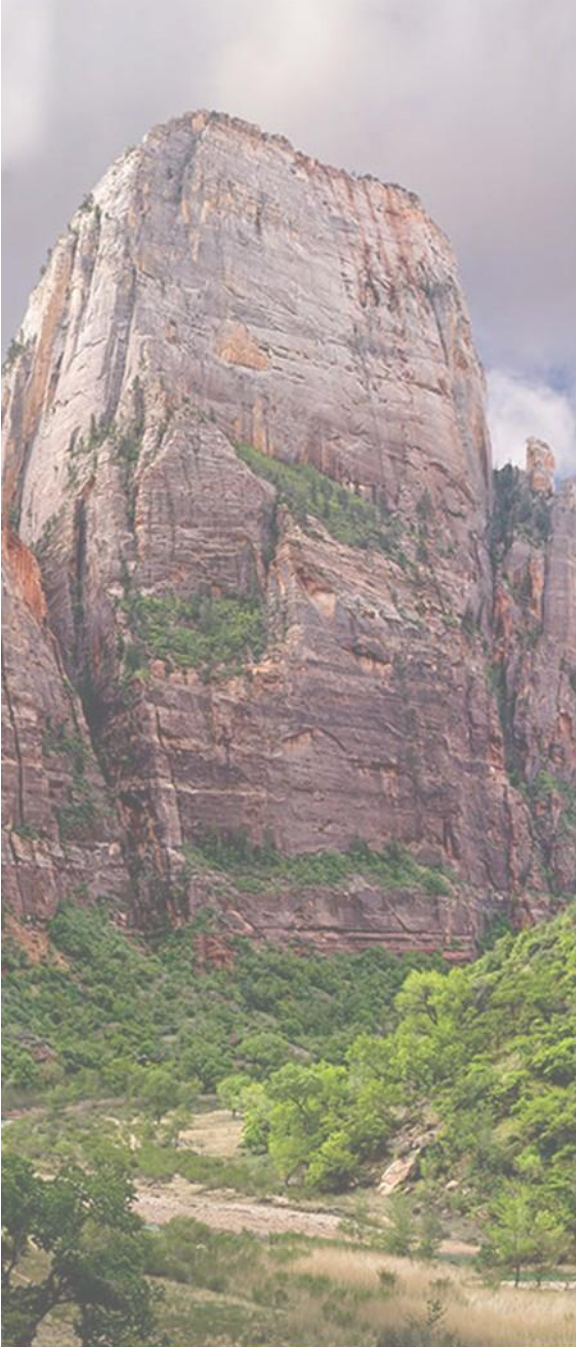




WELCOME!

October 1, 2026



October 2026 Agenda

- 12:00 p.m. Welcome & House Keeping
- 12:05 p.m. **Fueled Growth Partners**
• Presented by Jeff Mitchell
- 12:25 p.m. Fueled Growth Partners Q&A
- 12:30 p.m. **Gibson Insurance**
• Presented by Kevin Olson & Nick Hanson
- 12:50 p.m. Gibson Insurance Q&A
- 12:55 p.m. Closing





**FUELED
GROWTH**
—PARTNERS—

**Presented by
Jeff R. Mitchell**



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WHY ALL THE FUSS?



Case Studies



	COMPANY	NUMBER OF ENROLLED EMPLOYEES	(EMPLOYEE) NET PAY INCREASE	(EMPLOYER) TOTAL SAVINGS
1	MADDOX RANCH HOUSE	165	\$199,938	\$169,466
2	LIFE TECH	315	\$290,074	\$299,401
3	FULL STEAM STAFFING	390	\$226,500	\$407,700
4	STAFF PRO WORKFORCE SOLUTIONS	475	\$292,500	\$497,835
5	PEOPLESARE	1,690	\$1,408,800	\$1,643,600
6	NEWGEN HEALTH	7,400	\$12,846,457	\$8,036,797
	TOTALS	10,435	\$15,264,269	\$11,054,799
	AVERAGE PER EMPLOYEE —●—		\$1,462.80	\$1,059.40



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OUR FORMULA



FIXED INDEMNITY HEALTH PLAN:

An insurance policy that pays the insured person a set amount of money when a specific qualified medical event occurs. A premium is paid for the plan and upon the event occurring, the employee receives a benefit payment.

CAFETERIA PLAN:

Provides participants an opportunity to receive certain benefits on a pre-tax basis pursuant to section 125 of the Internal Revenue Code.

INCREASE TAKE HOME PAY:

Offers a suite of health services through a proprietary platform all that qualify under IRC 125.

FUELED GROWTH PARTNERSHIPS



INSURANCE CARRIER



- Established 1899
- AMBest Rated - "AA"
- One of the largest insurance carriers in the world
- Known for superior customer service and creating innovative products and programs to meet market needs

www.FederalLife.com

THIRD-PARTY ADMINISTRATOR



- Wealth of experience in supporting innovative solutions
- Leadership Team: seasoned, dynamic, and reliable
- Service Levels: unparalleled

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VIRTUAL HEALTHCARE SOLUTION



Nationally ranked provider of virtual healthcare services including:

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 - Urgent Care
 - Chronic Care
 - Pharmacy
 - Physician Locator
 - Proactive health management
- * NO COPAY OR DEDUCTIBLE**

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COUNSELING & COACHING



Leading provider of:

- Emotional well-being solutions
 - Behavioral change workshops
 - Digital Coaching
- * NO COPAY OR DEDUCTIBLE**

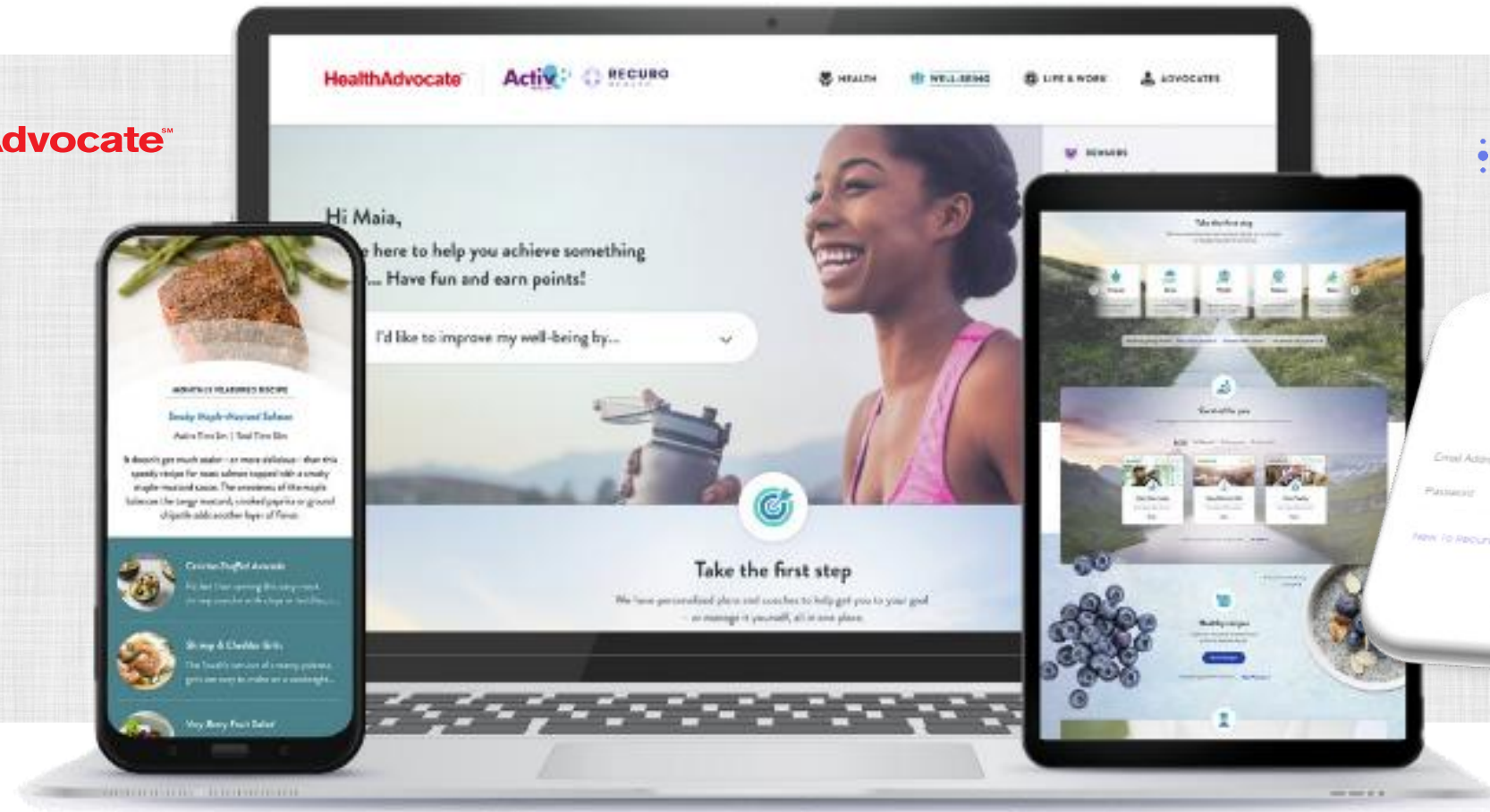
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Speak With a Doctor Fast!

24/7 unlimited access to a national network of licensed doctors via phone or video chat for the member and their family.

Providers can help diagnose acute, non-chronic conditions and prescribe in real-time directly from your mobile device.



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or in the App



Request a
Consultation



Speak with
a Doctor



RECURO
HEALTH

VIRTUAL PRIMARY CARE SERVICES

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Confirm demographics for lab kit

05

Complete lab and schedule your consult

Convenient and Flexible

Select a dedicated, board-certified physician who you will see for your annual check-up and any follow-up visits. Depending on your needs, at-home lab testing kits can be conveniently delivered to your doorstep to personalize your treatment with a tailored care plan. Video and telephone-based visits are available.

EXAMPLE CONDITIONS TREATED INCLUDE:

- DIABETES
- HYPERTENSION
- CHOLESTEROL
- GI ISSUES
- RESPIRATORY
- ARTHRITIS
- ALLERGIES
- ANEMIA



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RECURO
HEALTH

LABORATORY TESTING KITS

Ships Right to Your Door

Members receive lab testing kits shipped to their doorsteps, self-collect their samples, and mail them to the lab in a pre-paid package, all from the comfort of their homes.

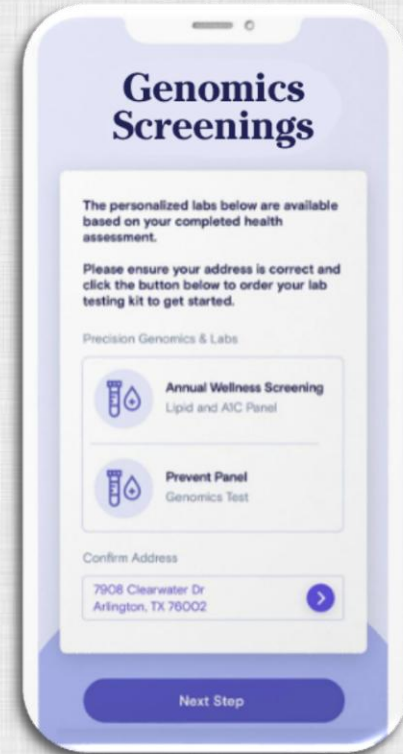
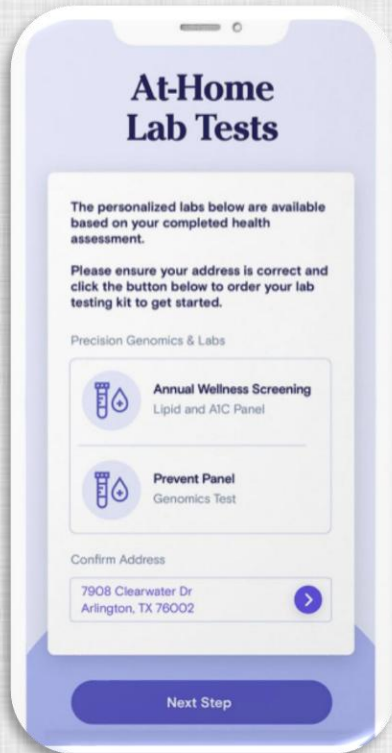
STANDARD BLOOD PANEL

- Measuring standard blood markers such as cholesterol, lipids, blood sugar, A1C, etc.

RECURO'S DNAWARE™ GENOMICS PANEL

- Risk of specific hereditary cancers so prevention can start early
- Familial hypercholesterol-emia (risk for heart disease and stroke due to high cholesterol)
- Optimized medications to maximize effectiveness and minimize adverse effects

Completely Optional



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RECURO
HEALTH

PRESCRIPTION BENEFIT

Maintenance & Urgent Care



Reduced Health Plan Costs

Employer and health plan pharmacy expenditures are managed through a benefit that provides access to covered prescriptions at a PEPM rate.



Convenient Prescriptions

Members can pickup urgent care medications from the pharmacy with a conveniently placed digital card, or order ongoing medications by mail from the convenience of home.



More Favorable Health Outcomes

Increased adherence to care plans and follow through on medication pickup due to \$0 prescription copay model and ease of access.

FREE – no copay

* 265 of the most commonly prescribed medications

* Accepted at over 70K retail pharmacy locations across the U.S.

SAMPLE MEDICATIONS INCLUDE:

- Albuterol
- Amoxicillin
- Atorvastatin
- Benazepril
- Cephalexin
- Clindamycin
- Fluoxetine
- Lisinopril
- Metformin
- Prednisone
- Sertraline
- Sucralfate



Prescription Benefit Card



Medication Delivery



Extensive List of Prescriptions



National Pharmacy Network



Easy-to-Use Member Portal

\$0 Co-pay | Unlimited Use | Family Benefit



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RECURO
HEALTH

VIRTUAL BEHAVIORAL HEALTH

CONDITIONS TREATED INCLUDE:

- ADHD / ADD
- Anger Management
- Anxiety
- Bipolar Disorder
- Sleeping Disorders
- Smoking Addiction
- Substance Abuse
- Depression
- Stress
- Eating Disorders
- Grief & Loss
- PTSD
- OCD
- And More

First Meeting Within 48 Hours

Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management.

PRODUCT DETAILS:

PSYCHIATRY – Psychiatry and behavioral health medication management.

ELECTRONIC PRESCRIPTION

ORDERING – Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

HEATH RISK ASSESSMENT – Behavioral health focused risk assessment.

THERAPY AND COUNSELING – Services from social worker and psychologists.

RISK STRATIFICATION – Analytics to identify those most at risk of behavioral health challenges to proactively engage and treat.



Psychiatry



Therapy and
Counseling



Health Risk
Assessment



Risk
Stratification



Electronic
Prescription
Ordering



\$0 Co-pay | Unlimited Use | Family Benefit

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HealthAdvocateSM COACHING

Dozens of Coaching Categories

A Coach can help you meet your well-being goals and thrive.

✓	HEALTH EDUCATION SESSION	Unlimited sessions with a Human Performance Coach to discuss health screening results, PHP, and/or health goals
✓	PERSONAL COACHING	Work with a coach to address a specific area of interest or for general well-being goals
✓	JUMPSTART COACHING	Unlimited engagements with a Human Performance Coach to work on specific goals to get started on your path to better health



RECURO
HEALTH

DIGITAL COACHING

- Employees receive coaching that helps change behaviors to control or prevent chronic conditions
- Monthly messages to keep employees engaged
- Helps employees stay compliant on the plan



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HEALTH MANAGEMENT PLAN

Through LLH Healthcare's Health Management plan, a fixed claim payment occurs within payroll for participating in specified Health Management activities.

Claim payments vary based on plan enrollment. Plans are conveniently assigned to employees for an optimized auto-enrollment process.

Health Management Plan	PLAN D	PLAN C	PLAN B	PLAN A
Live Life Healthy Plan Premiums per Month	\$600	\$900	\$1,200	\$1,600
LLH Health Management Claim Payment per Month	\$500	\$750	\$1,000	\$1,333



Occurs on
paycheck

HOSPITAL PLAN SCHEDULE OF BENEFITS

Offset Co-Pays & Deductibles

In addition to the Health Management claim payment received in payroll each pay cycle; employees are also eligible to receive a Hospital Indemnity payment when a claim is filed.

Limited Benefit Health Plan Premium Options	Plan 600	Plan 900	Plan 1200	Plan 1600
Initial Hospital Admission				
Benefit Payable	\$250	\$500	\$750	\$1,000
Per Plan Month	Once	Once	Once	Once
Daily Hospital Confinement				
Benefit Payable	\$200	\$300	\$400	\$500
Per Plan Month	5 Days	5 Days	15 Days	30 Days
ER Treatment				
Benefit Payable	\$100	\$150	\$250	\$500
Per Year	2 Days	2 Days	4 Days	5 Days
Ambulance Benefit				
Benefit Payable	\$100	\$150	\$250	\$500
Per Year	2 Days	2 Days	2 Days	10 Days

\$0 Co-pay | Employee Only



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EMPLOYEE ECONOMICS

EMPLOYEE ECONOMICS

TAX ALLOWANCE SETTINGS:

Federal: S0 AL: S/0

* Claim payments in excess of the employee's annual medical out-of-pocket expenses may be taxable. The plan provides employees with 24/7 and on-demand personal tax advice with tax professionals at no additional cost to the employee.

	Without Program	With Program
Semi-Monthly Gross Pay	\$1,300.00	\$1,300.00
Major Medical Premium	\$0.00	\$0.00
Additional Pre-Tax Deductions	\$0.00	\$0.00
LLH Insurance Premium	\$0.00	(\$600.00)
Taxable Income	\$1,300.00	\$700.00
Federal Withholding	(\$146.33)	(\$74.33)
Social Security	(\$80.60)	(\$43.40)
Medicare	(\$18.85)	(\$10.15)
State Withholding	(\$63.33)	(\$33.33)
Post-Tax Deductions	\$0.00	\$0.00
Post-Tax Income (From Employer)	\$990.89	\$538.79
Health Management Claim Payment	\$0.00	\$500.00
Total Amount To Bank Account	\$990.89	\$1,038.79
Approximate Increase In Take-Home Pay	\$0.00	\$47.90
Approximate Annual Increase In Take-Home Pay	\$0.00	\$1,149.60



EMPLOYER ECONOMICS (\$\$\$ Savings)

Per Enrolled Employee	Monthly	Annually
Gross (Total) Savings	\$122	\$1,468
Administrative Fee	(\$30)	(\$360)
Annual Net Savings	\$92	\$1,108
Number of Employees	100	
Qualified Employee Percentage	70%	
Employees Participating in Plan	70	
Employer Net Savings	\$6,463	\$77,560



CURRENTLY SERVICING LIVES ACROSS MAJOR PAYROLL PLATFORMS CUSTOM INTEGRATIONS AVAILABLE INCLUDING:

Deduction import | Outgoing reporting | Direct contact to design architects



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IMPLEMENTATION PROCESS

Analysis and Setup | 1 - 2 weeks



PROPOSAL SNAPSHOT

- Proposal Call – Within 2-3 days of receiving payroll census data



SIGNED MASTER SERVICE AGREEMENT



KICKOFF CALL & PAYROLL CENSUS SETUP

- Code setup for Premiums & Claims
- Deduction Submittal Reporting

Enrollment | 4 - 6 weeks



DISTRIBUTION OF PRINT MEDIA



STAFF TRAINING



EMPLOYEE COMMUNICATIONS



PAYCHECK COMPARISONS



FIRST PAYROLL PROCESSED

- Premiums Deducted
- Claims Paid



ONGOING SUPPORT

5 STAR SUPPORT

Dedicated Bilingual Help Line

Employee Questions?

Our Call Center is available to answer plan questions, or to request to opt out of the Plan.

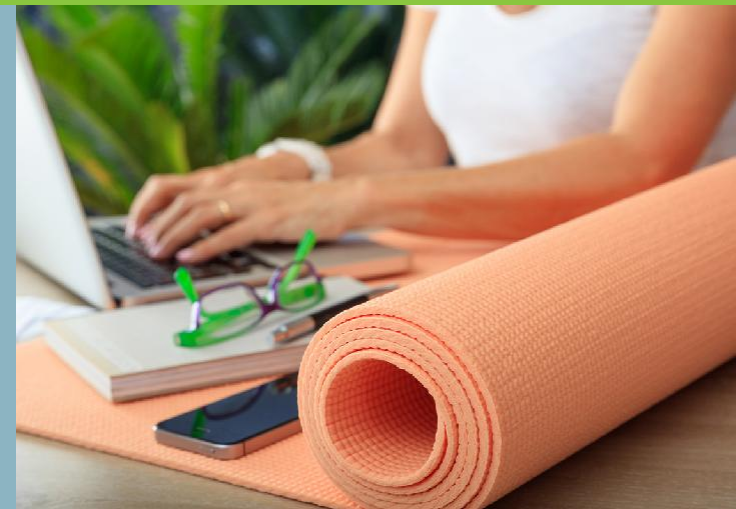


Monday-Friday
8am to 7pm CST

Call: (888) 308-8085



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Thank you





Fueled Growth Partners

Schedule Link

<https://calendly.com/jeffrmitchell/zoom-presentation-45-minutes?month=2026-10>



Fueled Growth Partners

Q&A

What changed. What's next. What to do before January 1.

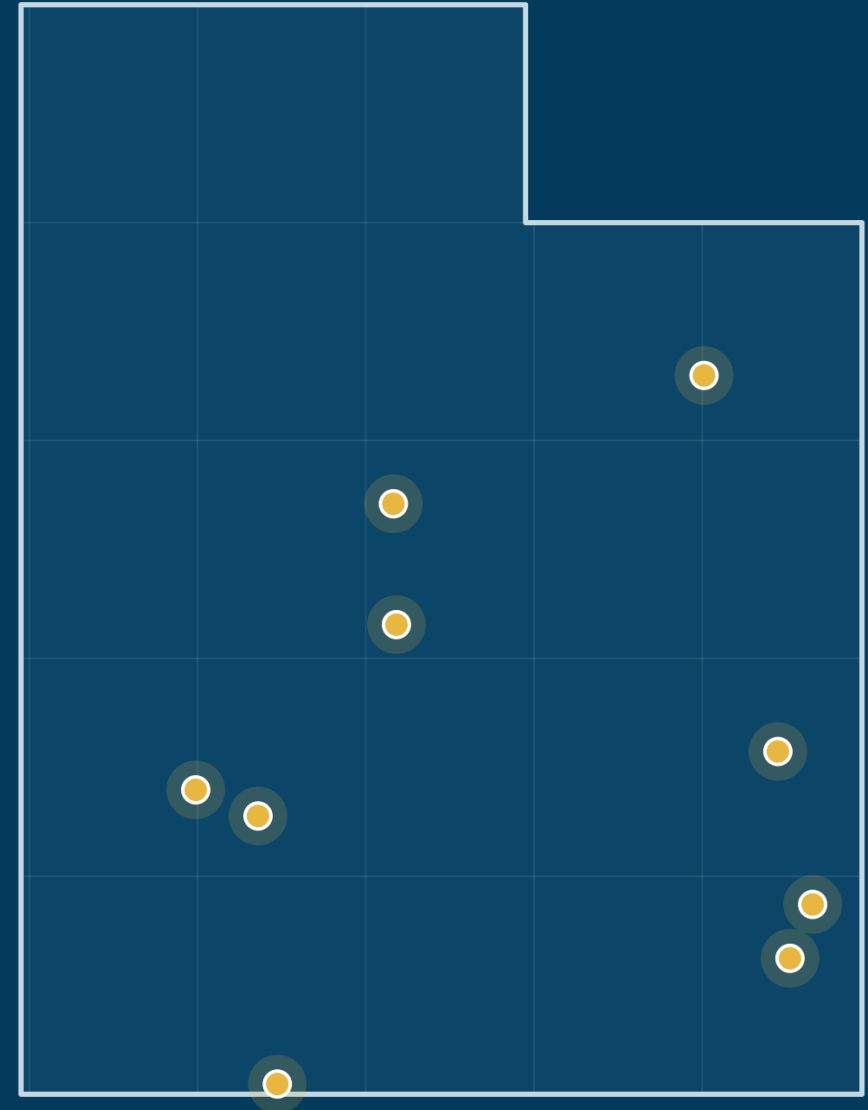
*A 25-minute follow-up briefing for members of the Rural Health Association
Association of Utah*

Kevin Olsen | Employee Benefits

Nick Hansen | Commercial Risk, Property and Casualty

Gibson, A Unison Risk Advisors Company

RHAU Rural Resource Webinar | October 1, 2026



Marked: the nine independent rural hospitals of the Utah Rural Independent Hospital Network (Rural 9)

Where we left off, and what has moved since

Sixty days is a long time in this program. Here is the short version.

IN AUGUST WE SAID

New funding changes the operation.

And when the operation changes, last year's renewal strategy may no longer fit.

Six questions to ask

before new funding becomes new exposure: people, benefits, cyber, property, entities, and the underwriting story.

The readiness check.

Tell us your RHTP initiatives; we send back a plain-language language readiness summary.

SINCE THEN (VERIFIED AS OF SEPTEMBER 30)

Aug 4 – Sep 20

Utah DHHS closed ten Rural Health Transformation Program funding rounds worth up to roughly \$152M in first-year awards. Two workforce-pipeline rounds (RISE 2.3 and 2.4) stay open until Oct 29.

Aug 18

Commercial insurance premiums fell an average of 2.0% in Q2, a second straight quarterly decrease after Q1 posted the first decline since 2017 (CIAB).

Aug 25

Large employers project a 9.2% healthcare cost trend for 2027, offset to 8% only with plan design changes (Business Group on Health).

Sep 2026

CMS updated its RHTP post-award FAQ: Year 2 funding requires an annual continuation application, and state budgets "will go up or down" on CMS checkpoints.

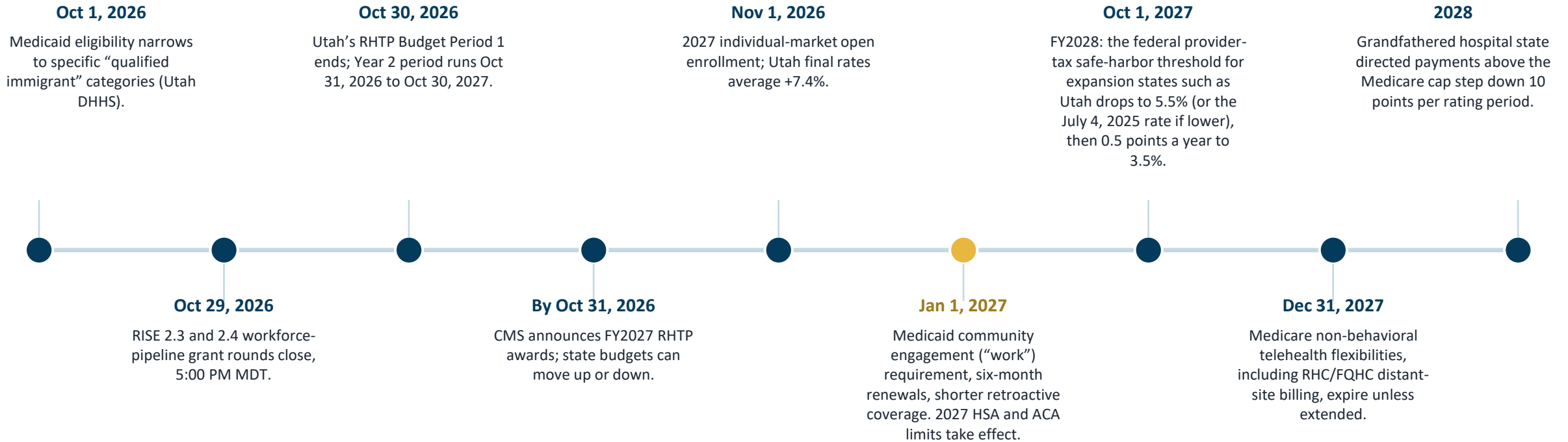
Apr – Jul

Utah Medicaid mailed H.R. 1 letters to members: April on immigrant eligibility and American Indian/Alaska Native status, July on the Jan 1, 2027 community engagement ("work") requirement and six-month reviews. Utah's HB 471 requires documentary evidence; self-attestation alone is not enough.

Sources: Utah DHHS RHTP Funding Opportunities page; The Council of Insurance Agents & Brokers, Q2 2026 Commercial P/C Market Survey (Aug 18, 2026); Business Group on Health, 2027 Employer Healthcare Strategy Survey (Aug 25, 2026); CMS RHTP Post-Award FAQs (Apr 9, 2026; Sept 2026 update); Utah Medicaid H.R. 1 pages (obbba.medicaid.utah.gov); Utah H.B. 471 (2026 General Session).

The next fifteen months, dated

Every item below carries a fixed date set by CMS, Utah DHHS, Utah Medicaid, or the statute. None of them wait for your renewal.

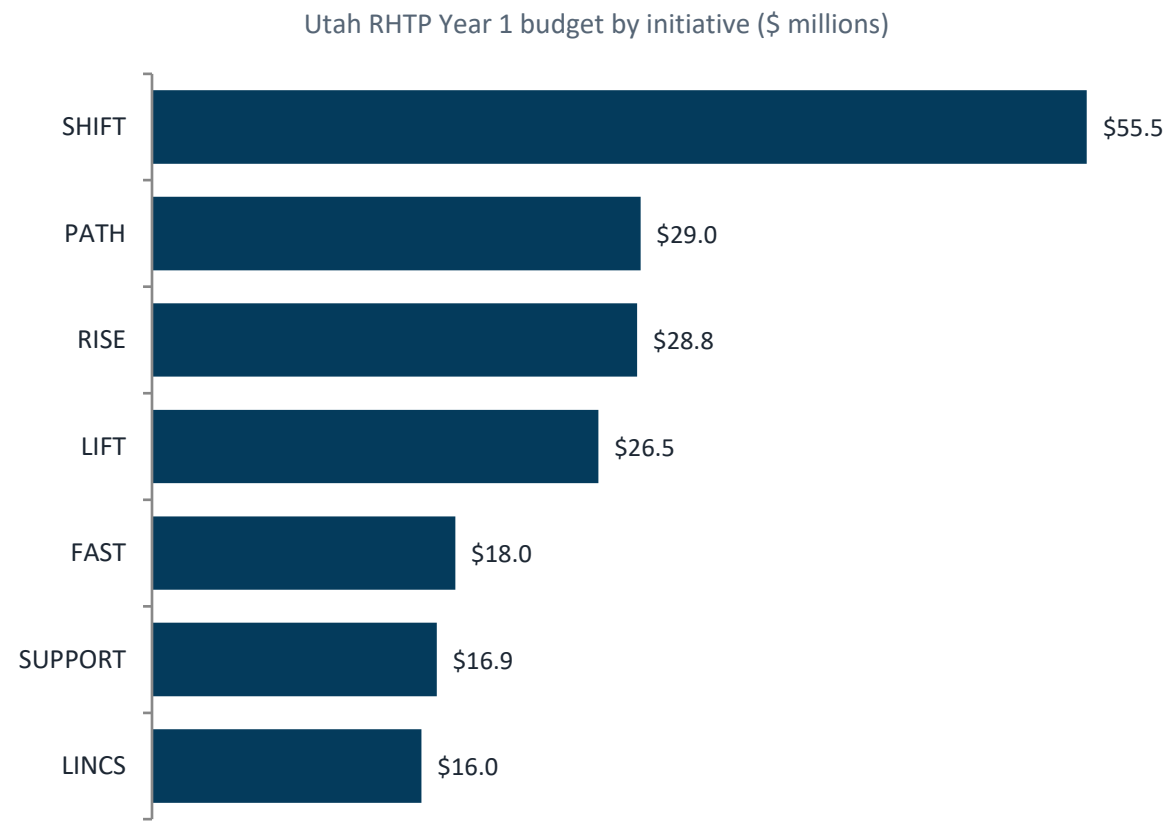


What this means for a January 1 renewal: the benefits decision, the Medicaid changes, and the next RHTP funding decision all land within the same ninety days.

Sources: Utah Medicaid H.R. 1 timeline (obbba.medicaid.utah.gov); Utah DHHS RHTP Funding Opportunities and Jan 2026 legislative handout (Year 2 budget period); CMS Notice of Award RHTCMS332051; CMS RHTP Post-Award FAQs and KFF, “A Closer Look at the \$50 Billion RHTP” (Sep 18, 2026); Utah Insurance Department 2027 rate filings as compiled by ACASignups.net; CMS provider-tax Dear Colleague Letter (Nov 14, 2025); HHS telehealth.hhs.gov policy updates; CMS guidance on state directed payments as summarized by KFF (Jun 15, 2026).

Utah's RHTP scoreboard: closed, open, and what's next

Utah's Year 1 award is \$195.7 million; \$190.7 million of it is budgeted across seven initiatives. Most of the sub-award competition happened in the last eight weeks.



SHIFT = facilities, equipment, EMS and new models of care · PATH = prevention · RISE = workforce · LIFT = telehealth · FAST = payment models · SUPPORT = EHR, cybersecurity, AI · LINCS = data exchange

CLOSED, AUG 4 – SEP 20

Ten funding rounds, up to ~\$152M in Year 1 awards, including RISE 2.5 Recruit & Retain (\$20M), the SPRINT consortium (\$59.2M), LIFT 5.1 telehealth (\$23.7M), SHIFT 3.3 rural EMS (\$12.5M) and SHIFT 3.4 new models of care (\$10M).

OPEN NOW · DUE OCT 29, 5:00 PM MDT

RISE 2.3 Grow Our Own Rural Health Pipeline (up to \$4M) and RISE 2.4 Expand Non-GME Rural Healthcare Pipeline (up to \$3M). Consortium model, administered through the Utah Board of Higher Education / Talent Ready Utah.

YEAR 2 IS NOT AUTOMATIC

CMS: states submit a Non-Competing Continuation application every year; year; budgets “will go up or down depending on the state’s ability to meet the to meet the RHT Program checkpoints.” States may budget on prior amounts or amounts or the \$200M average. Year 1 funds remain spendable through Sep 30, through Sep 30, 2027.

Sources: Utah DHHS Revised Project Narrative v.1.28.26 (initiative budgets) and Funding Opportunities page (round amounts, deadlines, status); CMS RHTP Post-Award FAQs (Apr 9 and Sept 23, 2026); Utah DHHS RHTP informational webinar (Feb 12, 2026: Year 1 spend-through date). The ~\$152M figure is the sum of the ten closed rounds’ maximum Year 1 awards as listed by DHHS (nine grant rounds plus the \$1.67M evaluation contract).

Grant-funded growth outruns the insurance program

Unless someone is watching. Policy review, limits, values and contracts belong on the grant timeline, not the renewal timeline.

WHAT THE GRANT BUYS	WHAT CHANGES	WHAT TO REVIEW WITH YOUR BROKER, BEFORE GO-LIVE
Equipment and renovations SHIFT · SPRINT · LIFT	New insurable value; retrofits and leased space; builders risk during work.	Property schedule and values updated before the asset arrives, not at renewal. Federally funded property funded property must be insured at least as well as your own (2 CFR 200.310). Equipment inventoried and inventoried and reconciled at least every two years (§200.313).
Technology and vendors SUPPORT · LINCS · LIFT	More data, more remote access, more third parties with credentials.	Cyber limit and sublimits sized to the new footprint; vendor contracts, business associate agreements and breach-duty language; additional-insured and indemnity terms.
People RISE	Payroll, new roles, grant-funded positions, consortium staff.	Workers’ comp payroll and class codes; employment practices liability; benefits eligibility and plan budget for grant-funded hires.
Entities and consortia SPRINT · FAST · RISE	Lead fiscal entities, joint governance, flow-down terms.	Utah’s RHTP subrecipient terms require general liability of at least \$1M per occurrence / \$3M aggregate and proof of insurance; failure to provide it “will be deemed a material breach.” D&O, crime and contractual requirements follow the new structure.

Question to ask: is the equipment you are buying with RHTP dollars on your property schedule (or your network’s group program) at the right value, and has the premium been raised with your grant administrator as a potentially allowable cost?

Sources: Utah RHTP Subrecipient Terms and Conditions (Utah DHHS, revised May 12, 2026); eCFR, 2 CFR 200.310, 200.313 and 200.447 (current as of Sept 2026); CMS RHTP FAQ (Oct 31, 2025) on flow-down of award terms to subrecipients (2 CFR 200.101(b)(1)); Utah DHHS RHTP Funding Opportunities. Informational only; grant-compliance questions belong with DHHS and your grant administrator.

Why October matters: the January 1 window

Three decisions converge in the next ninety days. They are usually made by three different executives who do not compare notes.

EMPLOYEE BENEFITS

Kevin

Most Utah employers renew on January 1. Carriers have already filed 2027 small-group rates (Utah: +10.4%); open enrollment for the individual market starts November 1. Whatever is not changed by mid-November, you live with for twelve months.

MEDICAID: WHAT IT DOES TO THE PLAN AND THE PROGRAM

Kevin + Nick

On January 1, Utah's Medicaid community engagement requirement and six-month renewals begin for adults on Adult Expansion and Targeted Adult Medicaid (about 83,000 in Utah's January count; many will qualify for exceptions). Benefits: losing Medicaid is a special enrollment event, so spouses and dependents get 60 days to join your plan, mid-year. Property and casualty: more self-pay and uncompensated care thin the margin that funds deductibles and retentions, and Utah Medicaid expects hospital payments to fall by "hundreds of millions of dollars per year" once the phase-downs complete.

PROPERTY & CASUALTY

Nick

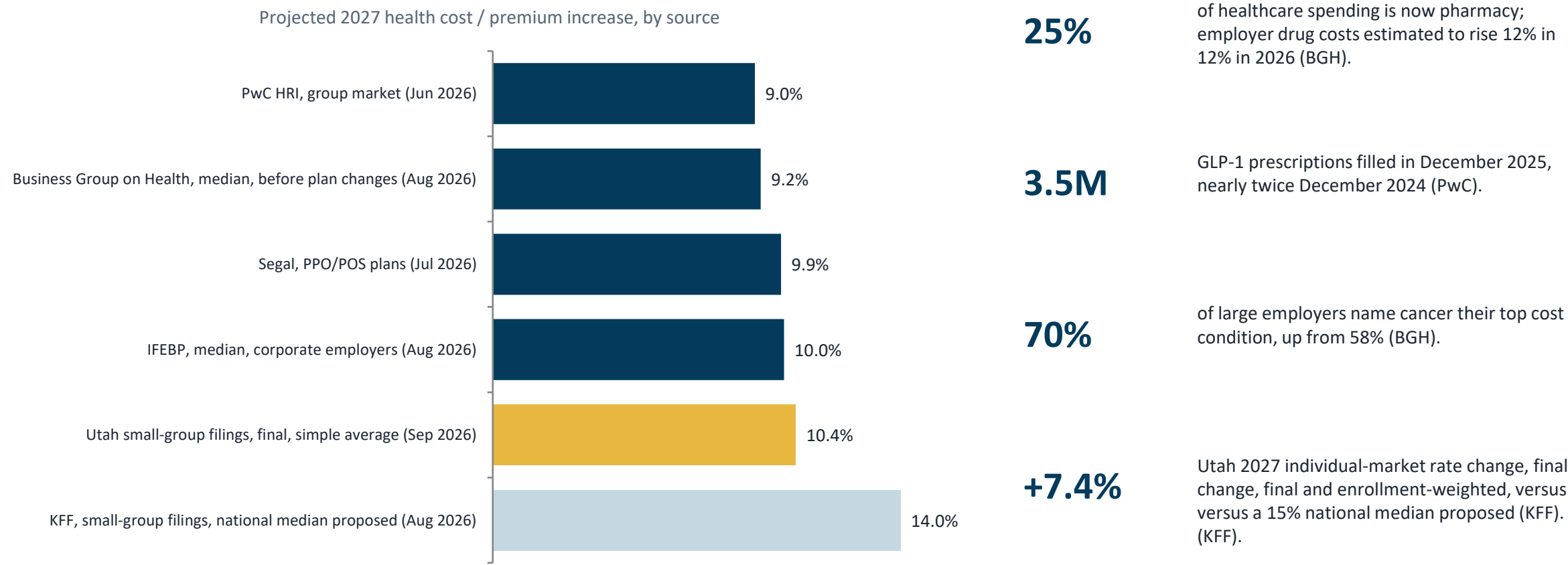
Commercial premiums fell for a second straight quarter. Property is down more than 6% on average, cyber and workers' comp down again. If the program was built in a hard market, its structure has not been re-tested against this one, whatever your renewal date.

Looking at risk holistically means putting these three decisions on one calendar.

Sources: Utah Medicaid, OBBA FAQ for partners (Jan 2026) and H.R. 1 community engagement pages; ERISA §701(f)(3) and DOL EBSA fact sheet on CHIPRA special enrollment (60 days); Utah Insurance Department 2027 rate filings as compiled by ACASignups.net (final, Sep 17, 2026); CIAB Q2 2026 Commercial P/C Market Survey; healthcare.gov open enrollment dates.

2027: the highest medical cost trend in seventeen years

Every major projection published this summer lands between 9% and 10% before plan changes. Small-group filings run higher.



Sources: PwC Health Research Institute, Medical Cost Trend: Behind the Numbers 2027 (Jun 11, 2026); Business Group on Health, 2027 Employer Healthcare Strategy Survey (Aug 25, 2026); Segal, 2027 Health Plan Cost Trend Survey (Jul 23, 2026); IFEBP 2027 projection (Aug 2026); KFF / Peterson-KFF Health System Tracker, small-group and individual 2027 rate filings (Aug 2026); Utah Insurance Department 2027 filings as compiled by ACASignups.net (final, Sep 17, 2026). All 2027 figures are projections or filed rates, not actuals.

What well-run employers are doing about it

Same logic Sightline applies on the P&C side: know the risk, then decide how much of it to buy from a carrier.

ACTIONS LARGE EMPLOYERS REPORT (2027 PLAN YEAR)

84%	will offer at least one center of excellence.
71%	used competitive RFPs to secure lower pricing.
58%	eliminated an underperforming vendor.
32%	are moving to transparent or new-generation PBMs in 2027.
26%	are adopting alternative health plan designs in 2027.

THE FUNDING PROGRESSION

1	Fully insured	Fixed premium, little or no claims visibility. Still offered by two-thirds of employers (SHRM 2026).
2	Level-funded	Fixed monthly cost, possible refund in a good year. 37% of of covered workers at small firms (KFF). Watch renewal swings.
3	Self-funded	Pay claims, buy stop-loss. Most covered workers nationally; stop-nationally; stop-loss premiums rose 12.7% in 2026 (Segal). Ask (Segal). Ask about lasers.
4	Captive	Pool stop-loss with peers. Healthcare captives are “among the “among the fastest-growing segments”; about 200 lives is the lives is the usual threshold, sometimes as few as 50 (SOA, 2026). 2026).

Question to ask: what did our plan actually spend last year, and would we make the same funding decision if we could see it?

Sources: Business Group on Health, 2027 Employer Healthcare Strategy Survey (Aug 2026); KFF 2025 Employer Health Benefits Survey (Oct 22, 2025); SHRM 2026 Employee Benefits Survey; Segal, Medical Stop-Loss Premiums Increase Nearly 13% (Jun 8, 2026); Society of Actuaries, Healthcare Insurance/Reinsurance Captive Landscape (Feb 2026).

Five benefits tools in H.R. 1

Each one is in the statute or in IRS guidance. Most rural employers have not written them into a plan yet.

1 Student loan repayment, permanent

Employer payments on an employee's student loans stay tax-free within the \$5,250 §127 educational-assistance limit, now permanent and indexed after 2026. A recruiting lever for nurses and clinicians carrying school debt.

2 Dependent care FSA, \$7,500

Limit raised from \$5,000 to \$7,500 (\$3,750 married filing separately) for tax years beginning in 2026. First permanent increase since 1986.

3 Trump Accounts, \$2,500 employer contribution

From July 4, 2026, employers may contribute up to \$2,500 a year, tax-free under new IRC §128, to a Trump Account for an employee's child under a written, nondiscriminatory program. IRS rules are proposed (Aug (Aug 2026)).

4 Telehealth before the deductible, permanent

HDHPs may cover telehealth pre-deductible without breaking breaking HSA eligibility, for plan years beginning after Dec 31, Dec 31, 2024.

5 Direct primary care plus an HSA

From 2026, a qualifying direct primary care arrangement with arrangement with fees up to \$150 a month for an individual individual (\$300 for an arrangement covering more than one than one person) no longer disqualifies HSA contributions. Scope limits apply.

2027 NUMBERS TO BUILD AROUND

ACA affordability: 10.22% (from 9.96%)
HSA maximum: \$4,500 self / \$9,000 family
HDHP minimum deductible: \$1,750 / \$3,500
HDHP out-of-pocket cap: \$8,700 / \$17,400
ACA out-of-pocket cap: \$12,000 / \$24,000

Question to ask: which of these five would move a hiring decision for a nurse in your county, and is it in the 1/1 plan documents?

Sources: Public Law 119-21, §§ 70204, 70404, 70412, 71306, 71308; IRS Notice 2026-5 (HSA provisions); IRS IR-2026-90 and proposed regulations on employer Trump Account contributions (Aug 11, 2026); IRS Rev. Proc. 2026-24 (2027 HSA/HDHP limits) and Rev. Proc. 2026-26 (2027 affordability); CMS 2027 premium adjustment percentage guidance (Jan 29, 2026). Informational only; confirm plan changes with ERISA/tax counsel and your TPA.

Benefits are the retention strategy

Turnover has a price tag. RISE money can fund the hire; the plan design decides whether the hire stays.

17.6%

Staff RN turnover in 2025, up 1.2 points. First-year RN turnover: 22.7%. (NSI, Mar 2026)

\$60,090

Average cost of one staff RN turnover; each one-point change costs or saves the average hospital \$295,000 a year.

11% vs 2%

Projected 2038 RN shortage in nonmetro areas versus metro areas (HRSA, Dec 2025).

88%

of employers rate health benefits “very” or “extremely” important to their workforce (SHRM 2026).

\$20M

RISE 2.5 Recruit & Retain, Year 1, closed Aug 4, up to six awards. RISE 2.3 and 2.4 pipeline rounds open until Oct 29.

43%

of nurses say they are likely to leave the bedside within a year; 34% say benefits got worse (Nurse.org, Apr 2026).

Question to ask: if grant-funded hiring lands in Q1, does the 1/1 plan design and budget already assume it?

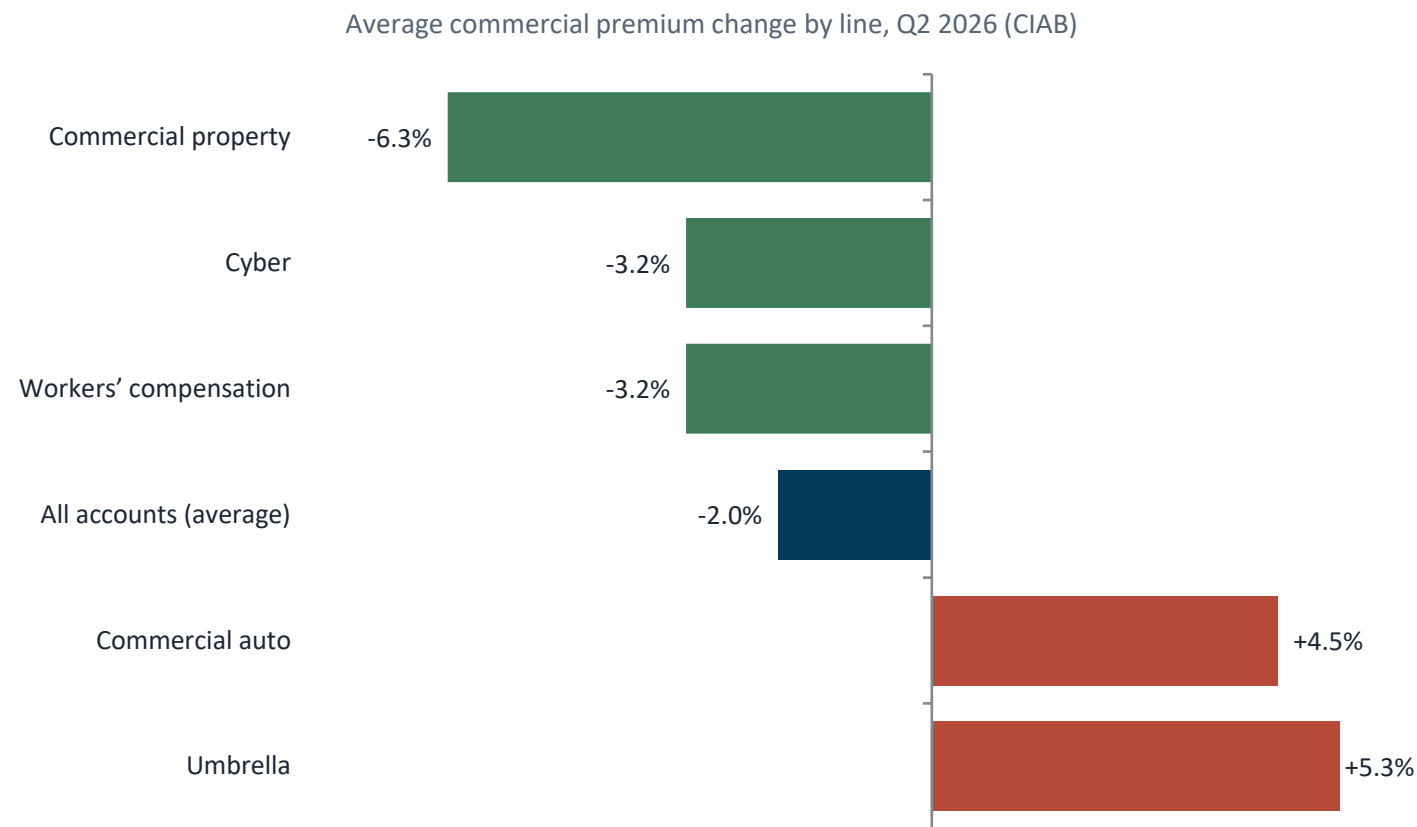


Nick's bridge: the same hire changes workers' comp payroll, EPL payroll, EPL exposure, onboarding and return-to-work. The benefits benefits decision and the P&C decision are about the same person.

Sources: NSI Nursing Solutions, 2026 National Health Care Retention & RN Staffing Report (Mar 2026; 527 hospitals); HRSA National Center for Health Workforce Analysis, Nursing Workforce Projections (Dec 2025); SHRM 2026 Employee Benefits Survey; Nurse.org 2026 Employee Benefits Survey; Nurse.org 2026 State of Nursing Survey (Apr 2026; 2,090 nurses); Utah DHHS RHTP Funding Opportunities.

The P&C market moved in your favor. Did your program?

Second straight quarter of average decreases. Two lines are still climbing, and averages hide wildfire-exposed property.



UTAH WORKERS' COMP

NCCI filed a 4.5% loss-cost decrease effective Feb 1, 2026 and has proposed a further 5.6% decrease effective Feb 1, 2027. Utah lost-time claim frequency keeps declining.

THE AVERAGE HIDES WILDFIRE

Since Jan 1, 2026, Utah insurers writing wildland-urban-interface property must use the state's wildfire-risk map to identify high-risk property, must state the facts behind a nonrenewal or cancellation, and must provide them on request after a premium increase over 20% (HB 48). Utah's 2025 homeowners nonrenewal rate, 4.45%, was the highest in the country. No commercial figure is published.

WHAT A SOFT MARKET IS FOR

Not a cheaper version of last year's program. Higher limits for the same for the same spend, lower retentions where claims justify it, and terms and terms that were unavailable in 2023. Most lines can be re-marketed mid-term.

Sources: The Council of Insurance Agents & Brokers, Commercial Property/Casualty Market Survey, Q2 2026 (Aug 18, 2026) and Q1 2026 (May 20, 2026); NCCI Utah State Advisory Forum materials, 2025 and 2026 (loss-cost filings for Feb 1, 2026 and proposed Feb 1, Feb 1, 2026 and proposed Feb 1, 2027); Utah H.B. 48 (2025), Utah Code 31A-22-1310, effective Jan 1, 2026; Utah Insurance Department Rule R590-291; Weiss Ratings analysis of 2025 NAIC filings (Sep 8, 2026), also reported by KUER (Sep 17, 2026). Informational only; not (Sep 17, 2026). Informational only; not legal advice.

Cyber: grant dollars, underwriting questions, real analysis

Rates have fallen for nine straight quarters. Breach costs and targeting of health care have not. Rural facilities are the gap.

\$6.64M

average health care breach cost, 2026 (IBM)

804

health care breaches of 500+ records reported for 2025, as of Sep 2026 (HHS OCR data)

No. 1

sector targeted by ransomware in 2025 (AHA on FBI IC3)

69%

of 250+ rural hospitals assessed lacked proper MFA (Microsoft/TSI)

-3.2%

average cyber premium change, Q2 2026 (CIAB)

WHAT THE RHTP MONEY FUNDS

SUPPORT 6.2 and 6.3, \$4.5M in Year 1 (inside the SPRINT award)

- Multi-factor authentication for users
- Endpoint detection and response software
- Threat intelligence and patch-management tools
- Annual standardized risk assessments and vulnerability scanning “which will also fulfill regulatory requirements (e.g., HIPAA)”
- Continuous security awareness training for all staff
- Fractional chief information security officer for each hospital

WHAT THE UNDERWRITER ASKS

Typical carrier application questions

- MFA for remote access and for web-based email
- Endpoint protection on all devices
- Regular backups of business-critical data
- Critical patches installed on internet-facing systems
- An incident response plan
- Phishing training frequency
- Least-privilege user access and verification of vendor account changes

WHAT A REAL ANALYSIS GIVES YOU

Three layers, three different tools

1. Benchmark and exposure report: modeled loss estimates, limit adequacy, peer comparison, and a non-intrusive scan of the public attack surface (remote-access ports, critical vulnerabilities, end-of-life software).
2. Vulnerability scan and HIPAA risk analysis: what SUPPORT 6.3 funds; CISA offers external scanning at no cost to critical-infrastructure organizations.
3. Penetration test: a specialist “mimicking the techniques adversaries use.” The proposed HIPAA Security Rule would make it annual; still proposed.

Send us the policies and the contracts: we read them line by line for exclusions, sublimits, first-party versus third-party coverage and how an excess layer stacks on cyber; we benchmark the limits; and we redline contract insurance requirements before you sign.

Sources: Utah Rural Health Transformation Plan, SUPPORT 6.2–6.3 (Utah DHHS); Utah RHTP SPRINT Consortium RFGA; IBM Cost of a Data Breach Report 2026 (as summarized by Becker’s Hospital Review); HHS OCR breach data as compiled by The HIPAA Journal (statistics page updated Sep 8, 2026); American Hospital Association on the FBI IC3 2025 report (Apr 10, 2026); Microsoft / TSI, Rural Hospital Cybersecurity Landscape (2025); CIAB Q2 2026; carrier cyber application forms (e.g., Beazley) and Coalition published requirements; CISA Cyber Hygiene services; HHS OCR HIPAA Security Rule NPRM (90 FR 898, Jan 6, 2025; still proposed).

Liability and property: where Utah is different

Judgments, construction costs, and the worst fire season since 2007 all changed the underwriting math this year.

LIABILITY	PROPERTY
50% of Utah medical liability premiums increased in 2025; one in four rose 10% or more, the largest by 12% (AMA, Apr 2026).	+5.2% Year-over-year building cost increase, Q2 2026 (Turner Building Cost Building Cost Index). Skilled mechanical and electrical labor is the constraint.
\$951M Default judgment, Aug 2025, Utah Third District Court, against Steward Health Care, former operator of a West Valley City hospital, in a 2019 birth-injury case. Largest on Expert Institute’s 2025 list and in Utah history; Steward is liquidating under a Chapter 11 plan.	+8.9% Construction input prices, August 2026 versus a year earlier; iron and iron and steel, lumber, switchgear and copper wire each up more more than 10% (ABC / BLS).
\$25.6B Total of roughly 200 U.S. verdicts of \$10 million or more in 2025, up 2025, up 40.7% and the highest since 2009 (Marathon Strategies). Strategies).	559,000+ Acres burned in Utah in 2026, the most severe fire season since since 2007; 206 structures destroyed across six fires.
+5.3% Average umbrella premium change in Q2 2026; 40% of brokers report reduced umbrella capacity (CIAB).	97,464 Acres in the Cottonwood Fire, which started five miles east of Beaver in June: 185 structures destroyed, and Eagle Point Resort will not open for the 2026–27 season. The Babylon Fire burned 107,000 acres southwest of Monticello.

Question to ask: when were building and equipment values last updated against 2026 construction costs, and does the new RHTP-funded equipment appear at equipment appear at all?

Sources: AMA Policy Research Perspectives (Apr 2026); Becker’s, Salt Lake Tribune and Expert Institute on the Aug 2025 Steward default judgment; Marathon Strategies via Claims Journal (Aug 26, 2026); CIAB Q2 2026; Turner Building Cost Index Q2 2026; ABC analysis of BLS PPI (Aug 2026); Utah House (Sep 3, 2026), USU Extension (Sep 28, 2026), Deseret News and St. George News on the 2026 fire season.

Sightline, applied: the ninety-day plan

The same four steps we showed in August, now with dates on them.

1 Guided Assessment

OCTOBER

Inventory what changed since August: funding rounds applied for or awarded, hires planned, equipment ordered, vendors added. Pull the 1/1 benefits census and claims. Confirm property values and the new-asset list.

2 Market Strategy

NOVEMBER

Benefits: realistic 1/1 moves (level-funded quotes, plan design, Rx, contributions). Start the self-funded and captive study for 2028. P&C: re-test limits, retentions and terms against a soft market. Write the underwriting story before the market writes it for you.

3 Negotiation & Execution

DECEMBER

Bind 1/1 benefits with plan documents that use the new H.R. 1 tools. Re-market P&C lines mid-term where it pays. Ask DHHS and your grant administrator whether required insurance can sit in the approved sub-award budget.

4 Ongoing Review

JANUARY ONWARD

Medicaid changes take effect Jan 1. Track six-month renewals, community-engagement inquiries, and the Year 2 RHTP award. Re-run the assessment when the next sub-award lands.

Whether your P&C renewed last month or renews next June, the January 1 benefits decision is the moment to look at both.

What we do differently, and what we are offering

No pitch. Same offer as August, updated for the calendar.

1933

Founded

ESOP

Employee-owned; ESOP
ESOP since late 2010

97%

Client retention

Top 1%

of U.S. independent
agencies

HOW WE WORK

We track the legislation.

Federal and Utah: H.R. 1, the CMS rules, DHHS funding rounds, the state Medicaid changes, the wildfire-map law. Every map law. Every date on today's timeline traces to CMS, Utah DHHS, Utah Medicaid, the statute, or Utah Insurance Insurance Department filings.

We translate it into your program.

What a rule change does to your workers' comp payroll, your cyber application, your property schedule, your plan design. your plan design. That is the readiness check.

We coordinate both sides.

The person looking at your health plan and the person looking at your P&C are on the same team, working from the same working from the same facts, on one calendar.

Kevin Olsen | Employee Benefits | kevin.olsen@thegibsonedge.com

Nick Hansen | Commercial Risk, Property and Casualty | nhansen@thegibsonedge.com

Thank you, RHAU. · thegibsonedge.com

THE OFFER

A pre-January readiness summary

Send us three things:

1. Your 1/1 benefits renewal (or the date if it is not 1/1)
2. The RHTP funding rounds you applied to or won
3. Your current policy schedule

We return one page: what the calendar changes for you, the questions to settle before December, and where the soft market and the new H.R. 1 tools apply. On request we go line by line through the policies and redline contract insurance requirements. Use it yourself, share it with your board or counsel. No obligation.



Gibson Insurance

Q&A

The background of the top section is a scenic photograph of a lake, likely Lake Umbagog, with a forest of trees in autumn foliage (yellows and oranges) in the foreground and middle ground. Two bare, dark trees are visible on the left and right sides of the frame. A semi-transparent dark blue rectangle is overlaid on the image, containing the conference information.

RHAU | 2026 ANNUAL CONFERENCE

November 4-5, 2026
DIXIE CONVENTION CENTER, ST. GEORGE

Regular Registration is now open!!!

Learn more at <https://www.rhau.org/conference>

CLOSING

- Next Session is November 12, 2026 at 12:00 p.m.
 - Topics:
 - Zephyr Healthcare Advisors
 - Second Presenter TBD
- The recordings from today will be available at:
<https://www.rhau.org/rhau-webinar-series>
- The application to request to present can also be found on the RHAU website, we encourage you to apply to present!
- THANK YOU FOR ATTENDING!!!



November 2026 RSVP

