Your brokerage

RENEWAL REVIEW

Harbourline Industries — Executives, Moncton

Benefits review · Canada Life · Policy H-500417 · Effective February 01, 2027

9 covered members · September 01, 2025 - August 31, 2026.

Prepared by Your brokerage · November 2026

Summary

A review, not a bill. Nothing here needs a signature today.

This reviews the renewal taking effect 1 February 2027, which has not started yet. The figures below are the incoming year's.

+11.9%	The ask $8,609 → $9,630 / mo · $12,245 more a year
9	Members
83%	Target loss ratio
7.5%	Pooling charge

In this review

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1 Every class and division, side by side

Claims are not shown for fewer than 10 members. Rates and premium only; the claims are inside the whole-plan figures.

	MEMBERS	PREMIUM A YEAR	ASK	LOSS RATIO TARGET 83%	ASKED VS CLAIMS
Whole plan one policy	500	$2,764,642	+12.1%	**88%**	**+$157,454**
BY CLASS · THE CARRIER APPLIES ONE INCREASE TO ALL THREE					
Owners	6	$93,863	+12.3%	not shown	—
Executives	34	$389,110	+11.8%	**107.4%**	**−$52,081**
All other employees	460	$2,281,669	+12.1%	**83.9%**	**+$225,992**
BY DIVISION · THE SAME RATES, DIFFERENT CLAIMS					
Halifax Head office	200	$1,186,437	+12%	**85.9%**	**+$74,628**
Moncton Manufacturing plant	200	$1,051,640	+12.1%	**91.7%**	**+$41,984**
St. John's Distribution	100	$526,565	+12.1%	**85.3%**	**+$40,842**

"Asked vs claims" is the carrier's ask on the experience-rated lines against what this slice's own trended claims support at the target loss ratio. A plus is money asked for that the slice's claims do not justify.

2 The reconciliation

Not shown for a group this small — claims are withheld for fewer than 10 members, so that no one person's claims can be read off the page. (assumed: 10 members is a privacy floor we hold, not a figure a carrier publishes)

The rates, the premium and the carrier's ask below are this group's own. Its claims are counted inside the whole-plan reconciliation.

3 Where things stand

$8,609	your premium today, per month
+11.9%	the carrier's renewal action

4 What's driving it

Credibility was not disclosed in this report

The carrier has not said how much of your own experience it used for a 9-life group. On the standard carriers print (full credibility at about 40 life-years of exposure) it lands at ≈ 37–57% (our estimate), and that assignment materially changes what the experience justifies: at the low end most of the increase is coming from the carrier's book rather than from your claims, and the claims argument has correspondingly less to work with; at the high end your own experience is doing most of the work. Request the credibility factor — it is a negotiation lever, not a formality, and it is normally supplied on request.

5 What we're going to examine

These are the changes this plan's own numbers point at. None can be priced from the documents on file yet — each one names what would put a figure on it. They are listed because knowing what is being examined is the point of this review, not because a number is missing.

CHANGE	ESTIMATED SAVING	INCLUDED
Dental recall frequency / fee-guide management Lengthening the recall one step (6 to 9 months, or 9 to 12) or pegging reimbursement to a prior-year provincial fee guide (fee-guide lag) trims routine spend; modest but clean.	Impact priced once the benefit schedule is on file — the exposure is measured, the saving is not.	Not in the total

None of these decisions are due today. We run the carrier, the paperwork, and the staff communications end to end.

6 The renewal, line by line

Every benefit, what you pay today against the renewal. The renewal column is the carrier's ask as this report states it. Nothing in it has been negotiated yet.

BENEFIT	LIVES / VOL.	CURRENT / MO	RENEWAL / MO	CHANGE
POOLED BENEFITS				
Employee Term Life	4,266,000	$913	$947	+3.7%
AD&D	4,266,000	$137	$137	+0%
Dependent Life	8	$25	$25	+0%
Long Term Disability	79,040	$493	$537	+9%
Short Term Disability	13,500	$776	$869	+12%
Contact	9	$36	$36	+0%
Pooled benefits subtotal		**$2,379**	**$2,551**	**+7.2%**
HEALTHCARE				
Single	1	$104	$120	+15.5%
Couple	3	$624	$721	+15.5%
Family	5	$1,352	$1,562	+15.5%
Healthcare subtotal		**$2,080**	**$2,402**	**+15.5%**
DRUGS				
Single	1	$98	$115	+17%
Couple	3	$588	$688	+17%
Family	5	$1,274	$1,491	+17%
Drugs subtotal		**$1,960**	**$2,293**	**+17%**
DENTAL				
Single	1	$93	$102	+9.5%
Couple	3	$558	$611	+9.5%
Family	5	$1,209	$1,324	+9.5%

BENEFIT	LIVES / VOL.	CURRENT / MO	RENEWAL / MO	CHANGE
Dental subtotal		**$1,860**	**$2,037**	**+9.5%**
VISION				
Single	1	$17	$17	+5%
Couple	3	$99	$104	+5%
Family	5	$215	$225	+5%
Vision subtotal		**$330**	**$347**	**+5%**
Total		**$8,609**	**$9,630**	**+11.9%**

Life non-evidence maximum: $400,000 in force, $600,000 available — members above $400,000 need medical evidence; ask whether the higher NEM applies.

7 The road ahead

If claims hold

This report does not state its trend assumptions. Our assumed ranges, not observed figures: dental ≈ 6–8% a year, so expect trend pressure on top of any demographic drift. For drugs and extended health: Canada's medical trend surveys project 8.3% to 8.6% for 2026 across all health benefits combined (Aon; Mercer Marsh Benefits), including 2.1% general inflation: the same kind of forward assumption as the carrier's. For comparison, realised drug trend was 4.7% in 2024 (TELUS Health, 2025 Drug Data Trends & National Benchmarks). Realised drug trend is the actual change in eligible drug cost per certificate (an employee and their dependants) across private drug plans from one year to the next, before deductibles and coinsurance. It looks back at what drug claims did. A carrier's trend looks forward: its assumption for the coming plan year. The two measure different things.

If a large claim emerges

At 9 lives a single specialty claimant can move the whole renewal — pooling caps the tail, but the below-level portion lands in rated experience. The monitoring cadence below is what catches it early.

8 The cushion already in place

Claims above **$25,000 a year (per person, per family, or per employee and separately for dependents, as the contract sets it)** are pooled across the carrier's whole book, not carried by your plan alone.

9 What happens next

ACTION	WHEN
We check the carrier's math on this renewal letter The letter is in hand and this review is our line-by-line check of it — the pooling, the trend factor, the credibility. Anything that does not reconcile is the first thing we take back to the carrier.	Done: this review
We negotiate the pooled rate before anything is accepted A group this size is priced on the carrier's standard rate for its size and make-up, not on its own claims. We confirm the headcount and insured amounts the rate was built from are current and test it against what other carriers would charge. If the number stays high, phasing it across the year is on the table.	Now: the letter is in hand
Turn on regular experience monitoring Get experience on the tightest cadence the carrier will produce, quarterly where it offers it, so a benefit crossing a threshold is caught while the window is still open and there's time to act, not reconstructed at renewal when it's already locked.	Now
Implement amendments + member communication Roll out the agreed plan-design changes and brief members on what changed and why, especially any new or lower maximum. Clear communication means members hear the why before they reach it — it protects trust; it doesn't make a lower maximum not a takeaway.	Upcoming — at renewal (Feb 1, 2027)

Self-insured health is not generally offered at this size, so no self-insured budget is drawn here.

(assumed: carriers seldom offer self-insured health below 25 people on health; 9 are enrolled here)