

Médecins sans Frontières

International Policy Stewardship Report

Executive Summary

January 1st – December 31st, 2019

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Executive Summary

This summary concentrates on the scheme changes in membership, premium and performance for 2019 and compares the last 3 years 2017, 2018 and 2019.

The premium and claims data provided by Allianz Worldwide Partners (AWP), formerly called Hauteville Insurance Company, as at May 2020 is utilised for the overall, by product and by section, premium and loss ratio calculations.

The data provided by MSH, to the end of April 2020, is utilised to review the amount of premium recovered from the French Social Security system, claims by benefit type, claims during the 3-month extension period, average claim value, utilisation levels and to review the top 10 high cost claims for Healthcare.

The MSH data and the AWP data will not exactly match as the MSH data does not include any reserves or any fees and the reports are pulled at different dates. Looking at the 2 combined reports, we get a good overall view of the performance of the MSF plan.

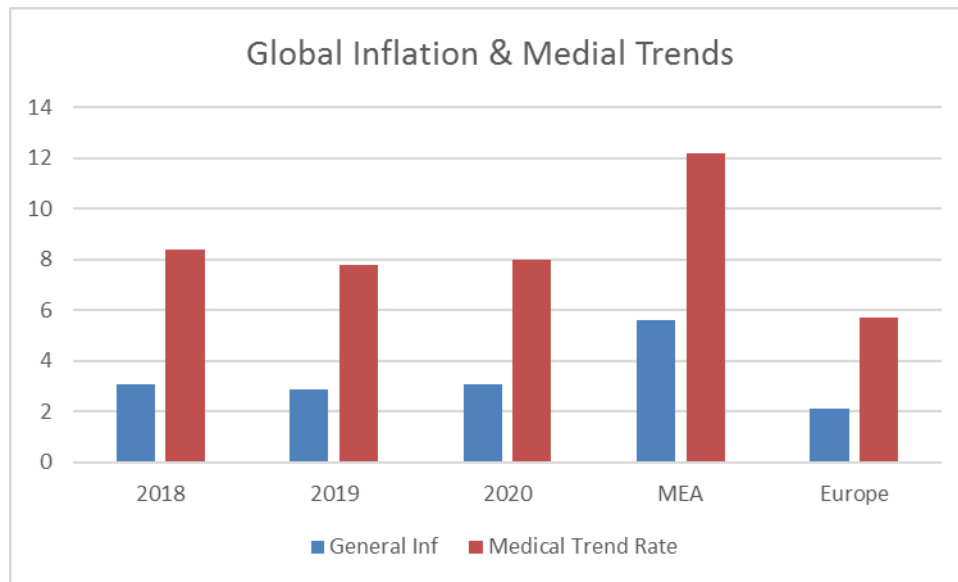
FTE numbers have been taken from the invoicing calculations.

Following feedback received from MSF Belgium, loss ratio figures excluding fees has been included in the 3- year summary tables and additional Life and Disability claims details by section have been included.

2019 Renewal Summary

- The loss ratios have been steadily increasing, reaching a peak in 2017. A rate increase was required at 2018 and again at 2019 to ensure there is a sufficient claims fund and to stop the poor performance of the plan.
- Rates had been held for 3 years between 2015 and 2017.
- A 20% rate increase was applied to the Healthcare and Business Travel (BTA) premium for 2018 and a 10% rate increase for the Life and Disability rates.
- A 15% rate increase was applied to Healthcare for 2019 and all other rates for Life and Disability and BTA were held
- The Aon and MSH fees were also held for the 2019 renewal at 95 Euros per employee member per year for MSH and Aon fees remained at 2% but capped at €70,945 per year.
- There had been discussion around moving the Healthcare element of the policy into a captive arrangement, but it did not progress.

- Aon carries out an annual review of global medical trends by region. The global medical trend rate was 7.8% in 2019. Historically the MSF claims spend split is around 50/50 Europe and Africa, but this can vary on years where there are high claims concentrated in one location. MSF's medical trend rate based on its location of claims is higher than the global average at around 9%.
- The medical trend rate is the increase you would expect to apply to the rates before any further adjustment for claims performance.



Source: Aon's Global Medical Trend Report 2020

- Trend rate figures represent percentage increases in medical plan to address price inflation, technology advances in the medical field, plan utilisation, and costs shifting from social programs.

2019 consolidated FTE numbers

MSF Section	Member	Deps	Children	Total
Australia	78.42	2.40	3.40	84.22
Austria	28.96	1.00	2.00	31.96
Belgium	614.69	31.58	87.56	733.84
Canada	158.47	4.93	7.71	171.10
Denmark	31.69	2.68	5.22	39.59
France	853.28	43.45	94.27	991.00
Germany	116.93	5.77	13.48	136.18
Greece	17.73	0.00	0.37	18.10
Holland	484.93	22.43	59.20	566.56
Italy	183.35	5.18	6.43	194.95
Japan	42.01	0.17	0.00	42.18
Korea (new 2018)	8.24	0.41	0.00	8.65
Luxembourg	3.23	0.00	0.51	3.74
Norway	37.65	1.00	4.00	42.65
Spain	563.38	36.30	65.11	664.79
Sweden	49.29	2.11	5.01	56.41
Switzerland	377.65	40.14	105.13	522.92
UK	117.83	4.60	7.72	130.15
USA	135.04	5.78	8.43	149.25
TOTAL	3,902.77	209.93	475.55	4,588.24

- The headcount in 2019 versus 2018 decreased by 5%. This is the first time we have seen a decrease in the headcount, which has seen double digit growth annually over the last 3 years.
- France, Belgium and Spain continue to be the largest sections accounting for 52% of the total membership. Holland and Switzerland are the next two biggest sections and together the 5 OC's account for 76% of the headcount. This split is in line with prior years.
- MSF is invoiced bi-annually in arrears by section for the premium. FTE reconciliation takes place at year end and any difference is reconciled. Historically the discrepancies between the MSH enrolment file and the MSF Sections data have been under 2%. The differences are often due to duplicate entries, dates of birth or names entered incorrectly and/or end dates of missions not captured correctly.
- The Q3&4 2019 headcount was reconciled at March 2020 by all sections, apart from the 5 OC's. Due to conflicting priorities with the Covid 19 pandemic disruption it was agreed that they will reconcile their figures in September 2020. Therefore, there may be some changes to the headcount reported in the table above.

- MSF continued with invoicing in arrears in 2019. For 2020, MSF has moved to quarterly upfront invoicing. For budgeting purposes, it has been agreed to pay premiums quarterly for 2020, especially as the Q3&4 2019 invoices (in arrears) will overlap with the Q1 2020 upfront invoice.
- Aon would again advise that MSF sections work closely with MSH to ensure enrolment processes are working correctly and that correct details are provided. This minimises duplicate entries and time taken to reconcile the figures at year end.
- With the introduction of the new Local Policy for National Staff on Secondment in April 2019, it was anticipated that the headcount would reduce on the Expat plan. Allianz had agreed by exception to cover some locals in country on the Expat plan. Any new locally contracted members were enrolled on the Local plan from April 2019 and those currently covered under the Expat plan by exception, will move onto the local plan once their current mission ends if they go on another assignment. MSF estimated around 300 of these for 2019, but the final headcount was much less than this in 2019 as the roll out of the plan took longer than anticipated.

2019 Consolidated Premiums, Claims and Loss Ratio Overall by Section

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Gross Loss Ratio (including all fees)
Australia	128,705.29	52,085.26	10,474.65	44.1%
Austria	47,959.99	5,622.32	3,931.48	12.8%
Belgium	1,046,765.28	706,907.48	87,664.14	73.7%
Canada	340,467.00	94,953.70	29,075.85	30.5%
Denmark	65,326.14	19,594.45	6,263.22	33.2%
France	1,595,275.60	1,991,463.31	157,740.86	138.5%**
Germany	184,495.69	24,165.40	16,164.52	14.4%
Greece	31,235.52	126,714.00	2,990.97	448.6%
Holland	765,110.40	633,989.09	67,088.78	90.8%
Italy	372,472.00	91,126.52	32,860.92	26.8%
Japan	78,097.73	2,014.95	7,122.39	2.8%
Korea	15,427.03	183.23	1,133.95	1.3%
Lux	5,355.50	1,219.46	444.95	24.8%
Norway	67,638.13	9,510.39	5,274.51	15.2%
Spain	998,875.68	630,750.51	80,968.96	68.7%
Sweden	82,923.98	10,773.13	6,850.83	14.2%
Switz	968,767.47	375,988.00	83,141.14	42.5%
UK	195,468.05	241,577.95	16,028.52	134.6%
USA*	158,587.19	14,784.96	3,283.84	9.5%
Totals	7,148,953.66	5,033,424.10	618,504.50	77.1%

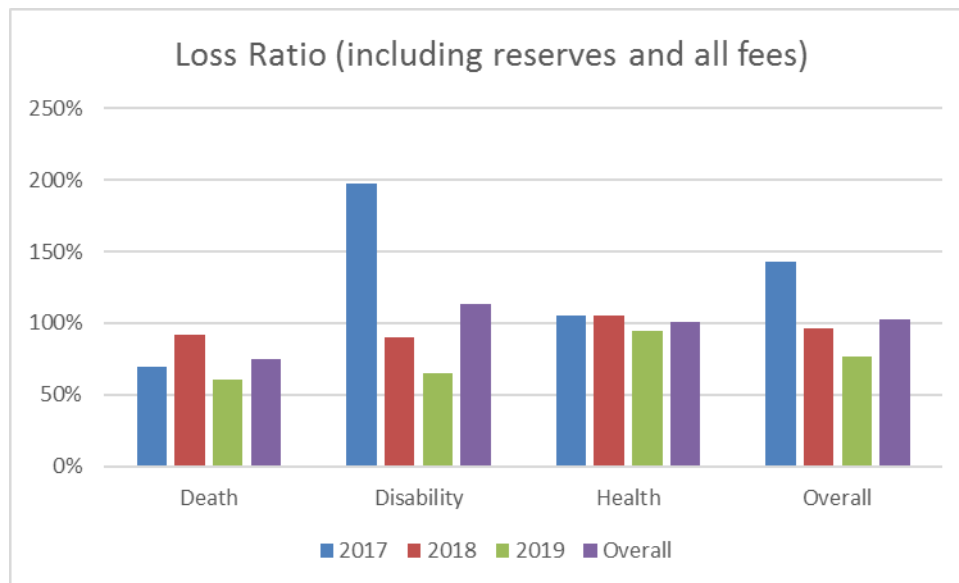
* MSF USA does not participate in the Health insurance element of the policy. **MSF France total claims and loss ratio has been falsely inflated due to incorrect reporting of healthcare extension claims. Further details under the Healthcare section. Total claims values and loss ratios are correct

- For a quick visual view, we have colour coded Loss Ratios in Red where the performance is worse than anticipated. This has been carried through the full report.
- The scheme is written to run at 95% loss ratio, including all fees. The Loss Ratio is currently estimated to finish at 77%, meaning that the value of claims paid out is less than the overall premium received. This is the best projected performance that we have seen on the MSF plan, and shows that the rate increases applied in 2018 and 2019 are now having the desired effect. Over the 3- year period 2017-2019, the overall loss ratio still exceeds 100%, but 2018 and now 2019 have seen improving overall performance.
- MSF had a 3-year fixed rate deal from 2015-2017, but while this was beneficial from a budgeting perspective, it did mean that the plan was underfunded and then required several years of increases to bring the claims fund back in line with spend.
- MSH fees were held in 2019 at 95 Euros per employee per year. The fees remain very competitive in the market. MSH only charge fees on the Healthcare element of the plan, as AWP administer the Life and Disability claims. The average administration fee in the healthcare market for large corporate schemes is around 15-18%. Overall fees on healthcare account for 16%, but

2% of that is allocated to Aon commission. Therefore, as a comparison, MSH fees equate to 14%.

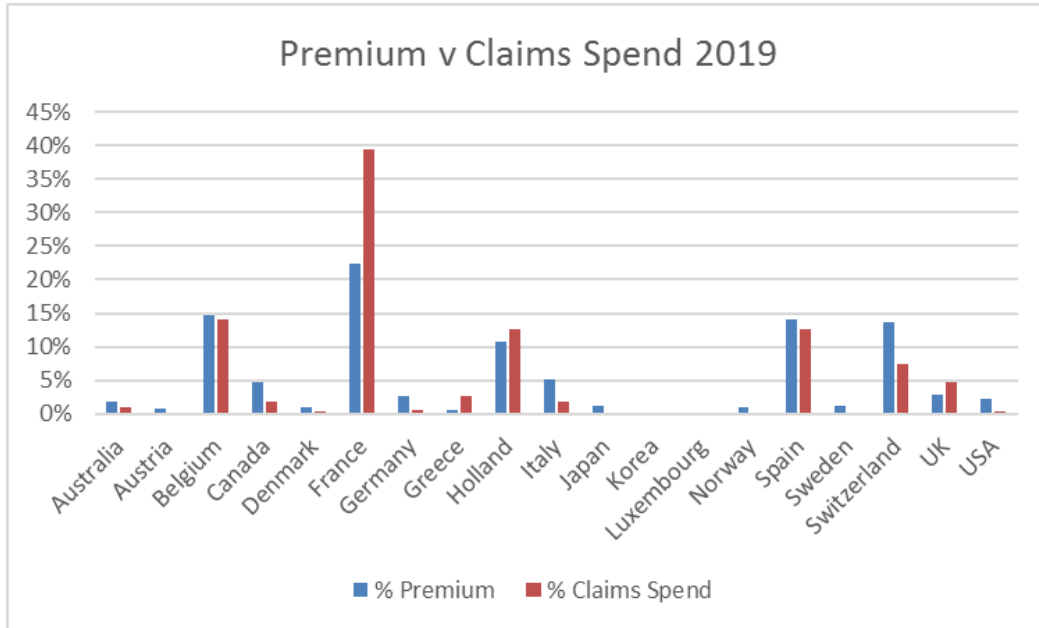
- Aon commission remained at 2%, capped at €70,945 per year. Commission paid in excess of the agreed fee will be rebated to MSF. MSF premium is reconciled in arrears, and therefore any subsequent reimbursement to MSF will occur in the year following the premium year. Following an internal audit of its finance processes Aon recently identified that MSF were due a rebate of £52,787 covering the 2015-2019 (Q1&2 only) policy period. This has been settled. A further rebate is likely on the full 2019 year.
- Overall fees for Healthcare and Life and Disability represent 8.7% of total premium.
- Total premium increased marginally by 1% for 2019 versus 2018 at a value of €7,148,954. While healthcare rates did increase, Life and Disability rates remained the same and there was a 5% headcount reduction.
- Reserves account for 40% of the total claims paid, which are mainly driven by reserves for disability claims. Reserves account for 15% of healthcare claims, 82% of disability claims spend and 24% of the death claims spend in 2019. Further details are provided under the relevant sections of the report.
- AWP carry out a full review of reserves annually and summarised in the past that, if anything, their reserving is on the conservative side. This was true historically evidenced by the 2017 performance which worsened over time. However, the 2018 position has ended up much better than predicted. At this time last year, the global loss ratio was reported at 117% in the 2018 Stewardship report and is currently at 96%. Aon continue to monitor and ensure AWP review and adjust their reserves on a regular basis.
- France, Greece and the UK have high loss ratios in excess of 100%. However, the claims spend in Greece and the UK is relatively low in comparison to the overall claims spend. It continues to be France with the largest claims spend that has the biggest impact on the performance of the plan. 2019 is the first year where we have seen a poor performance for France in both Healthcare and Life & Disability.

Loss Ratios – 3-year view



- The scheme is written to run at 95% loss ratio, including all fees
- The overall loss ratio for the 2019 scheme year is currently projected to end at 77%. This is currently lower than 2018, which ended at 96%. 2017 was the worst performing year to date at 143% loss ratio. Over the 3-year period claims outstrip premium with a combined 3- year loss ratio of 102.5%.
- The rate increases applied at 2018 and 2019 have had the desired effect and reduced the trend of steadily increasing loss ratios year on year and the book now looks more sustainable. AWP has projected that the 2019 Healthcare loss ratio will end up on target for the first time in several years at 94%. The Risk loss ratio, which is typically more erratic, has improved in 2019, and is driving the improvement in the overall performance. The Health and Risk performance generally cross subsidise each other.
- Allianz originally requested a 15-20% rate increase for the 2019 policy year, which Aon negotiated down to 15%. The improving performance shows that a 20% rate increase would have been excessive.
- The improving performance of the plan, was one of the main reasons that Aon was able to negotiate a reduction in the 2020 renewal rates from 12% for Healthcare to just 5%, which is under medical inflation. Life and Disability and BTA rates were held. Looking ahead to the 2021 renewal, and if the performance continues at its current rate, Aon would be looking for held rates across the board.

Overall Percentage Premium versus Overall Claims spend (paid and reserves) by Section all products in 2019



- In 2019 only France, Greece, Holland and the UK are claiming more than their population hold. In prior years Belgium, Canada, UK and the USA have claimed more than their population hold.
- France accounts for 40% of all claims spend in 2019. It is the largest section with regards to overall premium driving 22% of the premium. At a global level, France historically claims less than its population hold, but in 2019 France has seen a high claim spend for both Healthcare and Death & Disability. For Healthcare, France remains the highest claiming section.
- In 2018, Canada was highlighted as a concern both in terms of disability, with a large share of the total registered cases coming from MSF Canada and two of the healthcare high cost claims. In addition, MSF Canada requested to have Disability added to the Expat plan for HQ staff for 2019 in the same way as the USA. There was concerns that this might drive higher claims spend in Canada. However, in 2019 there have been minimal claims spend for MSF Canada.

Healthcare

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Gross Loss Ratio (including all fees)
Australia	56,065.72	52,085.26	8,970.52	111%
Austria	21,094.96	5,622.32	3,375.19	32%
Belgium	473,741.28	406,479.93	75,798.60	102%
Canada	157,608.44	82,844.84	25,217.35	63%
Denmark	35,253.17	19,594.45	5,640.51	66%
France	895,289.69	1,074,487.89	143,246.35	143%**
Germany	88,620.28	19,545.10	14,179.24	26%
Greece	16,829.09	16,667.16	2,692.65	118%
Holland	367,898.56	174,515.25	58,863.77	56%
Italy	180,407.73	91,126.52	28,865.24	60%
Japan	39,522.66	2,014.95	6,323.63	6%
Korea	5,847.40	183.23	935.58	4%
Lux	2,398.19	1,219.46	383.71	61%
Norway	27,811.40	3,479.35	4,449.82	15%
Spain	432,794.99	337,206.43	69,247.20	93%
Sweden	36,855.61	10,773.13	5,896.90	35%
Switz	452,865.15	363,805.19	72,458.42	96%
UK	86,012.80	12,087.97	13,762.05	17%
USA*	0	0	0	0
Totals	3,376,917.12	2,673,738.43	540,306.74	94%

*MSF USA does not participate in the Health insurance element of the policy. ** French overall claims will be lower, with estimate loss ratio under 100% due to Allianz allocating all healthcare extension claims to France.

- Healthcare includes premium and claims for the sections that have the dental and vision option.
- Claims and loss ratios per section only include claims made and reserves during the main contract period, except for MSF France, as all extension claims have been allocated incorrectly under MSF France. **The total claims and loss ratio figure is correct.**

- Fees include 95 Euros per person per year for MSH and 2% for Aon, capped at €70,945. Total fees represent 16% of premium for Healthcare.
- Total claims made during 2019 in respect of medical and dental claims are €2,673,738 this includes €411,000 of reserves which account for 15% of the claims but which may reduce in time.
- At March 2019, the 2018 loss ratio for healthcare was at 110% with reserves accounting for 12% of total claims spend and is now tracking to end at 105%.
- Allianz calculate that the loss ratio for Healthcare for 2019 will end at 94%. Aon would expect to see the healthcare reserve being lower than 15% at this stage, at around 5%. Aon would project 2019 performance to end up slightly better at 84-90% rather than the 94% reflected in the report.
- Of the 5 OC's, Holland continues to have a strong performance with low loss ratios for Healthcare. Switzerland and Spain are running on target in 2019, Belgium is running in excess of 100% and France continues to drive the highest value of claims spend with a 143% loss ratio and due to its size, drives the overall performance of the healthcare book.
- In 2019 40% of the healthcare claims spend is for France. It has a combined 3-year loss ratio of 150% with over €2.3m claims paid (excluding reserves) to date.
- MSF should consider looking at applying a higher rate to MSF France as the remaining sections are all funding its poor claims performance. Excluding MSF France, the Healthcare loss ratio in 2019 would be 17 points lower at 77%.
- The number of high cost claims in France had been increasing steadily between 2016-2018, but for the 2019 year this seems to have levelled off. Further review is required as to why MSF France continues to be such a high claiming section and why when high value claims are tailing off, subrogation is at the expected levels the loss ratio continues to be so high. AWP are carrying out a deep dive of claims and claiming patterns. Further details will be presented in a separate report.
 - 2019 = 4 claims over 10,000€ totalling €88k
 - 2018 = 15 claims over 10 000€ totalling €332k
 - 2017 = 8 claims over 10 000€ totalling €156k
 - 2016 = 7 claims over 10 000€ totalling €142k
- Further to a deep dive on the French claims, Aon has uncovered that Allianz have incorrectly allocated all extension claims to MSF France, which explains why France continues to look like a poor performing section. In future, Allianz will split out the extension claims from MSF France and show them separately. The loss ratio for MSF France is expected to be under 100%. Aon is also working with MSH and Allianz to show claims values and loss ratios by section to include extension claims. This will be updated in future reports.
- Medical consumption in Greece and Australia is high with claims spend (including fees) exceeding premium paid. However, the performance in Greece and Australia has little overall impact on the book as the volumes are so small.

- Hospitalisation remains the highest claiming section at 25% of the total value of claims spend. Consultations and Pharmacy account for 11% of claims value respectively. Psychiatry, Diagnostics and Laboratory each account for 8% of the overall claims spend. Outpatient costs account for 7% and maternity 4% of claims costs. The Aon book average for psychiatric claims is under 3%, so the spend is higher for MSF, but this is to be expected with the nature of the MSF work.
- Dental accounts for 6% and Vision accounts for 5% of total claims costs. Within the extension period Dental accounts for 13% of spend and 10% of Vision claims, which is to be expected as this section of cover is always highly utilised. Dental claims account for 23% and Vision claims 13% of the claims spend for the sections that have the optional Vision and Dental cover.
- There were €402,049 claims made under the French Social Security system (including CFE). Of these claims € 236,384 were paid by AWP. Therefore 41% of these claims were either reimbursed from the SSF or CFE or the claims were declined. The latter is not split out on the report. This figure is in line with historic years.
- MSH report social security savings for France only and either by CFE or SSF. The table below shows the percentage reimbursements by type of service for 2019 and 2018 for a comparison.

Type of Service	SSF 2018	SSF 2019	CFE 2018	CFE 2019
Hospitalisation	22%	14%	6%	2%
Vision Care	14%	15%	15%	22%
Consultation	11%	11%	17%	11%
Psychiatry	10%	12%	8%	19%
Dental Prothesis	5%	5%	2%	4%
Paramedical	8%	9%	11%	11%
Laboratory	6%	6%	16%	6%
Pharmacy	4%	6%	5%	10%
Diagnostic	7%	8%	6%	7%
Dental Care	5%	7%	10%	6%
Prevention	1%	1%	0%	0%
Outpatient Care	3%	3%	1%	2%
Maternity	2%	2%	0%	0%
Other	1%	1%	1%	0%

- The percentage reimbursements differ per type of service and by the location of treatment and facility. Hospitalisation saw the biggest difference between 2019 versus 2018, but this will likely be driven by less inpatient claims rather than savings not being achieved. The percentage reimbursements improved for Psychiatry, Consultations and Dental Care.
- MSF should consider getting more targeted reporting on reimbursements per facility and try to direct members to those facilities which offer the best cost savings. Should MSF carry out a market review in the future, the provider network and discount ability in France should be a key focus, along with reporting.

- Aon recommends that MSF tightens up on the process for pushing claimants to local social security plans in the first instance, currently MSH only monitor this for MSF France. The Allianz plan should operate as a “Secondary” cover when ‘Home Country’ Social Security systems are not in place.

Percentage Split of Claims by value - Healthcare – **UPDATED**

- Average claims costs are a good indication to track whether there has been an increase in utilisation based on a changing demographic and less subrogation from social security systems, or if there had been an increase in average claims costs, which could explain the performance of the plan.

Claiming Values in Euros	2017	2018	2019
0-250	7%	7%	7%
250-500	11%	10%	11%
500-1,000	14%	14%	15%
1,000-2,500	17%	16%	19%
2,500-10,000	18%	21%	23%
10,000-50,000	17%	21%	22%
50,000-100,000	10%	11%	3%
100,000-250,000	5%	0%	0%
Average Claim cost	723 €	780 €	727 €

- Historically the utilisation and average spend of the plan has been relatively static over the 3 years 2016 to 2018. This indicated that the main reason for the decline in performance was due to the premium being too low rather than any concerning claims trends.
- **For 2019, the utilisation remains in line with prior years and average costs are lower than 2018, with more claims of a lower value.**
- In the top 10 high cost family claims for 2018 there were 4 claims in excess of 50,000 Euros. In 2019 there is only 1 claim in excess of 50,000. Claims over 50,000 Euros are shown as 0% in the table. This is because the High cost family claims represents the cumulated payments for one family in the year, rather than per claim.
- The MSH definition of a claim is one payment, not one illness, i.e. per claim “form” containing one or several invoices (and events) claimed in one go.

Utilisation

- Figures are those reported at December 2019 for the 2020 renewal

	2017	2018	2019
Total Claimants	3184	3713	3475*
Total FTE count	4304	4842	4588
% Utilisation	74%	77%	76%
Total # Members	8062	9005	TBC
% Utilisation	58%	66%	TBC

*2019 claimants only reported to October 2019 of 2,606, figure annualised above

- The number of claimants has been pulled by name. If a member has multiple claims they are only shown as 1 claim.
- The Total number of members is the total number of people covered for 1 day upwards. The FTE count lists those full 12-month FTE members as per the invoice.
- 2019 Utilisation is in line with prior years. We would expect to see utilisation in excess of 70% for an international scheme. We would normally review utilisation against total FTE count only, but because there is a lot of movement on the plan, we also look at it against total members over the year, not just the full annual FTE count. At the time of writing the report the member count had not been provided for 2019.

Claims by 3-month Extension Period

- In 2019, 28% of the paid claims spend is within the extension period at a value of €623,490. This higher than the claims spend in 2018 at €570,208 with 21% of claims spend. Historically around a third of all claims spend has been within the extension period.
- 60% of this claim spend is from the sections who have the dental and optical optional cover, this is slightly lower than 2018 with 66% of the claims spend.
- 23% of the claims spend is from France where they can subrogate claims via SSF and CFE (22% in 2018). The consumption within the extension period remains high and is an important part of the cover.
- Vision and Dental account for most claims spend with 24% of all claims in the extension period. This is driven by those sections who have opted for this cover. 22% of claims spend was for vision and dental in the extension period in 2018.
- Psychiatry accounts for 15% of claims spend in the extension period, Hospitalisation and Consultations are the next two largest types of claim with 14% and 11% respectively. Historically Hospitalization has been the highest type of claim. Psychiatry has historically been around 11% of claims. The increase is marginal, but MSF should continue to monitor claims spend related to mental health conditions.

- Laboratory & Acts of diagnosis both represent 8% respectively of claims spend, Pharmacy and Paramedical claims both at 7%. Aside from psychiatry now being the highest claiming type, we are not seeing many changes in claiming patterns or spend in 2018 versus 2017.
- The extension period is designed to be used for cover in country and until the member can register with their local State Social Security system or other private provision. The intention of cover is not to be used as a travel insurance. MSH have been instructed to strictly only allow claims to be considered within the country of origin and not while on holiday.
- The extension facility continues to be a valuable feature of the insurance policy providing flexibility for MSF employees. Most claims in the extension period come from the sections listed in the following table, accounting for 91% of the spend in 2019.

MSF Section	% Extension Period Claims 2017	% Extension Period Claims in 2018	% Extension Period Claims 2019
MSF FRANCE	23%	21%	23%
MSF BELGIUM	16%	16%	23%
MSF ITALY	23%	17%	18%
MSF CANADA	19%	18%	12%
MSF SWITZERLAND	2%	9%	7%
MSF HOLLAND	5%	6%	4%
MSF SPAIN	7%	5%	4%

- France, Canada, Italy and Switzerland have the optional vision and dental cover.
- France, Belgium, Canada and Italy continue to drive on average three quarters (75%) of all claims costs within the extension period.

Top 10 Family High cost medical claims in 2019

MSF Section	Primary Location of Claim	Reason	Claims cost in Euros
MSF BELGIUM	Ukraine	Other acute disseminated demyelination	60,413.55 €
MSF FRANCE	France	Neoplasm of uncertain or unknown behaviour of brain and central nervous system	48,492.77 €
MSF BELGIUM	France	Disorders related to short gestation and low birth weight, not elsewhere classified	45,370.81 €
MSF BELGIUM	South Africa	Malignant neoplasm of breast	40,381.46 €
MSF SWITZERLAND	Switzerland	Malignant neoplasm of breast	34,292.75 €
MSF SPAIN	Portugal	Other acute appendicitis	33,797.43 €
MSF BELGIUM	Kenya	Pneumonia, organism unspecified	29,468.97 €
MSF SWITZERLAND	Switzerland	Unspecified human immunodeficiency virus [HIV] dis	26,480.42 €
MSF SWITZERLAND	Mexico	Fracture of skull and facial bones	23,191.41 €
MSF SPAIN	Congo	Persons encountering health services in other circumstances	21,479.00 €
			363,368.57 €

- The Top 10 High Cost family claims represents the cumulated payments for one family in the year, rather than per claim
- These 10 high cost claims account for 16.5% of the total medical claims spend. The top 10 high cost claims accounted for 17% of claims spend in 2018.
- 73% of the high cost claims spend is related to the employee, which is slightly under their population hold of 85%.
- 4 of the high cost claims are for MSF Belgium with total claims spend of €176,000 or 48% of the claims spend. This will be the main reason for the claims spend for Belgium exceeding premium, with a loss ratio of 102%. The MSF Belgium claim highlighted in the table above is an ongoing claim into 2020, with a spend above €10,000 at April 2020.

Death and Disability Claims

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Gross Loss Ratio (including all fees)
Australia	72,639.57	-	1,504.14	0%
Austria	26,865.03	-	556.29	0%
Belgium	573,024.00	300,427.55	11,865.53	54%
Canada	182,858.99	12,108.86	3,858.50	7%
Denmark	30,072.97	-	622.72	0%
France	699,985.91	916,975.42	14,494.51	134%
Germany	95,875.41	4,620.30	1,985.28	5%
Greece	14,406.43	110,046.84	298.31	780%
Holland	397,211.84	459,473.84	8,225.01	118%
Italy	192,064.82	-	3,995.68	0%
Japan	38,575.07	-	798.77	0%
Korea	9,579.63	-	198.36	0%
Lux	2,957.31	-	61.24	0%
Norway	39,826.73	6,031.04	824.69	15%
Spain	566,080.69	293,544.08	11,721.76	53%
Sweden	46,068.37	-	953.93	0%
Switz	515,902.32	12,182.81	10,682.72	2%
UK	109,455.25	229,489.98	2,266.48	214%
USA	699,985.91	916,975.42	14,494.51	134%
Totals	3,776,417.13	2,359,685.68	78,197.76	64%

- Total claims made during 2019 in respect of Death and Disability claims are €2,359,685.68, this includes €1,613,857.46 of reserves which represent 68% of total claims spend. While this figure seems high, it is in line with the combined 3- year average of 63%. The reserves may reduce over time and further rationale is provided below for Death and Disability reserves separately.
- Fees represent the 2% Aon fee, capped at €70,945 which is applied to the whole plan. Allianz does not charge any admin for managing the Life and Disability claims. There are no fees paid to MSH.
- The loss ratio is driven by high reserves on disability claims which are applied in line with the French regulation and include a 1% indexation as per the contract.
- There are 15 closed Disability cases in 2019 and 10 ongoing. This is a high volume of claims, but not unusual for a business of this nature with additional risk exposure.

- There have been 4 deaths recorded in 2019 for MSF France, Holland, Greece and Belgium. The last 3 years the combined loss ratio for death is 68%, with 2019 currently the best performing year at 60% loss ratio.
- 24% of the death total claims are reserves, but this figure is correct as it is for €132,000 which is the death benefit for Spain, which has yet to be settled.
- The MSF contract is written under French law and in 2019 when the contracts were updated a new clause 'Loi Eckert' was applied to the MSF contract which states that a percentage of the overall payment is added for death claims payments that are delayed. This will explain why for MSF Belgium the death claims figure for 2018 is at €200,000 versus the €198,000 death benefit agreed in the contract. However, €200,000 has also been included for MSF Holland whose death benefit is at €154,000. Aon has requested that AWP review this file and a further update will be provided to MSF with claims figures adjusted accordingly. This will have little impact on the overall Death loss ratio but will improve Hollands' loss ratio.
- The death risk has been stable throughout the years, with 4 deaths per year over the last 3 years;

Death Claims

Year	# Claims	Section
2017	4	3 in Spain and 1 in Holland
2018	4	France, Holland, Spain and Switzerland
2019	4	France, Holland, Spain and Greece

- The 2019 loss ratio for Disability and Accidental Death & Dismemberment combined is 65%, with total claims of €1,808,732.72 of which €1,481,857.46 are in reserves representing 82% of claims spend. The combined 3- year loss ratio is 113% with €9,244,469.63 claims paid of which €7,107,067.41 are in reserve equating to 77% of the claims value.
- Reserves drive a large amount of the claims costs for Disability. AWP reserve the full lifetime estimate in the year in which the claim occurs. AWP's Claims assessor constantly reviews reserves to ensure they are all still valid and that there has been no movement upwards or downwards to the amounts.
- There are 17 long term disability cases ongoing.
- MSF decided not to change their reference salaries for the 2019 renewal.
- AWP has confirmed that they are not seeing any specific trends or concerns with Death and Disability claims. They are witnessing a slight increase in incapacity/disability claims for psychiatric reasons, but this is in line with the claiming pattern of their wider NGO/IGOs portfolio. MSF should continue to look at ways to support their employees mental and physical health through Wellbeing initiatives. Aon can provide further details around how they can support a global Wellbeing solution for MSF if required.
- During the 2018 renewal HIC suggested that MSF consider the possibility of reducing disability benefits according to the level of disability if members could go back to work. This is currently not

an option under the MSF contract, but it may have a rate impact. They also advised that all other NGO's in their portfolio do not include psychiatric cover under the long-term disability benefits. Removing this cover could drive a price decrease. However, based on the nature of the MSF business neither options were considered at the 2018 nor the 2019 renewal and no changes to the cover were introduced. The comments are kept in the report for future reference.

Short Term Disability (STD) claims

Year	# STD Closed	# STD Ongoing	Section
2018	24	10	6 in Belgium, 7 Canada, 6 Spain, 5 Holland, 2 France, 2 Switzerland, 2 UK, 2 USA, 1 Greece and 1 in Austria
2019	15	10	8 in Belgium, 4 Spain, 4 Holland, 3 France, 3 Canada, 2 UK, 1 in USA

- Belgium drives the highest number of STD cases with 14 in 2018 and 2019. A further 8 claims have been reported for MSF Belgium to date out of a total of 11 cases in 2020. AWP has confirmed that MSF Belgium are very quick at reporting STD claims in line with the reporting process and are not therefore surprised that they have a high share of the claims in 2020. This share may drop as other sections, who are usually late at reporting claims, appear on the report. For example, MSF France must wait for the French Social Security report before it can submit a claim to AWP.
- MSF should also encourage the sections to register claims as soon as they are made aware of them as this will help with the management of the scheme and more accurate reserving.
- Several the open STD claims recorded above in 2018 may move to Long term disability claims (LTD). However, due to the Covid 19 pandemic the usual medical assessments to ascertain whether a condition can move to LTD have been put on hold. These are due to recommence in September. We may find that some, if not all of these 10 open cases move to LTD cases. In the meantime, AWP has confirmed that they will continue to pay the benefit on a STD basis.
- Aon questions whether there is an underlying reason behind why MSF Spain, Belgium, France and Holland have a lot of the Death and Disability claims, other than them being the largest sections and therefore statistically more likely to have a death claim. Is there a different demographic for these sections, such as a higher proportion of non- contracting residents (NCR's) and could this be impacting Life & Disability claims? When we have historically reviewed the split Belgium, Holland, Spain & Switzerland had a high percentage of claims coming from NCR's.

Luggage and Business Travel Accident

Luggage

- MSF self-insure the luggage policy.
- The value of luggage claims made during the 3-year period is low and as follows;
 - 2017: €25,039
 - 2018: €24,919
 - 2019: €21,698
- MSH admin fee is €35 per claim filed. This fee has remained unchanged over time.
- In 2019 €46,039 was claimed, with €21,698 reimbursed.

Business Travel Accident

- The annual premium for BTA has been held since 2015 and based on 49,300 annual trips at €66,388 broken down as follows; BTA Health: €39,440 and BTA L&D: €26,948
- The number of trips has not changed for many years. The figures do differ from prior reports, but on splitting up the new contracts Allianz confirmed that the travel days have always been calculated on 49,300 days and not the 43,000 previously reported. They also confirmed that a rate increase was never applied to BTA in 2018, even though it was originally proposed for a rate increase. BTA rates have been held since 2015.
- MSF has circa 41,000 people travelling around at any one time – BTA is a security blanket to cover these people.
- BTA covers Travellers (on Short Term Missions of not more than 90 days) and Seconded Nationals on assignments of up to 180 days. Anyone travelling on behalf of MSF (i.e. contractors, journalists etc.) for a period of less than 90 days, is also covered by the BTA policy.
- There has been only €7,826 claimed in 2019. This amount is very low, but in line with prior years where the spend is negligible. The only exception was in 2018 with a total of €116,930 claimed, which was for hospitalisation linked to emergency medical treatment. This is the nature of a BTA plan, where claims spend is volatile, with the odd high claiming year, but over the period of the agreement the performance has been good.

- MSF should consider reviewing the number of travel days. MSF Belgium has questioned the basis of the travel assumptions. The BTA premium is very competitive and Allianz charge a nominal amount as a catch all for anyone travelling on behalf of MSF. As a comparison, on a recent market review for a scheme with comparable number of travel days, the premium ranged from €120,000 to €145,000
- During 2020 and the Covid 19 pandemic, Allianz agreed to extend the out of area cover in the USA from 40-90 days for emergency healthcare costs. They have also issued generic certificates confirming that cover for Covid 19 is in place to facilitate business trips. Many BTA providers in the market are either not issuing renewal terms or applying pandemic exclusions.

3 Year Overview 2017 - 2019

Consolidated FTE numbers – all Lives

MSF Section	2017	2018	2019
Australia	104.37	111.30	84.22
Austria	32.61	39.05	31.96
Belgium	662.07	722.50	733.84
Canada	181.30	184.41	171.10
Denmark	41.73	44.56	39.59
France*	929.24	1,053.33	991.00
Germany	125.77	131.34	136.18
Greece	14.51	24.90	18.10
Holland	476.15	497.58	566.56
Italy	199.45	203.07	194.95
Japan	42.15	42.89	42.18
Korea (new 2018)		7.88	8.65
Luxembourg	4.65	5.70	3.74
Norway	50.31	45.24	42.65
Spain	847.92	857.25	664.79
Sweden	55.04	52.97	56.41
Switzerland (new 2017)	239.21	530.73	522.92
UK	141.32	139.98	130.15
USA	156.21	147.06	149.25
	4304.01	4841.74	4588.24
	+19%	+12.49%	-5.2%

Overall Premium, Claims and Loss Ratio – 3-year view

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Loss Ratio (including all fees)	Loss Ratio (excluding all fees)
2017	5,518,011.98	7,319,489.26	406,221.61	143%	133%
2018	7,109,768.56	6,105,855.90	571,281.15	93%	86%
2019	7,148,953.66	5,033,424.10	618,504.50	77%	70%
Overall	19,776,734.20	18,458,769.26	1,596,007.26	102%	93%

- MSF Belgium requested that loss ratios are recorded including and excluding fees. Therefore, a new column has been added to the 3- year summary. In terms of overall plan performance and for pricing purposes Allianz will look at the performance including the fees.
- Overall fees equal out at around 8.7% of premium across Healthcare and Risk, which includes Aon and MSH fees. MSH do not charge any fees for Life and Disability as they are handled by AWP. AWP do not charge any administration fee.

Healthcare Premium, Claims and Loss Ratio – 3-year view

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Loss Ratio (including all fees)	Loss Ratio (Excluding fees)
2017	2,255,496.34	2,021,525.59	340,971.34	106%	90%
2018	3,051,076.72	2,685,933.17	490,107.36	105%	88%
2019	3,376,917.12	2,673,738.43	540,306.74	94%	79%
Overall	8,683,490.18	7,381,197.19	1,371,385.44	101%	85%

- Fees include MSH and Aon charges accounting for 16% of the premium.

Risk Premium (Death & Disability) Claims and Loss Ratio - 3-year view

MSF Section	Total Premium in Euros	Total Claims (Paid & Reserves) in Euros	Fees (MSH and Aon) in Euros	Gross Loss Ratio (including all fees)	Gross Loss Ratio (excluding all fees)
2017	3,262,515.64	5,297,963.67	65,250.27	166%	162%
2018	4,058,691.84	3,419,922.73	81,173.79	86%	84%
2019	3,776,417.13	2,359,685.68	78,197.76	64%	62%
Overall	11,097,624.61	11,077,572.08	224,621.82	102%	100%

- Fees included are for Aon only at 2% and any difference over €70,945 (combined Healthcare and Risk fees) is rebated back to MSF. MSH do not take an admin fee for Risk as claims are handled by AWP.
- Over the 3- year period there are still €6,967,067.41 of reserves included in the total claims paid figure at 63% of total claims
- There have been no claims reported under the Accidental Death & Dismemberment cover for the 3-year period previously, but 3 claims are now recorded in 2017 for MSF Belgium, Norway and Greece at a total value of €242,000. The reason for the addition of these claims is that while the claims incidence was from 2017, they have only in 2019 been recognised as permanent disabilities and been recorded under AD&D. The delay is usual with this type of claim as it can often be several years before a long- term disability can be assessed as permanent.

2020 Renewal

- The 2018 and 2019 rate increases have been successful in reversing the poor performing trend where increasing healthcare costs and low premiums were having a negative impact on loss ratios. The nature of the MSF population means that claims are volatile, especially in the Life and Disability side of the business and therefore a 3-year view must be taken when projecting forward.
- The premium does now seem to be at a more sustainable level. For this reason, Aon was able to negotiate Allianz down from their original 12.7% rate increase required for Healthcare to 5%, which is under the average medical trend rate. Aon secured held rates for Life, Disability and BTA for the 2020 renewal.
- 3 different pricing scenarios were considered for the renewal;
 - **Option 1** – renew on the current basis, no change = 12.7% rate increase reduced to 5.22% rate increase
 - **Option 2** – introduce a 10% co-pay to the following sections Consultations, Pharmacy, Lab Exams, Psychiatry, Diagnostic tests = 6% rate increase on the original terms. This option was not pursued on the reduced rates
 - **Option 3** – renew on the current basis but charge a pro-rata amount for the extension period, based on those members activated, not all members = 6.1% rate increase plus pro-rata charge for any claimants during the extension period - reduced to held rates plus charging for the extension period
- Aon calculated that should utilisation of the extension period exceed 1,250 claimants then MSF should progress with Option 1 on the current basis. MSH were able to provide figures to show that there had been an average of 1,300 claimants over the last 3 years, so MSF renewed on option 1.
- For 2020 MSF moved to upfront quarterly invoicing from bi-annual invoicing. It was agreed to invoice at 2019 premium levels ahead of a mid and end of year reconciliation. Q1&2 was invoiced at 2019 premium levels, but due to the Covid 19 pandemic and the scale back in overseas missions it has been agreed that Q3&4 can be invoiced at 50% of 2019 premium.

- Reconciliation is to be done by Aon at the mid- year point to calculate actual headcount and premium versus invoiced with a full reconciliation to take place at year end.
 - Despite the Covid 19 pandemic and other schemes in the Aon portfolio seeing a significant drop off in claims in Q2 2020, MSF total claims spend in 2020 is 10% higher than 2019. This is due to 2 very large high cost claims;
1. MSF Holland value of €177,051 – claims spend in Kenya for Hypertension - the member is unfortunately deceased, so there will also be a death claim registered.
 2. MSF Belgium value of €77,120 - claims spend in Singapore related to neurological severe illness – ongoing.

Monthly claims spend 2019 v 2020

Year (Euros)	Jan	Feb	Mar	Apr	May	Total
2019	199,597	284,408	190,481	247,762	191,229	1,113,476
2020	228,421	213,162	273,989	255,904	253,294	1,224,769

- There have been 11 STD claims reported to date, 8 of these for MSF Belgium, 1 for Holland, 1 in Canada and 1 in Germany.
- 8 STD claims reported in Belgium is a concern and will have a negative impact on the overall performance of MSF Belgium in 2020.
- There is one death claim ongoing for MSF Holland, which could be for the high claim death listed above, or this could be an addition death not yet registered on the AWP report.
- Even excluding the high medical claims, the level of claims spend in Q1 2020 is higher than 2019. This is however an early indication and Aon does expect the claiming level to decrease as a direct result of the Covid 19 pandemic. What we do not know at this stage is the long-term impact o Covid 19.

Local Policy – Seconded National Staff & Pilot Local Policy

- The MSF Local Policy (Healthcare and Risk) went live in 2019. The Local policy for National staff on Secondment went live in April 2019 and approximately 300 lives were expected to be covered by the plan. Some of this headcount is currently covered on an ad-hoc basis under the Expat plan, so we were mindful that this new product may impact the Expat FTE count in 2019.
- The pilot for the Local Policy for Local Nationals living and working in their home country was due to go live in July/August 2019 in Kenya, Lebanon and South Africa, but the roll out was delayed and impacted further by the Covid 19 pandemic.
- MSF Somalia and Libya went live outside of the pilot and launched with the local policy in Somalia for Death & disability only from 1st October 2019 and Libya Healthcare only from 1st Jan 2020.
- Estimate volumes have fallen short of the original estimates of 12,000 members to be enrolled on the plan.
- Year one premium for 2019/20 policy year is estimated to reach €49,363.53;
 - Local Policy on Secondment – €32,919.28
 - Somalia (L&D only) - €4,684.50
 - Libya (HC only) Q4 only – €11,759.75
- As there is minimal premium and claims to date, Allianz have provided a high-level view of the performance, versus the premium they have received to date from 1/4/19 to 30/4/2020 – some premium remains outstanding. There is no forward projection in their figures as it is an immature data set.
 - Premium received €27,272
 - Claims paid €15,255
 - Fees including MSH admin at €12,950
 - 107% loss ratio.
- Aon managed to get the pandemic exclusion waived for the local policy and it has been agreed to waive the exclusion until the end of July 2020, where they will reassess the situation.
- Rates for the 2020 renewal were negotiated down by AON from 12% which is in line with medical inflation in Africa, to held rates. Aon argued that the plan and data is too immature to make any informed projections.
- Aon's projected 2020/21 volumes remain low at around €84,639 with 75 FTE covered. This continues to be much lower than projected.
- Allianz are currently reviewing increasing the death benefit from €40,000 Euros to €154,000 to ensure the cover is aligned with the Expat plan and there is more equality of coverage. The concern being that the increased benefit limit will be too high versus salary and not commensurate to the financial loss for the beneficiary. The maximum benefit that AWP can offer is 10x salary.

Impact of Covid 19

While it is too early to tell the exact impact of Covid 19 on the insurance market, at an overall general level across Aon's book of business we are forecasting the following impact. Further discussion and consideration will be required ahead of the Jan 2021 renewal;

1. Worsening Underwriting Conditions

- Mortality rates of working age populations will increase and impact Life Insurance premiums – particularly in countries with high levels of pre-existing conditions
- Delayed medical appointments will lead to later diagnosis of non Covid-19 medical conditions pushing up medical costs
- Working at home will increase the musculoskeletal and mental health issues impacting medical and disability costs
- Some insurers may be financially impacted and even cease trading because of the falls in financial markets
- Captive insurance companies may not want to start writing employee benefits insurances in the current environment
- Increased costs of reinsurance protection
- Insurers will adjust their catastrophe loadings from a 1 in 100-year event to 1 in 25 or lower

2. Increased Medical Trend Rate

- Scarcity of medical resources will push up the medical costs around the world
- Reward packages likely to increase for health industry employees around the world – front line and support staff
- Additional pressure on governments may accelerate cost-shifting for non-critical services to the private sector
- Volatility in foreign exchange markets will push up local costs where underlying expenses are denominated in \$/€
- Volatility in foreign exchange markets pushing up premiums in the IPMI market

3. Increased Global Benefits Governance

- Best practice global governance will go further than high level summary of benefits around the world
- Employers will want to know where differentiated benefits packages exist (e.g. for senior employees) and the rationale – for IGO/NGO's this will impact their localisation plans
- DC pension plans have fallen significantly around the world and employers will require improved governance around default funds, communication, expenses and fund choice
- Testing the suitability and resilience of employee benefits plans and policies in the face of global threats will become central to the business continuity planning process – many insurers are looking to renew plans reintroducing the pandemic exclusion

4. Wellbeing becoming Business Priority

- Link between COVID-19 and underlying chronic conditions will increase the focus on physical wellbeing at an individual and corporate level
- High sickness absence rates have highlighted business dependence on the health of their employees
- Lockdown and social distancing having a major impact on social, financial and emotional wellbeing
- Huge interest in EAP and telemedicine services and how these services might play a greater role in the future

5. Evolution of Benefits Package

- Employers looking to restructure leave programs for next 1-2 years to allow for changes related to vacation, sick leave, “family” leave and potentially combine into an integrated bank of leave
- Extended work from home arrangements impacting worksite injuries / workers compensation
- Personal hygiene / social distancing likely to change the agile working model particularly around shared communal desk spaces
- Flexible benefit offerings adapting to new environment to take account of new employee needs

Market Review 2021

MSF did enquire about running a market review for the 2021 renewal, which was then delayed due to Covid 19. Aon submitted a scope of works and fee proposal to carry out the project. Aon would recommend that MSF carry out a market review of the insurer and the TPA, to verify that the premiums and service are competitive and if any further savings or service enhancements can be achieved.

Some of the key considerations when running a market review;

- Global reach
- Fronting arrangements, local licensing and ability to provide mandatory covers
- Claims management/cost containment
- Direct settlement capabilities
- Customer Service capabilities (both for the member and for the HR team)
- Digital capacity
- Eligibility/enrolment process
- Invoicing
- Clinical management and aftercare
- Reporting
- Networks and ease of access
- Health and Wellness propositions
- Flexibility and understanding of the IGO/NGO market

Aon would be delighted to progress discussions and agree on our fees for running the review.

Enclosed

- **Appendix A - AWP 2017-2019 claims report by section to end March 2019**
- **Appendix B – MSH 2019 report by section to end of March 2019**
- **Appendix C – 2019 Premium Master Calculation spreadsheet**

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Duty of Fair Presentation

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of fair presentation; in order to discharge this duty, you must:

- disclose every material circumstance that you know or ought to know, or sufficient information to put the insurer on notice that it needs to ask further questions to reveal those material circumstances; and
- make disclosure in a manner which would be reasonably clear and accessible to a prudent insurer; and
- make sure that every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A “material circumstance” is all information relating to a risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether they will take the risk, and if so, for what premium and on what terms. If all such information is not disclosed by you, insurers may have the right to avoid the contract from its inception or vary the terms of the contract, both of which may lead to claims not being paid; or to reduce the amount of the claim paid or charge additional premium. If all such information is not disclosed by you, insurers may have the right to avoid the contract from its inception or vary the terms of the contract both of, which may lead to claims not being paid; or to reduce the amount of the claim paid or charge additional premium.

Duty of Disclosure

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers both at inception of the policy and throughout the policy term. In this respect, you must provide all information relating to a risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether they will take the risk, and if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its inception, which may lead to claims not being met.

About Aon

[Aon plc](#) (NYSE:AON) is a leading global provider of [risk management](#), insurance and [reinsurance](#) brokerage, and [human resources](#) solutions and [outsourcing](#) services. Through its more than 66,000 colleagues worldwide, [Aon](#) unites to empower results for clients in over 120 countries via [innovative](#) and effective [risk](#) and [people](#) solutions and through industry-leading global resources and technical expertise. Aon has been named repeatedly as the world’s best [broker](#), best insurance intermediary, best reinsurance intermediary, best captives manager, and best [employee benefits](#) consulting firm by multiple industry sources. Visit [aon.com](#) for more information on Aon and [aon.com/manchesterunited](#) to learn about Aon’s global partnership with [Manchester United](#).