



# City of Pflugerville 2025 RFP Analysis Meeting

**Andrew Weegar**

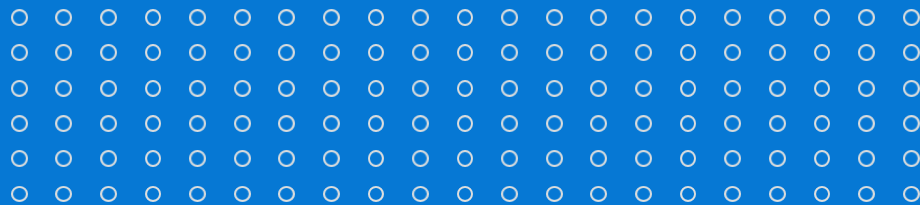
*Senior Account Executive, Public Sector*

**Angela Vacula**

*Senior Account Manager*

*September 26, 2024*

# 1



## RFP Overview

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# RFP Overview



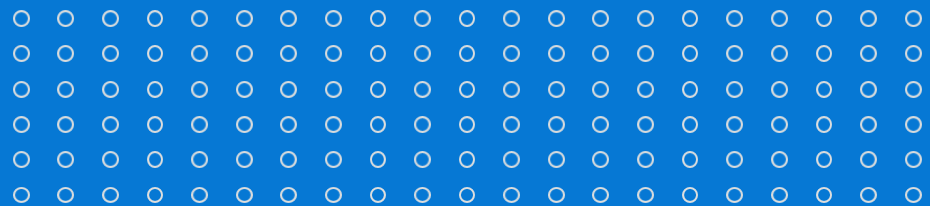
This presentation summarizes the initial results of an RFP conducted by HUB International on behalf of the City of Pflugerville to assess vendors to administer the following benefits effective January 1, 2025:

- Dental (Fully Insured)
- Vision (Fully Insured)
- Life / Disability

The RFP was conducted with the following objectives in mind:

- Aligns with the City's objectives and is supported by management and the Council;
- Demonstrated superior member service and claims processing;
- Ability to proactively meet the City's service needs;
- Willingness, experience, and capability to effectively administer the programs;
- Ability for bundling various coverage options for savings;
- Support during the implementation process.

# 2



## RFP Vendor Responses

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# RFP Vendor Response List (Dental)



DENTAL CARRIER	RESPONDED / DECLINED	FINALIST
MetLife	Responded	Yes
BCBSTX	Responded	Yes
The Standard	Responded	n/a
United Concordia	Responded	n/a
UHC	Responded	n/a



# RFP Vendor Response List (Vision)



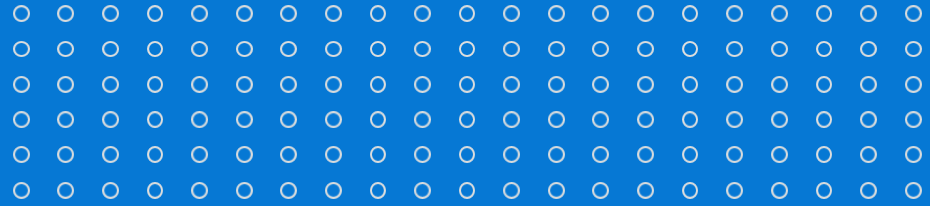
VISION CARRIER	RESPONDED / DECLINED	FINALIST
MetLife	Responded	Yes
BCBSTX (EyeMed)	Responded	Yes
The Standard	Responded	Yes
Mutual of Omaha	Responded	No
Avesis	Responded	No
NVA	Responded	No
Surency	Responded	No

# RFP Vendor Response List (Life/Disability)



LIFE/DI CARRIER	RESPONDED / DECLINED	FINALIST
NYLIFE	Responded	Yes
BCBSTX	Responded	Yes
OneAmerica	Responded	Yes
Mutual of Omaha	Responded	No
MetLife	Responded	No
The Hartford	Responded	No
The Standard	Responded	No
Symetra	Responded	No
Ochs	Responded	No

# 3



## Dental Results

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CITY OF PFLUGERVILLE  
DENTAL RFP ANALYSIS

			1		2		3	
DENTAL BENEFITS			MetLife Current		MetLife Renewal - BAFO		BCBSTX Proposed	
			PPO	DHMO	PPO	DHMO	PPO	PPO Mac
<b>Type I – Preventive Services</b>			100%	See Schedule	100%	See Schedule	100%	100%
Waiting Period			None		None		None	None
Oral Exams			Type I (2 per year)		Type I (2 per year)		Type I (2 per year)	
Fluoride treatments			Type I (1 per year to age 19)		Type I (1 per year to age 19)		Type I (2 per year to age 16)	
Cleanings			Type I (2 per year)		Type I (2 per year)		Type I (2 per year)	
Sealants			Type I (1 per 3 years to age 14)		Type I (1 per 3 years to age 14)		Type I (1 per 3 years to age 16)	
Full mouth X-ray			Type I (1 per 3 years)		Type I (1 per 3 years)		Type I (1 per 5 years)	
Bitewings X-rays			Type I (2 per year)		Type I (2 per year)		Type I (1 per year)	
<b>Type II – Basic Services</b>			80%	See Schedule	80%	See Schedule	80%	50%
Waiting Period			None (late entrants Yes)		None (late entrants Yes)		None	None
Palliative treatment			Type I		Type I		Type II	
Amalgam and silver composite fillings			Type II		Type II		Type II	
Extractions			Type II		Type II		Type II	
Anesthesia			Type II		Type II		Type II	
Periodontics			Type II		Type II		Type II	
Oral Surgery			Type II		Type II		Type II	
<b>Type III – Major Services</b>			50%	See Schedule	50%	See Schedule	50%	25%
Waiting Period			None (late entrants Yes)		None (late entrants Yes)		None	None
Bridges			Type III		Type III		Type III	
Crowns			Type III		Type III		Type III	
Root Canal			Type II		Type II		Type II	
Partial or complete dentures			Type III		Type III		Type III	
<b>Type IV – Orthodontia</b>			50%	See Schedule	50%	See Schedule	50%	Not Covered
Orthodontia Eligibility			Adults and Child to age 26		Adults and Child to age 26		Adults and Child (to age 19)	
Orthodontia Lifetime Maximum			\$2,000		\$2,000		\$2,000	
<b>Calendar Year Deductible</b>			Applies to Types II, III		Applies to Types II, III		Applies to Types II, III	
Individual			\$50	None	\$50	None	\$50	\$50
Family			\$150	None	\$150	None	\$150	\$150
<b>Dental Annual Maximum</b>			\$2,500	None	\$2,500	None	\$2,500	\$1,000
<b>UCR Out of Network Percentile</b>			90th Percentile	n/a - Must select Provider	90th Percentile	n/a - Must select Provider	90th Percentile	MAC
FINANCIALS			PPO	DHMO	PPO	DHMO	PPO	PPO Mac
Employee Only	250	14	\$31.03	\$13.81	\$32.58	\$13.81	\$43.29	\$19.26
Employee & Spouse	28	3	\$70.63	\$27.65	\$74.16	\$27.65	\$98.53	\$38.57
Employee & Child(ren)	48	5	\$76.30	\$31.12	\$80.12	\$31.12	\$106.44	\$43.41
Employee & Family	69	1	\$95.41	\$44.92	\$100.18	\$44.92	\$133.10	\$62.66
Monthly Premium	395	23	\$19,980.83	\$476.81	\$20,979.66	\$476.81	\$27,874.36	\$665.06
Annual Premium	418		\$239,769.96	\$5,721.72	\$251,755.92	\$5,721.72	\$334,492.32	\$7,980.72
<b>Combined Monthly Premium</b>			\$20,457.64		\$21,456.47		\$28,539.42	
<b>Combined Annual Premium</b>			\$245,491.68		\$257,477.64		\$342,473.04	
<b>\$ Change from Current</b>			n/a		\$11,985.96		\$96,981.36	
<b>% Change from Current</b>			n/a		4.9%		39.5%	
Rate Guarantee			1 Year with rate caps on years 2 & 3, not to exceed 5% of prior plan		1 Year		1 Year	
Dependent Age Limit			To age 26	To age 26	To age 26	To age 26	To age 26	To age 26
GEO Access (General Dentist 2/10 miles)			97.40%	82.00%	97.40%	82.00%	97.10%	97.10%
Network Name			Plus	Care Network	MetLife Preferred Dental Program Plus	MetLife Dental HMO/Managed Care Network	BlueCare Dental Network	BlueCare Dental Network

Note: This is a brief summary and not intended to be a contract.

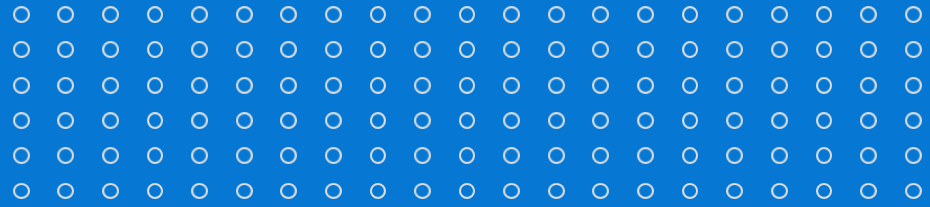
PPO MAC quoted in place of DHMO

CITY OF PFLUGERVILLE  
DMO FEE SCHEDULE

		1	2
		MetLife Current	MetLife Renewal
ADA Code Diagnostic	Description	Member Co-Pay	Member Co-Pay
D0999	Office visit during regular hours, general dentists only	\$5	\$5
D0120	periodic oral evaluation	0%	0%
D0140	limited oral evaluation - problem focused	0%	0%
D0150	comprehensive oral evaluation - new or established patient	0%	0%
D0210	intraoral - complete series (including bitewings)	0%	0%
D0220	intraoral - periapical first film	0%	0%
D0230	intraoral - periapical each additional film	0%	0%
D0272	bitewings - two films	0%	0%
D0274	bitewings - four films	0%	0%
D0330	panoramic film	0%	0%
Preventive			
D1110	prophylaxis - adult	0%	0%
D1120	prophylaxis - child	0%	0%
D1351	sealant - per tooth	10%	10%
Restorative			
D2140	amalgam - one surface, primary or permanent	10%	10%
D2150	amalgam - two surfaces, primary or permanent	10%	10%
D2160	amalgam - three surfaces, primary or permanent	10%	10%
D2330	resin-based composite - one surface, anterior	10%	10%
D2331	resin-based composite - two surfaces, anterior	10%	10%
D2391	resin-based composite - one surface, posterior	10%	10%
D2792	crown - full cast noble metal	40%	40%
Endodontics			
D3310	root canal - anterior	40%	40%
D3330	root canal - molar	40%	40%
Periodontics			
D4341	periodontal scaling and root planning - four or more teeth per quadrant	40%	40%
D4910	periodontal maintenance	10%	10%
Oral Surgery			
D7140	extraction (exposed root)	40%	40%
Orthodontics			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	50%
D8090	Comprehensive orthodontic treatment of the adult dentition	50%	50%

Note: This is a brief summary and not intended to be a contract.

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## Vision Results



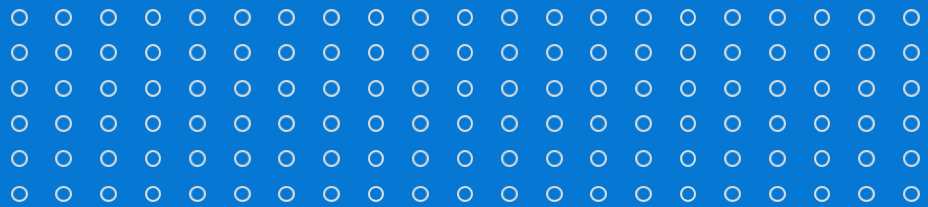
CITY OF PFLUGERVILLE  
VISION RFP ANALYSIS

		1	2	3	4
VOLUNTARY VISION BENEFITS	Enrollment	MetLife	MetLife	BCBSTX	The Standard
		Current	Renewal	Proposed	Proposed
Eye Exam		\$10 copay / up to \$45	\$10 copay / up to \$45	\$10 copay / up to \$30	\$10 copay / up to \$45
Frames/ Lenses, and/or Contacts					
Single Vision		\$0 copay / up to \$30	\$0 copay / up to \$30	\$10 copay / up to \$25	\$0 copay / up to \$30
Bifocal Lenses		\$0 copay / up to \$50	\$0 copay / up to \$50	\$10 copay / up to \$40	\$0 copay / up to \$50
Trifocal Lenses		\$0 copay / up to \$65	\$0 copay / up to \$65	\$10 copay / up to \$55	\$0 copay / up to \$65
Progressive Lenses		up to \$55 copay / up to \$50	up to \$55 copay/ up to \$50	\$75 copay / up to \$40	up to Provider's fee / up to \$50
Frames		up to \$150 + 20% / up to \$70 (\$170 allowance w/ featured frames) (\$85 allowance at Sam's, Costco, Walmart)	up to \$150 + 20% / up to \$70 (\$170 allowance w/ featured frames) (\$85 allowance at Sam's, Costco, Walmart)	up to \$150 + 20% / up to \$75	up to \$150 + 20% / up to \$70
Medically Necessary Contacts					
Network		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Non-Network		up to \$210	up to \$210	up to \$210	up to \$210
Elective Contacts					
Network		up to \$150	up to \$150	up to \$150 + 15% off balance	up to \$150
Non-Network		up to \$105	up to \$105	up to \$120	up to \$105
Laser Vision Correction		15% off Standard or 5% off promotional pricing	15% off Standard or 5% off promotional pricing	15% off Standard or 5% off promotional pricing	15% off Standard or 5% off promotional pricing
Exam Frequency		12 Months	12 Months	12 Months	12 Months
Lens Frequency		12 Months	12 Months	12 Months	12 Months
Frames or Contacts Frequency		12 Months	12 Months	12 Months	12 Months
CURRENT RATES	EE's	Current	Renewal	Proposed	Proposed
Employee Only	214	\$6.78	\$6.78	\$9.22	\$6.10
Employee + 1 / Spouse	51	\$12.96	\$12.96	\$17.52	\$11.66
Employee & Family	79	\$21.08	\$21.08	\$27.12	\$18.97
FINANCIALS	344				
Employer Contribution Requirements		0%	0%	0%	0%
Monthly Premium		\$3,777.20	\$3,777.20	\$5,009.08	\$3,398.69
Annual Premium		\$45,326.40	\$45,326.40	\$60,108.96	\$40,784.28
\$ Change from Current		\$0.00	\$0.00	\$14,782.56	-\$4,542.12
% Change from Current		0%	0%	33%	-10%
Participation requirement		78%	78%	10 EEs	60%
Rate Guarantee		2 Years	2 Years	4 Years	2 Years
Network		VSP	VSP	BCBSTX Select Network Vision Care	VSP Choice Network
Network Website		<a href="http://www.vsp.com">www.vsp.com</a>	<a href="http://metlife.com">metlife.com</a>	<a href="http://bcbstx.com">bcbstx.com</a>	<a href="http://vsp.com">vsp.com</a>

Note: This is a brief summary and not intended to be a contract.



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# Life & Disability Results

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**CITY OF PFLUGERVILLE**  
**BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT RFP ANALYSIS**

	1	2	3	4
BASIC LIFE BENEFITS	New York Life	New York Life	BCBSTX	OneAmerica
	Current	Renewal	Recommended	Proposed
Class Description	Class 1: All Active Full-Time Employees Class 2: Former employees who have retired after January 1, 2016 Class 3: Grandfathered Retiree	Class 1: All Active Full-Time Employees Class 2: Former employees who have retired after January 1, 2016 Class 3: Grandfathered Retiree	Class 1: All Active Full-Time Employees Class 2: Former employees who have retired after January 1, 2016 Class 3: Grandfathered Retiree	Class 1: All Active Full-Time Employees Class 2: Former employees who have retired after January 1, 2016 Class 3: Grandfathered Retiree
Definition of Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings
Basic Life Schedule	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000
Maximum Benefit	Class 1: \$325,000 Class 2: \$10,000 Class 3: \$51,000	Class 1: \$325,000 Class 2: \$10,000 Class 3: \$51,000	Class 1: \$325,000 Class 2: \$10,000 Class 3: \$51,000	Class 1: \$325,000 Class 2: \$10,000 Class 3: \$51,000
Minimum Benefit	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000	Class 1: 2X BAE Class 2: \$10,000 Class 3: \$51,000
Guarantee Issue Amount	All Amounts are Guaranteed	All Amounts are Guaranteed	All Amounts are Guaranteed	All Amounts are Guaranteed
Age Reduction Schedule	Class 1: 65% at age 70 Class 2: 65% at age 70	Class 1: 65% at age 70 Class 2: 65% at age 70	Class 1: 65% at age 70 Class 2: 65% at age 70	Class 1: 65% at age 70 Class 2: 65% at age 70
Terminates at Retirement	Yes for Class 1	Yes for Class 1	Yes for Class 1	Yes for Class 1
Waiver of Premium	Included	Included	Included	Included
Accelerated Death Benefit	80% of benefit max of \$250,000	80% of benefit max of \$250,000	75% of benefit to max of \$375,000	75% of benefit to max of \$250,000
Conversion	Included	Included	Included	Included
Portability	Included for Class 1	Included for Class 1	Included for Class 1	Included for Class 1
BASIC AD&D BENEFITS				
Class Description	Class 1: All active, Full-Time employees Class 3: Grandfathered Retiree	Class 1: All active, Full-Time employees Class 3: Grandfathered Retiree	Class 1: All active, Full-Time employees Class 3: Grandfathered Retiree	Class 1: All active, Full-Time employees Class 3: Grandfathered Retiree
Definition of Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings
Basic AD&D Schedule	Matches Basic Life	Matches Basic Life	Matches Basic Life	Matches Basic Life
Maximum Benefit	Matches Basic Life	Matches Basic Life	Matches Basic Life	Matches Basic Life
Age Reduction Schedule	Matches Basic Life	Matches Basic Life	Matches Basic Life	Matches Basic Life
Air Bag	Included - Additional 5% of the principal sum to a max of \$10,000	Included - Additional 5% of the principal sum to a max of \$10,000	Included - Additional 5% of the principal sum to a max of \$10,000	Included - Additional 10% of the principal sum to a max of \$5,000
Seatbelt	Included - Additional 10% of the principal sum to a max of \$25,000	Included - Additional 10% of the principal sum to a max of \$25,000	Included - Additional 10% of the principal sum to a max of \$25,000	Included - Additional 25% of the principal sum to a max of \$25,000
Child & Spouse Education	Included	Included	Included	Included
FINANCIALS- Basic + AD&D	Current	Renewal	Recommended	Proposed
Volume	\$60,855,050	\$60,855,050	\$60,855,050	\$60,855,050
EE Rate (per \$1,000) - Life	\$0.108	\$0.090	\$0.094	\$0.102
EE Rate (per \$1,000) - AD&D	\$0.020	\$0.015	\$0.020	\$0.018
Retiree Class 2 (Voluntary) & 3	\$1.094	\$0.912	\$1.094	\$1.094
Monthly Premium	\$7,789.45	\$6,389.78	\$6,937.48	\$7,302.61
Annual Premium	\$93,473.36	\$76,677.36	\$83,249.71	\$87,631.27
\$ Change from Renewal	n/a	-\$16,795.99	-\$10,223.65	-\$5,842.08
% Change from Renewal	n/a	-18%	-11%	-6%
Employer Contribution	100%	100%	100%	100%
Participation Requirement	N/A	N/A	100%	100%
Rate Guarantee	3 years	3 years	3 years	3 years
AM Best Rating	A++	A++	A+	A+

Note: This is a brief summary and not intended to be a contract.

1 month premium holiday credit on BL after 1/1/25

Travel Assistance Services / Beneficiary Resource Center Included

CITY OF PFLUGERVILLE  
VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT RFP  
ANALYSIS

	1	2	3	4
VOLUNTARY LIFE BENEFITS	New York Life	New York Life	BCBSTX	OneAmerica
	Current	Renewal	Recommended	Proposed
Class Description	All Active Full time Employees	All Active Full time Employees	All Active Full time Employees	All Active Full time Employees
Definition of Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings	Base Annual Earnings
Employee Life Schedule	Increments of \$10,000	Increments of \$10,000	Increments of \$10,000	Increments of \$10,000
Employee Maximum Benefit	5X BAE to a max of \$500,000	5X BAE to a max of \$500,000	5X BAE to max of \$500,000	5X BAE to a max of \$500,000
Employee Guarantee Issue Amount	\$100,000	\$100,000	\$100,000	\$100,000
Spouse Life Schedule	Increments of \$5,000	Increments of \$5,000	Increments of \$5,000	Increments of \$5,000
Spouse Maximum Benefit	50% of EE benefit up to \$100,000	50% of EE benefit up to \$100,000	up to 100% of EE benefit to a max of \$100,000	50% of EE benefit up to \$100,000
Spouse Guarantee Issue Amount	50% of EE benefit up to \$25,000	50% of EE benefit up to \$25,000	\$25,000	50% of EE benefit up to \$25,000
Child(ren) Life Schedule- up to age 26	Birth to 26 years: Flat \$10,000	Birth to 26 years: Flat \$10,000	Birth to 26 years: Flat \$10,000	Birth to 6 months: \$1,000 6 months to 26 years: Flat \$10,000
Child(ren) Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Child Guarantee Issue Amount	\$10,000	\$10,000	\$10,000	\$10,000
Age Reduction Schedule	65% @ age 70	65% @ age 70	65% @ age 70	65% @ age 70
Waiver of Premium	Included	Included	Included	Included
Accelerated Death Benefit	75% to \$375,000	75% to \$375,000	75% to \$375,000	75% to \$375,000
Conversion	Included	Included	Included	Included
Portability	Included	Included	Included	Included
VOLUNTARY AD&D	Matches Life	Matches Life	Matches Life	Matches Life
FINANCIALS (per \$1,000)			Recommended	
Age	Rate Applies to EE /SP based on EE age	Rate Applies to EE /SP based on EE age	Rate Applies to EE /SP based on EE age	Rate Applies to EE /SP based on EE/SP age
24 or under	\$0.06	\$0.06	\$0.06	\$0.06
25-29	\$0.06	\$0.06	\$0.06	\$0.06
30 – 34	\$0.07	\$0.07	\$0.07	\$0.07
35 – 39	\$0.09	\$0.09	\$0.09	\$0.09
40 – 44	\$0.12	\$0.12	\$0.12	\$0.12
45 – 49	\$0.17	\$0.17	\$0.17	\$0.17
50 – 54	\$0.29	\$0.29	\$0.29	\$0.29
55 – 59	\$0.49	\$0.49	\$0.49	\$0.49
60 – 64	\$0.73	\$0.73	\$0.73	\$0.73
65 – 69	\$1.33	\$1.33	\$1.33	\$1.33
70 – 74	\$2.35	\$2.35	\$2.35	\$2.35
75 or over+	\$2.35	\$2.35	\$2.35	\$2.35
Child(ren) Rate (per \$1,000)	\$0.10/0.03	\$0.10/0.03	\$0.10/\$0.03	\$2.16/\$0.37
Voluntary AD&D Rate (per \$1,000)	\$0.03	\$0.03	\$0.03	\$0.03
Minimum Participation	30%	20%	57%	25%
Actively At Work	Not Waived	Not Waived	Not Waived	Not Waived
Rate Guarantee	3 years	3 years	3 years	3 years
True Open Enrollment	We are offering an initial true open enrollment and annual open enrollment	Yes – annual open enrollment for all eligible employees & spouses up to the GI no EOI is required for the Vol Life coverage upon client acceptance.	True OE for employee up to GI without EOI (No EOI on child(ren), EOI required for Spouse)	No
Grandfather Current Amounts	N/A	N/A	Yes up to the plan maximum	Yes up to the plan maximum
AM Best Rating	A++	A++	A+	A+

Note: This is a brief summary and not intended to be a contract.

CITY OF PFLUGERVILLE  
LTD RFP ANALYSIS

	1	2	3	4
LONG TERM DISABILITY	New York Life	New York Life	BCBSTX	OneAmerica
	Current	Renewal	Recommended	Proposed
Class Description	All Full Time Employees	All Full Time Employees	All Full Time Employees	All Full Time Employees
Definition of Earnings	BAE	BAE	BAE	BAE
Monthly Percentage	60%	60%	60%	60%
Monthly Maximum	\$10,000	\$10,000	\$10,000	\$10,000
Guarantee Issue	\$10,000	\$10,000	\$10,000	\$10,000
Minimum Benefit	\$100 or 10%	\$100 or 10%	\$100 or 10%	\$100 or 10%
Elimination Period	90 Days	90 Days	90 Days	90 Days
Definition of Own Occ/Any Occ	2 Year Own Occupation / Any Occ thereafter	2 Year Own Occupation / Any Occ thereafter	2 Year Own Occupation / Any Occ thereafter	2 Year Own Occupation / Any Occ thereafter
Pre-existing Limitations	3/12	3/12	3/12	3/12
Mental/Nervous Limits	24 month limit	24 month limit	24 months	24 months
Substance Abuse Limits	24 month limit	24 month limit	24 months	24 months
W-2 Preperation	Included	Included	Included	Included
FINANCIALS	Current	Renewal	Recommended	Proposed
Covered Monthly Payroll	\$2,629,772	\$2,629,772	\$2,629,772	\$2,629,772
Rate per \$100	\$0.225	\$0.210	\$0.200	\$0.150
Monthly Premium	\$5,916.99	\$5,522.52	\$5,259.54	\$3,944.66
Annual Premium	\$71,003.84	\$66,270.25	\$63,114.53	\$47,335.90
\$ Change from Current	n/a	-\$4,733.59	-\$7,889.32	-\$23,667.95
% Change from Current	n/a	-6.67%	-11.1%	-33.3%
Number of Employees	432	432	432	432
Employer/ Employee Contribution	100%/0%	100%/0%	100%/0%	100%/0%
Participation Requirement	100%	100%	100%	100%
Actively at Work	Yes	Yes	Yes	Yes
Rate Guarantee	3 years	3 years	3 years	3 years
AM Best Rating	A++	A++	A+	A+

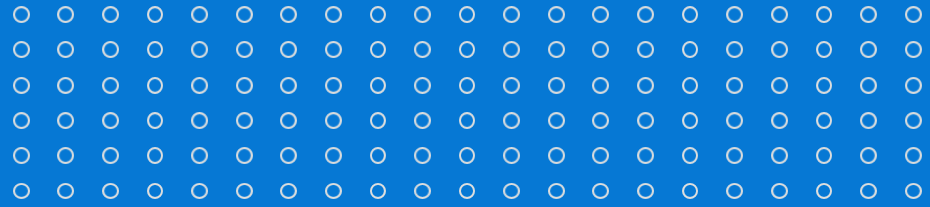
Note: This is a brief summary and not intended to be a contract.

CITY OF PFLUGERVILLE  
COMBINED BENEFITS

	1	2	3	4
	NY Life	NYLife	BCBSTX	One America
	Current	Proposed	Recommended	Proposed
Life / AD&D	\$93,473.36	\$76,677.36	\$83,249.71	\$87,631.27
LTD	\$71,003.84	\$66,270.25	\$63,114.53	\$47,335.90
Premium Credit	n/a	-\$6,389.78	n/a	n/a
Total	\$164,477.20	\$136,557.84	\$146,364.24	\$134,967.17
\$ Difference	n/a	-\$27,919.36	-\$18,112.96	-\$29,510.03
% Difference	n/a	-17%	-11%	-18%
Rate Guarantee	n/a	3 Years	3 Years	3 Years
Notes	n/a	1 month premium holiday credit on BL after 1/1/25	.75% Medical Bundling Discount (Est. \$37K)	n/a

Note: This is a brief summary and not intended to be a contract.

# 6



## Medical Renewal

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# 2025 Medical Premiums – BCBSTX



	1		2		3		4		5		6	
MEDICAL BENEFITS			BCBSTX		BCBSTX		BCBSTX		BCBSTX		BCBSTX	
	Enrollment		PPO	HDHP PPO	PPO	HDHP PPO	PPO	HDHP PPO	PPO	HDHP PPO	PPO	HDHP PPO
FINANCIALS	EPO	HDHP	Current	Current	Proposed	Proposed	Final Proposed	Final Proposed	Final Proposed	Final Proposed	Final Proposed	Final Proposed
Employee Only	143	132	\$752.04	\$610.07	\$789.64	\$640.57	\$783.72	\$635.77				
Employee & Spouse	10	16	\$1,507.75	\$1,223.72	\$1,583.14	\$1,284.91	\$1,571.27	\$1,275.27				
Employee & Child(ren)	35	23	\$1,326.56	\$1,076.59	\$1,392.89	\$1,130.42	\$1,382.44	\$1,121.94				
Employee & Family	35	22	\$1,830.12	\$1,485.47	\$1,921.63	\$1,559.74	\$1,907.22	\$1,548.04				
	416											
Monthly Premium			\$233,103	\$157,551	\$244,758	\$165,428	\$242,923	\$164,187				
Annual Premium			\$2,797,236	\$1,890,608	\$2,937,097	\$1,985,133	\$2,915,073	\$1,970,250				
Combined Annual Premium			\$4,687,844		\$4,922,230		\$4,885,323					
\$ Change over Current			n/a		\$234,386		\$197,478					
% Change over Current			n/a		5.0%		4.2%					
Rate Guarantee			1 Year		1 Year		1 Year					
Network Name			Blue Choice PPO		Blue Choice PPO		Blue Choice PPO					
Allowances / Credits			\$30K Wellness Allowance		\$25K Wellness Allowance		\$25K Wellness Allowance					
Notes			n/a		n/a		Bundled Rates					

Note: This is a brief summary and not intended to be a contract.

# Next Steps: Renewal Calendar



Timeline	Target Dates
RFP Analysis Meeting	September
Transition & Implementation Begins	September / October
Finalize OE Materials	September / October
Council Approval	TBD
Annual Enrollment	October / November
Finalize Open Enrollment & Implementation	November / December
New Plans and Carriers Effective	January 1, 2025

# Thank you.

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