



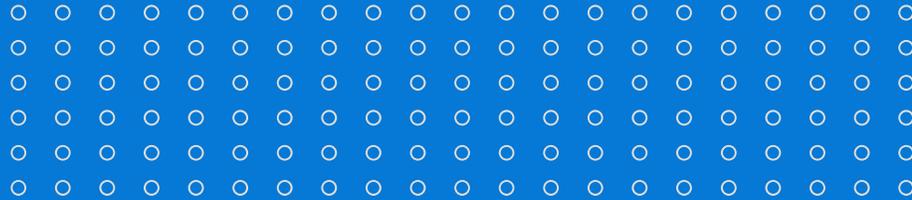
City of Pflugerville 2025 RFP Analysis Meeting

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September 30, 2025

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RFP Overview



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, 2026:

- Medical (Fully Insured)
- Dental (Fully Insured)

The RFP was conducted with the following objectives in mind:

- Aligns with the City's objectives and is supported by management and 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.

Claims vs. Premium



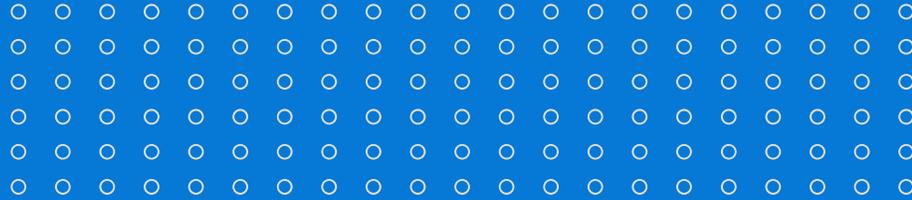
Date	Subscribers	Medical Claims	Rx Claims	Total Cost	Premium Cost	Loss Ratio
24-Jan	414	\$485,712	\$62,315	\$548,027	\$398,203	138%
24-Feb	413	\$332,512	\$41,510	\$374,022	\$390,389	96%
24-Mar	415	\$1,136,894	\$73,338	\$1,210,232	\$390,560	310%
24-Apr	417	\$630,135	\$54,429	\$684,564	\$392,676	174%
24-May	419	\$374,369	\$96,112	\$470,481	\$392,074	120%
24-Jun	417	\$278,509	\$58,408	\$336,917	\$391,264	86%
24-Jul	419	\$537,434	\$81,136	\$618,570	\$394,909	157%
24-Aug	419	\$887,555	\$75,474	\$963,029	\$392,256	246%
24-Sep	416	\$284,463	\$93,611	\$378,074	\$388,024	97%
24-Oct	417	\$626,469	\$76,829	\$703,298	\$389,088	181%
24-Nov	415	\$484,771	\$114,599	\$599,370	\$386,474	155%
24-Dec	413	\$621,098	\$75,655	\$696,753	\$386,567	180%
Plan Year Total (Year to Date)	416	\$6,679,921	\$903,416	\$7,583,337	\$4,692,484	161.6%
Per Capita		\$16,051	\$2,171	\$18,222	\$11,275	
25-Jan	414	\$606,588	\$118,694	\$725,282	\$409,023	177.3%
25-Feb	416	\$750,900	\$39,034	\$789,934	\$409,277	193.0%
25-Mar	418	\$213,550	\$130,162	\$343,712	\$408,911	84.1%
25-Apr	427	\$471,930	\$93,100	\$565,030	\$416,855	135.5%
25-May	423	\$521,528	\$61,326	\$582,854	\$413,337	141.0%
25-Jun	420	\$269,973	\$130,479	\$400,452	\$408,987	97.9%
25-Jul	418	\$362,451	\$75,967	\$438,418	\$406,517	107.8%
25-Aug	424	\$383,304	\$110,066	\$493,370	\$409,437	120.5%
Plan Year Total (Year to Date)	420	\$3,580,224	\$758,828	\$4,339,052	\$3,282,344	132.2%
Annualized	4	\$5,370,336	\$1,138,242	\$6,508,578	\$4,923,516	
\$ Difference from Prior Year		-\$1,309,585	\$234,826	-\$1,074,759	\$231,032	
% Change from Prior Year		-20%	26%	-14%	5%	
Annualized Per Capita		\$12,787	\$2,710	\$15,497	\$11,723	

Dental Utilization



Date	Subscribers	Total Claims	Premium	Loss Ratio
01/01/2024	395	\$10,549	\$20,073	53%
02/01/2024	396	\$21,395	\$20,021	107%
03/01/2024	391	\$21,678	\$19,695	110%
04/01/2024	388	\$26,096	\$19,608	133%
05/01/2024	395	\$29,496	\$19,900	148%
06/01/2024	395	\$22,990	\$19,985	115%
07/01/2024	394	\$25,123	\$20,070	125%
08/01/2024	399	\$20,626	\$20,168	102%
09/01/2024	397	\$24,351	\$19,987	122%
10/01/2024	396	\$37,181	\$19,723	189%
11/01/2024	395	\$19,443	\$19,821	98%
12/01/2024	392	\$23,940	\$19,643	122%
01/01/2025	395	\$25,686	\$21,589	119%
02/01/2025	396	\$19,252	\$21,566	89%
03/01/2025	400	\$26,842	\$21,656	124%
04/01/2025	407	\$33,425	\$22,021	152%
05/01/2025	404	\$25,189	\$21,787	116%
06/01/2025	399	\$29,387	\$21,495	137%
07/01/2025	399	\$27,836	\$21,495	130%
			Average	120%

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RFP Vendor Responses



RFP Vendor Response List (Medical)



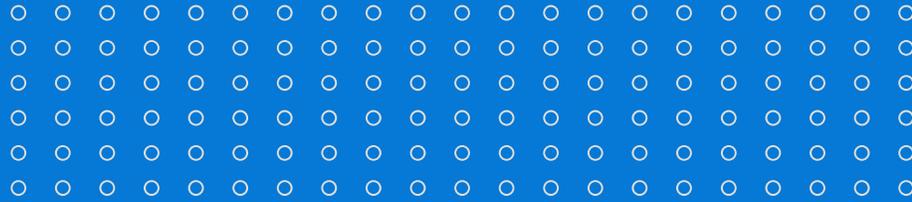
MEDICAL CARRIER	RESPONDED / DECLINED	FINALIST
BCBSTX	Responded	Yes
Scott & White	Responded	No (+30%, network limitations)
UHC	Responded	No (+36%)
Aetna	Declined	n/a
Texas Health	Declined	n/a
Cigna	Declined	n/a
Curative	Declined	n/a

RFP Vendor Response List (Dental)



DENTAL CARRIER	RESPONDED / DECLINED	FINALIST
MetLife	Responded	Yes
BCBSTX	Responded	Yes
UHC	Responded	No
Standard	Responded	No
United Concordia	Responded	No
Cigna	Declined	n/a
Aetna	Declined	n/a
Texas Health	Declined	n/a

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Medical Results



City of Pflugerville Medical Benefits

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MEDICAL BENEFITS	BCBSTX	
	PPO	HDHP
	Current / Renewal	Current / Renewal
Deductible	Embedded	Embedded
In-Network	\$4,000 Ind. / \$8,000 Fam.	\$5,000 Ind. / \$10,000 Fam.
Non-Network	\$8,000 Ind. / \$16,000 Fam.	\$10,000 Ind. / \$20,000 Fam.
Out Of Pocket Max	Deductible, Copay, Coinsurance Included	Deductible, Copay, Coinsurance Included
In-Network	\$6,000 Ind. / \$12,000 Fam.	\$6,000 Ind. / \$12,000 Fam.
Non-Network	\$12,000 Ind. / \$24,000 Fam.	\$20,000 Ind. / \$40,000 Fam.
Coinsurance		
In-Network	80%	100%
Non-Network	50%	50%
Lifetime Max	Unlimited	Unlimited
Emergency Room		
In-Network	\$500 + 20%	Ded. / 0%
Non-Network	\$500 + 20%	Ded. / 0%
Maternity	Included	Included
Physician Office Visit		
In-Network	\$15 Copay	Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
Specialist Office Visit		
In-Network	\$30 Copay	Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
Preventive Care		
In-Network	Covered 100%	Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
Urgent Care		
In-Network	\$75 Copay	Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
In-Patient Hospital		
In-Network	Per Admission Ded. / 20%	Per Admission Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
Out-Patient		
In-Network	Per Admission Ded. / 20%	Per Admission Ded. / 0%
Non-Network	Ded. / 50%	Ded. / 50%
Telemedicine	\$0 Copay	Fee
Prescriptions		Deductible, then :
Network Retail Pharmacy	\$10/\$25/\$50	\$10/\$35/\$70
Specialty Drugs	\$10/\$25/\$50	\$10/\$35/\$70
Mail Order	\$25/\$62.50/\$125	\$25/\$87.50/\$175

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

City of Pflugerville 2026 Rates

MEDICAL BENEFITS			1	2	3	4	5	6	7	8
	Enrollment		BCBSTX		BCBSTX		UHC		Scott & White	
FINANCIALS	PPO	HDHP	PPO	HDHP PPO	PPO	HDHP PPO	PPO	HDHP PPO	PPO	HDHP PPO
			Current	Current	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Employee Only	127	148	\$783.72	\$635.77	\$981.49	\$796.21	\$1,106.89	\$831.54	\$1,018.58	\$826.29
Employee & Spouse	13	12	\$1,571.27	\$1,275.27	\$1,967.78	\$1,597.08	\$2,219.19	\$1,667.14	\$2,042.13	\$1,657.43
Employee & Child(ren)	34	29	\$1,382.44	\$1,121.94	\$1,731.30	\$1,405.06	\$1,952.49	\$1,466.79	\$1,796.72	\$1,458.15
Employee & Family	33	24	\$1,907.22	\$1,548.04	\$2,388.51	\$1,938.69	\$2,693.67	\$2,023.59	\$2,478.76	\$2,011.94
	420									
Monthly Premium			\$229,900	\$179,086	\$287,915	\$224,279	\$324,700	\$234,177	\$298,795	\$232,753
Annual Premium			\$2,758,802	\$2,149,037	\$3,454,985	\$2,691,352	\$3,896,403	\$2,810,120	\$3,585,539	\$2,793,036
(-) Credit			n/a		-\$60,000		n/a		n/a	
HSA Contributions			\$330,150		\$330,150		\$330,150		\$330,150	
Combined Annual Cost			\$5,237,989		\$6,416,487		\$7,036,673		\$6,708,725	
\$ Change over Current			n/a		\$1,178,498		\$1,798,684		\$1,470,736	
% Change over Current			n/a		22.5%		34.3%		28.1%	
Rate Guarantee			1 Year		1 Year		1 Year		1 Year	
Network Name			Blue Choice PPO		Blue Choice PPO					
Allowances / Credits			\$30K Wellness Credit		\$60K Credit					
Notes			n/a		n/a					

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

Option 3 – Benefit Package



MEDICAL BENEFITS	BCBSTX (Option 3)		
	PPO Proposed	HMO NEW	HDHP Current / Renewal
Deductible	Embedded	Embedded	Embedded
In-Network	\$4,000 Ind. / \$8,000 Fam.	\$4,000 Ind. / \$8,000 Fam.	\$5,000 Ind. / \$10,000 Fam.
Non-Network	\$8,000 Ind. / \$16,000 Fam.	n/a	\$10,000 Ind. / \$20,000 Fam.
Out Of Pocket Max	Deductible, Copay, Coinsurance Included	Deductible, Copay, Coinsurance Included	Deductible, Copay, Coinsurance Included
In-Network	\$6,000 Ind. / \$12,000 Fam.	\$6,000 Ind. / \$12,000 Fam.	\$6,000 Ind. / \$12,000 Fam.
Non-Network	Unlimited	n/a	\$20,000 Ind. / \$40,000 Fam.
Coinsurance			
In-Network	80%	80%	100%
Non-Network	50%	n/a	50%
Lifetime Max	Unlimited	Unlimited	Unlimited
Emergency Room			
In-Network	\$500 + 20%	\$500 + 20%	Ded. / 0%
Non-Network	\$500 + 20%	\$500 + 20%	Ded. / 0%
Maternity	Included	Included	Included
Physician Office Visit			
In-Network	\$25 Copay	\$25 Copay	Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
Specialist Office Visit			
In-Network	\$50 Copay	\$50 Copay	Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
Preventive Care			
In-Network	Covered 100%	Covered 100%	Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
Urgent Care			
In-Network	\$75 Copay	\$75 Copay	Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
In-Patient Hospital			
In-Network	Per Admission Ded. / 20%	Per Admission Ded. / 20%	Per Admission Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
Out-Patient			
In-Network	Per Admission Ded. / 20%	Per Admission Ded. / 20%	Per Admission Ded. / 0%
Non-Network	Ded. / 50%	n/a	Ded. / 50%
Prescriptions			Deductible, then :
Network Retail Pharmacy	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$35/\$70
Specialty Drugs	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$35/\$70
Mail Order	\$25/\$62.50/\$125	\$25/\$62.50/\$125	\$25/\$87.50/\$175

City of Pflugerville Option 3 Rates

				1	2	3	4	5
MEDICAL BENEFITS				BCBSTX		BCBSTX - Option 3		
	Assumed Enrollment			PPO	HDHP PPO	PPO	HMO	HDHP PPO
FINANCIALS	PPO	HMO	HDHP	Current	Current	Proposed	Proposed	Renewal
Employee Only	127	0	148	\$783.72	\$635.77	\$978.27	\$780.67	\$796.21
Employee & Spouse	13	0	12	\$1,571.27	\$1,275.27	\$1,961.32	\$1,565.92	\$1,597.08
Employee & Child(ren)	34	0	29	\$1,382.44	\$1,121.94	\$1,725.62	\$1,377.65	\$1,405.06
Employee & Family	33	0	24	\$1,907.22	\$1,548.04	\$2,380.66	\$1,900.86	\$1,938.69
	420							
Monthly Premium				\$229,900	\$179,086	\$286,970	\$0	\$224,279
Annual Premium				\$2,758,802	\$2,149,037	\$3,443,644	\$0	\$2,691,352
(-) Credit				n/a		-\$100,000		
HSA Contributions				\$330,150		\$330,150		
Combined Annual Cost				\$5,237,989		\$6,365,146		
\$ Change over Current				n/a		\$1,127,157		
% Change over Current				n/a		21.5%		
Rate Guarantee				1 Year		1 Year		
Network Name				Blue Choice PPO		Blue Choice PPO		
Allowances / Credits				\$30K Wellness Allowance		\$100K Wellness Credit (HMO)		
Notes				n/a		n/a		

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

City of Pflugerville Option 3 Rates 90% Migration

		1			2		3	4	5
MEDICAL BENEFITS		BCBSTX			BCBSTX - Option 3				
	Assumed Enrollment			PPO	HDHP PPO	PPO	HMO	HDHP PPO	
FINANCIALS	PPO	HMO	HDHP	Current	Current	Proposed	Proposed	Renewal	
Employee Only	13	114	148	\$783.72	\$635.77	\$978.27	\$780.67	\$796.21	
Employee & Spouse	1	12	12	\$1,571.27	\$1,275.27	\$1,961.32	\$1,565.92	\$1,597.08	
Employee & Child(ren)	3	31	29	\$1,382.44	\$1,121.94	\$1,725.62	\$1,377.65	\$1,405.06	
Employee & Family	3	30	24	\$1,907.22	\$1,548.04	\$2,380.66	\$1,900.86	\$1,938.69	
	420								
Monthly Premium				\$229,900	\$179,086	\$26,998	\$207,520	\$224,279	
Annual Premium				\$2,758,802	\$2,149,037	\$323,972	\$2,490,244	\$2,691,352	
(-) Credit				n/a		-\$100,000			
HSA Contributions				\$330,150		\$330,150			
Combined Annual Cost				\$5,237,989		\$5,735,719			
\$ Change over Current				n/a		\$497,729			
% Change over Current				n/a		9.5%			
Rate Guarantee				1 Year		1 Year			
Network Name				Blue Choice PPO		Blue Choice PPO			
Allowances / Credits				\$30K Wellness Allowance		\$100K Wellness Credit (HMO)			
Notes				n/a		n/a			

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

*Assumes 90% migration from PPO to HMO through employer contribution adjustments

**Consider Grandfathering Strategy - No New Enrollments in PPO

Proposed 2026 Medical Contributions



City of Pflugerville
Package 3 - 90% Migration into HMO

Plan		Total Costs				Monthly Change from Current
HDHP	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	\$ Difference
Employee	148	\$796.21	\$796.21	100.0%	\$0.00	\$0.00
+ Spouse	12	\$1,597.08	\$1,276.73	79.9%	\$320.35	\$117.84
+ Children	29	\$1,405.06	\$1,161.52	82.7%	\$243.54	\$89.59
+ Family	24	\$1,938.69	\$1,481.70	76.4%	\$456.99	\$168.11
Premium Contributions	213	\$2,691,352	\$2,428,857	90.2%	\$262,495	
HSA Contributions		\$330,150	\$330,150	100.0%	\$0	
Total Contributions		\$3,021,502	\$2,759,007	91.3%	\$262,495	

Employee - \$1,550 HSA Contribution

HMO	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	\$ Difference to Current PPO
Employee	114	\$780.67	\$780.67	100.0%	\$0.00	(\$50.00)
+ Spouse	12	\$1,565.92	\$1,251.82	79.9%	\$314.10	(\$63.75)
+ Children	31	\$1,377.65	\$1,138.86	82.7%	\$238.79	(\$48.46)
+ Family	30	\$1,900.86	\$1,452.78	76.4%	\$448.08	(\$90.96)
Premium Contributions	187	\$2,490,244	\$2,194,876	88.1%	\$295,368	

PPO	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	\$ Difference
Employee	13	\$978.27	\$828.27	84.7%	\$150.00	\$100.00
+ Spouse	1	\$1,961.32	\$1,418.10	72.3%	\$543.22	\$165.37
+ Children	3	\$1,725.62	\$1,276.68	74.0%	\$448.94	\$161.69
+ Family	3	\$2,380.66	\$1,669.70	70.1%	\$710.96	\$171.92
Premium Contributions	20	\$323,972	\$252,297	77.9%	\$71,675	

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions	420	\$5,835,719	\$5,206,180	89.2%	\$629,539
\$ Change From Current		\$597,729	\$599,923		(\$2,194)
% Change From Current		11.4%	13.0%		-0.3%

**Does not include \$100K Premium Credit in analysis

Blue Essentials - Disruption



	TX BlueChoice	TX Blue Essentials
Total Records	2,425	2,425
Total Matches	2,349	2,335
Percent Matched	96.87%	96.29%
Total Paid Amount	\$4,403,444	\$4,403,444
Total Paid Matches	\$4,364,970	\$4,360,015
Total Paid Percent Matched	99.13%	99.01%



Blue EssentialsSM

Understanding and Using Your Benefits

If you're looking for a health care benefit plan that is easy to use and cost-effective, Blue Essentials might be right for you.

Blue Essentials - What Is It?

Blue Essentials offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider from the Blue Essentials network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.



Choosing or Changing your Primary Care Provider

Blue EssentialsSM offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a PCP from the Blue EssentialsSM network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history. They may recognize changes in your health while overseeing routine care and making referrals to see specialists when needed.

Q How do I choose a PCP?

A When you enrolled in your HMO, you and your covered family members were each asked to select a PCP that participates in our network. If you did not select a PCP at that time, one is selected for you. However, you can change your PCP. The most common PCP specialties to choose from are family practitioners, pediatricians, geriatricians, internists and gynecologists. Specialists are not PCPs.

Each PCP has a 10-digit PCP ID which includes letters and numbers. You will need this number when enrolling or changing PCPs. It is noted within the physician profile.

Q How do I change my PCP?

A To ensure that you are comfortable with your choice of doctors, you may change your PCP once a month for any reason. The change will be effective on the first of the next month. To change to another PCP in the same medical group as your current PCP, simply call the group to inform them of your decision. The medical group will let you know if the PCP you have selected is available and tell you the effective date of the change. You can also change your PCP online or by telephone; log in to Blue Access for MembersSM at **bcbstx.com/member** or call the customer service number on the back of your member ID card.

Q How do I find a doctor who participates in the Blue Essentials network?

A You can search from your computer, smartphone or other mobile device. Visit **bcbstx.com/member** to access BAMSM. Enter your username and password - to register for a BAM account, all you need are your group numbers, found on your member ID card.

Continues on reverse

Can I continue to see my current doctor when I join?

Your doctor may already be in the Blue Essentials network. If not, and you are undergoing a course of evaluation and/or medical treatment when you join the plan, you may request Transition of Care benefits. These benefits may be authorized for up to 90 days. Please refer to your Explanation of Benefits guide or call Customer Service to find out about Transition of Care benefits.

Do I need a referral to see a specialist?

It depends. If you see another PCP or specialist within the medical group that your PCP participates in and it's billed under the same Tax ID, you do not need a referral. If the specialist is outside your medical group, you will need a referral from your PCP. Referrals do expire, so make sure to review the effective date

Please keep in mind, not all PCP groups have specialists within their clinic, therefore you would need a referral.

You do not need a referral for urgent or emergency care. Also, women do not need a referral to see a gynecologist.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your member ID card.

Helping You Budget for Health Care Costs

Blue Essentials is designed to offer:

- Predictable out-of-pocket expenses
- Consistent copayments
- 100% coverage of recommended routine care and preventive screenings

Other Benefits of This Plan

You will also have access to:

- Health and wellness programs
- The BlueCard® network, a national network of providers, which includes more than 97% of hospitals nationwide, for health care services when you're out of state
- The Blue365® member discount program, which offers exclusive discounts and deals on health and wellness products and services, such as fitness gear, gym memberships, weight loss programs, dental products and more*
- Web and mobile tools

Finding Providers is Easy

Through our Provider Finder® tool, it's easy to find a doctor, hospital or other health care provider that participates in the Blue Essentials network.

Log in to Blue Access for MembersSM at bcbstx.com/member. To register for a BAMSM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

By logging in to BAM you can also use Provider Finder to:

- Estimate the cost of procedures, treatments and tests, including your out-of-pocket expenses.
- View patient reviews.
- See how industry experts rate your doctor.
- Review providers' certifications and recognitions.
- Rate your doctor or hospital after your visit.

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit bcbstx.com and click on 'Find Care' under the My Health tab.

Or, download the BCBSTX App at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.

Take an Active Role in Managing Your Health Care

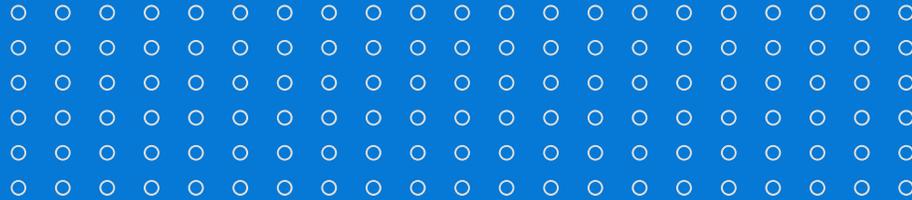
- Know what your health plan covers.
- Check your copayments and other out-of-pocket costs.
- Read the health plan documents your employer gives you.

* The relationship between these vendors and Blue Cross and Blue Shield of Texas is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Hearing services are provided by Start Hearing, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers, and LasikPlus®.

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Dental Results



CITY OF PFLUGERVILLE DENTAL RFP ANALYSIS

DENTAL BENEFITS			1		2		3	
			MetLife Current		MetLife Renewal - No Changes		BCBSTX Proposed	
			PPO	DHMO	PPO	DHMO	PPO	PPO Mac
Type I – Preventive Services			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 lifetime 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)	
Type II – Basic Services			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	
Non-preventive X-rays			Type I		Type I		Type I	
Amalgam and silver composite fillings			Type II		Type II		Type II	
Stainless Steel Crowns			Type III		Type III		Type III	
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	
Type III – Major Services			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	
Type IV – Orthodontia			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 26)	
Orthodontia Lifetime Maximum			\$2,000		\$2,000		\$2,000	
Calendar Year Deductible			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
Dental Annual Maximum			\$2,500	None	\$2,500	None	\$2,500	\$1,000
UCR Out of Network Percentile			90th Percentile	n/a - Must select Provider	90th Percentile	n/a - Must select Provider	90th Percentile	MAC
FINANCIALS	PPO	DMO	PPO	DHMO	PPO	DHMO	PPO	PPO Mac
Employee Only	247	21	\$32.58	\$13.81	\$34.21	\$13.81	\$51.02	\$21.63
Employee & Spouse	24	5	\$74.16	\$27.65	\$77.87	\$27.65	\$116.13	\$43.40
Employee & Child(ren)	46	4	\$80.12	\$31.12	\$84.13	\$31.12	\$125.47	\$48.73
Employee & Family	76	0	\$100.18	\$44.92	\$105.19	\$44.92	\$156.88	\$70.34
Monthly Premium	393	30	\$21,126.30	\$552.74	\$22,183.17	\$552.74	\$33,083.56	\$866.15
Annual Premium	423		\$253,515.60	\$6,632.88	\$266,198.04	\$6,632.88	\$397,002.72	\$10,393.80
Combined Monthly Premium			\$21,679.04		\$22,735.91		\$33,949.71	
Combined Annual Premium			\$260,148.48		\$272,830.92		\$407,396.52	
\$ Change from Current			n/a		\$12,682.44		\$147,248.04	
% Change from Current			n/a		4.9%		56.6%	
Effective Date					1/1/2026		1/1/2026	
Rate Guarantee			1 Year		1 Year		1 Year	
Dependent Age Limit			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%	97.4%	80.8%	97.1%	n/a
Provider Match %			Current	Current	Current	Current	90.7%	
Network Name			Preferred Dental Program Plus	HMO/Managed Care Network	Preferred Dental Program Plus	HMO/Managed Care 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.

Proposed 2026 Dental Contributions



City of Pflugerville Proposed 2026 Dental Contributions

Plan		Total Costs				\$ Difference to Current
DPPO	Full Time Employees	Dental Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	
Employee	247	\$34.21	\$34.21	100.0%	\$0.00	\$0.00
+ Spouse	24	\$77.87	\$34.56	44.4%	\$43.31	\$3.71
+ Children	46	\$84.13	\$34.85	41.4%	\$49.28	\$4.01
+ Family	76	\$105.19	\$35.80	34.0%	\$69.39	\$5.01
Premium Contributions	393	\$266,198	\$163,239	61.3%	\$102,960	

DHMO	Full Time Employees	Dental Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	\$ Difference to Current
Employee	21	\$13.81	\$13.81	100.0%	\$0.00	\$0.00
+ Spouse	5	\$27.65	\$13.81	49.9%	\$13.84	\$0.00
+ Children	4	\$31.12	\$13.81	44.4%	\$17.31	\$0.00
+ Family	0	\$44.92	\$13.81	30.7%	\$31.11	\$0.00
Premium Contributions	30	\$6,633	\$4,972	75.0%	\$1,661	

All Plans	Full Time Employees	Total Dental Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions	423	\$272,831	\$168,210	61.7%	\$104,621
\$ Change From Current		\$12,682	\$4,831		\$7,851
% Change From Current		4.9%	3.0%		8.1%

Thank you.

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