



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

City of Angleton Group Medical, Dental, Vision and Life AD&D RFP Summary

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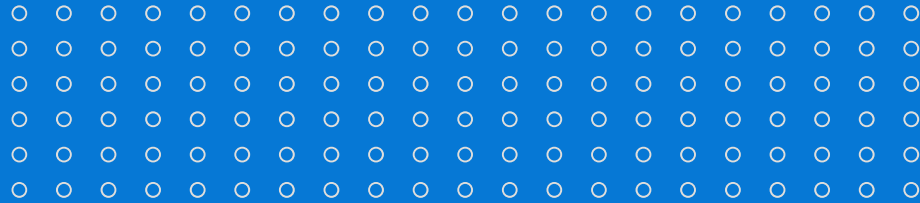


Agenda

- 1 | RFP Overview & Summary
- 2 | RFP Vendor Responses
- 3 | Medical Plan Experience & Proposal Summary
- 4 | Dental and Vision Proposal Summary
- 5 | Group Life AD&D Proposal Summary

Appendix – Public Sector Medical Plan Benchmarking
2023 Medical Plan Premium and Cost Share Options

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RFP Overview & Summary



This presentation summarizes the results of an RFP conducted by HUB International on behalf of the City of Angleton to assess vendors to provide and administer the following benefits effective January 1, 2023:

- Group Medical, Dental, Vision, Life AD&D and Voluntary Life AD&D

The RFP was conducted with the following objectives in mind:

- Aligns with the City of Angleton's objectives and is supported by City Management and City Council;
- Demonstrated superior member service and claims processing;
- Ability to proactively meet the City of Angleton's service needs;
- Willingness, experience and capability to effectively administer the programs;
- Support during the implementation process;
- Options to manage costs.

RFP Summary



Medical

The Medical renewal/proposal offer from UHC was an increase of +19% (\$341,330). The proposal response from Aetna was a +18.5% increase and BCBS provided the most competitive offer with a decrease of -7.98% (\$-143,281) from current. BCBS also provided an alternative PPO plan with a \$1,000 deductible versus the current \$500 deductible that is a combined decrease of -11.91% (\$-213,983) from current for consideration. The \$1,000 deductible PPO plan proposed is more closely aligned with public sector benchmarks.

Dental

The Dental renewal/proposal offer from UHC was a -9% (\$5,229) decrease from current. A proposal received from Delta Dental was a -15% (\$8,713) decrease and Cigna offered a -5.73% (\$3,327) decrease from current.

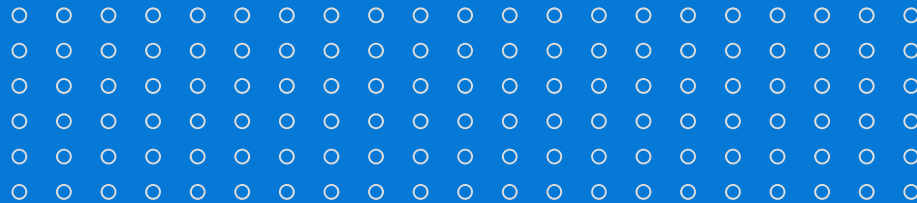
Vision

The Vision renewal/proposal offer from UHC was no change or 0% increase from current. A proposal received from CEC Vision was a -41% (\$-3,753) decrease and Avesis offered a -13% (\$1,236) decrease from current.

Life AD&D and Voluntary Life AD&D

The Life AD&D renewal/proposal offer from BCBS was no change or increase from current. A proposal from Ochs was a decrease of -48% (\$-1,592) and Mutual of Omaha a offered a -33% (\$1,087) decrease from current. The City is considering increasing the Basic Life AD&D benefit for Employees from \$15,000 to \$25,000 to align closer to public sector benchmarks.

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Vendor Responses



Vendor Responses



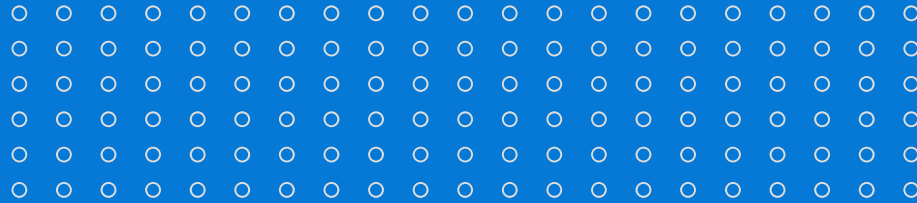
MEDICAL	
UHC (Incumbent)	Responded
Aetna	Responded
BCBS	Responded

DENTAL	
UHC (Incumbent)	Responded
BCBS	Responded
Cigna	Responded
Delta Dental	Responded
Dental Select	Responded
Equitable	Responded
MetLife	Responded
Aetna	Responded
BCBS	Responded

VISION	
UHC (Incumbent)	Responded
Avesis	Responded
BCBS	Responded
CEC Vision	Responded
Cigna	Responded
Dental Select/Eye Med	Responded
Equitable	Responded
MetLife	Responded
Mutual of Omaha	Responded

LIFE AD&D	
BCBS (Incumbent)	Responded
MetLife	Responded
Mutual of Omaha	Responded
New York Life	Responded
Ochs	Responded
Prudential	Responded
UHC	Responded

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Medical Plan Experience & Proposal Summary



Medical Plan Experience 7/2020 – 6/2022

Year/Month	Members	Premium	Medical Claims	Pharmacy Claims	Total Payments	Claims to Premium Ratio
2020-07	177	\$142,250	\$271,228	\$18,952	\$293,785	206.5%
2020-08	171	\$137,187	\$183,292	\$29,744	\$216,522	157.8%
2020-09	171	\$137,842	\$68,434	\$24,174	\$96,093	69.7%
2020-10	169	\$134,750	\$246,337	\$25,608	\$275,470	204.4%
2020-11	176	\$141,010	\$87,864	\$34,438	\$125,947	89.3%
2020-12	176	\$143,185	\$188,223	\$25,187	\$217,056	151.6%
2021-01	172	\$140,376	\$66,480	\$31,872	\$102,066	72.7%
2021-02	169	\$136,624	\$77,051	\$11,704	\$92,384	67.6%
2021-03	172	\$139,439	\$101,350	\$28,511	\$133,554	95.8%
2021-04	169	\$134,756	\$123,451	\$30,510	\$157,547	116.9%
2021-05	170	\$134,375	\$295,970	\$23,846	\$323,423	240.7%
2021-06	165	\$131,844	\$50,744	\$47,882	\$102,127	77.5%
2021-07	165	\$131,471	\$171,000	\$31,409	\$205,910	156.6%
2021-08	169	\$135,221	\$147,543	\$11,252	\$162,361	120.1%
2021-09	165	\$132,410	\$111,298	\$12,511	\$127,353	96.2%
2021-10	165	\$132,407	\$50,552	\$14,024	\$68,098	51.4%
2021-11	161	\$128,658	\$73,379	\$34,158	\$110,974	86.3%
2021-12	165	\$66,602	\$104,466	\$29,554	\$137,543	206.5%
2022-01	164	\$145,888	\$119,768	\$32,431	\$156,242	107.1%
2022-02	177	\$156,092	\$145,604	\$51,143	\$200,954	128.7%
2022-03	169	\$153,047	\$87,465	\$55,199	\$146,683	95.8%
2022-04	165	\$149,236	\$73,866	\$40,002	\$117,793	78.9%
2022-05	166	\$148,231	\$109,832	\$53,532	\$167,311	112.9%
2022-06	166	\$148,913	\$129,923	\$44,575	\$178,445	119.8%

Medical Renewal and Closest Matching Benefits



	UHC - proposed		CLOSEST MATCHING PLANS		CLOSEST MATCHING PLANS	
	UHC - proposed	UHC - proposed	Aetna - proposed	Aetna - proposed	BCBS - proposed	BCBS - proposed
	PPO (BCYB)	HSA (CT4E)	PPO (OA POS TX21)	HSA (OA POS TX21)	PPO (MTBCP006)	HSA (MTBCP319H)
Deductible		Embedded Deductible		Embedded Deductible		Embedded Deductible
In-Network	\$500 Ind./ \$1,000 Fam.	\$3,000 Ind./ \$6,000 Fam.	\$500 Ind./ \$1,000 Fam.	\$3,000 Ind./ \$6,000 Fam.	\$500 Ind./ \$1,000 Fam.	\$3,100 Ind./ \$6,200 Fam.
Non-Network	\$1,000 Ind./ \$2,000 Fam.	\$5,000 Ind./ \$10,000 Fam.	\$15,000 Ind./ \$45,000 Fam.	\$15,000 Ind./ \$45,000 Fam.	\$1,500 Ind./ \$3,000 Fam.	\$6,200 Ind./ \$12,400 Fam.
Out Of Pocket Max	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible
In-Network	\$3,500 Ind. / \$7,000 Fam.	\$6,350 Ind. / \$12,700 Fam.	\$3,500 Ind. / \$7,000 Fam.	\$6,350 Ind. / \$12,700 Fam.	\$3,000 Ind. / \$9,000 Fam.	\$6,200 Ind. / \$12,400 Fam.
Non-Network	\$6,850 Ind. / \$13,700 Fam.	\$10,000 Ind. / \$20,000 Fam.	\$30,000 Ind. / \$90,000 Fam.	\$30,000 Ind. / \$90,000 Fam.	Unlimited	Unlimited
Coinsurance						
In-Network	80%	80%	80%	80%	80%	80%
Non-Network	60%	60%	50%	50%	60%	60%
Physician Office Visit						
In-Network	\$35 Copay	Ded./ 80%	\$35 Copay	Ded./ 80%	\$30 Copay	Ded./ 80%
Non-Network	Ded./ 60%	Ded./ 60%	Ded./ 50%	Ded./ 50%	Ded./ 60%	Ded./ 60%
Specialist Office Visit						
In-Network	\$35 or \$70 Copay	Ded./ 80%	\$70 Copay	Ded./ 80%	\$60 Copay	Ded./ 80%
Non-Network	Ded./ 60%	Ded./ 60%	Ded./ 50%	Ded./ 50%	Ded./ 60%	Ded./ 60%
Hospital In-Patient/Out-Patient						
In-Network	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%
Non-Network	Ded./ 60%	Ded./ 60%	Ded./ 50%	Ded./ 50%	Ded./ 60%	Ded./ 60%
Urgent Care						
In-Network	\$50 Copay	Ded./ 80%	\$75 Copay	Ded./ 80%	\$75 Copay	Ded./ 80%
Non-Network	Ded./ 60%	Ded./ 60%	Ded./ 50%	Ded./ 50%	Ded./ 60%	Ded./ 60%
Emergency Room						
In-Network	\$100 Copay	Ded./ 80%	\$100 Copay, then 20%	Ded./ 80%	\$500 Copay, then 20%	Ded./ 80%
Non-Network	\$100 Copay	Ded./ 80%	\$100 Copay, then 20%	Ded./ 50%	\$500 Copay, then 20%	Ded./ 80%
Prescriptions						
Network Retail Pharmacy	\$10/\$35/\$60	After the deductible: \$10/\$35/\$70	\$10/\$35/\$70	After the deductible: \$10/\$35/\$70	\$0/\$10/\$50/\$100	After the deductible: 90%/90%/80%/70%
Network Mail Order	\$25/\$87.50/\$150	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$0/\$20/\$100/\$200	90%/90%/80%/70%
Specialty Drugs	NA	\$150/\$500	\$200/\$200	\$200/\$200	\$150/\$250	60%/50%

Medical Renewal and Closest Matching Benefits (Premiums)



Current Plans

			UHC - proposed		Aetna - proposed		BCBS - proposed	
MEDICAL PLAN FINANCIALS	PPO	HSA	PPO (BCYB)	HSA (CT4E)	PPO (OA POS TX21)	HSA (OA POS TX21)	PPO (MTBCP006)	HSA (MTBCP319H)
Employee Only	97	7	\$1,282.99	\$976.53	\$1,273.66	\$1,045.68	\$928.85	\$686.24
Employee & Spouse	0	0	\$2,565.99	\$1,953.07	\$2,547.33	\$2,091.38	\$1,861.86	\$1,375.55
Employee & Child(ren)	15	0	\$2,052.80	\$1,562.46	\$2,037.86	\$1,673.11	\$1,908.19	\$1,409.77
Employee & Family	5	0	\$3,207.50	\$2,441.34	\$3,184.17	\$2,614.22	\$2,841.20	\$2,099.08
Enrollment By Plan	117	7						
Total Monthly Premium			\$171,280	\$6,836	\$170,034	\$7,320	\$132,927	\$4,804
Total Annual Premium			\$2,055,354	\$82,029	\$2,040,405	\$87,837	\$1,595,128	\$57,644
Combined Annual Premium			\$2,137,383		\$2,128,242		\$1,652,772	
\$ Change from Current			\$341,330		\$332,190		-\$143,281	
% Change from Current			19.00%		18.50%		-7.98%	
Rate Guarantee			12 months	12 months	12 months	12 months	12 months	12 months
Effective Date			1/1/2023	1/1/2023	1/1/2023	1/1/202	1/1/2023	1/1/202

Medical Alternate Plan Proposed Benefits



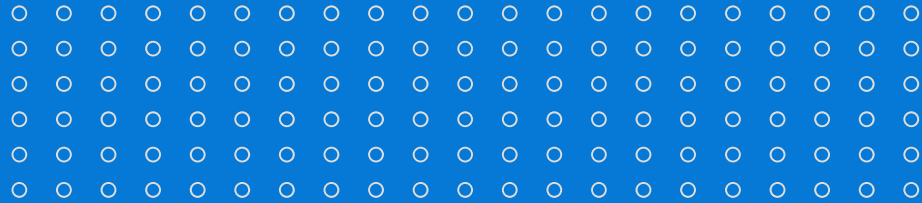
	UHC - proposed alt PPO \$1,500 (BCYE)	UHC - proposed alt HSA (CT4J)	UHC - proposed alt EPO \$1,500 (BCZX)	UHC - proposed alt EPO HSA (AGYB)	BCBS - proposed alt PPO \$1,000 (MTBCP011)	BCBS - proposed alt HSA (MTBCP319H)
Deductible		Embedded Deductible		Embedded Deductible		Embedded Deductible
In-Network	\$1,500 Ind./ \$3,000 Fam.	\$3,500 Ind./ \$7,000 Fam.	\$1,500 Ind./ \$3,000 Fam.	\$3,000 Ind./ \$6,000 Fam.	\$1,000 Ind./ \$2,000 Fam.	\$3,100 Ind./ \$6,200 Fam.
Non-Network	\$5,000 Ind./ \$10,000 Fam.	\$5,000 Ind./ \$10,000 Fam.	NA	NA	\$2,000 Ind./ \$3,000 Fam.	\$6,200 Ind./ \$12,400 Fam.
Out Of Pocket Max	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible
In-Network	\$5,000 Ind./ \$10,000 Fam.	\$6,350 Ind. / \$12,700 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$6,350 Ind. / \$12,700 Fam.	\$4,000 Ind. / \$12,000 Fam.	\$6,200 Ind. / \$12,400 Fam.
Non-Network	\$10,000 Ind. / \$20,000 Fam.	\$10,000 Ind. / \$20,000 Fam.	NA	NA	Unlimited	Unlimited
Coinurance						
In-Network	80%	80%	80%	80%	80%	80%
Non-Network	50%	50%	NA	NA	60%	60%
Physician Office Visit						
In-Network	\$25 Copay	Ded./ 80%	\$25 Copay	Ded./ 80%	\$30 Copay	Ded./ 80%
Non-Network	Ded./ 50%	Ded./ 50%	NA	NA	Ded./ 60%	Ded./ 60%
Specialist Office Visit						
In-Network	\$25 or \$50 Copay	Ded./ 80%	\$25 or \$50 Copay	Ded./ 80%	\$60 Copay	Ded./ 80%
Non-Network	Ded./ 50%	Ded./ 50%	NA	NA	Ded./ 60%	Ded./ 60%
Hospital In-Patient/Out-Patient						
In-Network	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%	Ded./ 80%
Non-Network	Ded./ 50%	Ded./ 50%	NA	NA	Ded./ 60%	Ded./ 60%
Urgent Care						
In-Network	\$75 Copay	Ded./ 80%	\$75 Copay	Ded./ 80%	\$75 Copay	Ded./ 80%
Non-Network	Ded./ 50%	NA	NA	NA	Ded./ 60%	Ded./ 60%
Emergency Room						
In-Network	\$250 Copay, then 20%	Ded./ 80%	\$250 Copay, then 20%	Ded./ 80%	\$500 Copay, then 20%	Ded./ 80%
Non-Network	\$250 Copay, then 20%	Ded./ 80%	\$250 Copay, then 20%	Ded./ 80%	\$500 Copay, then 20%	Ded./ 80%
Prescriptions		After the deductible:		After the deductible:		After the deductible:
Network Retail Pharmacy	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$0/\$10/\$50/\$100	90%/90%/80%/70%
Network Mail Order	\$25/\$87.50/\$150	\$25/\$87.50/\$150	\$25/\$87.50/\$150	\$25/\$87.50/\$150	\$0/\$20/\$100/\$200	90%/90%/80%/70%
Specialty Drugs	NA	NA	NA	NA	\$150/\$250	60%/50%

Medical Alternate Plan Proposed Premiums



			UHC - proposed alt	UHC - proposed alt	UHC - proposed alt	UHC - proposed alt	BCBS - proposed alt	BCBS - proposed alt
MEDICAL PLAN FINANCIALS	PPO	HSA	PPO \$1,500 (BCYE)	PPO HSA (CT4J)	EPO \$1,500 (BCZX)	EPO HSA (AGYB)	PPO \$1,000 (MTBCP011)	HSA (MTBCP319H)
Employee Only	97	7	\$1,269.55	\$960.00	\$1,214.09	\$935.71	\$887.68	\$686.24
Employee & Spouse	0	0	\$2,539.11	\$1,920.01	\$2,428.19	\$1,871.43	\$1,779.34	\$1,375.55
Employee & Child(ren)	15	0	\$2,031.29	\$1,536.02	\$1,942.56	\$1,497.15	\$1,823.61	\$1,409.77
Employee & Family	5	0	\$3,173.90	\$2,400.01	\$3,035.25	\$2,339.29	\$2,715.27	\$2,099.08
Enrollment By Plan	117	7						
Total Monthly Premium			\$169,485	\$6,720	\$162,081	\$6,550	\$127,035	\$4,804
Total Annual Premium			\$2,033,822	\$80,640	\$1,944,977	\$78,600	\$1,524,426	\$57,644
Combined Annual Premium			\$2,114,462		\$2,023,576		\$1,582,070	
\$ Change from Current			\$318,410		\$227,523		-\$213,983	
% Change from Current			17.73%		12.67%		-11.91%	
Rate Guarantee			12 months	12 months	12 months	12 months	12 months	12 months
Effective Date			1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/202

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Dental and Vision Proposal Summary



Dental Renewal and Closest Matching Benefits

DENTAL BENEFITS	UHC	Delta Dental	Cigna
	Current/Proposed	Proposed	Proposed
Type I – Preventive Services	100%	100%	100%
Waiting Period	None	None	None
Oral Examinations	2 times every 12 months	2 times every 12 months	2 times every 12 months
X-rays			
- Bite Wings Frequency	1 every 12 months	1 every 36 months	2 every 12 months
- Full Mouth Frequency	1 every 36 months	1 every 36 months	1 every 36 months
Cleanings	2 every 12 months	2 every 12 months	2 every 12 months
Topical Fluoride Treatment	2 times every 12 months under age 16	2 times every 12 months under age 19	1 every 12 months under age 19
Space Maintainers	Type I: 1 per consecutive 60 months under age 16	Type I: 1 per consecutive 60 months under age 14	Type I: 1 per consecutive 60 months under age 14
Sealants	Type I: 1 per tooth every 36 consecutive months to age 16 on	Type I: 1 per tooth every 36 consecutive months to age 15 on	Type I: 1 per tooth every 36 consecutive months to age 14 on
Type II – Basic Services	Ded. / 80%	Ded. / 80%	Ded. / 80%
Waiting Period	None	None	None
Fillings			
- Amalgam	Type II	Type II	Type II
- Composite	Type II	Type II	Type II
General Anesthesia	Type II	Type II	Type II
Palliative Treatment (Relief of Pain)	Type II	Type II	Type II
Type III – Major Services	Ded. / 50%	Ded. / 50%	Ded. / 50%
Waiting Period	None	None	None
Root Canal Treatment	Type III	Type III	Type III
Periodontic Maintenance	Type III	Type III	Type III
Extractions	Type III	Type III	Type III
Crowns	Type III	Type III	Type III
Partial or Complete Dentures	Type III	Type III	Type III
Implants	Type III	Type III	Type III
Dental Annual Maximum	\$1,500	\$1,500	\$1,500
Calendar Year Deductible	Applies to II, III	Applies to II, III	Applies to II, III
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
UCR Out of Network Percentile	90th	90th	90th
Type IV - Orthodontia	50%	50%	50%
Waiting Period	None	None	None
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000
Orthodontia Eligibility	Children to Age 19	Children to Age 19	Children to Age 26

Dental Renewal and Closest Matching Benefits (Premiums)



FINANCIALS		UHC	Delta Dental	Cigna
MONTHLY PREMIUM	EE's	Current/Proposed	Proposed	Proposed
Employee Only	88	\$23.86	\$22.29	\$24.72
Employee + Spouse	8	\$56.30	\$52.59	\$58.32
Employee + Child(ren)	15	\$43.38	\$40.52	\$44.94
Employee + Family	15	\$80.36	\$75.06	\$83.25
	126			
Monthly Premium		\$4,406	\$4,116	\$4,565
Annual Premium		\$52,875	\$49,391	\$54,777
\$ Change from Current		(\$5,229)	(\$8,713)	(\$3,327)
% Change from Current		-9.00%	-15.00%	-5.73%
Effective Date		1/1/2023	1/1/2023	1/1/2023

Vision Renewal and Closest Matching Benefits



VISION BENEFITS	UHC-V0013	UHC-V1008	CEC Vision	CEC Vision	Avesis
	Proposed - Eye Exam	Proposed	Proposed -Eye Exam	Proposed \$150 Plan	Proposed
Annual Eye Exam					
Network	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Non-Network	Up to \$40	N/A	Up to \$50	Up to \$50	Up to \$35
Materials Copay	N/A	\$25	N/A	\$25	\$25
Frames / Lenses*					
Single Vision - Network/Non-Network	N/A	100% / Up to \$40	N/A	\$10 copay / Up to 85% of allowance minus copay	\$25 copay / Up to \$25
Bifocal Lenses - Network/Non-Network	N/A	100% / Up to \$60	N/A	\$10 copay / Up to 85% of allowance minus copay	\$25 copay / Up to \$40
Trifocal Lenses - Network/Non-Network	N/A	100% / Up to \$80	N/A	\$10 copay / Up to 85% of allowance minus copay	\$25 copay / Up to \$50
Retail Frame Allowance - Network/Non-Network	N/A	\$130 Allowance / Up to \$45	N/A	\$10 copay / Up to 85% of allowance minus copay	\$130 Allowance / Up to \$45
Contacts					
Network					
Medical Necessary	N/A	Covered in Full	N/A	Covered in Full	Covered in Full
Elective	N/A	Up to \$105	N/A	Up to \$150	Up to \$130
Non-Network					
Medical Necessary	N/A	Up to \$210	N/A	Up to 85% of \$150 allowance copay	Up to \$250
Elective	N/A	Up to \$105	N/A	Up to 85% of \$150 allowance copay	Up to \$110
Lasik Benefit	N/A	15% off Standard Prices 5% off Promotional Prices	N/A	Up to 50% discount through quasight providers	\$150 Allowance plus up to 25% off
Exam Frequency	12 months	12 months	12 months	12 months	12 months
Lens Frequency	N/A	12 months	N/A	12 months	12 months
Frames Frequency	N/A	24 months	N/A	12 months	24 months
Participation Requirements	75% of eligible ees	None		None	None

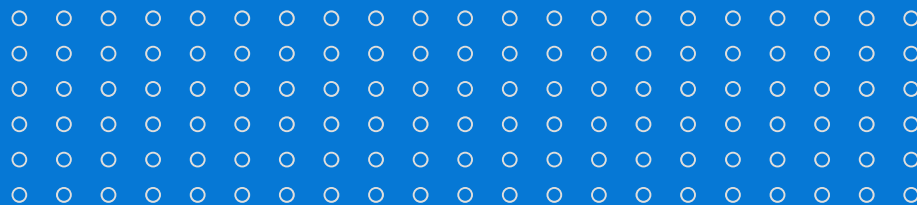
Vision Renewal and Closest Matching Benefits (Premiums)



FINANCIALS	UHC-V0013	UHC-V1008	CEC Vision	CEC Vision	Avesis
	Proposed - Eye Exam	Proposed	Proposed - Eye Exam	Proposed	Proposed
Employee Only	\$1.57	\$4.55	\$0.92	\$3.39	\$4.06
Employee + Spouse	\$1.57	\$9.72	\$0.92	\$7.24	\$8.66
Employee + Child(ren)	\$1.57	\$10.26	\$0.92	\$7.64	\$9.15
Employee + Family	\$1.57	\$16.14	\$0.92	\$12.03	\$14.39
Monthly Premium	\$21.98	\$749.37	\$100.28	\$358.35	\$668.34
Annual Premium	\$9,256.20		\$5,503.53		\$8,020.08
\$ Change from Current	\$0.00		-\$3,753		-\$1,236
% Change from Current	0%		-41%		-13%
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023

Eye Exam plan not offered

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Group Life AD&D Proposal Summary



Group Life AD&D Benefits



BASIC LIFE BENEFITS	Current/Proposed	Proposed	Proposed
	BCBS/Dearborn	Ochs	Mutual of Omaha
BASIC LIFE BENEFITS			
Class Description	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees
Definition of Earnings	N/A	N/A	N/A
Basic Life Schedule	\$15,000	\$15,000	\$15,000
Maximum Benefit	\$15,000	\$15,000	\$15,000
Guarantee Issue Amount	\$15,000	\$15,000	\$15,000
Age Reduction Schedule	35% @ 65 50% @ 70	35% @ 65 50% @ 70	35% @ 65 50% @ 70
Terminates at Retirement	Yes	Yes	Yes
Waiver of Premium	Included	Included	Included
Accelerated Death Benefit	80% of benefit amount	80% of benefit amount	80% of benefit amount
Bereavement Counseling	Included	Included	Included
Suicide Clause	Included	Included	Included
Conversion	Included	Included	Included
Spouse Amount	\$10,000	\$10,000	\$10,000
Child(ren) Amount	\$500-\$2,000	\$500-\$2,000	\$500-\$2,000

Group Life AD&D Premiums \$15,000 Benefit

	Current/Proposed	Proposed	Proposed
FINANCIALS / PREMIUMS	BCBS/Dearborn	Ochs	Mutual of Omaha
Covered Life AD&D Volume	\$2,106,000	\$2,106,000	\$2,106,000
EE Rate (per \$1,000) - Life	\$0.113	\$0.050	\$0.070
EE Rate (per \$1,000) - AD&D	\$0.017	\$0.017	\$0.017
Basic Dependent Life	\$1.165	\$1.370	\$1.250
Life Monthly Premium	\$237.98	\$105.30	\$147.42
AD&D Monthly Premium	\$35.80	\$35.80	\$35.80
Combined Monthly Premium	\$273.78	\$141.10	\$183.22
Combined Annual Premium	\$3,285.36	\$1,693.22	\$2,198.66
\$ Difference	NA	(\$1,592)	(\$1,087)
% Difference	NA	-48%	-33%
Effective Date	1/1/2023	1/1/2023	1/1/2023
Rate Guarantee	2 years	3 years	2 years
AM Best Rating	A	A+	A+

Group Life AD&D Premiums \$25,000 Benefit

	Current/Proposed	Alternate \$25,000
FINANCIALS / PREMIUMS	BCBS/Dearborn	BCBS/Dearborn
Covered Life AD&D Volume	\$2,100,000	\$3,500,000
EE Rate (per \$1,000) - Life	\$0.113	\$0.113
EE Rate (per \$1,000) - AD&D	\$0.017	\$0.017
Basic Dependent Life	\$1.165	\$1.165
Life Monthly Premium	\$237.30	\$395.50
AD&D Monthly Premium	\$35.70	\$59.50
Combined Monthly Premium	\$273.00	\$455.00
Combined Annual Premium	\$3,276.00	\$5,460.00
\$ Difference	NA	\$2,184
% Difference	NA	67%
Effective Date	1/1/2023	1/1/2023
Rate Guarantee	2 years	2 years
AM Best Rating	A	A

Appendix

2022 Medical Plan Benefits Benchmarking



	Benchmark		City of Angleton	
Number of Enrolled Employees			127	
Plans Offered			2	
Current Carrier			UHC	
Plan Year	2022		2022	
Plan Type	PPO Plan	HDHP	PPO Plan	HDHP
Subscriber Enrollment			112	15
% of Subscriber Enrollment			88%	12%
	PPO Plan	HDHP	PPO Plan	HDHP
HSA or HRA Contribution	n/a	\$1000 EE \$1,500 FAM	n/a	\$1,500 EE or FAM
Individual Deductible	\$1,791	\$3,007	\$500	\$2,800
Family Deductible	\$3,894	\$6,043	\$1,000	\$5,600
Individual Out of Pocket	\$4,324	\$4,763	\$3,500	\$6,350
Family Out of Pocket	\$9,120	\$9,649	\$7,000	\$12,700
Coinsurance	20%	20%	20%	20%
Office Visits/Specialist	\$25 PCP Copay / \$50 Specialist Copay	Ded./20%	\$35 PCP Copay / \$35 Specialist Copay	Ded./20%
Urgent Care	\$65 Copay	Ded./20%	\$50 Copay	Ded./20%
Emergency Room	\$250 Copay + 20%	Ded./20%	\$100 Copay	Ded./20%
Inpatient Surgery	Ded./20%	Ded./20%	Ded./20%	Ded./20%
Pharmacy - Retail Only	Tier 1 - \$10 Tier 2 - \$35 Tier 3 - \$70	Ded./20%	Tier 1 - \$10 Tier 2 - \$35 Tier 3 - \$60	Tier 1 - \$10 Tier 2 - \$35 Tier 3 - \$60

2022 Medical Plan Cost Benchmarking



	Average of All Cities		City of Angleton	
Employee Contributions	PPO Plan	HDHP	PPO Plan	HDHP
Employee	\$44	\$18	\$25	\$0
EE + Spouse	\$436	\$323	\$564	\$413
EE + Child	\$298	\$213	\$348	\$247
EE + Family	\$654	\$498	\$833	\$620
Per Capita Cost	Average of All Cities		City of Angleton	
Total Per Capita Cost	\$12,276		\$14,139	
Employer Per Capita Cost	\$10,248		\$13,182	
Employee Per Capita Cost	\$2,029		\$957	
Per Capita Cost	Average of All Cities		City of Angleton	
% Employer Funded	83.5%		93.2%	
% Employee Funded	16.5%		6.8%	

Medical Plan Premium & Cost Share Options



UHC Medical Premiums & Employee Cost Share 2022



PPO \$500 (BCYB)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)
Employee	117	\$1,077.80	\$1,052.80	97.7%	\$25.00	\$25.00
+ Spouse	0	\$1,077.81	\$538.91	50.0%	\$538.91	\$563.91
+ Children	15	\$646.69	\$323.35	50.0%	\$323.35	\$348.35
+ Family	5	\$1,616.72	\$808.36	50.0%	\$808.36	\$833.36
Premium Contributions	117	\$1,726,639	\$1,584,835	91.8%	\$141,804	
HDHP/HSA PLAN (BTCS)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)
Employee	7	\$826.36	\$826.36	100.0%	\$0.00	\$0.00
+ Spouse	0	\$826.37	\$413.19	50.0%	\$413.19	\$413.19
+ Children	0	\$495.83	\$247.92	50.0%	\$247.92	\$247.92
+ Family	0	\$1,239.55	\$619.78	50.0%	\$619.78	\$619.78
Premium Contributions	7	\$69,414	\$69,414	100.0%	\$0	
HRA Contributions	7	\$10,500	\$10,500			
Total Contributions Incl HSA	7	\$79,914	\$79,914		\$0	
ER HSA Contribution (EE only)		\$1,500				
ER HSA Contribution (EE + DEP)		\$1,500				
All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	
Total Contributions - All Plans	124	\$1,806,553	1,664,749	92.2%	141,804	
Change from current (\$)		\$0	\$0		\$0	
Change from current (%)		0.0%	0.0%		0.0%	

BCBS Medical Premiums 2023 – Option 1

OPTION 1 - BCBS DUAL OPTION PPO \$1,000 and HDHP/H.S.A - NO CHANGE TO EMPLOYEE CONTRIBUTIONS

Enrollment		Unit Costs - Monthly				Total Employee Contribution (\$)
PPO \$1,000 (MTBCP011)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	
Employee	117	\$887.68	\$862.68	97%	\$25.00	\$25.00
+ Spouse	0	\$891.66	\$352.75	40%	\$538.91	\$563.91
+ Children	15	\$935.93	\$612.59	65%	\$323.35	\$348.35
+ Family	5	\$1,827.59	\$1,019.24	56%	\$808.36	\$833.36
Premium Contributions	117	\$1,524,426	\$1,382,622	91%	\$141,803	

HSA (MTBCP319H)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)
Employee	7	\$686.24	\$686.24	100%	\$0.00	\$0.00
+ Spouse	0	\$689.31	\$276.13	40%	\$413.19	\$413.19
+ Children	0	\$723.53	\$475.62	66%	\$247.92	\$247.92
+ Family	0	\$1,412.84	\$793.07	56%	\$619.77	\$619.77
Premium Contributions	7	\$57,644	\$57,644	100%	\$0	
HRA Contributions	7	\$10,500	\$10,500			
Total Contributions Incl HSA	7	\$68,144	\$68,144		\$0	

ER HSA Contribution (EE only)

\$1,500

ER HSA Contribution (EE + DEP)

\$1,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	124	\$1,592,570	1,450,766	91.1%	141,803
Change from current (\$)		-\$213,983	-\$213,983		(\$0)
Change from current (%)		-11.8%	-12.9%		0.0%

BCBS Medical Premiums 2023 – Option 2

OPTION 2 - BCBS DUAL OPTION PPO \$500 and HDHP/H.S.A - NO CHANGE TO EMPLOYEE CONTRIBUTIONS

Enrollment		Unit Costs - Monthly				Total Employee Contribution (\$)
PPO \$1,000 (MTBCP011)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	
Employee	117	\$928.85	\$903.85	97%	\$25.00	\$25.00
+ Spouse	0	\$933.01	\$394.11	42%	\$538.91	\$563.91
+ Children	15	\$979.34	\$656.00	67%	\$323.34	\$348.34
+ Family	5	\$1,912.35	\$1,104.00	58%	\$808.36	\$833.36
Premium Contributions	117	\$1,595,128	\$1,453,325	91%	\$141,803	

HSA (MTBCP319H)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)
Employee	7	\$686.24	\$686.24	100.0%	\$0.00	\$0.00
+ Spouse	0	\$689.31	\$276.13	40%	\$413.19	\$413.19
+ Children	0	\$723.53	\$475.62	66%	\$247.92	\$247.92
+ Family	0	\$1,412.84	\$793.07	56%	\$619.77	\$619.77
Premium Contributions	7	\$57,644	\$57,644	100.0%	\$0	
HRA Contributions	7	\$10,500	\$10,500			
Total Contributions Incl HSA	7	\$68,144	\$68,144		\$0	

ER HSA Contribution (EE only)

\$1,500

ER HSA Contribution (EE + DEP)

\$1,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	124	\$1,663,272	1,521,469	91.5%	141,803
Change from current (\$)		(\$143,281)	(\$143,280)		(\$1)
Change from current (%)		-7.9%	-8.6%		0.0%

BCBS Medical Premiums 2023 – Option 3

OPTION 3 - BCBS DUAL OPTION PPO \$1,000 and HDHP/H.S.A - **CHANGE EMPLOYEE ONLY COST ON BUY UP PPO TO \$50**

Enrollment		Unit Costs - Monthly				Total Employee Contribution (\$)
PPO \$1,000 (MTBCP011)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	
Employee	117	\$887.68	\$837.68	94%	\$50.00	\$50.00
+ Spouse	0	\$891.66	\$377.75	42%	\$513.91	\$563.91
+ Children	15	\$935.93	\$637.59	68%	\$298.35	\$348.35
+ Family	5	\$1,827.59	\$1,044.24	57%	\$783.36	\$833.36
Premium Contributions	117	\$1,524,426	\$1,353,522	89%	\$170,903	

HSA (MTBCP319H)	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)
Employee	7	\$686.24	\$686.24	100%	\$0.00	\$0.00
+ Spouse	0	\$689.31	\$276.13	40%	\$413.19	\$413.19
+ Children	0	\$723.53	\$475.62	66%	\$247.92	\$247.92
+ Family	0	\$1,412.84	\$793.07	56%	\$619.77	\$619.77
Premium Contributions	7	\$57,644	\$57,644	100%	\$0	
HRA Contributions	7	\$10,500	\$10,500			
Total Contributions Incl HSA	7	\$68,144	\$68,144		\$0	

ER HSA Contribution (EE only)

\$1,500

ER HSA Contribution (EE + DEP)

\$1,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	124	\$1,592,570	1,421,666	89.3%	170,903
Change from current (\$)		-\$213,983	-\$243,083		\$29,100
Change from current (%)		-11.8%	-14.6%		20.5%

Thank you.

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