

Town of Cortland

Effective Date: January 1, 2026

Renewal Summary

| Coverage | Carrier | Comment |
|----------------------------|-------------------|---|
| Medical - current plan | Blue Cross | 20.7% Rate Increase - equates to \$42,957 Annual Increase |
| Medical - Recommended plan | Trustmark (Aetna) | 5.8% Rate Increase - equates to \$11,556 Annual Increase |
| Dental (12/1 Renewal) | SunLife | Rate Guarantee through 12/1/2026 |
| Vision | Humana | 4% Rate Increase - equates to \$840 Annual Increase |
| Basic Life/AD&D | Principal | 5% Rate Increase - equates to \$155 Annual Increase |

It is recommended the Town switches Medical insurance to Trustmark (Aetna) due to the 5.8% rate increase when compared to the current 2025 insurance plan.

It is recommended the Town continues with Humana for Vision Insurance and Principal with Basic Life/AD&D insurance.

Town of Cortland

| MEDICAL CARRIER: | Blue Cross and Blue Shield | | | Trustmark | | |
|---------------------------------|-----------------------------------|-------------------|-------------------|-------------------------------------|----------------|------------|
| Plan (Network) | G508OPT - Blue Choice Options PPO | | | Plan 22 HealthyEdge - Aetna Network | | |
| | Tier 1: BCO | Tier 2: PPO | Out-of-Network | In Network | Out-of-Network | |
| Individual Deductible | \$1,600 | \$3,850 | \$7,700 | \$1,500 | \$5,000 | |
| Family Deductible | \$4,800 | \$11,550 | \$23,100 | \$3,000 | \$10,000 | |
| Coinsurance | 90% | 70% | 50% | 80% | 50% | |
| Individual OOP* | \$6,150 | \$8,150 | Unlimited | \$5,000 | \$15,000 | |
| Family OOP* | \$15,375 | \$18,200 | Unlimited | \$10,000 | \$30,000 | |
| Primary Care Physician Services | \$40/visit | \$65/visit | Ded + 50% | \$30/visit | Ded + 50% | |
| Specialist Services | \$60/visit | \$110/visit | Ded + 50% | \$75/visit | Ded + 50% | |
| Virtual Visits | \$40/visit | \$40/visit | Ded + 50% | \$0 | Ded + 50% | |
| Urgent Care | \$75/visit | \$75/visit | Ded + 50% | \$75/Visit | Ded + 50% | |
| Emergency Room | \$600 + Deductible + 10% | | | \$500 | Deductible | |
| Inpatient Hospital Services | \$250 + Ded + 10% | \$500 + Ded + 30% | \$600 + Ded + 50% | Deductible + 20% | Ded + 50% | |
| Outpatient Hospital Services | \$200 + Ded + 10% | \$400 + Ded + 30% | \$500 + Ded + 50% | Deductible + 20% | Ded + 50% | |
| Rx Copay | \$15/\$25/\$60/\$110/\$350/\$450 | | | \$15/\$50/\$80 | | |
| Monthly Rates | Inforce | | Renewal | Inforce | | Proposed |
| Employee Only | 12 | \$886.21 | \$1,069.32 | 12 | \$886.21 | \$923.31 |
| Employee + Spouse | 1 | \$1,772.42 | \$2,138.64 | 1 | \$1,772.42 | \$2,063.25 |
| Employee + Child(ren) | 1 | \$1,639.49 | \$1,978.24 | 1 | \$1,639.49 | \$1,548.01 |
| Family | 1 | \$2,525.70 | \$3,047.56 | 1 | \$2,525.70 | \$2,844.12 |
| | 15 | Inforce | Renewal | 15 | Inforce | Proposed |
| TOTAL Monthly | \$16,572 | | \$19,996 | \$16,572 | | \$17,535 |
| TOTAL Annually | \$198,866 | | \$239,955 | \$198,866 | | \$210,421 |
| Plan Difference vs Inforce | \$41,090 | | | \$11,556 | | |
| Plan % Change vs Inforce | 20.7% | | | 5.8% | | |
| | | | | | | |

*Out-of-Pocket limits include the deductible

*This spreadsheet is for comparison purposes only. Refer to your contract for actual benefits

CBIZ has made every effort to supply you with an accurate and comprehensive proposal, however, we will not be bound by any typographical errors or omissions contained herein.

The Town's HRA program covers all employee deductibles up to \$4,750 for an individual and \$9,500 for a family plan. The Town will also cover the Emergency Room deductible.

Carriers reserve the right to modify rates if submitted enrollment varies by 10%.

Aetna does not quote on government

Town of Cortland

| DENTAL CARRIER: | SunLife | | |
|----------------------------|------------|----------------|----------|
| Plan (Network) | Dental PPO | | |
| | In-Network | Out-of-Network | |
| Deductible | | | |
| Individual | | \$50 | |
| Family | | \$150 | |
| Waived for Preventive? | | Yes | |
| | | | |
| Coinsurance | | | |
| Preventive | 100% | | 100% |
| Basic | 100% | | 80% |
| Major | 60% | | 50% |
| | | | |
| Calendar Year Maximum | | \$1,000 | |
| Monthly Rates | | Inforce | Renewal |
| Employee: | 9 | \$28.86 | \$28.86 |
| Employee + Spouse: | 2 | \$58.00 | \$58.00 |
| Employee + Child(ren): | 2 | \$76.07 | \$76.07 |
| Family: | 0 | \$105.20 | \$105.20 |
| | | Inforce | Renewal |
| TOTAL Monthly | 13 | \$528 | \$528 |
| TOTAL Annually | | \$6,335 | \$6,335 |
| | | | |
| Plan Difference vs Inforce | | \$0 | |
| Plan % Change vs Inforce | | 0% | |
| | | | |

Town of Cortland

| VISION CARRIER: | Humana | | |
|----------------------------|-----------------------------------|----------------|----------------|
| Plan (Network) | | | |
| | In-Network | | Out-of-Network |
| Eye Exam | Reimbursement: | | |
| Frequency | Once every 12 months | | |
| Benefit | \$10 copay | Up to \$30 | |
| | | | |
| Lenses | | | |
| Frequency | Once every 12 months | | |
| Benefit | Reimbursement: | | |
| Single Vision | \$15 copay | Up to \$25 | |
| Bifocal | \$15 copay | Up to \$40 | |
| Trifocal | \$15 copay | Up to \$60 | |
| Lenticular | \$15 copay | Up to \$100 | |
| | | | |
| Contact Lenses | | | |
| Frequency | Once every 12 months | | |
| Allowance | Up to \$40 | N/A | |
| | | | |
| Frames | | | |
| Frequency | Once every 24 months | | |
| Allowance | \$130; 20% off balance over \$130 | \$65 Allowance | |
| Monthly Rates | | | |
| | | Inforce | Renewal |
| EE: | 11 | \$7.31 | \$7.61 |
| EE + SP: | 1 | \$14.63 | \$15.21 |
| EC: | 2 | \$13.90 | \$14.45 |
| Family: | 1 | \$21.84 | \$22.71 |
| | | Inforce | Renewal |
| TOTAL Monthly | 15 | \$145 | \$151 |
| TOTAL Annually | | \$1,736 | \$1,806 |
| Plan Annual Total | | | |
| Plan Difference vs Inforce | \$70 | | |
| Plan % Change vs Inforce | 4% | | |
| | | | |

Town of Cortland

| LIFE INSURANCE CARRIER: | Principal | |
|---------------------------------|-----------|---------|
| Employee Life/AD&D Benefit | \$50,000 | |
| Employee Life/AD&D Maximum | \$50,000 | |
| Employee Guarantee Issue | \$50,000 | |
| Employee Count | 17 | |
| Volume | \$808,000 | |
| | Inforce | Renewal |
| Life/AD&D Rate | \$0.349 | \$0.365 |
| Monthly Premium | \$282 | \$295 |
| Annual Premium | \$3,384 | \$3,539 |
| Premium Difference vs Inforce | \$155 | |
| Premium % Difference vs Inforce | 5% | |