

City of Dripping Springs - Effective 10/1/2025

DENTAL

brinson GROUP, INC.		Guardian		reliance matrix		United Healthcare		United Healthcare	
		Inforce		Proposed		Proposed		Proposed	
Benefit Details									
Out-of-Network Type		Value - MAC		✓		MAC		90th	
Individual Deductible		NAP - 90th		✓		\$100		✓	
Family Deductible		\$50		✓		✓		✓	
Deductible Waived for Preventive		\$150		✓		✓		✓	
Annual Maximum		Yes		✓		✓		\$2,500	
Ortho Age Limit		\$2,000		✓		✓		19	
Ortho Lifetime Maximum		26		19		19		19	
		\$2,500		✓		\$2,000		✓	
Coinsurance (In/Out-of-Network)									
Preventive Services		100%   100%		✓		100%		100%	
Basic Services		80%   100%		✓		90%		80%	
Major Services		50%   60%		✓		60%		50%	
Child Ortho Services		50%   50%		✓		50%		50%	
Key Benefit Provisions									
Endo		Basic		Split		Major		✓	
Perio		Basic		Split		Major		✓	
Oral Surgery		Basic		Split		Major		✓	
Implants		Included		Not Included		Not Included		Not Included	
Maximum Rollover / Preventive Max Waiver		Included - Maximum Rollover		✓		✓		Not Included	
Waiting Periods									
Preventive		No		✓		✓		✓	
Basic		No		✓		✓		✓	
Major		No		✓		✓		✓	
Ortho		No		✓		✓		✓	
Additional Information									
Employer Contribution Level		Contributory		Voluntary		Voluntary		✓	
Dependent Age Limits		26		✓		✓		✓	
Participation Requirement		Assumes Current		>20% or 10 lives		2 lives		2 lives	
Financial									
Single		39	\$36.51	\$43.45	\$50.46	\$35.45	\$47.88		
Employee + Spouse		3	\$93.78	\$111.60	\$161.15	\$70.90	\$95.76		
Employee + Child(ren)		7	\$93.78	\$111.60	\$161.15	\$88.69	\$118.04		
Family		13	\$93.78	\$111.60	\$161.15	\$131.24	\$175.28		
Rate Guarantee			Expiring	1 Year	1 Year	1 Year	1 Year		
COST ANALYSIS									
		Current	Renewal	Proposed	Proposed	Proposed	Proposed		
Monthly Premium		\$3,581	\$4,261	\$5,674	\$3,922	\$5,260	\$5,260		
Annual Premium		\$42,970	\$51,136	\$68,093	\$47,066	\$63,114	\$63,114		
Annual Change vs Current			\$8,166	\$25,123	\$4,096	\$20,144	\$20,144		
Annual % Change vs Current			19.0%	58.5%	9.5%	46.9%	46.9%		
Annual Change vs Renewal				\$16,956	\$-4,070	\$11,978	\$11,978		
Annual % Change vs Renewal				33.2%	-8.0%	23.4%	23.4%		
This summary is for illustrative purposes only and is not a binding quote. Pricing Assumes Package Sale unless otherwise noted. Please refer to carrier proposal for full details.									
Carrier Comments									
Commissions		Flat 10%	Flat 10%	Flat 10%	Graded	Graded	Graded		



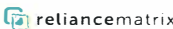



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## DENTAL PAYROLL DEDUCTIONS




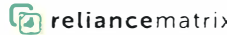





	Current	Renewal	Proposed	Proposed	Proposed
<b>Premium</b>					
Single	\$36.51	\$43.45	\$50.46	\$35.45	\$47.88
Employee + Spouse	\$93.78	\$111.60	\$161.15	\$70.90	\$95.76
Employee + Child(ren)	\$93.78	\$111.60	\$161.15	\$88.69	\$118.04
Family	\$93.78	\$111.60	\$161.15	\$131.24	\$175.28
<b>Employer Contribution - Monthly \$</b>					
Single	\$36.51	\$43.45	\$0.00	\$0.00	\$47.88
Employee + Spouse	\$36.51	\$43.45	\$0.00	\$0.00	\$47.88
Employee + Child(ren)	\$36.51	\$43.45	\$0.00	\$0.00	\$47.88
Family	\$36.51	\$43.45	\$0.00	\$0.00	\$47.88
<b>Employer Contribution - Monthly %</b>					
Single	100.00%	100.00%	0.00%	0.00%	100.00%
Employee + Spouse	0.00%	0.00%	0.00%	0.00%	0.00%
Employee + Child(ren)	0.00%	0.00%	0.00%	0.00%	0.00%
Family	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Employee Contribution - Monthly</b>					
Single	\$0.00	\$0.00	\$50.46	\$35.45	\$0.00
Employee + Spouse	\$57.27	\$68.15	\$161.15	\$70.90	\$47.88
Employee + Child(ren)	\$57.27	\$68.15	\$161.15	\$88.69	\$70.16
Family	\$57.27	\$68.15	\$161.15	\$131.24	\$127.40
<b>Employee Contribution - Per Pay Period (26)</b>					
Single	\$0.00	\$0.00	\$23.29	\$16.36	\$0.00
Employee + Spouse	\$26.43	\$31.45	\$74.38	\$32.72	\$22.10
Employee + Child(ren)	\$26.43	\$31.45	\$74.38	\$40.93	\$32.38
Family	\$26.43	\$31.45	\$74.38	\$60.57	\$58.80

VISION

													
Network	Inforce			Proposed		Proposed		Proposed		Proposed		Proposed	
	In-Network	Out-of-Network	VSP Choice	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams				✓		UHC Vision				EyeMed		EyeMed	
Exam with Dilation as Necessary	\$0	Up to \$39		✓	Up to \$45	✓	Up to \$40	\$10	Up to \$30	\$10	Up to \$40		
Frames													
Any available frame at participating provider location	\$250 + 20% off balance	Up to \$46		\$200	Up to \$70	\$200	Up to \$45	\$150	Up to \$75	\$200	Up to \$140		
Lenses													
Single Vision Lenses	\$0	Up to \$23		✓	Up to \$30	✓	Up to \$40	\$25	Up to \$25	\$25	Up to \$30		
Bifocal Lenses	\$0	Up to \$37		✓	Up to \$50	✓	Up to \$60	\$25	Up to \$40	\$25	Up to \$50		
Trifocal Lenses	\$0	Up to \$49		✓	Up to \$65	✓	Up to \$80	\$25	Up to \$55	\$25	Up to \$70		
Contact Lenses													
Elective	\$250	Up to \$100		\$200	Up to \$105	\$200	Up to \$175	\$150	Up to \$120	\$200	Up to \$200		
Medically Necessary	Covered in full	Up to \$210		✓	✓	Covered in Full	✓	Covered in Full	✓	Covered in Full	✓		
Laser Vision Correction													
Lasik or PRK from US Laser Network	Discount	N/A		✓	✓	✓	✓	✓	✓	✓	✓		
Frequency													
Examination	Once every 12 months				✓		✓		✓		✓		
Frame	Once every 24 months				✓		✓		✓		✓		
Lenses or Contact Lenses	Once every 12 months				✓		✓		✓		✓		
Additional Information													
Employer Contribution Level	Voluntary				✓		✓	Contributory			✓		
Dependent Age Limits	26				✓		✓				✓		
Participation Requirement	Assumes Current				>75% or 10 lives		1 enrolled	10 lives			75%		
Financial	Count	Current	Renewal										
Employee	38	\$13.28	\$13.90	\$9.44		\$15.41		\$8.25		\$7.92			
Employee + Spouse	1	\$25.13	\$26.31	\$18.43		\$29.23		\$15.67		\$15.84			
Employee + Child(ren)	4	\$25.61	\$26.81	\$16.38		\$34.29		\$16.49		\$17.69			
Family	8	\$40.55	\$42.46	\$25.38		\$48.25		\$24.25		\$27.66			
Rate Guarantee		Expiring	1 Year	2 Years		2 Years		4 Years		2 Years			
COST ANALYSIS													
Monthly Premium		Current	Renewal	Proposed		Proposed		Proposed		Proposed			
Annual Premium		\$957	\$1,001	\$646		\$1,138		\$589		\$609			
Annual Change vs Current		\$11,479	\$12,017	\$7,749		\$13,656		\$7,070		\$7,306			
Annual Change vs Current			\$538	-\$3,731		\$2,176		-\$4,410		-\$4,173			
Annual % Change vs Current			4.7%	-32.5%		19.0%		-38.4%		-36.4%			
Annual Change vs Renewal				-\$4,269		\$1,638		-\$4,948		-\$4,711			
Annual % Change vs Renewal				-35.5%		13.6%		-41.2%		-39.2%			
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Please refer to carrier proposal for full details.													
Commissions		Flat 10%	Flat 10%	Flat 10%		Graded		Flat 10%		Flat 15%			



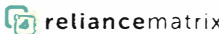



VISION PAYROLL DEDUCTIONS

							
	Current	Renewal	Proposed	Proposed	Proposed	Proposed	
Premium							
Single	\$13.28	\$13.90	\$9.44	\$15.41	\$8.25	\$7.92	
Employee + Spouse	\$25.13	\$26.31	\$18.43	\$29.23	\$15.67	\$15.84	
Employee + Child(ren)	\$25.61	\$26.81	\$16.38	\$34.29	\$16.49	\$17.69	
Family	\$40.55	\$42.46	\$25.38	\$48.25	\$24.25	\$27.66	
Employer Contribution - Monthly \$							
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$8.25	\$0.00	
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$8.25	\$0.00	
Employee + Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$8.25	\$0.00	
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$8.25	\$0.00	
Employer Contribution - Monthly %							
Single	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	
Employee + Spouse	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Employee + Child(ren)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Family	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Employee Contribution - Monthly							
Single	\$13.28	\$13.90	\$9.44	\$15.41	\$8.25	\$7.92	
Employee + Spouse	\$25.13	\$26.31	\$18.43	\$29.23	\$7.42	\$15.84	
Employee + Child(ren)	\$25.61	\$26.81	\$16.38	\$34.29	\$8.24	\$17.69	
Family	\$40.55	\$42.46	\$25.38	\$48.25	\$16.00	\$27.66	
Employee Contribution - Per Pay Period (26)							
Single	\$6.13	\$6.42	\$4.36	\$7.11	\$3.81	\$3.66	
Employee + Spouse	\$11.60	\$12.14	\$8.51	\$13.49	\$3.42	\$7.31	
Employee + Child(ren)	\$11.82	\$12.37	\$7.56	\$15.83	\$3.80	\$8.16	
Family	\$18.72	\$19.60	\$11.71	\$22.27	\$7.38	\$12.77	



# City of Dripping Springs - Effective 10/1/2025

## LIFE AD&D

						
	Inforce		Proposed	Proposed	Proposed	Proposed
Benefit Details						
Life & AD&D Benefit	1 X Salary to \$100,000		✓	✓	✓	\$100,000
Guaranteed Issue (GI)	\$100,000		✓	✓	✓	✓
Age Reduction	65% @ 65   50% @ 70		✓	✓	✓	✓
Key Benefit Details						
Waiver of Premium	Included		✓	✓	✓	✓
Portability	Included		✓	Not Included	✓	✓
Employee Assistance Program (EAP)	Not Included		✓	✓	✓	✓
Financial						
Employer Contribution Level	100%	100%	100%	100%	100%	100%
Total Covered Lives	68	68	68	68	68	68
Monthly Volume (estimated for comparison purposes only)	\$4,350,400	\$4,350,400	\$4,350,400	\$4,350,400	\$4,350,400	\$6,680,000
Life Rate (per \$1,000)	\$0.180	\$0.220	\$0.170	\$0.250	\$0.207	\$0.180
AD&D Rate (per \$1,000)	\$0.030	\$0.030	\$0.030	\$0.020	\$0.030	\$0.030
Rate Guarantee	Expiring	1 Year	3 Years	2 Years	2 Years	3 Years

## COST ANALYSIS

	Current	Renewal	Proposed	Proposed	Proposed	Proposed
Monthly Premium	\$914	\$1,088	\$870	\$1,175	\$1,031	\$1,403
Annual Premium	\$10,963	\$13,051	\$10,441	\$14,095	\$12,373	\$16,834
Annual Change vs Current		\$2,088	-\$522	\$3,132	\$1,410	\$5,871
Annual % Change vs Current		19.0%	-4.8%	28.6%	12.9%	53.5%
Annual Change vs Renewal			-\$2,610	\$1,044	-\$679	\$3,782
Annual % Change vs Renewal			-20.0%	8.0%	-5.2%	29.0%

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Commissions	Flat 15%	Flat 15%	Flat 20%	Graded	Flat 20%	Flat 20%
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