

CITY OF DRIPPING SPRINGS / 10.01.2025		CURRENT	RENEWAL - FORCED NAME CHANGE	RENEWAL - FORCED NAME CHANGE - NEGOTIATED	ALTERNATE 5 - NEGOTIATED
CARRIER		UNITED HEALTHCARE	UNITED HEALTHCARE	UNITED HEALTHCARE	UNITED HEALTHCARE
PRODUCT FAMILY		Premier	Premier	Premier	Premier PROformance
PLAN NAME		DQ-33	EI-XF	EI-XF	EI-ZX
NETWORK		Choice Plus	Choice Plus	Choice Plus	Choice Plus
TYPE		PPO	PPO	PPO	PPO
CALENDAR YEAR OR PLAN YEAR?		Calendar	Calendar	Calendar	Calendar
MUST CHOOSE PCP? REFERRAL TO SEE SPECIALIST?		No / No	No / No	No / No	No / No
IN-NETWORK DEDUCTIBLE, COINSURANCE AND OPX					
DEDUCTIBLE INDIVIDUAL / FAMILY		\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
COINSURANCE		80%	80%	80%	80%
OUT OF POCKET MAXIMUM (OPX) INDIVIDUAL/FAMILY		\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,150 / \$14,300
EMBEDDED OR AGGREGATE DEDUCTIBLE		Embedded	Embedded	Embedded	Embedded
IN-NETWORK COPAYMENTS					
PRIMARY CARE VISIT		\$25 copay DW	\$25 copay DW	\$25 copay DW	\$15 copay DW
SPECIALIST OFFICE VISIT		\$25 / \$50 copay DW	\$25 / \$50 copay DW	\$25 / \$50 copay DW	\$50 / \$100 copay DW
URGENT CARE (FAC / PHY)		\$50 copay DW	\$50 copay DW	\$50 copay DW	\$25 copay DW
LAB & XRAY		100% DW	100% DW	100% DW	D & C
IMAGING		D & C	D & C	D & C	D & C
COPAYMENTS - UNIQUE ELEMENT		10; 45	10; 45	10; 45	10; 45
EMERGENCY ROOM (FAC / PHY)		\$500 copay + D & C	\$500 copay + D & C	\$500 copay + D & C	\$300 copay + D & C
INPATIENT (FAC / PHY)		D & C	D & C	D & C	D & C
OUTPATIENT SURGERY (FAC / PHY)		D & C	D & C	D & C	D & C
IN-NETWORK PHARMACY BENEFITS		C55S	C55S	C55S	C55S
RX SUBJECT TO PLAN DEDUCTIBLE / SEPARATE DEDUCTIBLE		No / No	No / No	No / No	No / No
RX TIER 1		\$10 / \$10	\$10 / \$10	\$10 / \$10	\$10 / \$10
RX TIER 2		\$35 / \$150	\$35 / \$150	\$35 / \$150	\$35 / \$150
RX TIER 3		\$85 / \$500	\$85 / \$500	\$85 / \$500	\$85 / \$500
RX TIER 4		No Tier 4	No Tier 4	No Tier 4	No Tier 4
PHARMACY UNIQUE ELEMENT		4, 9	4, 9	4, 9	4, 9
OUT OF NETWORK BENEFITS					
DEDUCTIBLE INDIVIDUAL / FAMILY		\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,500 / \$15,000
COINSURANCE		50%	50%	50%	50%
OUT OF POCKET MAXIMUM (OPX) INDIVIDUAL/FAMILY		\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000 / \$30,000
UNDERWRITING NOTES					
Rates are subject to change and are based on final enrollment					
PREMIUM		TOTAL			
EMPLOYEE ONLY	47	\$538.94	\$678.27	\$650.28	\$548.03
EMPLOYEE + SPOUSE	2	\$1,094.05	\$1,376.89	\$1,320.07	\$1,112.50
EMPLOYEE + CHILDREN	8	\$948.54	\$1,193.76	\$1,144.50	\$964.54
EMPLOYEE + FAMILY	4	\$1,589.87	\$2,000.89	\$1,918.32	\$1,616.69
	61				
MONTHLY TOTAL		\$41,466	\$52,186	\$50,033	\$42,165
ANNUAL TOTAL		\$497,593	\$626,233	\$600,391	\$505,986
CHANGE FROM CURRENT			\$128,640	\$102,798	\$8,393
% CHANGE FROM CURRENT			25.85%	20.66%	1.69%

AD = After Deductible
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DW = Deductible Waived

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PRODUCT FAMILY		Premier	Premier	Premier	Premier PROformance
PLAN NAME		DQ-33	EI-XF	EI-XF	EI-ZX
NETWORK		Choice Plus	Choice Plus	Choice Plus	Choice Plus
TYPE		PPO	PPO	PPO	PPO
CALENDAR YEAR OR PLAN YEAR?		Calendar	Calendar	Calendar	Calendar
MUST CHOOSE PCP? REFERRAL TO SEE SPECIALIST?		No / No	No / No	No / No	No / No
IN-NETWORK DEDUCTIBLE, COINSURANCE AND OPX					
DEDUCTIBLE INDIVIDUAL / FAMILY		\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
COINSURANCE		80%	80%	80%	80%
Annual Employer Funding					
EE	100%	\$303,962	\$382,544	\$366,758	\$309,089
EE + Dependent	Varies	\$107,343	\$130,749	\$125,108	\$108,026
Level Funded PCORI Fee	91	Included	Included	Included	Included
Total		\$411,305	\$513,294	\$491,866	\$417,115
Change from Current			\$101,989	\$80,561	\$5,810
% Change from Current			24.80%	19.59%	1.41%
Individual HRA Contribution					\$1,500
Family HRA Contribution					\$3,000
* HRA Monthly Administration Fee (pppm)	\$4.00				\$2,928
* Initial Enrollment Fee (less than 100 enrolled)	\$250				\$250
* HRA SPD/ Plan Document Fee	\$250				\$250
Estimated EE Enrolled / HRA Tax		91			\$273
HRA Funding MAXIMUM	100%				\$112,500
HRA Funding @ Est. Max	25%				\$28,125
HRA Funding @ Est. Expected	15%				\$16,875
Annual Total ER Funding @ Est Max		\$411,305	\$513,294	\$491,866	\$448,941
Change from Current @ Est. Max.			\$101,989	\$80,561	\$37,636
% Change from Current @ Est. Max.			24.80%	19.59%	9.15%
Annual Total ER Funding @ Expected		\$411,305	\$513,294	\$491,866	\$437,691
Change from Current @ Expected			\$101,989	\$80,561	\$26,386
% Change from Current @ Expected			24.80%	19.59%	6.42%
Compensation: more info at https://www.brinsonbenefits.com/showmethemoney		Net	Net	Net	Net

* Refer to Benefit Bucks Proposal for additional fees

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DEDUCTIBLE INDIVIDUAL / FAMILY	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
COINSURANCE	80%	80%	80%	80%

FOOTNOTES

UNIQUE COPAY ELEMENT

UHC / UHC Level Funded

- 10 PCP under age 19 - \$0 copay
- 45 Lab/X-ray not included in Urgent Care copay

UNIQUE PHARMACY ELEMENT

UHC / UHC Level Funded

- 4 Mandatory Generic
- 9 Advanced Specialty Meds Cost Share PDL. Non-Specialty Rx / Preferred Specialty Rx

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EMPLOYEE + CHILDREN		\$948.54	\$1,193.76	\$1,144.50	\$964.54
EMPLOYEE + FAMILY		\$1,589.87	\$2,000.89	\$1,918.32	\$1,616.69
EMPLOYER CONTRIBUTION- MONTHLY \$					
	TOTAL				
EMPLOYEE ONLY		47	\$538.94	\$678.27	\$650.28
EMPLOYEE + SPOUSE		2	\$638.94	\$778.27	\$750.28
EMPLOYEE + CHILDREN		8	\$638.95	\$778.27	\$750.28
EMPLOYEE + FAMILY		4	\$638.94	\$778.27	\$750.28
EMPLOYER CONTRIBUTION- MONTHLY %					
EMPLOYEE ONLY			100.00%	100.00%	100.00%
EMPLOYEE + SPOUSE			58.40%	56.52%	56.84%
EMPLOYEE + CHILDREN			67.36%	65.19%	65.56%
EMPLOYEE + FAMILY			40.19%	38.90%	39.11%
ACA 2025			Lowest Monthly Salary \$22/hour		
SAFE HARBOR(not for commission pay)		9.02%	\$2,860	\$257.97	
EMPLOYEE CONTRIBUTION - MONTHLY					
EMPLOYEE ONLY			\$0.00	\$0.00	\$0.00
EMPLOYEE + SPOUSE			\$455.11	\$598.62	\$569.79
EMPLOYEE + CHILDREN			\$309.60	\$415.49	\$394.22
EMPLOYEE + FAMILY			\$950.93	\$1,222.62	\$1,168.04
EMPLOYEE CONTRIBUTION - PER PAY PERIOD (26)					
EMPLOYEE ONLY			\$0.00	\$0.00	\$0.00
EMPLOYEE + SPOUSE			\$210.05	\$276.29	\$262.98
EMPLOYEE + CHILDREN			\$142.89	\$191.76	\$181.95
EMPLOYEE + FAMILY			\$438.89	\$564.29	\$539.10
**deductions are subject to change and Brinson is not held liable for those adjustments					

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