

Group Benefits Proposal
Prepared For
City of Glen Rose
Effective Date October 1, 2024



Claims versus Premiums
Prepared For
City of Glen Rose
Reporting Dates October 2021 - June 2024

2021 - 2022

Month	Membership	Premiums	Claims	Loss Ratio
Oct-21	16	\$9,002	\$696	8%
Nov-21	15	\$8,611	\$419	5%
Dec-21	16	\$9,394	\$111	1%
Jan-22	16	\$9,394	\$948	10%
Feb-22	18	\$10,177	\$198	2%
Mar-22	17	\$9,394	\$727	8%
Apr-22	16	\$9,002	\$214	2%
May-22	17	\$9,394	\$682	7%
Jun-22	17	\$9,394	\$157	2%
Jul-22	17	\$9,394	\$1,164	12%
Aug-22	19	\$10,568	\$1,851	18%
Sep-22	18	\$9,785	\$1,361	14%
		\$113,509	\$8,529	8%

2022 - 2023

Month	Membership	Premiums	Claims	Loss Ratio
Oct-22	18	\$10,582	\$829	8%
Nov-22	18	\$10,582	\$1,140	11%
Dec-22	18	\$10,582	\$14,400	136%
Jan-23	18	\$10,582	\$12,094	114%
Feb-23	18	\$10,582	\$608	6%
Mar-23	17	\$10,159	\$12,579	124%
Apr-23	17	\$10,159	\$6,047	60%
May-23	17	\$10,159	\$5,886	58%
Jun-23	17	\$10,159	\$14,181	140%
Jul-23	17	\$10,159	\$5,786	57%
Aug-23	16	\$9,735	\$21,743	223%
Sep-23	17	\$10,159	\$7,325	72%
		\$123,598	\$102,619	83%

2023 - 2024

Month	Membership	Premiums	Claims	Loss Ratio
Oct-23	17	\$10,896	\$4,138	38%
Nov-23	17	\$10,896	\$5,579	51%
Dec-23	16	\$10,442	\$5,507	53%
Jan-24	16	\$10,442	\$3,951	38%
Feb-24	15	\$9,534	\$526	6%
Mar-24	15	\$9,534	\$619	6%
Apr-24	18	\$10,896	\$6,661	61%
May-24	18	\$10,896	\$55,521	510%
Jun-24	18	\$10,896	\$13,099	120%
Jul-24				
Aug-24				
Sep-24				
		\$94,434	\$95,602	101%

Plan Year	Billed Premium	Claims Paid	Loss Ratio
2021 - 2022	\$113,509	\$8,529	8%
2022 - 2023	\$123,598	\$102,619	83%
2023 - 2024	\$94,434	\$95,602	101%
Total	\$331,541	\$206,750	62%



Large Claims Reporting
Prepared For
City of Glen Rose
Reporting Dates June 1, 2023 - May 31, 2024

	Primary Procedure Code Description	Earliest Incurred Date	Total Payments	Status
1	Shoulder pain, therapeutic treatment & exercises	6/15/2023	\$23,476.57	
2	Laproscopy with total hysterectomy	8/15/2023	\$27,640.29	
3	Laproscopy of large intestine for inflammation/infection of the colon	4/22/2024	\$57,483.72	

Total Large Claimants	\$108,601
Claims of Terminated Employees	
Large Claimant less Terms	\$108,601



Group Medical Proposal
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INSURANCE COMPANY	
In-Network Benefits	
Type of Plan - Plan Name	
Network	
Deductible	
Individual	
Family	
Coinsurance Percentage	
Maximum Out of Pocket	
Individual	
Family	
Office Visit	
Preventive Care	
Primary Care Physician	
Specialist	
Virtual Visits	
Urgent Care Facility Copay	
Lab & Xray	
Imaging - CT/PET scans, MRI	
Mental Health Outpatient	
Hospital & Emergency Room	
Inpatient Hospital Expenses	
Outpatient Surgery Facility	
Emergency Room Facility	
Prescription Drugs	
Prescription Deductible	
Tier 1	
Tier 2	
Tier 3	
Tier 4	
Specialty Drugs	
Mail Order (90 Day Supply)	
Monthly Premiums	
Employee Only	14
Employee & Spouse	3
Employee & Child(ren)	1
Employee & Family	1
	19
Total Monthly Premium	
Total Annual Premium	
Rate Adjustment	
Combined Annual Premium	
Total Rate Adjustment	
Total Annual Premium Adjustment	

BlueCross BlueShield of Texas			
Current		Current	
PCP & Referral Required		PCP & Referral Required	
S642ADT - HMO		B660ADT - HMO	
Blue Advantage		Blue Advantage	
In Network	Out of Network	In Network	Out of Network
\$3,750	N / A	\$7,100	N / A
\$11,250	N / A	\$14,200	N / A
70%	N / A	100%	N / A
\$9,000	N / A	\$7,100	N / A
\$18,000	N / A	\$14,200	N / A
Covered 100%		Covered 100%	
\$50 Copay		Ded.	
\$90 Copay		Ded.	
\$50 Copay		Ded.	
\$100 Copay		Ded.	
Lab: Ded. + 30%		Ded.	
X-ray: \$150 Copay + Ded. + 30%		Ded.	
\$300 Copay		Ded.	
OV: \$50 Copay		Ded.	
Outpatient: Ded. + 30%		Ded.	
\$350 Copay + Ded. + 30%		Ded.	
\$300 Copay + Ded. + 30%		Ded.	
\$750 Copay + Ded. + 30%		\$650 Copay + Ded.	
Preferred / Participating		Included with Medical	
Not Applicable		Ded.	
\$0 / \$10		Ded.	
\$10 / \$20		Ded.	
\$50 / \$70		Ded.	
\$100 / \$120		Ded.	
Tier 5: \$150 / Tier 6: \$250		Ded.	
\$0 / \$30 / \$150 / \$300		Ded.	
Current	Renewal	Current	Renewal
\$508.71	\$594.08	\$454.01	\$521.97
\$1,017.42	\$1,188.16	\$908.02	\$1,043.94
\$1,017.42	\$1,188.16	\$908.02	\$1,043.94
\$1,526.13	\$1,782.24	\$1,362.03	\$1,565.91
\$0.00	\$0.00	\$11,350.25	\$13,049.25
\$0.00	\$0.00	\$136,203.00	\$156,591.00
		14.97%	
Current	\$136,203.00	Renewal	\$156,591.00
		14.97%	
		\$20,388.00	

BlueCross BlueShield of Texas			
Proposed		Proposed	
S9L9CHC - PPO		B661CHC - PPO	
Blue Choice		Blue Choice	
In Network	Out of Network	In Network	Out of Network
\$3,750	\$7,500	\$7,100	\$14,200
\$11,250	\$22,500	\$14,200	\$28,400
70%	50%	100%	100%
\$9,000	Unlimited	\$7,100	\$14,200
\$18,000	Unlimited	\$14,200	\$28,400
Covered 100%		Covered 100%	
\$50 Copay		Ded.	
\$90 Copay		Ded.	
\$50 Copay		Ded.	
\$100 Copay		Ded.	
Lab: Ded. + 30%		Ded.	
X-ray: \$150 Copay + Ded. + 30%		Ded.	
\$300 Copay		Ded.	
OV: \$50 Copay		Ded.	
Outpatient: Ded. + 30%		Ded.	
\$350 Copay + Ded. + 30%		Ded.	
\$300 Copay + Ded. + 30%		Ded.	
\$750 Copay + Ded. + 30%		\$650 Copay + Ded.	
Preferred / Participating		Included with Medical	
Not Applicable		Ded.	
\$0 / \$10		Ded.	
\$10 / \$20		Ded.	
\$50 / \$70		Ded.	
\$100 / \$120		Ded.	
Tier 5: \$150 / Tier 6: \$250		Ded.	
\$0 / \$30 / \$150 / \$300		Ded.	
Proposed	Proposed	Proposed	Proposed
\$913.81	\$823.52	\$1,827.62	\$1,647.04
\$1,827.62	\$1,647.04	\$1,827.62	\$1,647.04
\$2,741.43	\$2,470.56	\$0.00	\$20,588.00
\$0.00	\$0.00	\$0.00	\$247,056.00
		81.39%	
		Renewal \$247,056.00	
		81.39%	
		\$110,853.00	

TXHB DTQ, Not Competitive

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INSURANCE COMPANY	
In-Network Benefits	
Type of Plan - Plan Name	
Network	
Deductible	
Individual	
Family	
Coinsurance Percentage	
Maximum Out of Pocket	
Individual	
Family	
Office Visit	
Preventive Care	
Primary Care Physician	
Specialist	
Virtual Visits	
Urgent Care Facility Copay	
Lab & Xray	
Imaging - CT/PET scans, MRI	
Mental Health Outpatient	
Hospital & Emergency Room	
Inpatient Hospital Expenses	
Outpatient Surgery Facility	
Emergency Room Facility	
Prescription Drugs	
Prescription Deductible	
Tier 1	
Tier 2	
Tier 3	
Tier 4	
Specialty Drugs	
Mail Order (90 Day Supply)	
Monthly Premiums	
Employee Only	14 0
Employee & Spouse	3 0
Employee & Child(ren)	1 0
Employee & Family	1 0
	19 0
Total Monthly Premium	
Total Annual Premium	
Rate Adjustment	
Combined Annual Premium	
Total Rate Adjustment	
Total Annual Premium Adjustment	

BlueCross BlueShield of Texas				
Current		Current		
PCP & Referral Required		PCP & Referral Required		
S642ADT - HMO		B660ADT - HMO HDHP - HSA QUALIFIED		
Blue Advantage		Blue Advantage		
In Network	Out of Network	In Network	Out of Network	
\$3,750	N / A	\$7,100	N / A	
\$11,250	N / A	\$14,200	N / A	
70%	N / A	100%	N / A	
Maximum Out of Pocket		Maximum Out of Pocket		
Individual	\$9,000	N / A	\$7,100	N / A
Family	\$18,000	N / A	\$14,200	N / A
Office Visit		Office Visit		
Preventive Care		Preventive Care		
Primary Care Physician		Primary Care Physician		
Specialist		Specialist		
Virtual Visits		Virtual Visits		
Urgent Care Facility Copay		Urgent Care Facility Copay		
Lab & Xray		Lab & Xray		
Imaging - CT/PET scans, MRI		Imaging - CT/PET scans, MRI		
Mental Health Outpatient		Mental Health Outpatient		
Hospital & Emergency Room		Hospital & Emergency Room		
Inpatient Hospital Expenses		Inpatient Hospital Expenses		
Outpatient Surgery Facility		Outpatient Surgery Facility		
Emergency Room Facility		Emergency Room Facility		
Prescription Drugs		Prescription Drugs		
Prescription Deductible		Prescription Deductible		
Tier 1		Tier 1		
Tier 2		Tier 2		
Tier 3		Tier 3		
Tier 4		Tier 4		
Specialty Drugs		Specialty Drugs		
Mail Order (90 Day Supply)		Mail Order (90 Day Supply)		
Monthly Premiums		Monthly Premiums		
Current	Renewal	Current	Renewal	
\$508.71	\$594.08	\$454.01	\$521.97	
\$1,017.42	\$1,188.16	\$908.02	\$1,043.94	
\$1,017.42	\$1,188.16	\$908.02	\$1,043.94	
\$1,526.13	\$1,782.24	\$1,362.03	\$1,565.91	
\$0.00	\$0.00	\$11,350.25	\$13,049.25	
\$0.00	\$0.00	\$136,203.00	\$156,591.00	
Rate Adjustment		14.97%		
Combined Annual Premium		Current	Renewal	
		\$136,203.00	\$156,591.00	
Total Rate Adjustment		14.97%		
Total Annual Premium Adjustment		\$20,388.00		


UnitedHealthcare			
Proposed		Proposed	
DHMT - Rx K355 - EPO		DHMT - Rx K355 - EPO	
DHLT - Rx K355 - EPO HDHP HSA QUALIFIED		DHLT - Rx K355 - EPO HDHP HSA QUALIFIED	
Choice		Choice	
In Network	Out of Network	In Network	Out of Network
\$3,000	N / A	\$5,000	N / A
\$9,000	N / A	\$10,000	N / A
80%	N / A	100%	N / A
Maximum Out of Pocket		Maximum Out of Pocket	
Individual	\$6,000	N / A	\$6,500
Family	\$12,000	N / A	\$13,000
Office Visit		Office Visit	
Preventive Care		Preventive Care	
Primary Care Physician		Primary Care Physician	
Specialist		Specialist	
Virtual Visits		Virtual Visits	
Urgent Care Facility Copay		Urgent Care Facility Copay	
Lab & Xray		Lab & Xray	
Imaging - CT/PET scans, MRI		Imaging - CT/PET scans, MRI	
Mental Health Outpatient		Mental Health Outpatient	
Hospital & Emergency Room		Hospital & Emergency Room	
Inpatient Hospital Expenses		Inpatient Hospital Expenses	
Outpatient Surgery Facility		Outpatient Surgery Facility	
Emergency Room Facility		Emergency Room Facility	
Prescription Drugs		Prescription Drugs	
Prescription Deductible		Prescription Deductible	
Tier 1		Tier 1	
Tier 2		Tier 2	
Tier 3		Tier 3	
Tier 4		Tier 4	
Specialty Drugs		Specialty Drugs	
Mail Order (90 Day Supply)		Mail Order (90 Day Supply)	
Monthly Premiums		Monthly Premiums	
Proposed	Proposed	Proposed	Proposed
\$991.45	\$972.66	\$991.45	\$972.66
\$1,982.90	\$1,945.32	\$1,982.90	\$1,945.32
\$1,982.90	\$1,945.32	\$1,982.90	\$1,945.32
\$2,974.35	\$2,917.98	\$2,974.35	\$2,917.98
\$0.00	\$24,316.50	\$0.00	\$24,316.50
\$0.00	\$291,798.00	\$0.00	\$291,798.00
Rate Adjustment		114.24%	
Combined Annual Premium		Renewal \$291,798.00	
Total Rate Adjustment		114.24%	
Total Annual Premium Adjustment		\$155,595.00	

TXHB DTQ, Not Competitive


Voluntary Group Dental Proposal
Prepared for
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Effective Date October 1, 2024

INSURANCE COMPANY			
Type of Plan - Plan Name		PPO	
Benefits		Current	
In Network / Out of Network		In Network	Out of Network
Annual Maximum Benefit		\$1,000	
Individual Annual Deductible		\$50	
Family Annual Deductible		\$150	
Preventive		100%	
Basic		80%	
Major		50%	
Endodontics		Major	
Periodontics		Major	
Implants		Not Covered	
Orthodontia		Child only up to age 26: 50%	
Orthodontia Lifetime Maximum		\$1,000	
Rollover Benefit		Included	
Reimbursement Method		Negotiated Rate	90% R&C
Waiting Period		None	
Network		Mutual of Omaha	
Website		www.mutualofomaha.com/dental	
Participation		Current	
Rate Guarantee		12 Months	
Monthly Premium		Current	Renewal
Employee Only	6	\$26.49	\$27.81
Employee & Spouse	1	\$59.52	\$62.50
Employee & Child(ren)	4	\$74.06	\$77.76
Employee & Family	0	\$103.98	\$109.18
	11		
Total Monthly Premium		\$514.70	\$540.40
Total Annual Premium		\$6,176.40	\$6,484.80
Rate Adjustment		4.99%	
Annual Premium Adjustment		\$308.40	

Voluntary Group Vision Proposal
Prepared for
City of Glen Rose
Effective Date October 1, 2024


INSURANCE COMPANY			
Type of Plan - Plan Name		12/12/24/12	
Benefits		Current	
In Network / Out of Network		In Network	Out of Network Reimbursement
Wellness Eye Exam		\$10 Copay	Up to \$37
		One Every 12 Months	
Materials Benefit - Lenses		\$25 Copay	Up to \$64
		One Every 12 Months	
Materials Benefit - Frames		\$130 Allowance + 20% off over allowance	Up to \$58
		One Every 24 Months	
Contact Lenses (instead of lenses & frames)		Elective: \$40 (Fit & Eval) \$130 Allowance Necessary: Covered in full	Elective: Up to \$104 Necessary: Up to \$210
		One Every 12 Months	
Extras		Savings on laser vision correction, lens options, additional pairs of glasses or contacts	
Provider Network		EyeMed	
Website		www.mutualofomaha.com/vision	
Participation		Current	
Rate Guarantee		24 Months	
Monthly Premium		Current	Renewal
Employee Only	6	\$5.49	\$5.49
Employee & Spouse	0	\$12.61	\$12.61
Employee & Child(ren)	4	\$13.98	\$13.98
Employee & Family	5	\$21.34	\$21.34
	15		
Total Monthly Premium		\$195.56	\$195.56
Total Annual Premium		\$2,346.72	\$2,346.72
Rate Adjustment		0.00%	
Annual Premium Adjustment		\$0.00	

Group Basic Life and AD&D Proposal
Prepared for
City of Glen Rose
Effective Date October 1, 2024

INSURANCE COMPANY		
Benefits	Current	
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	
Benefit Amount	\$40,000	
Guarantee Issue Amount	\$40,000	
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70	
Features		
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Travel Assist	Included	
EAP	Included	
Portability	Excluded	
Conversion	Included	
Participation Requirement	100%	
Rate Guarantee	24 Months	
Monthly Premium	Current	Renewal
Life Rate per \$1,000	\$0.138	\$0.138
AD&D Rate per \$1,000	\$0.034	\$0.034
Monthly Volume	\$780,000	\$780,000
Total Monthly Premium	\$134.16	\$134.16
Total Annual Premium	\$1,609.92	\$1,609.92
Rate Adjustment	0.00%	
Annual Premium Adjustment	\$0.00	

Rates based on 20 covered employees

Group Voluntary Life and AD&D Proposal
Prepared for
City of Glen Rose
Effective Date October 1, 2024

INSURANCE COMPANY		
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	
Employee	Current	
Employee Max Benefit Amount	\$300,000, in increments of \$10,000 Not to exceed 5X annual salary	
Employee Guarantee Issue	\$70,000	
Age Reduction Schedule	Reduces to 65% at age 70; Reduces to 45% at age 75	
Spouse		
Spouse Max Benefit Amount	\$100,000, in increments of \$5,000 Not to exceed 100% employee benefit	
Spouse Guarantee Issue	\$20,000	
Age Reduction Schedule	Terminates once employee reaches age 70	
Child(ren)		
Child Max Benefit Amount	\$10,000, in increments of \$2,000 Not to exceed 100% employee benefit	
Child Guarantee Issue	Live Birth-13 Days: None 14 Days-26 Years: \$10,000	
Child Maximum Age	26	
Features		
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Travel Assist	Included	
EAP	Excluded	
Annual Enrollment Provision	Included	
Portability	Included	
Conversion	Included	
Participation Requirement	Current	
Rate Guarantee	24 Months	
Rate Per \$1,000	Current	Renewal
< 25	\$0.108	\$0.108
25-29	\$0.108	\$0.108
30-34	\$0.108	\$0.108
35-39	\$0.193	\$0.193
40-44	\$0.250	\$0.250
45-49	\$0.448	\$0.448
50-54	\$0.788	\$0.788
55-59	\$1.468	\$1.468
60-64	\$2.205	\$2.205
65-69	\$3.622	\$3.622
70+	\$5.407	\$5.407
Child Life Rates	\$0.174	\$0.174
AD&D Rates (EE, SP, CH)	\$0.034, \$0.034, \$0.044	\$0.034, \$0.034, \$0.044

Group Long Term Disability Proposal
Prepared for
City of Glen Rose
Effective Date October 1, 2024

INSURANCE COMPANY		
	Current	
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	
Definition of Earnings	Base Salary excluding bonus/overtime/commissions	
Definition of Disability	Loss of duties AND earnings	
Benefits		
Elimination Period	90 Days	
Income Benefit (% of Earnings)	60%	
Maximum Monthly Benefit	\$6,000	
Own Occupation Period	2 Years	
Benefit Duration	Greater of 3.5 years OR to Social Security Natural Retirement Age (SSNRA)	
Limitations		
Pre-Existing Condition Limitation	3 months prior / 12 months insured	
Mental Health	24 Months	
Substance Abuse	24 Months	
Features		
Rehabilitation Benefit	Included	
Return to Work Incentive	Included	
Survivor Benefit	Included	
Family/Dependent Care Benefit	Included	
Partial Disability	Included	
Waiver of Premium	Included	
W-2 Preparation	Included	
FICA Match	Included	
Portability	Excluded	
Conversion	Excluded	
Benefit Taxation	Taxable	
Participation Requirement	Current	
Rate Guarantee	24 Months	
Monthly Premium	Current	Renewal
Rate per \$100	\$0.410	\$0.410
Monthly Volume	\$92,278	\$92,278
Total Monthly Premium	\$378.34	\$378.34
Total Annual Premium	\$4,540.06	\$4,540.06
Rate Adjustment	0.00%	
Annual Premium Adjustment	\$0.00	

Rates based on 20 covered employees

Proposal Information and Assumptions

Grandfathered Status:

Plans that relinquish grandfathered status must immediately implement the following changes:

- Have an expanded internal and external claims/appeals process
- Federally mandated preventive care must be covered at no cost sharing in-network
- Implement patient protections (any in-network PCP, ER paid in-network, no referral/authorization to in-network OB/GYN or pediatrician)
- In-network out of pocket maximum is restricted
- Include clinical trials coverage
- Small employer plans to include the essential health benefits package (unless retaining a transitional plan)
- Fully insured plans are guarantee issue and renewable
- Fully insured plans may not discriminate in favor of highly compensated individuals (on hold until regulations are released)

The information provided herein is a summary description of coverage terms and is intended for informational, illustrative and comparison purposes only. It is not intended to alter or expand rights or liabilities set forth in the official plan documents/contracts. It is not an offer to contract nor are there any express or implied guarantees. This information may be amended or withdrawn by the carrier or TPA in the event of a change in any item upon which it is based and where such change could affect the risk to be assumed. Final terms and conditions shall be based upon information provided in the application including but not limited to final enrollment, contribution levels and condition disclosure information.

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ClarkAdamson LLC Compensation Disclosure

You are a valued client, and we take pride in providing you with exceptional service. As an independent broker, we offer you superior service and competitive pricing by searching for and identifying the coverage from the insurer that best meets your needs.

Commission: Our firm does not charge a fee for placing your policy. We are paid a commission by the insurer that is part of, not added to, your premiums. The amount of commission earned is according to standard commission scheduled established by each insurer we work with.

Our firm may also receive additional incentive compensation or bonuses for various reasons from an insurer. Incentive commission amount and type may vary but does not affect the price of your premiums.

Client Fees: We do not charge you any fee for placement of your policy, and we are compensated by the insurer in the manner described generally above. However, we may charge fees, previously disclosed to you, for certain professional services not including the placement of your policy.

Scope of Services: Our firm works with a number of competing insurers, and we will attempt to obtain quotes from the insurers that we believe to be suitable based on the preferences and needs that you have communicated to us. However, we cannot obtain quotes from all insurers with products suiting your needs. We will attempt to answer any questions you may have regarding the quotes, insurers or policies that we obtain, but be aware that you make the final decision on which insurance product and coverage amount you need and will purchase.

Additional Information: For more information, specific details or answers to any questions about our service, fees, or compensation please contact us at 940-600-1307 or www.ClarkAdamson.com .

Thank you for choosing us to assist you with your insurance needs. We value your trust and appreciate your business. Please let us know if there is anything we can do to serve you better.

