

Group Benefits Proposal
Prepared For
City of Hutchins
Effective Date August 1, 2025



Claims versus Premiums
Prepared For
City of Hutchins
Reporting Dates August 2022 - March 2025

2022 - 2023

Month	Membership	Premiums	Claims	Loss Ratio
Aug-22	71	\$73,902	\$38,197	52%
Sep-22	75	\$78,065	\$45,496	58%
Oct-22	73	\$75,095	\$61,510	82%
Nov-22	75	\$76,949	\$70,666	92%
Dec-22	79	\$79,646	\$53,594	67%
Jan-23	79	\$79,646	\$75,620	95%
Feb-23	79	\$79,646	\$31,477	40%
Mar-23	83	\$83,939	\$181,313	216%
Apr-23	81	\$82,275	\$67,581	82%
May-23	80	\$80,464	\$45,705	57%
Jun-23	82	\$80,837	\$26,042	32%
Jul-23	82	\$80,837	\$26,399	33%
		\$951,301	\$723,600	76%

2023 - 2024

Month	Membership	Premiums	Claims	Loss Ratio
Aug-23	80	\$84,176	\$45,460	54%
Sep-23	79	\$84,157	\$23,828	28%
Oct-23	82	\$85,834	\$47,519	55%
Nov-23	83	\$88,407	\$66,157	75%
Dec-23	81	\$85,823	\$64,249	75%
Jan-24	83	\$86,937	\$95,681	110%
Feb-24	83	\$88,654	\$63,356	71%
Mar-24	81	\$85,010	\$61,131	72%
Apr-24	81	\$84,880	\$98,731	116%
May-24	83	\$86,931	\$84,755	97%
Jun-24	82	\$85,095	\$58,921	69%
Jul-24	86	\$88,110	\$94,228	107%
		\$1,034,014	\$804,016	78%

2024 - 2025

Month	Membership	Premiums	Claims	Loss Ratio
Aug-24	86	\$89,110	\$403,021	452%
Sep-24	86	\$88,447	\$88,713	100%
Oct-24	82	\$86,787	\$60,792	70%
Nov-24	85	\$91,430	\$137,380	150%
Dec-24	88	\$93,591	\$149,396	160%
Jan-25	88	\$92,204	\$230,941	250%
Feb-25	88	\$92,353	\$90,391	98%
Mar-25	88	\$93,153	\$85,664	92%
Apr-25				
May-25				
Jun-25				
Jul-25				
		\$727,075	\$1,246,298	171%

Plan Year	Billed Premium	Claims Paid	Loss Ratio
2022 - 2023	\$951,301	\$723,600	76%
2023 - 2024	\$1,034,014	\$804,016	78%
2024 - 2025	\$727,075	\$1,246,298	171%
Total	\$2,712,390	\$2,773,914	102%



Large Claims Reporting
Prepared For
City of Hutchins
Reporting Dates April 1, 2024 - March 31, 2025


	Primary Procedure Code Description	Earliest Incurred Date	Total Payments	Status
1	Maternal care for repeat caesarean	2/5/2025	\$17,310.64	
2	Dietary counseling and surveillance	4/6/2024	\$18,815.36	
3	Total hysterectomy for fibroids	8/5/2024	\$19,133.46	
4	Radiation therapy complication - small bladder tumors	12/26/2024	\$22,023.23	
5	CT scanning for headache treatment	2/11/2025	\$35,931.44	
6	Screening for malignant colon cancer - colonoscopy	8/8/2024	\$40,458.71	
7	Repair of leg tendons due to inflammation	3/29/2024	\$42,221.74	
8	Total hysterectomy for pre-cancerous condition	12/18/2024	\$56,413.76	
9	Screening for malignant colon cancer - endoscopic procedures	10/15/2024	\$82,523.98	
10	Multiple sclerosis injection	4/30/2024	\$121,259.90	
11	Sepsis treatment	2/6/2025	\$191,685.91	
12	Ablation and mapping for pulmonary hypertension due to left heart disease	7/12/2024	\$601,311.19	

Total Large Claimants **\$1,249,089**
Claims of Terminated Employees

Large Claimant less Terms **\$1,249,089**




MTBCB523 replacing MTBCB023


Insurance Company			<div><div></div><div>BlueCross BlueShield of Texas</div></div>			
In-Network Benefits			Current			
Type of Plan - Plan Name			MTBCB542 - PPO			
Network			Blue Choice			
Deductible			In Network	Out of Network		
Individual			\$5,250	\$10,500		
Family			\$15,750	\$31,500		
Coinsurance Percentage			80%	60%		
Maximum Out of Pocket (Deductible Included)						
Individual			\$7,500	Unlimited		
Family			\$16,300	Unlimited		
Office Visit						
Preventive Care			Covered 100%			
Primary Care Physician			\$50 Copay			
Specialist			\$100 Copay			
Virtual Visits			No Copay			
Urgent Care Facility Copay			\$75 Copay			
Lab & Xray			Ded. + 20%			
Imaging - CT/PET scans, MRI			Ded. + 20%			
Mental Health Outpatient			OV: \$50 Copay Outpatient: Ded. + 20%			
Hospital & Emergency Room						
Inpatient Hospital Expenses			Ded. + 20%			
Outpatient Surgery Facility			Ded. + 20%			
Emergency Room Facility			\$500 Copay + Ded. + 20%			
Prescription Drugs			Preferred / Participating			
Prescription Deductible			Not Applicable			
Tier 1			\$0 / \$10			
Tier 2			\$10 / \$20			
Tier 3			\$50 / \$70			
Tier 4			\$100 / \$120			
Specialty Drugs			Tier 5: \$150 / Tier 6: \$250			
Mail Order (90 Day Supply)			\$0 / \$30 / \$150 / \$300			
Monthly Premiums			Current	Renewal		
Employee Only	45	14	\$539.13	\$682.39		
Employee & Spouse	10		4	\$1,191.91	\$1,508.63	
Employee & Child(ren)	19		9	\$1,150.60	\$1,456.35	
Employee & Family	14		8	\$1,803.38	\$2,282.59	
	88		35			
Total Monthly Premium			\$37,097.90	\$46,955.85		
Total Annual Premium			\$445,174.80	\$563,470.20		
Rate Adjustment			26.57%			
Combined Annual Premiums			Current	\$1,077,703.08		
Total Rate Adjustment						
Total Annual Premium Adjustment						
			26.32%			
			\$283,694.88			

Current			Current		
MTBCB528 - PPO			MTBCB523 - PPO		
Blue Choice			Blue Choice		
In Network	Out of Network		In Network	Out of Network	
\$3,000	\$10,000		\$2,500	\$5,000	
\$9,000	\$20,000		\$7,500	\$15,000	
80%	60%		80%	60%	
\$9,000	Unlimited		\$7,500	Unlimited	
\$18,000	Unlimited		\$15,000	Unlimited	
Covered 100%			Covered 100%		
\$40 Copay			\$35 Copay		
\$80 Copay			\$70 Copay		
No Copay			No Copay		
\$75 Copay			\$75 Copay		
Ded. + 20%			Ded. + 20%		
Ded. + 20%			Ded. + 20%		
OV: \$40 Copay Outpatient: Ded. + 20%			OV: \$35 Copay Outpatient: Ded. + 20%		
Ded. + 20%			Ded. + 20%		
Ded. + 20%			Ded. + 20%		
\$500 Copay + Ded. + 20%			\$500 Copay + Ded. + 20%		
Preferred / Participating			Preferred / Participating		
Not Applicable			Not Applicable		
\$0 / \$10			\$0 / \$10		
\$10 / \$20			\$10 / \$20		
\$50 / \$70			\$50 / \$70		
\$100 / \$120			\$100 / \$120		
Tier 5: \$150 / Tier 6: \$250			Tier 5: \$150 / Tier 6: \$250		
\$0 / \$30 / \$150 / \$300			\$0 / \$30 / \$150 / \$300		
Current	Renewal		Current	Renewal	
\$558.64	\$706.40		\$600.46	\$757.99	
\$1,235.05	\$1,561.69		\$1,327.49	\$1,675.76	
\$1,192.26	\$1,507.57		\$1,281.49	\$1,617.70	
\$1,868.66	\$2,362.87		\$2,008.53	\$2,535.47	
\$23,037.99	\$29,130.97		\$9,975.64	\$12,592.78	
\$276,455.88	\$349,571.64		\$119,707.68	\$151,113.36	
			26.24%		
Current			Renewal		
\$1,361,397.96					
			26.32%		
			\$283,694.88		

Current			Current		
MTBCP011 - PPO			MTBCB523 - PPO		
Blue Choice			Blue Choice		
In Network	Out of Network		In Network	Out of Network	
\$1,000	\$2,000		\$2,500	\$5,000	
\$3,000	\$6,000		\$7,500	\$15,000	
80%	60%		80%	60%	
\$4,000	Unlimited		\$7,500	Unlimited	
\$12,000	Unlimited		\$15,000	Unlimited	
Covered 100%			Covered 100%		
\$30 Copay			\$35 Copay		
\$60 Copay			\$70 Copay		
No Copay			No Copay		
\$75 Copay			\$75 Copay		
Included in OV			Ded. + 20%		
Ded. + 20%			Ded. + 20%		
OV: \$30 Copay Outpatient: Ded. + 20%			OV: \$35 Copay Outpatient: Ded. + 20%		
Ded. + 20%			Ded. + 20%		
Ded. + 20%			Ded. + 20%		
\$500 Copay + Ded. + 20%			\$500 Copay + Ded. + 20%		
Preferred / Participating			Preferred / Participating		
Not Applicable			Not Applicable		
\$0 / \$10			\$0 / \$10		
\$10 / \$20			\$10 / \$20		
\$50 / \$70			\$50 / \$70		
\$100 / \$120			\$100 / \$120		
Tier 5: \$150 / Tier 6: \$250			Tier 5: \$150 / Tier 6: \$250		
\$0 / \$30 / \$150 / \$300			\$0 / \$30 / \$150 / \$300		
Current	Renewal		Current	Renewal	
\$707.91	\$890.24		\$600.46	\$757.99	
\$1,565.05	\$1,968.15		\$1,327.49	\$1,675.76	
\$1,510.83	\$1,899.95		\$1,281.49	\$1,617.70	
\$2,367.98	\$2,977.84		\$2,008.53	\$2,535.47	
\$19,697.06	\$24,770.23		\$9,975.64	\$12,592.78	
\$236,364.72	\$297,242.76		\$119,707.68	\$151,113.36	
			25.76%		
Current			Renewal		
\$1,077,703.08					
			26.32%		
			\$283,694.88		

INSURANCE COMPANY		 BlueCross BlueShield of Texas							
		Proposed PCP & Referral Required		Proposed		Proposed PCP & Referral Required		Proposed	
In-Network Benefits									
Type of Plan - Plan Name		MTBEE528 - HMO		MTBCB528 - PPO		MTBEE011 - HMO		MTBCP011 - PPO	
Network		Blue Essentials		Blue Choice		Blue Essentials		Blue Choice	
Deductible		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual		\$3,000	N/A	\$3,000	\$10,000	\$1,000	N/A	\$1,000	\$2,000
Family		\$9,000	N/A	\$9,000	\$20,000	\$3,000	N/A	\$3,000	\$6,000
Coinsurance Percentage		80%	N/A	80%	60%	80%	N/A	80%	60%
Maximum Out of Pocket (Deductible Included)									
Individual		\$9,000	N/A	\$9,000	Unlimited	\$4,000	N/A	\$4,000	Unlimited
Family		\$18,000	N/A	\$18,000	Unlimited	\$12,000	N/A	\$12,000	Unlimited
Office Visit									
Preventive Care		Covered 100%		Covered 100%		Covered 100%		Covered 100%	
Primary Care Physician		\$40 Copay		\$40 Copay		\$30 Copay		\$30 Copay	
Specialist		\$80 Copay		\$80 Copay		\$60 Copay		\$60 Copay	
Virtual Visits		No Copay		No Copay		No Copay		No Copay	
Urgent Care Facility Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay	
Lab & Xray		Ded. + 20%		Ded. + 20%		Ded. + 20%		Included in OV	
Imaging - CT/PET scans, MRI		Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 20%	
Mental Health Outpatient		OV: \$40 Copay Outpatient: Ded. + 20%		OV: \$40 Copay Outpatient: Ded. + 20%		OV: \$30 Copay Outpatient: Ded. + 20%		OV: \$30 Copay Outpatient: Ded. + 20%	
Hospital & Emergency Room									
Inpatient Hospital Expenses		Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 20%	
Outpatient Surgery Facility		Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 20%	
Emergency Room Facility		\$500 Copay + Ded. + 20%		\$500 Copay + Ded. + 20%		\$500 Copay + Ded. + 20%		\$500 Copay + Ded. + 20%	
Prescription Drugs		Preferred / Participating		Preferred / Participating		Preferred / Participating		Preferred / Participating	
Prescription Deductible		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Tier 1		\$0 / \$10		\$0 / \$10		\$0 / \$10		\$0 / \$10	
Tier 2		\$10 / \$20		\$10 / \$20		\$10 / \$20		\$10 / \$20	
Tier 3		\$50 / \$70		\$50 / \$70		\$50 / \$70		\$50 / \$70	
Tier 4		\$100 / \$120		\$100 / \$120		\$100 / \$120		\$100 / \$120	
Specialty Drugs		Tier 5: \$150 / Tier 6: \$250		Tier 5: \$150 / Tier 6: \$250		Tier 5: \$150 / Tier 6: \$250		Tier 5: \$150 / Tier 6: \$250	
Mail Order (90 Day Supply)		\$0 / \$30 / \$150 / \$300		\$0 / \$30 / \$150 / \$300		\$0 / \$30 / \$150 / \$300		\$0 / \$30 / \$150 / \$300	
Monthly Premiums		Proposed		Proposed		Proposed		Proposed	
Employee Only	45	\$507.89		\$644.10		\$600.41		\$811.72	
Employee & Spouse	10	\$1,122.85		\$1,423.96		\$1,327.40		\$1,794.56	
Employee & Child(ren)	19	\$1,083.95		\$1,374.60		\$1,281.41		\$1,732.39	
Employee & Family	14	\$1,698.91		\$2,154.47		\$2,008.39		\$2,715.21	
	88								
Total Monthly Premium		\$34,948.69		\$26,561.70		\$9,974.91		\$22,585.53	
Total Annual Premium		\$419,384.28		\$318,740.40		\$119,698.92		\$271,026.36	
Rate Adjustment		-5.79%		15.30%		-0.01%		14.66%	
Combined Annual Premiums		Proposed		\$1,128,849.96					
Total Rate Adjustment				5%					
Total Annual Premium Adjustment				\$51,146.88					


Group Dental Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2025

INSURANCE COMPANY				 BlueCross BlueShield of Texas	
Type of Plan - Plan Name				DTNHM41	
Benefits				Current	
In Network / Out of Network				In Network	Out of Network
Annual Maximum Benefit				\$750	
Individual Annual Deductible				\$25	
Family Annual Deductible				\$75	
Preventive				100%	
Basic				80%	
Major				Not Covered	
Endodontics				Not Covered	
Periodontics				Not Covered	
Implants				Not Covered	
Orthodontia				Not Covered	
Orthodontia Lifetime Maximum				Not Covered	
Rollover Benefit				Excluded	
Reimbursement Method				Negotiated Rate	MAC
Waiting Period				None	
Network				BlueCare Dental	
Website				www.bcbstx.com	
Participation				Current	
Rate Guarantee				12 Months	
Monthly Premium				Current	Renewal
Employee Only	45	11		\$9.89	\$10.38
Employee & Spouse	9	2		\$19.78	\$20.77
Employee & Child(ren)	18	6		\$29.19	\$30.65
Employee & Family	15	5		\$43.51	\$45.69
	87	24			
Total Monthly Premium				\$541.04	\$568.07
Total Annual Premium				\$6,492.48	\$6,816.84
Rate Adjustment				5.00%	
Combined Annual Premium				Current	\$40,132.32
Total Rate Adjustment				5.00%	
Total Annual Premium Adjustment				\$2,005.08	

DTNLM38	
Current	
In Network	Out of Network
\$1,500	
\$50	
\$150	
100%	
80%	
50%	
Major	
Non-Surgical: Basic Surgical: Major	
Not Covered	
Adult & Child: 50%	
\$1,000	
Excluded	
Negotiated Rate	MAC
None	
BlueCare Dental	
www.bcbstx.com	
Current	
12 Months	
Current	Renewal
\$23.61	\$24.79
\$47.24	\$49.60
\$61.25	\$64.31
\$93.49	\$98.16
\$2,803.32	\$2,943.38
\$33,639.84	\$35,320.56
5.00%	
Renewal	\$42,137.40


Principal DTQ due to police & fire content and uncompetitive rates

Group Vision Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2025

INSURANCE COMPANY		 BlueCross BlueShield of Texas	
Type of Plan - Plan Name		Plan 4: 12/12/12/\$130	
Benefits		Current	
In Network / Out of Network		In Network	Out of Network Reimbursement
Wellness Eye Exam		\$10 Copay	Up to \$30
		One Every 12 Months	
Materials Benefit - Lenses		\$10 Copay	Up to \$55
		One Every 12 Months	
Materials Benefit - Frames		\$130 Allowance + 20% off over allowance	Up to \$65
		One Every 12 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, additional complete pair prescription eyeglasses/non-prescription sunglasses, conventional contact lenses (once funded benefit used), hearing exams, non-covered items	
Provider Network		EyeMed	
Website		www.member.eyemedvisioncare.com/bcbstx	
Participation		Current	
Rate Guarantee		36 Months	
Monthly Premium		Current	Renewal
Employee Only	44	\$7.24	\$7.84
Employee & Spouse	12	\$13.76	\$14.89
Employee & Child(ren)	18	\$14.48	\$15.67
Employee & Family	11	\$21.29	\$23.04
	85		
Total Monthly Premium		\$978.51	\$1,059.14
Total Annual Premium		\$11,742.12	\$12,709.68
Rate Adjustment		8.24%	
Annual Premium Adjustment		\$967.56	

Principal DTQ due to police & fire content
and uncompetitive rates

Group Basic Life and AD&D Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2025

INSURANCE COMPANY	 BlueCross BlueShield of Texas	
Benefits	Current	
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	
Benefit Amount	\$25,000	
Guarantee Issue Amount	\$25,000	
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	36 Months	
Monthly Premium	Current	Renewal
Life Rate per \$1,000	\$0.140	\$0.154
AD&D Rate per \$1,000	\$0.047	\$0.049
Monthly Volume	\$2,275,000	\$2,275,000
Total Monthly Premium	\$425.43	\$461.83
Total Annual Premium	\$5,105.10	\$5,541.90
Rate Adjustment	8.56%	
Annual Premium Adjustment	\$436.80	


Rates based on 91 covered employees

*Beneficiary Resources

Equitable DTQ due to police & fire content

Principal DTQ due to police & fire content and uncompetitive rates

Group Voluntary Life and AD&D Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2025

INSURANCE COMPANY	 BlueCross BlueShield of Texas	
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	\$500,000, in increments of \$15,000 Not to exceed 5X annual earnings	
Employee Guarantee Issue	\$150,000	
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70	
Spouse		
Spouse Max Benefit Amount	\$250,000, in increments of \$5,000 Not to exceed 50% employee benefit	
Spouse Guarantee Issue	\$25,000	
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70	
Child(ren)		
Child Max Benefit Amount	\$10,000	
Child Guarantee Issue	Live Birth-15 Days: \$100 15 Days-26 Years: \$10,000	
Child Maximum Age	26	
Features		
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Travel Assist	Included	
EAP	Included*	
Annual Enrollment Provision	Excluded	
Portability	Included	
Conversion	Included	
Participation Requirement	Current	
Rate Guarantee	36 Months	
Rate Per \$1,000	Current	Renewal
< 25	\$0.060	\$0.060
25-29	\$0.060	\$0.060
30-34	\$0.060	\$0.060
35-39	\$0.090	\$0.090
40-44	\$0.130	\$0.130
45-49	\$0.200	\$0.200
50-54	\$0.310	\$0.310
55-59	\$0.500	\$0.500
60-64	\$0.700	\$0.700
65-69	\$1.160	\$1.160
70-74	\$2.270	\$2.270
75+	\$4.370	\$4.370
Child Life Rates	\$0.200	\$0.200
AD&D Rates (EE, SP, CH)	\$0.030	\$0.030

Equitable DTQ due to police & fire content

*Beneficiary Resources

Principal DTQ due to police & fire content and uncompetitive rates

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 .

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