

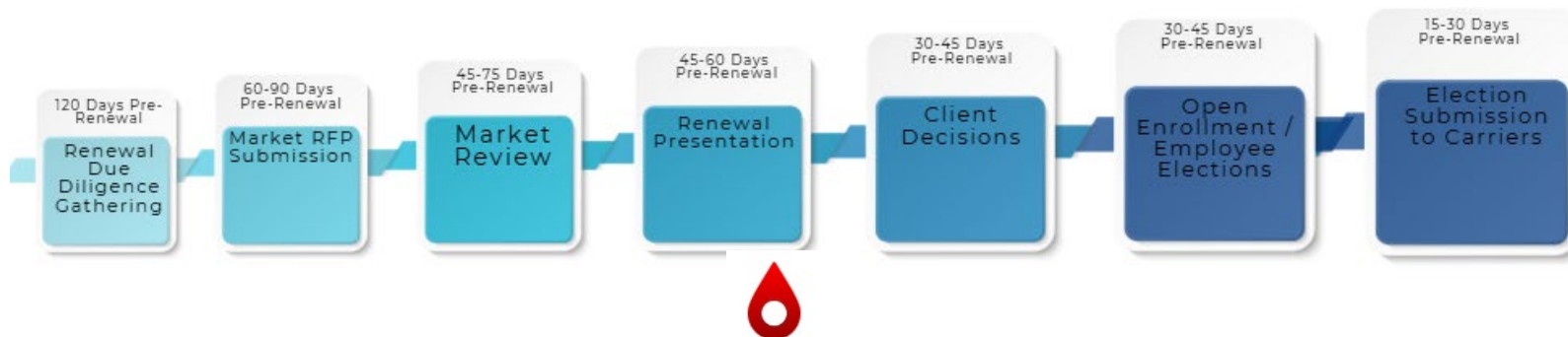
**Group Benefits Proposal
Prepared For
City of Hutchins
Effective Date August 1, 2026**



MARKET SUMMARY

Medical Carriers		Ancillary Carriers	
Carrier Name	Status of RFP	Carrier Name	Status of RFP
BlueCross BlueShield	Currently In Place	BlueCross BlueShield	Currently In Place
United Healthcare Fully Insured	Received	Mutual of Omaha	Received
		Renaissance	Received
		Equitable	DTQ
		Principal	DTQ - Not Competitive
		Guardian	DTQ - High Risk Conditions

STANDARD TIMELINE OF EVENTS



Claims versus Premiums
Prepared For
City of Hutchins
Reporting Dates August 2023 - April 2026

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	\$49,396	53%
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	92	\$93,185	\$86,087	92%
May-25	90	\$92,026	\$227,662	247%
Jun-25	89	\$93,227	\$158,423	170%
Jul-25	92	\$94,884	\$96,906	102%
		\$1,100,397	\$1,715,376	156%

2025 - 2026

Month	Membership	Premiums	Claims	Loss Ratio
Aug-25	89	\$102,028	\$105,260	103%
Sep-25	87	\$99,752	\$85,746	86%
Oct-25	85	\$96,954	\$225,954	233%
Nov-25	84	\$96,477	\$124,417	129%
Dec-25	82	\$93,926	\$295,403	315%
Jan-26	84	\$95,215	\$136,008	143%
Feb-26	86	\$95,312	\$620,122	651%
Mar-26	87	\$94,953	\$291,507	307%
Apr-26	86	\$99,435	\$100,619	101%
May-26				
Jun-26				
Jul-26				
		\$874,052	\$1,985,036	227%

Plan Year	Billed Premium	Claims Paid	Loss Ratio
2023 - 2024	\$1,034,014	\$804,016	78%
2024 - 2025	\$1,100,397	\$1,715,376	156%
2025 - 2026	\$874,052	\$1,985,036	227%
Total	\$3,008,463	\$4,504,428	150%



**Large Claims Reporting
Prepared For
City of Hutchins
Reporting Dates May 2025 - April 2026**

	Primary Procedure Code Description	Earliest Incurred Date	Total Payments	Status
1	Pulmonary Fibrosis	1/21/2026	\$1,120,950.80	
2	Paroxysmal atrial fibrillation	10/28/2025	\$127,402.20	
3	Primary osteoarthritis, right shoulder	9/9/2025	\$105,547.65	
4	Upper abdominal pain, unspecified	7/18/2025	\$92,302.80	
5	Incisional hernia	7/11/2025	\$89,115.27	
6	Multiple sclerosis	5/20/2025	\$8,136.21	
7	Malignant neoplasm of right female breast	4/20/2025	\$72,709.93	
8	Benign neoplasm of peripheral nerves	11/20/2025	\$65,061.41	
9	Abscess of breast and nipple	2/4/2025	\$54,312.74	
10	Other general symptoms and signs	7/18/2025	\$46,378.27	
11	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	5/15/2025	\$35,018.81	
12	Irradiation cystitis without hernia	6/9/2025	\$34,200.15	
13	Spondylosis, cervical region	4/23/2025	\$29,555.51	
14	Displaced pilon fracture of left tibia	4/21/2025	\$25,650.14	


Total Large Claimants **\$1,906,342**

Large Claimant less Terms **\$1,906,342**



Group Medical Proposal
 Prepared for
 City of Hutchins
 Effective Date August 1, 2026

Revised Renewal

INSURANCE COMPANY		 BlueCross BlueShield of Texas							
		Proposed		Proposed		Proposed		Proposed	
In-Network Benefits		PCP & Referral Required		PCP & Referral Required					
Type of Plan - Plan Name		MTBEE628 - HMO		MTBEE611 - HMO		MTBCB628 - PPO		MTBCP611 - PPO	
Network		Blue Essentials		Blue Essentials		Blue Choice		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	\$1,000	N/A	\$3,000	\$10,000	\$1,000	\$2,000
Family		\$9,000	N/A	\$3,000	N/A	\$9,000	\$20,000	\$3,000	\$6,000
Coinsurance Percentage		80%	N/A	80%	N/A	80%	60%	80%	60%
Maximum Out of Pocket (Deductible Included)									
Individual		\$9,000	N/A	\$4,000	N/A	\$9,000	Unlimited	\$4,000	Unlimited
Family		\$18,000	N/A	\$12,000	N/A	\$18,000	Unlimited	\$12,000	Unlimited
Office Visit									
Preventive Care		Covered 100%		Covered 100%		Covered 100%		Covered 100%	
Primary Care Physician		\$40 Copay		\$30 Copay		\$40 Copay		\$30 Copay	
Specialist		\$80 Copay		\$60 Copay		\$80 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: \$30 Copay Outpatient: Ded. + 20%		OV: \$40 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		Facility: \$100 Copay + Ded. + 20% Physician: Ded. + 20%		Facility: \$100 copay + Ded. + 20% Physician: Ded. + 20%		Facility: \$100 Copay + Ded. + 20% Physician: Ded. + 20%		Facility: \$100 Copay + Ded. + 20% Physician: Ded. + 20%	
Emergency Room Facility		\$750 Copay + Ded. + 20%		\$750 Copay + Ded. + 20%		\$750 Copay + Ded. + 20%		\$750 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		48	\$661.33	48	\$804.53	48	\$977.97	48	\$1,249.69
Employee & Spouse		9	\$1,462.06	9	\$1,778.68	9	\$2,162.08	9	\$2,762.80
Employee & Child(ren)		15	\$1,411.41	15	\$1,717.04	15	\$2,087.15	15	\$2,667.07
Employee & Family		13	\$2,212.15	13	\$2,691.19	13	\$3,271.28	13	\$4,180.20
		85		85		85		85	
Total Monthly Premium		\$11,405.15		\$3,495.72		\$95,105.42		\$30,687.09	
Total Annual Premium		\$136,861.80		\$41,948.64		\$1,141,265.04		\$368,245.08	
Rate Adjustment		30.21%		34.00%		51.84%		53.96%	
Combined Annual Premiums				Proposed \$1,688,320.56					
Total Rate Adjustment						49.77%			
Total Annual Premium Adjustment								\$561,075.12	


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 (Deductible Included)	
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	48
Employee & Spouse	9
Employee & Child(ren)	15
Employee & Family	13
	85
Total Monthly Premium	
Total Annual Premium	
Rate Adjustment	
Combined Annual Premiums	
Total Rate Adjustment	
Total Annual Premium Adjustment	

UnitedHealthcare								
Proposed		Proposed		Proposed		Proposed		
PCP & Referral Required		PCP & Referral Required						
EIVV - Rx Z9 - HMO 2026		EIUX - Rx Z9 - HMO 2026		ETOY - Rx Z9 - PPO 2026		ETRL - Rx Z9 - PPO 2026		
Navigate		Navigate		Choice Plus		Choice Plus		
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
\$3,000	N / A	\$1,000	N / A	\$3,000	\$5,000	\$1,000	\$5,000	
\$6,000	N / A	\$2,000	N / A	\$6,000	\$10,000	\$2,000	\$10,000	
80%	N / A	80%	N / A	80%	50%	80%	50%	
Maximum Out of Pocket (Deductible Included)								
Individual	\$6,000	N / A	\$6,600	N / A	\$6,000	\$10,000	\$4,500	\$10,000
Family	\$12,000	N / A	\$13,200	N / A	\$12,000	\$20,000	\$9,000	\$20,000
Office Visit								
Preventive Care		Covered 100%		Covered 100%		Covered 100%		
Primary Care Physician		Under age 19: No Copay Age 19 or above: \$10 Copay		Under age 19: No Copay Age 19 or above: \$25 Copay		Under age 19: No Copay Age 19 or above: \$30 Copay		
Specialist		\$60 Copay		\$75 Copay		Designated: \$30 Copay Network: \$60 Copay		
Virtual Visits		No Copay		No Copay		No Copay		
Urgent Care Facility Copay		\$25 Copay		\$50 Copay		\$50 Copay		
Lab & Xray		\$40 Copay		Ded. + 20%		No Copay		
Imaging - CT/PET scans, MRI		\$500 Copay		\$500 Copay		Ded. + 20%		
Mental Health Outpatient		OV: \$30 Copay Outpatient: No Copay		OV: \$30 Copay Outpatient: Ded. + 20%		OV: \$30 Copay Outpatient: Ded. + 20%		
Hospital & Emergency Room								
Inpatient Hospital Expenses		Ded. + 20%		Ded. + 20%		Ded. + 20%		
Outpatient Surgery Facility		Ded. + 20%		Ded. + 20%		Ded. + 20%		
Emergency Room Facility		\$500 Copay + Ded. + 20%		\$500 Copay		\$500 Copay + 20%		
Prescription Drugs								
Prescription Deductible		Not Applicable		Not Applicable		Not Applicable		
Tier 1		\$15		\$15		\$15		
Tier 2		\$45		\$45		\$45		
Tier 3		\$85		\$85		\$85		
Tier 4		Not Applicable		Not Applicable		Not Applicable		
Specialty Drugs		\$15 / \$100 / \$300		\$15 / \$100 / \$300		\$15 / \$100 / \$300		
Mail Order (90 Day Supply)		\$37.50 / \$112.50 / \$212.50		\$37.50 / \$112.50 / \$212.50		\$37.50 / \$112.50 / \$212.50		
Monthly Premiums		Proposed		Proposed		Proposed		
Employee Only	48	\$1,031.26	\$1,074.70	\$1,199.93	\$1,277.10	\$1,277.10	\$1,277.10	
Employee & Spouse	9	\$2,279.91	\$2,375.94	\$2,652.80	\$2,823.41	\$2,823.41	\$2,823.41	
Employee & Child(ren)	15	\$2,200.89	\$2,293.60	\$2,560.87	\$2,725.56	\$2,725.56	\$2,725.56	
Employee & Family	13	\$3,449.55	\$3,594.86	\$4,013.75	\$4,271.88	\$4,271.88	\$4,271.88	
	85							
Total Monthly Premium		\$17,784.85		\$4,669.54		\$116,691.07		
Total Annual Premium		\$213,418.20		\$56,034.48		\$1,400,292.84		
Rate Adjustment		103.05%		78.99%		86.30%		
Combined Annual Premiums				Proposed		\$2,046,067.68		
Total Rate Adjustment						81.51%		
Total Annual Premium Adjustment						\$918,822.24		




Group Dental Proposal
 Prepared for
 City of Hutchins
 Effective Date August 1, 2026

INSURANCE COMPANY	
Type of Plan - Plan Name	
Benefits	
In Network / Out of Network	
Annual Maximum Benefit	
Individual Annual Deductible	
Family Annual Deductible	
Preventive	
Basic	
Major	
Endodontics	
Periodontics	
Implants	
Orthodontia	
Orthodontia Lifetime Maximum	
Rollover Benefit	
Reimbursement Method	
Waiting Period	
Network	
Website	
Participation	
Rate Guarantee	
Monthly Premium	
Employee Only	44
Employee & Spouse	7
Employee & Child(ren)	15
Employee & Family	18
	84
Total Monthly Premium	
Total Annual Premium	
Rate Adjustment	
Combined Annual Premium	
Total Rate Adjustment	
Total Annual Premium Adjustment	




 BlueCross BlueShield of Texas			
DTNHM41		DTNLM38	
Current		Current	
In Network	Out of Network	In Network	Out of Network
\$750		\$1,500	
\$25		\$50	
\$75		\$150	
100%		100%	
80%		80%	
0%		50%	
Not Covered		Major	
Not Covered		Major	
Not Covered		Not Covered	
Not Covered		Adult & Child: 50%	
Not Covered		\$1,000	
Excluded		Excluded	
Negotiated Rate	MAC	Negotiated Rate	MAC
None		None	
BlueCare Dental		BlueCare Dental	
www.bcbstx.com		www.bcbstx.com	
Current		Current	
12 Months		12 Months	
Current	Renewal	Current	Renewal
\$10.38	\$11.68	\$24.79	\$27.89
\$20.77	\$23.37	\$49.60	\$55.80
\$30.65	\$34.48	\$64.31	\$72.35
\$45.69	\$51.40	\$98.16	\$110.43
\$365.03	\$410.69	\$3,353.12	\$3,772.31
\$4,380.36	\$4,928.28	\$40,237.44	\$45,267.72
12.51%		12.50%	
Current	\$44,617.80	Renewal	\$50,196.00
12.50%			
\$5,578.20			

 Mutual of Omaha			
Base Plan		Buy-Up Plan	
Proposed		Proposed	
In Network	Out of Network	In Network	Out of Network
\$750		\$1,500	
\$25		\$50	
\$75		\$150	
100%		100%	
80%		80%	
0%		50%	
Not Covered		Basic	
Not Covered		Basic	
Not Covered		Major	
Not Covered		Adult & Child: 50%	
Not Covered		\$1,000	
Excluded		Excluded	
Negotiated Rate	MAC	Negotiated Rate	90% R&C
None		None	
Mutual of Omaha		Mutual of Omaha	
98%		98%	
www.mutualofomaha.com/dental		www.mutualofomaha.com/dental	
12 Months		12 Months	
Proposed		Proposed	
\$10.90		\$26.02	
\$21.80		\$52.08	
\$32.19		\$67.52	
\$47.97		\$103.06	
\$383.32		\$3,520.30	
\$4,599.84		\$42,243.60	
5.01%		4.99%	
Proposed		\$46,843.44	
		4.99%	
		\$2,225.64	

Group Vision Proposal
 Prepared for
 City of Hutchins
 Effective Date August 1, 2026

INSURANCE COMPANY	 BlueCross BlueShield of Texas		 Mutual of Omaha		 Renaissance DENTAL • VISION • LIFE • DISABILITY	
Type of Plan - Plan Name	Plan 4		12/12/12/12		MP0001086502	
Benefits	Current		Proposed		Proposed	
In Network / Out of Network	In Network	Out of Network Reimbursement	In Network	Out of Network Reimbursement	In Network	Out of Network Reimbursement
Wellness Eye Exam	\$10 Copay	Up to \$30	\$10 Copay	Up to \$37	\$10 Copay	Up to \$45
	One Every 12 Months		One Every 12 Months		One Every 12 Months	
Materials Benefit - Lenses	\$10 Copay	Up to \$55	\$10 Copay	Up to \$76	\$10 Copay	Up to \$100
	One Every 12 Months		One Every 12 Months		One Every 12 Months	
Materials Benefit - Frames	\$0 Copay \$130 Allowance + 20% off over allowance	Up to \$65	\$0 Copay \$130 Allowance + 20% off over allowance	Up to \$58	\$10 Copay \$130 Allowance + 20% off over allowance	Up to \$70
	One Every 12 Months		One Every 12 Months		One Every 12 Months	
Contact Lenses (instead of lenses & frames)	Elective: \$40 (Fit & Eval) \$130 Allowance Necessary: \$0 Copay Covered in full	Elective: Up to \$104 Necessary: Up to \$210	Elective: \$40 (Fit & Eval) \$130 Allowance Necessary: \$0 Copay Covered in full	Elective: Up to \$104 Necessary: Up to \$210	Elective: \$60 (Fit & Eval) \$130 Allowance Necessary: \$10 Copay Covered in full	Elective: Up to \$105 Necessary: Up to \$210
	One Every 12 Months		One Every 12 Months		One Every 12 Months	
Extras	Savings on laser vision correction, additional complete pair eyeglasses, conventional contact lenses once benefit funded, hearing care		Savings on laser vision correction, additional complete pair eyeglasses, conventional contact lenses once funded benefit used, other add-ons		Savings on laser vision correction, low vision aids, additional pairs of glasses/sunglasses, lens enhancements	
Provider Network	EyeMed		EyeMed Insight		VSP	
Website	www.eyemedvisioncare.com/bcbstx		www.mutualofomaha.com/vision		www.myrenproviders.com	
Participation	Current		97%		2 lives	
Rate Guarantee	24 Months		24 Months		24 Months	
Monthly Premium	Current	Renewal	Proposed		Proposed	
Employee Only	43	\$7.24	\$7.24	\$6.52	\$6.49	
Employee & Spouse	11	\$13.76	\$13.76	\$12.38	\$13.69	
Employee & Child(ren)	15	\$14.48	\$14.48	\$13.03	\$14.41	
Employee & Family	14	\$21.29	\$21.29	\$19.16	\$21.18	
	83					
Total Monthly Premium		\$977.94	\$977.94	\$880.23	\$942.33	
Total Annual Premium		\$11,735.28	\$11,735.28	\$10,562.76	\$11,307.96	
Rate Adjustment		0.00%		-9.99%	-3.64%	
Annual Premium Adjustment		\$0.00		-\$1,172.52	-\$427.32	

Group Basic Life and AD&D Proposal
 Prepared for
 City of Hutchins
 Effective Date August 1, 2026




INSURANCE COMPANY	 BlueCross BlueShield of Texas		 Mutual of Omaha	 Renaissance DENTAL • VISION • LIFE • DISABILITY
Benefits	Current		Proposed	Proposed
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week		All active full-time employees living in the United States working 30 or more hours per week	All active full-time employees living in the United States working 30 or more hours per week
Benefit Amount	\$25,000		\$25,000	\$25,000
Guarantee Issue Amount	\$25,000		\$25,000	\$25,000
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70		Reduces to 65% at age 65; Reduces to 50% at age 70	Reduces to 65% at age 65; Reduces to 50% at age 70
Features				
Accelerated Death Benefit	Included		Included	Included
Waiver of Premium	Included		Included	Included
Travel Assist	Included		Included	Included
EAP	Included*		Included	Included
Portability	Excluded		Included	Excluded
Conversion	Included		Included	Included
Participation Requirement	100%		100%	100%
Rate Guarantee	24 Months		24 Months	24 Months
Monthly Premium	Current	Renewal	Proposed	Proposed
Life Rate per \$1,000	\$0.140	\$0.140	\$0.120	\$0.120
AD&D Rate per \$1,000	\$0.047	\$0.047	\$0.047	\$0.042
Monthly Volume	\$2,232,500	\$2,232,500	\$2,232,500	\$2,232,500
Total Monthly Premium	\$417.48	\$417.48	\$372.83	\$361.67
Total Annual Premium	\$5,009.73	\$5,009.73	\$4,473.93	\$4,339.98
Rate Adjustment	0.00%		-10.70%	-13.37%
Annual Premium Adjustment	\$0.00		-\$535.80	-\$669.75

Rates based on 86 covered employees

*Beneficiary Resource Services

Package Pricing



Group Voluntary Life and AD&D Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2026

INSURANCE COMPANY	 BlueCross BlueShield of Texas	 Mutual of Omaha	 Renaissance DENTAL · VISION · LIFE · DISABILITY
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	All active full-time employees living in the United States working 30 or more hours per week	All active full-time employees living in the United States working 30 or more hours per week
Employee	Current		Proposed
Employee Max Benefit Amount	\$500,000, in increments of \$15,000 Not to exceed 5X annual earnings	\$500,000, in increments of \$5,000	\$500,000, in increments of \$10,000 Not to exceed 5X annual earnings
Employee Guarantee Issue	\$100,000	\$100,000	\$100,000
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70	Reduces to 65% at age 65; Reduces to 50% at age 70	Reduces to 65% at age 65; Reduces to 50% at age 70
Spouse	Current		Proposed
Spouse Max Benefit Amount	\$250,000, in increments of \$5,000 Not to exceed 50% employee benefit	\$250,000, in increments of \$5,000 Not to exceed 100% employee benefit	\$250,000, in increments of \$5,000 Not to exceed 50% employee benefit
Spouse Guarantee Issue	\$25,000	\$25,000 Not to exceed 100% employee benefit	\$25,000
Age Reduction Schedule	Reduces to 65% at age 65; Reduces to 50% at age 70	Reduces to 65% at age 65; Reduces to 50% at age 70	Reduces to 65% at age 65; Reduces to 50% at age 70; Terminates at EE termination or age 99
Child(ren)	Current		Proposed
Child Max Benefit Amount	\$10,000	\$10,000 Not to exceed 100% employee benefit	\$10,000, in increments of \$1,000 Not to exceed 50% employee benefit
Child Guarantee Issue	Live Birth-15 Days: \$100 15 Days-26 Years: \$10,000	Live Birth-14 Days: \$100 14 Days-26 Years: \$10,000	Live Birth-6 Months: \$500 6 Months-26 Years: \$10,000
Child Maximum Age	26	26	26
Features	Current		Proposed
Accelerated Death Benefit	Included	Included	Included
Waiver of Premium	Included	Included	Included
Travel Assist	Included	Excluded	Included
EAP	Included*	Excluded	Included
Annual Enrollment Provision	Excluded	Included	Excluded
Portability	Included	Included	Included
Conversion	Included	Included	Included
Participation Requirement	Current	Greater of 5 lives or 69%	Greater of 10 lives or 20%
Rate Guarantee	24 Months		24 Months
Rate Per \$1,000	Current	Renewal	Proposed
< 25	\$0.060	\$0.060	\$0.060
25-29	\$0.060	\$0.060	\$0.060
30-34	\$0.060	\$0.060	\$0.060
35-39	\$0.090	\$0.090	\$0.090
40-44	\$0.130	\$0.130	\$0.130
45-49	\$0.200	\$0.200	\$0.200
50-54	\$0.310	\$0.310	\$0.310
55-59	\$0.500	\$0.500	\$0.500
60-64	\$0.700	\$0.700	\$0.700
65-69	\$1.160	\$1.160	\$1.160
70-74	\$2.270	\$2.270	\$2.270
75+	\$4.370	\$4.370	\$4.370
Child Life Rates	\$0.200	\$0.200	\$0.200
AD&D Rates (EE, SP, CH)	\$0.030	\$0.030	\$0.030

*Beneficiary Resource Services



Package Pricing

Group Short Term Disability Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2026



INSURANCE COMPANY		
	Proposed	Proposed
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	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	Base Salary excluding bonus/overtime/commissions
Definition of Disability	Loss of duties AND earnings	Loss of duties AND earnings
Benefits		
Elimination Period/Accident	7 Days	7 Days
Elimination Period/Illness	7 Days	7 Days
Income Benefit (% of Earnings)	60%	60%
Maximum Weekly Benefit	\$1,500	\$1,500
Benefit Duration	12 Weeks	12 Weeks
Features		
Pre-Existing Condition Limitation	None	None
Partial Disability	Included	Excluded
Survivor Benefit	Included	Excluded
Rehabilitation Benefit	Included	Included
Participation Requirement	100%	100%
Rate Guarantee	24 Months	24 Months
Monthly Premium	Proposed	Proposed
Rate Per \$10	\$0.230	\$0.175
Monthly Volume	\$75,064	\$75,064
Total Monthly Premium	\$1,726.47	\$1,313.62
Total Annual Premium	\$20,717.66	\$15,763.44

Rates based on 86 covered employees

Short Term Disability Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2026

INSURANCE COMPANY		
	Proposed	Proposed
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	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	Base Salary excluding bonus/overtime/commissions
Definition of Disability	Loss of duties AND earnings	Loss of duties AND earnings
Benefits		
Elimination Period/Accident	7 Days	7 Days
Elimination Period/Illness	7 Days	7 Days
Income Benefit (% of Earnings)	60%	60%
Maximum Weekly Benefit	\$1,500	\$1,500
Maximum Benefit Duration	12 Weeks	12 Weeks
Features		
Pre-Existing Condition Limitation	3 months prior / 6 months insured	3 months prior / 12 months insured
Partial Disability	Included	Excluded
Survivor Benefit	Included	Excluded
Rehabilitation Benefit	Included	Included
Participation Requirement	15%	Greater of 10 lives or 25%
Rate Guarantee	24 Months	24 Months
Rate Per \$10 Weekly Benefit	Proposed	Proposed
< 20	\$0.440	\$0.246
20-24	\$0.440	\$0.246
25-29	\$0.440	\$0.276
30-34	\$0.440	\$0.281
35-39	\$0.440	\$0.238
40-44	\$0.440	\$0.281
45-49	\$0.440	\$0.380
50-54	\$0.440	\$0.449
55-59	\$0.440	\$0.501
60-64	\$0.440	\$0.622
65-69	\$0.440	\$0.816
70+	\$0.440	\$0.816

Group Long Term Disability Proposal
Prepared for
City of Hutchins
Effective Date August 1, 2026

INSURANCE COMPANY	 Mutual of Omaha	 Renaissance DENTAL · VISION · LIFE · DISABILITY
	Proposed	Proposed
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	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	Base Salary excluding bonus/overtime/commissions
Definition of Disability	Loss of duties AND earnings	Loss of duties AND earnings
Benefits		
Elimination Period	90 Days	90 Days
Income Benefit (% of Earnings)	60%	60%
Maximum Monthly Benefit	\$6,000	\$6,000
Own Occupation Period	24 Months	24 Months
Benefit Duration	RBD to Social Security Natural Retirement Age	Social Security Natural Retirement Age (SSNRA)
Limitations		
Pre-Existing Condition Limitation	3 months prior / 12 months insured	3 months prior / 12 months insured
Mental Health	24 Months	24 Months
Substance Abuse	24 Months	24 Months
Features		
Rehabilitation Benefit	Included	Included
Return to Work Incentive	Included	Included
Survivor Benefit	Included	Included
Family Care Benefit	Included	Excluded
Partial Disability	Included	Excluded
Waiver of Premium	Included	Included
W-2 Preparation	Included	Included
FICA Match	Included	Included
Portability	Excluded	Excluded
Conversion	Excluded	Excluded
Benefit Taxation	Taxable	Taxable
Participation Requirement	100%	100%
Rate Guarantee	24 Months	24 Months
Monthly Premium	Proposed	Proposed
Rate per \$100	\$0.270	\$0.270
Monthly Volume	\$537,129	\$537,129
Total Monthly Premium	\$1,450.25	\$1,450.25
Total Annual Premium	\$17,402.98	\$17,402.98

Rates based on 86 covered employees

Long Term Disability Proposal
 Prepared for
 City of Hutchins
 Effective Date August 1, 2026

INSURANCE COMPANY	Mutual of Omaha	Renaissance DENTAL • VISION • LIFE • DISABILITY
	Proposed	Proposed
Eligible Class	All active full-time employees living in the United States working 30 or more hours per week	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	Base Salary excluding bonus/overtime/commissions
Definition of Disability	Loss of duties AND earnings	Loss of duties AND earnings
Benefits		
Elimination Period	90 Days	90 Days
Income Benefit (% of Earnings)	60%	60%
Maximum Monthly Benefit	\$6,000	\$6,000
Own Occupation Period	24 Months	24 Months
Benefit Duration	RBD to Social Security Natural Retirement Age	Social Security Natural Retirement Age (SSNRA)
Limitations		
Pre-Existing Condition Limitation	6 months prior / 12 months insured	3 months prior / 12 months insured
Mental Health	24 Months	24 Months
Substance Abuse	24 Months	24 Months
Features		
Rehabilitation Benefit	Included	Included
Return to Work Incentive	Included	Included
Survivor Benefit	Included	Included
Family Care Benefit	Included	Excluded
Partial Disability	Included	Excluded
Waiver of Premium	Included	Included
W-2 Preparation	Included	Included
FICA Match	Included	Included
Portability	Excluded	Excluded
Conversion	Excluded	Excluded
Benefit Taxation	Taxable	Taxable
Participation Requirement	25%	Greater of 10 lives or 25%
Rate Guarantee	24 Months	24 Months
Rate per \$100 Covered Payroll	Proposed	Proposed
<20	\$0.170	\$0.086
20-24	\$0.180	\$0.086
25-29	\$0.260	\$0.137
30-34	\$0.380	\$0.236
35-39	\$0.500	\$0.341
40-44	\$0.660	\$0.530
45-49	\$0.950	\$0.772
50-54	\$1.470	\$0.989
55-59	\$1.810	\$1.156
60-64	\$1.940	\$1.022
65-69	\$2.030	\$1.138
70+	\$2.140	\$1.138

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.

