

**CITY OF JOSHUA
FINANCIAL SUMMARY**



	Single Option	Dual Option
	2023	2024
Medical/Rx	Current-UHC	Proposed-BCBSTX
Enrollment	48	48
Gross Cost	\$458,891	\$479,986
Gross \$ Increase		\$21,095
Gross % Increase		4.6%
Gross PEPY	\$9,560	\$10,000
Net Client Cost	\$382,409	\$344,796
Net \$ Increase		-\$37,613
Net % Increase		-9.8%
Net Client PEPY	\$7,967	\$7,183
% Subsidized	83%	72%
% Change vs. Prior Year	N/A	-10%
Dental	Current-UHC	Proposed-BCBSTX
Enrollment	48	48
Gross Cost	\$29,152	\$34,653
Gross \$ Increase		\$5,501
Gross % Increase		18.9%
Gross PEPY	\$607	\$722
Net Client Cost	\$18,210	\$25,851
Net \$ Increase		\$7,641
Net % Increase		42.0%
Net Client PEPY	\$379	\$539
% Subsidized	62%	75%
% Change vs. Prior Year	N/A	42%
Vision	Current-UHC	Proposed-BCBSTX
Enrollment	48	48
Gross Cost	\$6,007	\$6,266
Gross \$ Increase		\$259
Gross % Increase		4.3%
Gross PEPY	\$125	\$131
Net Client Cost	\$4,492	\$4,759
Net \$ Increase		\$267
Net % Increase		5.9%
Net Client PEPY	\$94	\$99
% Subsidized	75%	76%
% Change vs. Prior Year	N/A	6%
Total Net Client Cost (All Plans)	\$405,111	\$375,405
Net Client PEPY (All Plans)	\$8,440	\$7,821
% Change vs. Prior Year	N/A	-7%
\$ Change vs. Prior Year	N/A	-\$29,705



**CITY OF JOSHUA
MEDICAL FINANCIAL SUMMARY**

Plan	Insureds	UHC Medical 10/1/2023 PPO Current		BCBSTX Medical 10/1/2024 Blue Premier Access Proposed		BCBSTX Medical 10/1/2024 Blue Choice PPO Proposed	
		Unit Rate	Monthly	Unit Rate	Monthly	Unit Rate	Monthly
Medical Plan		CZ-WT		MTBPA014		MTBCP019	
Employee (Ee)	36	\$607.00	\$21,852	\$548.00	\$19,728	\$697.00	\$25,092
Ee/Spouse	1	\$1,213.99	\$1,214	\$1,267.21	\$1,267	\$1,611.76	\$1,612
Ee/Child(ren)	8	\$1,213.99	\$9,712	\$1,086.68	\$8,693	\$1,382.15	\$11,057
Family	3	\$1,820.99	\$5,463	\$1,805.90	\$5,418	\$2,296.91	\$6,891
Monthly Premium	48		\$38,241		\$35,106		\$44,652
Annual Premium			\$458,891		\$421,276		\$535,820
\$ Change					-\$37,614		\$76,930
% Change					-8.2%		16.8%
Per Employee Per Year			\$9,560		\$8,777		\$11,163
Rate Guarantee (months)			12		12		12
Plan Design Summary		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible		Embedded	Embedded	Embedded	N/A	Embedded	Embedded
Individual		\$1,000	\$5,000	\$1,500	N/A	\$2,000	\$4,000
Family		\$2,000	\$10,000	\$4,500	N/A	\$6,000	\$12,000
Coinsurance		80%	50%	80%	N/A	80%	60%
Out of Pocket Maximum		Includes Ded.	Includes Ded.	Includes Ded.	N/A	Includes Ded.	Includes Ded.
Individual		\$7,150	\$10,000	\$4,500	N/A	\$5,000	Unlimited
Family		\$14,300	\$20,000	\$13,500	N/A	\$14,700	Unlimited
Copays							
Primary Care Physician		\$10 copay	50% after ded	\$35 copay	N/A	\$30 copay	40% after ded
Specialist Physician		\$40/\$80 copay	50% after ded	\$70 copay	N/A	\$60 copay	40% after ded
Urgent Care		\$25 copay	50% after ded	\$75 copay	N/A	\$75 copay	40% after ded
Emergency Room		\$300 + 20%*		\$500 + 20%*		\$500 + 20%*	
In-Patient Surgery		20% after ded	50% after ded	20% after ded	N/A	20% after ded	40% after ded
Out-Patient Surgery		20% after ded	50% after ded	20% after ded	N/A	20% after ded	40% after ded
Prescription Drugs							
Retail		30 Days	30 Days	30 Days	N/A	30 Days	30 Days
Tier 1		\$10 copay	\$10 copay	\$0/\$10 copay	N/A	\$0/\$10 copay	\$10 + 50%
Tier 2		\$35 copay	\$35 copay	\$10/\$20 copay	N/A	\$10/\$20 copay	\$20 + 50%
Tier 3		\$85 copay	\$85 copay	\$50/\$70 copay	N/A	\$50/\$70 copay	\$70 + 50%
Mail Order		2.5X-90 Days	N/A	3X-90 Days	N/A	3X-90 Days	N/A
Notes		*Deductible applies *Blue Cross: the lower prescription co-pay applies only to prescriptions filed at a "Preferred" pharmacy. Preferred pharmacies include Albertsons, HEB, Tom Thumb, WalMart, and Walgreens. *Blue Cross rates include bundle discount for adding Dental and Vision. Rates are Illustrative until SOLD.					

**CITY OF JOSHUA
CONTRIBUTION ANALYSIS**



	Lives	Premium Rate	Employee Share Rate	Employee Share %	Employer Share Rate	Employer Share %	Versus Current				
		\$	%	%	%	%	\$ ER Cost	% Change	Gross Cost	Employee	Employer
Current	UHC Medical 10/1/2023 PPO Current 										
	Medical Plan										
Employee (Ee)	36	\$607.00	\$0.00		\$607.00	100.0%					
Ee/Spouse	1	\$1,213.99	\$424.90	35.0%	\$789.09	65.0%					
Ee/Child(ren)	8	\$1,213.99	\$424.90	35.0%	\$789.09	65.0%					
Family	3	\$1,820.99	\$849.80	46.7%	\$971.19	53.3%					
Total Monthly	48	\$38,241	\$6,374	16.7%	\$31,867	83.3%					
Total Annually		\$458,891	\$76,482	16.7%	\$382,409	83.3%					
Blue Access	BCBSTX Medical 10/1/2024 Blue Premier Access Proposed 										
	Medical Plan										
Employee (Ee)	20	\$548.00	\$0.00		\$548.00	100.0%	-\$10,892	-49.8%			
Ee/Spouse		\$1,267.21	\$424.89	33.5%	\$842.32	66.5%	-\$789	-100.0%			
Ee/Child(ren)	4	\$1,086.68	\$424.89	39.1%	\$661.79	60.9%	-\$3,666	-58.1%			
Family	1	\$1,805.90	\$849.79	47.1%	\$956.11	52.9%	-\$1,957	-67.2%			
Total Monthly	25	\$17,113	\$2,549	14.9%	\$14,563	85.1%	-\$17,304	-54.3%			
Total Annually		\$205,351	\$30,592	14.9%	\$174,759	85.1%	-\$207,649	-54.3%			
Blue Choice	BCBSTX Medical 10/1/2024 Blue Choice PPO Proposed 										
	Medical Plan										
Employee (Ee)	16	\$697.00	\$149.00	21.4%	\$548.00	78.6%	-\$13,084	-59.9%			
Ee/Spouse	1	\$1,611.76	\$769.45	47.7%	\$842.31	52.3%	\$53	6.7%			
Ee/Child(ren)	4	\$1,382.15	\$720.36	52.1%	\$661.79	47.9%	-\$3,666	-58.1%			
Family	2	\$2,296.91	\$1,340.80	58.4%	\$956.11	41.6%	-\$1,001	-34.4%			
Total Monthly	23	\$22,886	\$8,716	38.1%	\$14,170	61.9%	-\$17,698	-55.5%			
Total Annually		\$274,634	\$104,598	38.1%	\$170,036	61.9%	-\$212,372	-55.5%	\$479,986	\$135,190	\$344,796

*Estimated Enrollment for Blue Access and Blue Choice Plans

**CITY OF JOSHUA
DENTAL FINANCIAL SUMMARY**



Plan	Insureds	UHC Dental 10/1/2023 Dental PPO Current		BCBSTX Dental 10/1/2024 Dental PPO Proposed	
		Unit Rate	Monthly	Unit Rate	Monthly
Core Plan		X4882		DTNHR33	
Employee (Ee)	29	\$28.78	\$835	\$33.35	\$967
Ee/Spouse	3	\$57.57	\$173	\$66.69	\$200
Ee/Child(ren)	11	\$77.84	\$856	\$92.94	\$1,022
Family	5	\$113.16	\$566	\$139.64	\$698
Monthly Premium	48		\$2,429		\$2,888
Annual Premium			\$29,152		\$34,653
\$ Change					\$5,501
% Change					18.9%
Per Employee Per Year			\$607		\$722
Rate Guarantee (months)			12		12
Plan Design Summary		In Network	Out of Network	In Network	Out of Network
Deductible					
Individual		\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150
Calendar Year Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance					
Preventive		100%	100%	100%	100%
Basic		80%	80%	80%	80%
Major		50%	50%	50%	50%
Endo/Perio		50%	50%	80%	80%
Orthodontia					
Ortho Eligibility		Child to 19	Child to 19	Adult & Child	Adult & Child
Orthodontia Lifetime Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Out-of-Network Reimbursement		85th	85th	90th	90th
Notes					
		*Deductible applies to Basic & Major services			

**CITY OF JOSHUA
CONTRIBUTION ANALYSIS**



	Lives	Premium Rate	Employee Share Rate %	Employer Share Rate %
Current	UHC Dental 10/1/2023 Dental PPO Current 			
	Core Plan			
Employee (Ee)	29	\$28.78	\$0.00	100.0%
Ee/Spouse	3	\$57.57	\$30.56 53.1%	\$27.01 46.9%
Ee/Child(ren)	11	\$77.84	\$41.82 53.7%	\$36.02 46.3%
Family	5	\$113.16	\$72.04 63.7%	\$41.12 36.3%
Total Monthly	48	\$2,429	\$912 37.5%	\$1,517 62.5%
Total Annually		\$29,152	\$10,943 37.5%	\$18,210 62.5%
Blue Cross	BCBSTX Dental 10/1/2024 Dental PPO Proposed 			
	Core Plan			
Employee (Ee)	29	\$33.35	\$0.00	100.0%
Ee/Spouse	3	\$66.69	\$20.15 30.2%	\$46.54 69.8%
Ee/Child(ren)	11	\$92.94	\$34.34 36.9%	\$58.60 63.1%
Family	5	\$139.64	\$59.07 42.3%	\$80.57 57.7%
Total Monthly	48	\$2,888	\$734 25.4%	\$2,154 74.6%
Total Annually		\$34,653	\$8,802 25.4%	\$25,851 74.6%
Difference				
		\$	\$	%
Total Monthly		\$458	-\$178 -19.6%	\$637 42.0%
Total Annually		\$5,501	-\$2,140 -19.6%	\$7,641 42.0%

**CITY OF JOSHUA
VISION FINANCIAL SUMMARY**



Plan	Insureds	UHC Vision 10/1/2023 Spectera 12/12/24 Current		BCBSTX Vision 10/1/2024 EyeMed 12/12/12 Proposed	
		Unit Rate	Monthly	Unit Rate	Monthly
Core Plan		SH106		Plan 10 12/12/12	
Employee (Ee)	29	\$6.69	\$194	\$7.31	\$212
Ee/Spouse	3	\$12.69	\$38	\$13.90	\$42
Ee/Child(ren)	11	\$14.88	\$164	\$14.63	\$161
Family	5	\$20.96	\$105	\$21.51	\$108
Monthly Premium	48		\$501		\$522
Annual Premium			\$6,007		\$6,266
\$ Change					\$259
% Change					4.3%
Per Employee Per Year			\$125		\$131
Rate Guarantee (months)			12		48
Plan Design Summary		In Network	Out of Network	In Network	Out of Network
Copay					
Exam		\$10 copay	Up to \$40	\$10 copay	Up to \$30
Materials		\$25 copay	See Below	\$25 copay	See Below
Frames		\$150 allowance	Up to \$45	\$150 allowance	Up to \$75
Contacts		\$150 allowance	Up to \$125	\$150 allowance	Up to \$120
Lenses					
Single		\$25 copay	Up to \$40	\$25 copay	Up to \$25
Bifocal		\$25 copay	Up to \$60	\$25 copay	Up to \$40
Trifocal		\$25 copay	Up to \$80	\$25 copay	Up to \$55
Lenticular		\$25 copay	Up to \$80	\$25 copay	Up to \$55
Frequency					
Exam		One every 12 months		One every 12 months	
Lenses		One every 12 months		One every 12 months	
Contacts (in lieu of glasses)		One every 12 months		One every 12 months	
Frames		One every 24 months		One every 12 months	
Lasik		Discount	N/A	Discount	N/A
Network			Spectera		EyeMed
Notes					

**CITY OF JOSHUA
CONTRIBUTION ANALYSIS**



	Lives	Premium Rate	Employee Share Rate %	Employer Share Rate %
Current	UHC Vision 10/1/2023 Spectera 12/12/24 Current 			
	Core Plan			
Employee (Ee)	29	\$6.69	\$0.00	100.0%
Ee/Spouse	3	\$12.69	\$4.50 35.5%	\$8.19 64.5%
Ee/Child(ren)	11	\$14.88	\$5.20 34.9%	\$9.68 65.1%
Family	5	\$20.96	\$11.10 53.0%	\$9.86 47.0%
Total Monthly	48	\$501	\$126 25.2%	\$374 74.8%
Total Annually		\$6,007	\$1,514 25.2%	\$4,492 74.8%
Blue Cross	BCBSTX Vision 10/1/2024 EyeMed 12/12/12 Proposed 			
	Core Plan			
Employee (Ee)	29	\$7.31	\$0.00	100.0%
Ee/Spouse	3	\$13.90	\$4.20 30.2%	\$9.70 69.8%
Ee/Child(ren)	11	\$14.63	\$5.73 39.2%	\$8.90 60.8%
Family	5	\$21.51	\$9.99 46.4%	\$11.52 53.6%
Total Monthly	48	\$522	\$126 24.0%	\$397 76.0%
Total Annually		\$6,266	\$1,507 24.0%	\$4,759 76.0%
Difference				
		\$	\$	%
Total Monthly		\$22	-\$1 -0.5%	\$22 5.9%
Total Annually		\$259	-\$7 -0.5%	\$267 5.9%

Our Mission

To be the worldwide value and service leader in insurance brokerage, employee benefits, and risk management.

Our Goal

To be the best place to do business and to work



© 2024 Lockton, Inc. All rights reserved.

Images in this publication © 2024 Thinkstock. All rights reserved.