



Middle Market Business Proposal

LOCKTON COMPANIES LLC

Thank you for choosing Blue Cross and Blue Shield of Texas.

This proposal includes essential information about **Fully Insured** options for **City of Joshua**.

Quickly access benefit, pricing, and eligibility details by clicking the bookmark links in the following proposal contents section.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Proposal Contents

- [Understanding Your Proposal](#)
- [Member Census](#)
- [Medical Plans](#)
- [Dental Plans](#)
- [Notices and Important Information](#)

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Understanding Your Proposal

Network and Product Availability

Blue Cross and Blue Shield of Texas (BCBSTX) offers 4 groupings of products. To help configure appropriate product combination options, the following guidelines apply:

- An account may elect up to six health plan options from any of the combinations below.
- If electing HMO, at least one PPO or HSA must be offered.
- Please see the following chart for the products available. Note that product availability is subject to geographic location. Refer to your Marketing materials or contact your BCBSTX representative or General Agent/Producer.

Blue Choice	Blue Premier (No PCP Selection Required)	Blue Essentials HMO (PCP Selection Required)	Blue Advantage (HMO) (PCP Selection Required)
<input type="checkbox"/> BlueChoice PPO <input type="checkbox"/> BlueChoice Basic - PPO <input type="checkbox"/> BlueChoice HSA	<input type="checkbox"/> Blue Premier Access <input type="checkbox"/> Blue Premier Access HSA	<input type="checkbox"/> Blue Essentials	<input type="checkbox"/> Blue Advantage <input type="checkbox"/> Blue Advantage HSA

Visit our website at www.bcbstx.com for the most current listing of contracted health care providers and facilities for each product or refer to the appropriate network directory which is updated quarterly.

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Underwriting Conditions and Caveats

This document is produced to provide a prospective or current Middle Market employer with premium and benefit alternatives. An Employer may be considered eligible for Middle Market coverage if they employed an average of more than fifty (50) employees (full-time, part-time, seasonal) on business days during the preceding calendar year (January 1 – December 31) and will be enrolling less than 151 employees on the first day of the plan year. If the company did not exist in the preceding calendar year, it must reasonably expect to employ more than fifty (50) employees in the current calendar year.

Please refer to section D of the Employer Group Information form for more details on determining the average employee count.

State and Federal regulations require carriers to determine whether an employer is subject to Small Employer regulations. This quote is made on the condition you are not a Small Employer as defined by those regulations. A quote to a Small Employer would have to contain specific contractual elements and mandated insurance plans not contained in this quote. Should it be determined you were a Small Employer, this quote shall be null and void.

Products offered in this market segment include all standard contract provisions related to covered services, membership, eligibility, administration, claims processing, etc. For Government Plans and Church Plans, BCBSTX's administration is based on your Benefit Plan not being subject to ERISA. For all other Plans, BCBSTX's administration is based on your Benefit Plan being subject to ERISA.

Middle Market products include care management programs for pharmacy and medical services. Please allow ample time when implementing coverage for prior authorization, step therapy, etc. to be completed prior to members receiving services. Members who fail to comply with these requirements may have their coverage impacted.

Premiums are projected to be effective for the 12-month period beginning on the effective date of group coverage and do not include future mandated benefits.

Premiums include \$30.00 per contract per month (PCPM) for producer commissions.

Any costs associated with the services of outside vendors, such as for HSA administration, Worksite Wellness programs, etc. will be billed separate and apart from the rates outlined in this quote.

In addition to the benefits stated herein, benefits for covered persons who reside outside of Texas will conform to all extraterritorial requirements of those states.

This quote assumes the group contract will be issued in Texas and BCBSTX will be the sole carrier providing medical coverage to the employer's eligible employees. BCBSTX reserves the right to change premium rates if BCBSTX is not the exclusive carrier. Groups must promptly notify BCBSTX if BCBSTX will not be the exclusive carrier.

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

The header section above identifies the quoting scenario (Non-Underwritten, Underwritten, Final Enrollment) for which this document was produced, the effective and expiration dates, the location of the employer and their SIC code. Conditions/caveats applying to each scenario are noted below. The available scenarios include:

1. **NON-UNDERWRITTEN QUOTE** – is based on the effective date, employer, and demographic information provided. Premiums reflected are for **ILLUSTRATIVE PURPOSES ONLY** . Premiums have not been risk-adjusted by Underwriting. This illustration is not a contract nor an offer to contract.
2. **UNDERWRITTEN QUOTE** – An **UNDERWRITTEN QUOTE** may be requested to secure preliminary **underwritten** premiums. This type of quote is generated by Underwriting following evaluation of risk information provided. Premiums have been risk-adjusted by Underwriting. Even though it is underwritten, **PREMIUMS ARE NOT FINAL**.
3. **FINAL ENROLLMENT – A FINAL ENROLLMENT** submission is required to secure **final** premiums and begin the enrollment process. FINAL ENROLLMENT premiums will be based on information provided on final enrollment documents including contract documents; enrolling census; updated medical risk, employee participation and waiver status of all eligible employees; and employer contribution levels. Premium provided on the Final Enrollment Rate Offer Letter are approved for the effective date and enrollment provided. Please note that any change in census, member zip codes, employer SIC, effective date, or other eligibility criteria may result in a change to the monthly premiums. Changes to the enrollment for the effective date will require a revised rate offer. FINAL ENROLLMENT premiums may be significantly different from NON-UNDERWRITTEN or UNDERWRITTEN QUOTE premiums.
 - BCBSTX reserves the right to request submission of the most recent employer contribution, quarterly Wage & Tax Form, or other supporting wage/payroll documentation to validate eligibility and participation.
 - BCBSTX reserves the right to request proof of waiver reason. Valid waivers include the following comprehensive coverage types: Individual Coverage, Spousal Group Coverage, Coverage as Dependent/Child on parent’s plan, and Governmental Insurance Coverage (Medicaid, Medicare, Tribal, High-Risk Pool, Tricare/Military, Individual Exchange, and SHOP).
 - It is strongly recommended that **FINAL ENROLLMENT** submissions be submitted at least two weeks prior to the requested effective date. BCBSTX reserves the right to delay the effective date by one month if completed documents are not received timely.
 - Please note that BCBSTX appointed Producers are not authorized to guarantee coverage or establish the amount of monthly premiums the group will pay. BCBSTX will make the final eligibility, policy issuance, and monthly premium determinations. No policy will be issued, or monthly premiums finalized without approval by BCBSTX.
 - EMPLOYERS SHOULD NOT CANCEL CURRENT COVERAGE UNTIL NOTIFIED IN WRITING BY BCBSTX THAT THEIR FINAL ENROLLMENT SUBMISSION HAS BEEN APPROVED AND MONTHLY PREMIUMS FINALIZED.
 - Groups not meeting at least a 75% participation and a 50% minimum contribution cannot select a Contributory Group dental plan.
 - If Dental participation level is <25%, employer may not select a Voluntary dental option.

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Post Enrollment

After the policy effective date, groups are expected to maintain a minimum employer contribution of 50% and at least 75% participation of eligible employees (excluding valid waivers). In the event the group is unable to maintain the contribution and participation requirements, rates may be adjusted accordingly.

BCBSTX reserves the right to change premium rates during the policy period with timely notice to employers/producers, when a substantial change occurs in the number or composition of subscribers covered. A substantial change will be deemed to have occurred when the number of subscribers covered changes by ten percent (10%) or more over a thirty (30) day period or twenty five percent (25%) or more over a ninety (90) day period.

BCBSTX reserves the right to non-renew or discontinue coverage if 50% minimum employer contribution is not met and at least 75% of eligible employees (less valid waivers) are not enrolled for coverage.

BCBSTX reserves the right to request submission of the most recent employer contribution, quarterly Wage & Tax Form, or other supporting wage/payroll documentation to validate eligibility and participation.

Upon inquiry from employer groups, BCBSTX will provide information to the employer group regarding commissions and other compensation paid to the employer's agent/producer by BCBSTX in connection with the employer's policy or contract with BCBSTX.

Notwithstanding anything in the renewal or proposal to the contrary, BCBSTX reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSTX to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

BCBSTX also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSTX's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSTX coverage, it is void unless provided by a BCBSTX Representative with express permission from Underwriting.

[Go to *Proposal Contents*](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

Member Census

Census Detail

Row	Name	Relationship Code	Date of Birth	Age	Coverage Type	Zip Code	State
1	PHI PHI	Employee	PHI	33	EF	76033	TX
1.01	PHI PHI	Spouse	PHI	35		76033	
1.02	PHI PHI	Dependent	PHI	3		76033	
1.03	PHI PHI	Dependent	PHI	11		76033	
1.04	PHI PHI	Dependent	PHI	9		76033	
1.05	PHI PHI	Dependent	PHI	7		76033	
2	PHI PHI	Employee	PHI	33	EO	76058	TX
3	PHI PHI	Employee	PHI	40	EC	76093	TX
3.01	PHI PHI	Dependent	PHI	17		76093	
3.02	PHI PHI	Dependent	PHI	11		76093	
3.03	PHI PHI	Dependent	PHI	15		76093	
4	PHI PHI	Employee	PHI	58	EO	76108	TX
5	PHI PHI	Employee	PHI	71	EO	76031	TX
6	PHI PHI	Employee	PHI	32	EO	76036	TX
7	PHI PHI	Employee	PHI	31	EO	76028	TX
8	PHI PHI	Employee	PHI	52	EC	76033	TX
8.01	PHI PHI	Dependent	PHI	18		76033	
8.02	PHI PHI	Dependent	PHI	24		76033	
9	PHI PHI	Employee	PHI	25	EO	76028	TX

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

Member Census

Census Detail

Row	Name	Relationship Code	Date of Birth	Age	Coverage Type	Zip Code	State
10	PHI PHI	Employee	PHI	54	EO	76058	TX
11	PHI PHI	Employee	PHI	25	EO	76009	TX
12	PHI PHI	Employee	PHI	29	EO	76028	TX
13	PHI PHI	Employee	PHI	28	EO	76033	TX
14	PHI PHI	Employee	PHI	33	EO	76084	TX
15	PHI PHI	Employee	PHI	40	EF	76050	TX
15.01	PHI PHI	Spouse	PHI	42		76050	
15.02	PHI PHI	Dependent	PHI	12		76050	
15.03	PHI PHI	Dependent	PHI	10		76050	
16	PHI PHI	Employee	PHI	59	EC	76028	TX
16.01	PHI PHI	Dependent	PHI	18		76028	
17	PHI PHI	Employee	PHI	38	EO	76044	TX
18	PHI PHI	Employee	PHI	35	EC	76033	TX
18.01	PHI PHI	Dependent	PHI	16		76033	
19	PHI PHI	Employee	PHI	54	EO	76028	TX
20	PHI PHI	Employee	PHI	47	EC	76009	TX
20.01	PHI PHI	Dependent	PHI	7		76009	
21	PHI PHI	Employee	PHI	35	EC	76033	TX
21.01	PHI PHI	Dependent	PHI	0		76033	

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Member Census

Census Detail

Row	Name	Relationship Code	Date of Birth	Age	Coverage Type	Zip Code	State
21.02	PHI PHI	Dependent	PHI	7		76033	
22	PHI PHI	Employee	PHI	34	EO	75165	TX
23	PHI PHI	Employee	PHI	50	EO	76028	TX
24	PHI PHI	Employee	PHI	52	EO	76028	TX
25	PHI PHI	Employee	PHI	49	EO	76028	TX
26	PHI PHI	Employee	PHI	63	ES	76093	TX
26.01	PHI PHI	Spouse	PHI	64		76093	
27	PHI PHI	Employee	PHI	50	EO	76028	TX
28	PHI PHI	Employee	PHI	45	EC	76058	TX
28.01	PHI PHI	Dependent	PHI	0		76058	
28.02	PHI PHI	Dependent	PHI	25		76058	
29	PHI PHI	Employee	PHI	68	EO	76126	TX
30	PHI PHI	Employee	PHI	53	EO	76028	TX
31	PHI PHI	Employee	PHI	60	EO	76058	TX
32	PHI PHI	Employee	PHI	25	EO	76107	TX
33	PHI PHI	Employee	PHI	38	EO	76065	TX
34	PHI PHI	Employee	PHI	35	EO	76044	TX
35	PHI PHI	Employee	PHI	47	EC	76111	TX
35.01	PHI PHI	Dependent	PHI	24		76111	

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Member Census

Census Detail

Row	Name	Relationship Code	Date of Birth	Age	Coverage Type	Zip Code	State
35.02	PHI PHI	Dependent	PHI	23		76111	
36	PHI PHI	Employee	PHI	41	EO	76028	TX
37	PHI PHI	Employee	PHI	27	EC	76055	TX
37.01	PHI PHI	Dependent	PHI	1		76055	
38	PHI PHI	Employee	PHI	44	EC	76033	TX
38.01	PHI PHI	Dependent	PHI	10		76033	
38.02	PHI PHI	Dependent	PHI	13		76033	
38.03	PHI PHI	Dependent	PHI	18		76033	
39	PHI PHI	Employee	PHI	31	EO	76048	TX
40	PHI PHI	Employee	PHI	31	EO	76031	TX
41	PHI PHI	Employee	PHI	40	EO	76033	TX
42	PHI PHI	Employee	PHI	52	EO	76028	TX
43	PHI PHI	Employee	PHI	51	EO	76210	TX
44	PHI PHI	Employee	PHI	24	EO	76476	TX

[Go to Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Medical Plans

 Review these medical plans at different coverage levels, networks, and price points to find the plans you – and your employees – need.

Composite Billed Rates and Medical Plan Benefits

BlueChoice - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Surgery In-Network//Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCP250	\$0// \$5000	\$6300// Unlimited	80%// 50%	\$40/\$0	\$80	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$744.10	\$1,720.69	\$1,475.56	\$2,452.14	\$44,447.67
MTBCP002	\$500// \$10000	\$1500// Unlimited	100%// 50%	\$30/\$0	\$60	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$823.07	\$1,903.30	\$1,632.15	\$2,712.38	\$49,164.73
MTBCP006	\$500// \$1000	\$3000// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$763.30	\$1,765.08	\$1,513.62	\$2,515.41	\$45,594.40
MTBCP051	\$750// \$10000	\$2250// Unlimited	90%// 70%	\$30/\$0	\$60	\$500// 90%	\$75	90%// 70%	90%// 70%	\$0/\$10/\$50/ \$100/\$150/\$250	\$770.80	\$1,782.43	\$1,528.50	\$2,540.13	\$46,042.49
MTBCP007	\$1000// \$10000	\$3000// Unlimited	100%// 50%	\$30/\$0	\$60	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$786.05	\$1,817.68	\$1,558.73	\$2,590.36	\$46,953.25
MTBCP011	\$1000// \$2000	\$4000// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$730.79	\$1,689.91	\$1,449.17	\$2,408.29	\$43,652.68
MTBCP009	\$1000// \$10000	\$3000// Unlimited	70%// 50%	\$30/\$0	\$60	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$736.52	\$1,703.16	\$1,460.52	\$2,427.16	\$43,994.80
MTBCP012	\$1500// \$10000	\$4500// Unlimited	100%// 50%	\$30/\$0	\$60	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$762.65	\$1,763.59	\$1,512.34	\$2,513.28	\$45,555.70
MTBCP014	\$1500// \$3000	\$4500// Unlimited	80%// 60%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$708.61	\$1,638.62	\$1,405.17	\$2,335.19	\$42,327.61
MTBCP015	\$1500// \$3000	\$5500// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$679.65	\$1,571.66	\$1,347.76	\$2,239.76	\$40,597.93
MTBCP016	\$2000// \$10000	\$6000// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$737.00	\$1,704.28	\$1,461.48	\$2,428.75	\$44,023.58
MTBCP019	\$2000// \$4000	\$5000// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$697.00	\$1,611.76	\$1,382.15	\$2,296.91	\$41,634.08
MTBCP018	\$2000// \$10000	\$6000// Unlimited	60%// 50%	\$35/\$0	\$70	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$652.79	\$1,509.55	\$1,294.49	\$2,151.24	\$38,993.42
MTBCP020	\$2500// \$10000	\$7500// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$716.03	\$1,655.78	\$1,419.89	\$2,359.64	\$42,770.89

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BlueChoice - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCP023	\$2500// \$5000	\$5500// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$682.88	\$1,579.12	\$1,354.15	\$2,250.39	\$40,790.68
MTBCP024	\$2500// \$5000	\$5500// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$666.59	\$1,541.44	\$1,321.85	\$2,196.70	\$39,817.63
MTBCP022	\$2500// \$10000	\$7500// Unlimited	60%// 50%	\$35/\$0	\$70	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$627.55	\$1,451.17	\$1,244.43	\$2,068.05	\$37,485.62
MTBCP025	\$3000// \$6000	\$3500// Unlimited	100%// 70%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 70%	100%// 70%	\$0/\$10/\$50/ \$100/\$150/\$250	\$727.65	\$1,682.64	\$1,442.93	\$2,397.92	\$43,464.93
MTBCP026	\$3000// \$6000	\$7350// Unlimited	70%// 50%	\$50/\$0	\$100	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$628.36	\$1,453.03	\$1,246.03	\$2,070.71	\$37,533.91
MTBCP027	\$3000// \$10000	\$7900// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$701.92	\$1,623.14	\$1,391.90	\$2,313.13	\$41,927.92
MTBCP028	\$3000// \$10000	\$8150// Unlimited	80%// 60%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$635.13	\$1,468.70	\$1,259.46	\$2,093.03	\$37,938.39
MTBCP029	\$3000// \$10000	\$8150// Unlimited	60%// 50%	\$35/\$0	\$70	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$615.77	\$1,423.93	\$1,221.07	\$2,029.24	\$36,781.98
MTBCP031	\$3500// \$10000	\$7900// Unlimited	80%// 50%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$638.52	\$1,476.54	\$1,266.19	\$2,104.20	\$38,140.96
MTBCP032	\$3500// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$622.63	\$1,439.79	\$1,234.67	\$2,051.84	\$37,191.70
MTBCP033	\$3500// \$10000	\$7900// Unlimited	60%// 50%	\$35/\$0	\$70	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$615.93	\$1,424.31	\$1,221.39	\$2,029.77	\$36,791.58
MTBCP034	\$4000// \$10000	\$7900// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$673.92	\$1,558.41	\$1,336.40	\$2,220.89	\$40,255.71
MTBCP035	\$4000// \$10000	\$8150// Unlimited	80%// 50%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$629.73	\$1,456.20	\$1,248.75	\$2,075.23	\$37,615.79
MTBCP036	\$4000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$617.87	\$1,428.79	\$1,225.23	\$2,036.15	\$36,907.36
MTBCP037	\$4000// \$10000	\$7900// Unlimited	60%// 50%	\$35/\$0	\$70	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$614.00	\$1,419.84	\$1,217.56	\$2,023.40	\$36,676.24
MTBCP039	\$5000// \$10000	\$8150// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$656.35	\$1,517.76	\$1,301.53	\$2,162.95	\$39,205.81
MTBCP053	\$5000// \$10000	\$8150// Unlimited	80%// 60%	\$15/\$0	\$100	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$620.78	\$1,435.50	\$1,230.99	\$2,045.72	\$37,081.02

[Go to Proposal Contents](#)

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BlueChoice - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCP042	\$5000// \$10000	\$7350// Unlimited	80%// 60%	\$45/\$0	\$90	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/ \$100/\$150/\$250	\$625.70	\$1,446.88	\$1,240.75	\$2,061.93	\$37,374.94
MTBCP038	\$5000// \$10000	\$5600// Unlimited	70%// 50%	\$45/\$0	\$90	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$647.79	\$1,497.99	\$1,284.58	\$2,134.77	\$38,694.82
MTBCP041	\$5000// \$10000	\$7900// Unlimited	60%// 50%	\$40/\$0	\$80	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$606.90	\$1,403.42	\$1,203.49	\$2,000.00	\$36,252.22
MTBCP043	\$6000// \$10000	\$7900// Unlimited	100%// 50%	\$40/\$0	\$80	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$634.81	\$1,467.96	\$1,258.83	\$2,091.97	\$37,919.31
MTBCP044	\$6000// \$10000	\$8150// Unlimited	80%// 50%	\$40/\$0	\$80	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$610.05	\$1,410.70	\$1,209.72	\$2,010.37	\$36,440.19
MTBCP045	\$6000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$609.00	\$1,408.27	\$1,207.64	\$2,006.91	\$36,377.49
MTBCP046	\$6000// \$10000	\$7900// Unlimited	60%// 50%	\$40/\$0	\$80	\$500// 60%	\$75	60%// 50%	60%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$605.85	\$1,401.00	\$1,201.40	\$1,996.55	\$36,189.45
MTBCP047	\$7000// \$10000	\$7900// Unlimited	100%// 50%	\$40/\$0	\$80	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$622.14	\$1,438.67	\$1,233.71	\$2,050.24	\$37,162.59
MTBCP308	\$7000// \$10000	\$9100// Unlimited	80%// 50%	\$35/\$0	\$50	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$601.90	\$1,391.86	\$1,193.56	\$1,983.52	\$35,953.40
MTBCP049	\$7000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$608.60	\$1,407.33	\$1,206.84	\$2,005.59	\$36,353.51

Virtual Visits are available from a participating provider for certain non-emergency services.

All non-HSA plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Additionally, all non-HSA plans have the Preferred Pharmacy Network. A lower copay may apply if a member goes to a Preferred Pharmacy in the Preferred Pharmacy Network.

ER copays for non-HSA plans are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

\$75 Urgent Care Copay applies.

BlueChoice Basic - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCB250	\$0// \$5000	\$6300// Unlimited	80%// 50%	\$40/\$0	\$80	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$719.75	\$1,664.36	\$1,427.25	\$2,371.87	\$42,992.85

Go to [Proposal Contents](#)

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BlueChoice Basic - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCB014	\$1500// \$3000	\$4500// Unlimited	80%// 60%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/\$100/\$150/\$250	\$654.41	\$1,513.28	\$1,297.69	\$2,156.56	\$39,090.01
MTBCB019	\$2000// \$4000	\$5000// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/\$100/\$150/\$250	\$637.07	\$1,473.17	\$1,263.30	\$2,099.41	\$38,054.16
MTBCB023	\$2500// \$5000	\$5500// Unlimited	80%// 60%	\$30/\$0	\$60	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/\$100/\$150/\$250	\$618.44	\$1,430.09	\$1,226.35	\$2,038.01	\$36,941.25
MTBCB024	\$2500// \$5000	\$5500// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$601.66	\$1,391.30	\$1,193.08	\$1,982.72	\$35,939.00
MTBCB025	\$3000// \$6000	\$3500// Unlimited	100%// 70%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 70%	100%// 70%	\$0/\$10/\$50/\$100/\$150/\$250	\$670.30	\$1,550.02	\$1,329.20	\$2,208.92	\$40,039.16
MTBCB028	\$3000// \$10000	\$8150// Unlimited	80%// 60%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/\$100/\$150/\$250	\$574.72	\$1,329.00	\$1,139.66	\$1,893.94	\$34,329.80
MTBCB026	\$3000// \$6000	\$7350// Unlimited	70%// 50%	\$50/\$0	\$100	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$559.39	\$1,293.55	\$1,109.27	\$1,843.44	\$33,414.22
MTBCB031	\$3500// \$10000	\$7900// Unlimited	80%// 50%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$567.70	\$1,312.76	\$1,125.75	\$1,870.82	\$33,910.60
MTBCB032	\$3500// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$550.28	\$1,272.48	\$1,091.20	\$1,813.40	\$32,869.96
MTBCB035	\$4000// \$10000	\$8150// Unlimited	80%// 50%	\$35/\$0	\$70	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$557.38	\$1,288.90	\$1,105.27	\$1,836.80	\$33,293.98
MTBCB036	\$4000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$545.28	\$1,260.92	\$1,081.28	\$1,796.92	\$32,571.24
MTBCB039	\$5000// \$10000	\$8150// Unlimited	100%// 50%	\$35/\$0	\$70	\$500// 100%	\$75	100%// 50%	100%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$586.98	\$1,357.35	\$1,163.98	\$1,934.35	\$35,062.23
MTBCB042	\$5000// \$10000	\$7350// Unlimited	80%// 60%	\$45/\$0	\$90	\$500// 80%	\$75	80%// 60%	80%// 60%	\$0/\$10/\$50/\$100/\$150/\$250	\$554.31	\$1,281.80	\$1,099.19	\$1,826.69	\$33,110.69
MTBCB038	\$5000// \$10000	\$5600// Unlimited	70%// 50%	\$45/\$0	\$90	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$581.17	\$1,343.92	\$1,152.46	\$1,915.20	\$34,715.19
MTBCB044	\$6000// \$10000	\$8150// Unlimited	80%// 50%	\$40/\$0	\$80	\$500// 80%	\$75	80%// 50%	80%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$538.42	\$1,245.06	\$1,067.69	\$1,774.33	\$32,161.64
MTBCB045	\$6000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/\$100/\$150/\$250	\$535.76	\$1,238.91	\$1,062.41	\$1,765.56	\$32,002.69

[Go to Proposal Contents](#)

BlueChoice Basic - PPO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCB049	\$7000// \$10000	\$8150// Unlimited	70%// 50%	\$35/\$0	\$70	\$500// 70%	\$75	70%// 50%	70%// 50%	\$0/\$10/\$50/ \$100/\$150/\$250	\$535.68	\$1,238.72	\$1,062.25	\$1,765.29	\$31,997.88

Virtual Visits are available from a participating provider for certain non-emergency services.

Basic PPO plans cover lab and x-ray services under the deductible and coinsurance.

All non-HSA plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Additionally, all non-HSA plans have the Preferred Pharmacy Network. A lower copay may apply if a member goes to a Preferred Pharmacy in the Preferred Pharmacy Network.

ER copays for non-HSA plans are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

\$75 Urgent Care Copay applies.

BlueChoice HSA Qualified Plans - Embedded Deductible															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCP418H	\$3200// \$6400	\$3200// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$666.81	\$1,541.97	\$1,322.30	\$2,197.46	\$39,831.00
MTBCP419H	\$3200// \$6400	\$6400// Unlimited	80%// 60%	80%/80%	80%	NA// 80%	80%	80%// 60%	80%// 60%	90%/90%/80%/ 70%/60%/50%	\$568.65	\$1,314.97	\$1,127.64	\$1,873.96	\$33,967.44
MTBCP004H	\$3500// \$7000	\$3500// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$632.78	\$1,463.26	\$1,254.80	\$2,085.29	\$37,798.02
MTBCP005H	\$3500// \$7000	\$5000// Unlimited	80%// 60%	80%/80%	80%	NA// 80%	80%	80%// 60%	80%// 60%	90%/90%/80%/ 70%/60%/50%	\$530.10	\$1,225.82	\$1,051.19	\$1,746.91	\$31,664.64
MTBCP006H	\$4000// \$8000	\$4000// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$564.22	\$1,304.71	\$1,118.85	\$1,859.34	\$33,702.71
MTBCP310H	\$4500// \$9000	\$6900// Unlimited	80%// 60%	80%/80%	80%	NA// 80%	80%	80%// 60%	80%// 60%	90%/90%/80%/ 70%/60%/50%	\$466.29	\$1,078.28	\$924.67	\$1,536.65	\$27,853.27
MTBCP317H*5	\$4500// \$9000	\$6900// Unlimited	80%// 60%	\$30/\$30	\$60	NA// 80%	80%	80%// 60%	80%// 60%	\$5/\$15/\$50/ \$100/\$250/\$350	\$460.24	\$1,064.29	\$912.67	\$1,516.71	\$27,491.85
MTBCP007H	\$5000// \$10000	\$5000// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$495.33	\$1,145.43	\$982.25	\$1,632.35	\$29,587.86
MTBCP014H*2	\$5000// \$10000	\$5000// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$501.46	\$1,159.60	\$994.40	\$1,652.55	\$29,953.96

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BlueChoice HSA Qualified Plans - Embedded Deductible															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Surgery In-Network//Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBCP012H	\$5000// \$10000	\$6900// Unlimited	80%// 60%	80%/80%	80%	NA// 80%	80%	80%// 60%	80%// 60%	90%/90%/80%/ 70%/60%/50%	\$464.03	\$1,073.06	\$920.19	\$1,529.21	\$27,718.31
MTBCP011H	\$5500// \$11000	\$6900// Unlimited	80%// 60%	80%/80%	80%	NA// 80%	80%	80%// 60%	80%// 60%	90%/90%/80%/ 70%/60%/50%	\$459.68	\$1,062.99	\$911.55	\$1,514.86	\$27,458.29
MTBCP016H*5	\$5500// \$11000	\$6900// Unlimited	80%// 60%	\$30/\$30	\$60	NA// 80%	80%	80%// 60%	80%// 60%	\$5/\$15/\$50/ \$100/\$250/\$350	\$452.74	\$1,046.94	\$897.79	\$1,492.00	\$27,043.78
MTBCP008H	\$6000// \$12000	\$6000// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$467.18	\$1,080.33	\$926.43	\$1,539.57	\$27,906.35
MTBCP015H*2	\$6000// \$12000	\$6000// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$472.91	\$1,093.57	\$937.78	\$1,558.45	\$28,248.48
MTBCP009H	\$6650// \$13300	\$6650// Unlimited	100%// 50%	100%/100%	100%	NA// 100%	100%	100%// 50%	100%// 50%	100%	\$452.18	\$1,045.64	\$896.68	\$1,490.13	\$27,010.28
MTBCP013H	\$6900// \$13800	\$6900// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$451.94	\$1,045.08	\$896.19	\$1,489.33	\$26,995.78
MTBCP301H	\$7500// \$15000	\$7500// Unlimited	100%// 70%	100%/100%	100%	NA// 100%	100%	100%// 70%	100%// 70%	100%	\$440.40	\$1,018.40	\$873.32	\$1,451.33	\$26,306.66

Virtual Visits are available from a participating provider for certain non-emergency services.

Note - Deductible plus Coinsurance equals Out of Pocket Maximum.

Rx Section: Pharmacy benefits are subject to deductible and coinsurance.

*2 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

*5 Copays are applied only after deductible is met, when applicable.

BLUE ESSENTIALS PLANS - PCP Selection Required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network//Out-of-Network	Out-Patient Surgery In-Network//Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBEE001*3	\$0// Not Covered	\$1500// Not Covered	100%// Not Covered	\$20/\$0	\$20	\$750// 100%	\$75	\$500// Not Covered	\$200// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$736.27	\$1,702.57	\$1,460.03	\$2,426.34	\$43,979.92
MTBEE250	\$0// Not Covered	\$6300// Not Covered	80%// Not Covered	\$40/\$0	\$80	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$628.01	\$1,452.22	\$1,245.34	\$2,069.57	\$37,513.07
MTBEE002	\$500// Not Covered	\$1500// Not Covered	100%// Not Covered	\$30/\$0	\$60	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$685.95	\$1,586.21	\$1,360.24	\$2,260.51	\$40,974.08

Go to [Proposal Contents](#)

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BLUE ESSENTIALS PLANS - PCP Selection Required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBEE006	\$500// Not Covered	\$3000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$627.95	\$1,452.08	\$1,245.21	\$2,069.35	\$37,509.33
MTBEE007	\$1000// Not Covered	\$3000// Not Covered	100%// Not Covered	\$30/\$0	\$60	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$638.29	\$1,475.99	\$1,265.72	\$2,103.44	\$38,127.06
MTBEE011	\$1000// Not Covered	\$4000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$581.87	\$1,345.52	\$1,153.85	\$1,917.51	\$34,757.01
MTBEE009	\$1000// Not Covered	\$3000// Not Covered	70%// Not Covered	\$30/\$0	\$60	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$603.08	\$1,394.58	\$1,195.91	\$1,987.42	\$36,024.00
MTBEE012	\$1500// Not Covered	\$4500// Not Covered	100%// Not Covered	\$30/\$0	\$60	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$609.31	\$1,408.99	\$1,208.27	\$2,007.96	\$36,396.22
MTBEE014	\$1500// Not Covered	\$4500// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$551.43	\$1,275.16	\$1,093.51	\$1,817.23	\$32,939.05
MTBEE016	\$2000// Not Covered	\$6000// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$583.66	\$1,349.66	\$1,157.39	\$1,923.41	\$34,863.84
MTBEE019	\$2000// Not Covered	\$5000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$536.99	\$1,241.74	\$1,064.84	\$1,769.60	\$32,076.03
MTBEE017	\$2000// Not Covered	\$6000// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$527.84	\$1,220.59	\$1,046.70	\$1,739.46	\$31,529.55
MTBEE023	\$2500// Not Covered	\$5500// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$524.06	\$1,211.84	\$1,039.21	\$1,727.01	\$31,303.82
MTBEE021	\$2500// Not Covered	\$7500// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$500.12	\$1,156.50	\$991.75	\$1,648.14	\$29,874.00
MTBEE024	\$2500// Not Covered	\$5500// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$508.61	\$1,176.12	\$1,008.58	\$1,676.10	\$30,381.03
MTBEE025	\$3000// Not Covered	\$3500// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$563.84	\$1,303.82	\$1,118.09	\$1,858.08	\$33,679.92
MTBEE027	\$3000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$547.13	\$1,265.20	\$1,084.96	\$1,803.03	\$32,681.89
MTBEE028	\$3000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$485.81	\$1,123.39	\$963.35	\$1,600.95	\$29,018.90
MTBEE026	\$3000// Not Covered	\$7350// Not Covered	70%// Not Covered	\$50/\$0	\$100	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$473.34	\$1,094.57	\$938.63	\$1,559.87	\$28,274.15
MTBEE031	\$3500// Not Covered	\$7900// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$480.30	\$1,110.66	\$952.44	\$1,582.81	\$28,689.98

[Go to Proposal Contents](#)

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BLUE ESSENTIALS PLANS - PCP Selection Required

Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBEE032	\$3500// Not Covered	\$7900// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$468.50	\$1,083.38	\$929.04	\$1,543.92	\$27,985.12
MTBEE034	\$4000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$516.56	\$1,194.52	\$1,024.35	\$1,702.31	\$30,856.00
MTBEE035	\$4000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$471.48	\$1,090.27	\$934.96	\$1,553.75	\$28,163.25
MTBEE036	\$4000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$464.19	\$1,073.41	\$920.50	\$1,529.72	\$27,727.74
MTBEE039	\$5000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$40/\$0	\$80	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$494.16	\$1,142.71	\$979.92	\$1,628.47	\$29,517.81
MTBEE042	\$5000// Not Covered	\$7350// Not Covered	80%// Not Covered	\$45/\$0	\$90	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$467.57	\$1,081.23	\$927.20	\$1,540.86	\$27,929.62
MTBEE040	\$5000// Not Covered	\$7900// Not Covered	80%// Not Covered	\$40/\$0	\$80	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$462.53	\$1,069.58	\$917.21	\$1,524.26	\$27,628.63
MTBEE038	\$5000// Not Covered	\$5600// Not Covered	70%// Not Covered	\$45/\$0	\$90	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$492.30	\$1,138.41	\$976.24	\$1,622.35	\$29,406.81
MTBEE043	\$6000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$40/\$0	\$80	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$477.52	\$1,104.23	\$946.92	\$1,573.64	\$28,523.83
MTBEE044	\$6000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$40/\$0	\$80	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$453.98	\$1,049.80	\$900.25	\$1,496.08	\$27,117.84
MTBEE045	\$6000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$40/\$0	\$80	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$453.58	\$1,048.88	\$899.46	\$1,494.77	\$27,094.00
MTBEE047	\$7000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$40/\$0	\$80	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$465.65	\$1,076.78	\$923.39	\$1,534.53	\$27,814.89
MTBEE308	\$7000// Not Covered	\$9100// Not Covered	80%// Not Covered	\$35/\$0	\$50	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$445.10	\$1,029.26	\$882.63	\$1,466.80	\$26,587.26

Go to [Proposal Contents](#)

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

BLUE ESSENTIALS PLANS - PCP Selection Required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBEE049	\$7000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$40/\$0	\$80	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$453.26	\$1,048.11	\$898.80	\$1,493.67	\$27,074.51

Virtual Visits are available from a participating provider for certain non-emergency services.

Essentials plans cover X-Ray and Lab services under the deductible and coinsurance.

All non-HSA plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Additionally, all non-HSA plans have the Preferred Pharmacy Network. A lower copay may apply if a member goes to a Preferred Pharmacy in the Preferred Pharmacy Network.

ER copays for non-HSA plans are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

\$75 Urgent Care Copay applies.

*3 Allergy Care will be covered at 50% Copay; Other services including DME, Prosthetics and Orthotics will be covered at 20% copay.

BLUE PREMIER ACCESS PLANS - No PCP selection required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBPA011	\$1000// Not Covered	\$4000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$594.13	\$1,373.89	\$1,178.16	\$1,957.93	\$35,489.38
MTBPA014	\$1500// Not Covered	\$4500// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$548.00	\$1,267.21	\$1,086.68	\$1,805.90	\$32,733.81
MTBPA019	\$2000// Not Covered	\$5000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$545.48	\$1,261.38	\$1,081.68	\$1,797.58	\$32,583.22
MTBPA023	\$2500// Not Covered	\$5500// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$523.11	\$1,209.65	\$1,037.32	\$1,723.87	\$31,247.00
MTBPA024	\$2500// Not Covered	\$5500// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$507.24	\$1,172.97	\$1,005.86	\$1,671.59	\$30,299.19
MTBPA025	\$3000// Not Covered	\$3500// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$563.80	\$1,303.74	\$1,118.01	\$1,857.96	\$33,677.56
MTBPA026	\$3000// Not Covered	\$7350// Not Covered	70%// Not Covered	\$50/\$0	\$100	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$468.34	\$1,083.01	\$928.73	\$1,543.41	\$27,975.67
MTBPA042	\$5000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$45/\$0	\$90	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$453.28	\$1,048.18	\$898.85	\$1,493.75	\$27,075.86

Go to [Proposal Contents](#)

BLUE PREMIER ACCESS PLANS - No PCP selection required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBPA038	\$5000// Not Covered	\$5600// Not Covered	70%// Not Covered	\$45/\$0	\$90	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$486.73	\$1,125.54	\$965.19	\$1,604.00	\$29,074.07

Virtual Visits are available from a participating provider for certain non-emergency services.

ER copays for non-HSA plans are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

All non-HSA plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Additionally, all non-HSA plans have the Preferred Pharmacy Network. A lower copay may apply if a member goes to a Preferred Pharmacy in the Preferred Pharmacy Network.

\$75 Urgent Care Copay applies.

BLUE PREMIER ACCESS PLANS HSA - No PCP Selection Required															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBPA007H	\$5000// Not Covered	\$5000// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$403.58	\$933.24	\$800.29	\$1,329.96	\$24,107.04
MTBPA009H	\$6650// Not Covered	\$6650// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$362.55	\$838.39	\$718.95	\$1,194.77	\$21,656.48

Rx Section: Pharmacy benefits are subject to deductible and coinsurance.

100% Coinsurance percentage would begin after deductible is met where applicable.

Blue Advantage HMO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBAB450	\$0// Not Covered	\$6300// Not Covered	80%// Not Covered	\$40/\$0	\$80	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$539.64	\$1,247.87	\$1,070.10	\$1,778.35	\$32,234.41
MTBAB402	\$0// Not Covered	\$6300// Not Covered	70%// Not Covered	\$40/\$0	\$80	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$506.95	\$1,172.27	\$1,005.27	\$1,670.60	\$30,281.62
MTBAB014	\$1500// Not Covered	\$4500// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/ \$100/\$150/\$250	\$489.35	\$1,131.60	\$970.39	\$1,612.64	\$29,230.63

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

Blue Advantage HMO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBAB019	\$2000// Not Covered	\$5000// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$477.20	\$1,103.50	\$946.30	\$1,572.60	\$28,504.90
MTBAB301 *1	\$2000// Not Covered	\$5000// Not Covered	80%// Not Covered	\$20/\$0	80%	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$476.42	\$1,101.70	\$944.75	\$1,570.03	\$28,458.28
MTBAB302	\$2000// Not Covered	\$5000// Not Covered	80%// Not Covered	\$10/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$479.26	\$1,108.27	\$950.39	\$1,579.40	\$28,628.03
MTBAB023	\$2500// Not Covered	\$5500// Not Covered	80%// Not Covered	\$30/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$466.33	\$1,078.37	\$924.75	\$1,536.79	\$27,855.68
MTBAB303	\$2500// Not Covered	\$5500// Not Covered	80%// Not Covered	\$10/\$0	\$60	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$475.37	\$1,099.25	\$942.65	\$1,566.54	\$28,395.30
MTBAB024	\$2500// Not Covered	\$5500// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$453.35	\$1,048.33	\$898.99	\$1,493.99	\$27,080.06
MTBAB025	\$3000// Not Covered	\$3500// Not Covered	100%// Not Covered	\$35/\$0	\$70	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$499.78	\$1,155.69	\$991.06	\$1,646.98	\$29,853.43
MTBAB305	\$3000// Not Covered	\$7900// Not Covered	80%// Not Covered	\$10/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$449.73	\$1,039.96	\$891.81	\$1,482.05	\$26,863.79
MTBAB028	\$3000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$434.18	\$1,004.00	\$860.98	\$1,430.81	\$25,935.00
MTBAB026	\$3000// Not Covered	\$7350// Not Covered	70%// Not Covered	\$50/\$0	\$100	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$423.70	\$979.78	\$840.20	\$1,396.28	\$25,309.04
MTBAB304 *1	\$3000// Not Covered	\$7350// Not Covered	70%// Not Covered	\$20/\$0	70%	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$431.84	\$998.59	\$856.34	\$1,423.09	\$25,795.21
MTBAB031	\$3500// Not Covered	\$7900// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$429.55	\$993.31	\$851.80	\$1,415.57	\$25,658.50
MTBAB032	\$3500// Not Covered	\$7900// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$419.63	\$970.36	\$832.13	\$1,382.87	\$25,065.93
MTBAB035	\$4000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$35/\$0	\$70	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$422.14	\$976.17	\$837.10	\$1,391.14	\$25,215.79
MTBAB036	\$4000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$35/\$0	\$70	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$416.01	\$961.99	\$824.95	\$1,370.93	\$24,849.66
MTBAB306 *1	\$4000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$20/\$0	70%	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$415.67	\$961.22	\$824.29	\$1,369.83	\$24,829.55
MTBAB039	\$5000// Not Covered	\$7900// Not Covered	100%// Not Covered	\$40/\$0	\$80	\$500// 100%	\$75	100%// Not Covered	100%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$441.20	\$1,020.24	\$874.90	\$1,453.95	\$26,354.34

[Go to Proposal Contents](#)

Blue Advantage HMO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBAB042	\$5000// Not Covered	\$7350// Not Covered	80%// Not Covered	\$45/\$0	\$90	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$418.85	\$968.56	\$830.58	\$1,380.30	\$25,019.31
MTBAB038	\$5000// Not Covered	\$5600// Not Covered	70%// Not Covered	\$45/\$0	\$90	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$439.64	\$1,016.63	\$871.81	\$1,448.80	\$26,261.17
MTBAB307*1	\$6000// Not Covered	\$7900// Not Covered	80%// Not Covered	\$20/\$0	80%	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$409.16	\$946.13	\$811.36	\$1,348.34	\$24,440.37
MTBAB044	\$6000// Not Covered	\$8150// Not Covered	80%// Not Covered	\$40/\$0	\$80	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$407.43	\$942.14	\$807.93	\$1,342.65	\$24,337.07
MTBAB045	\$6000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$40/\$0	\$80	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$407.10	\$941.36	\$807.26	\$1,341.54	\$24,317.14
MTBAB308	\$7000// Not Covered	\$9100// Not Covered	80%// Not Covered	\$35/\$0	\$50	\$500// 80%	\$75	80%// Not Covered	80%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$399.96	\$924.87	\$793.12	\$1,318.04	\$23,890.91
MTBAB049	\$7000// Not Covered	\$7900// Not Covered	70%// Not Covered	\$40/\$0	\$80	\$500// 70%	\$75	70%// Not Covered	70%// Not Covered	\$0/\$10/\$50/\$100/\$150/\$250	\$406.82	\$940.72	\$806.71	\$1,340.63	\$24,300.50

Virtual Visits are available from a participating provider for certain non-emergency services.

All non-HSA plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Additionally, all non-HSA plans have the Preferred Pharmacy Network. A lower copay may apply if a member goes to a Preferred Pharmacy in the Preferred Pharmacy Network.

ER copays for non-HSA plans are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

*1 This plan provides up to 3 visits each for PCP visits. Applicable copayment until limit is reached, then subject to deductible and coinsurance.

Blue Advantage HSA HMO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay//Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBAB403H	\$3200// Not Covered	\$3200// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$432.82	\$1,000.89	\$858.31	\$1,426.36	\$25,854.13
MTBAB420H*5	\$3200// Not Covered	\$5000// Not Covered	80%// Not Covered	80%/80%	80%	NA// 80%	80%	80%// Not Covered	80%// Not Covered	90%/90%/80%/70%/60%/50%	\$377.87	\$873.82	\$749.33	\$1,245.27	\$22,571.63
MTBAB004H	\$3500// Not Covered	\$3500// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$428.76	\$991.49	\$850.24	\$1,412.95	\$25,611.35
MTBAB005H*5	\$3500// Not Covered	\$5000// Not Covered	80%// Not Covered	80%/80%	80%	NA// 80%	80%	80%// Not Covered	80%// Not Covered	90%/90%/80%/70%/60%/50%	\$368.23	\$851.52	\$730.21	\$1,213.50	\$21,995.75

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

Blue Advantage HSA HMO															
Plan ID	Individual Deductible In-Network //Out-of-Network	Individual Out-of-Pocket Max In-Network //Out-of-Network	Coinsurance In-Network //Out-of-Network	Primary Care /Virtual Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network// Out-of-Network	Out-Patient Surgery In-Network// Out-of-Network	Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Medical Cost
MTBAB006H	\$4000// Not Covered	\$4000// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$387.01	\$894.95	\$767.45	\$1,275.39	\$23,117.54
MTBAB221H ^{*5}	\$4000// Not Covered	\$6500// Not Covered	80%// Not Covered	80%/80%	80%	NA// 80%	80%	80%// Not Covered	80%// Not Covered	90%/90%/80%/70%/60%/50%	\$338.47	\$782.69	\$671.19	\$1,115.42	\$20,218.00
MTBAB014H ^{*1}	\$5000// Not Covered	\$5000// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$353.24	\$816.85	\$700.48	\$1,164.09	\$21,100.27
MTBAB012H ^{*5}	\$5000// Not Covered	\$6900// Not Covered	80%// Not Covered	80%/80%	80%	NA// 80%	80%	80%// Not Covered	80%// Not Covered	90%/90%/80%/70%/60%/50%	\$318.46	\$736.43	\$631.51	\$1,049.48	\$19,022.75
MTBAB015H ^{*1}	\$6000// Not Covered	\$6000// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$331.06	\$765.55	\$656.49	\$1,090.99	\$19,775.29
MTBAB222H ^{*5}	\$6000// Not Covered	\$7050// Not Covered	80%// Not Covered	80%/80%	80%	NA// 80%	80%	80%// Not Covered	80%// Not Covered	90%/90%/80%/70%/60%/50%	\$307.15	\$710.27	\$609.08	\$1,012.20	\$18,347.12
MTBAB301H ^{*5}	\$7500// Not Covered	\$7500// Not Covered	100%// Not Covered	100%/100%	100%	NA// 100%	100%	100%// Not Covered	100%// Not Covered	100%	\$298.40	\$690.03	\$591.73	\$983.36	\$17,824.45

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

*5 Coinsurance applies after deductible is met.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Options and Offers Cost Summary

Listed below are brief descriptions of all available Options and Offers:

Options and Offers	
PPO and HMO	
In-Vitro Fertilization	Decline. If declined, no benefits are available. Accept. Outpatient benefits are paid same as any other pregnancy-related expenses.
Blue Essentials HMO	
Speech and Hearing	Decline. No benefits. Accepted. HMO: Subject to the same copay as any other illness.

Drugs and medicine must be approved by FDA and dispensable upon written prescription. Members are limited to a 30-day supply from a participating pharmacy and up to a 90-day supply through mail order. One copay applies to each 30-day supply. This document summarizes selected options/offers to Blue Cross and Blue Shield of Texas BlueChoice plans and/or HMO Blue Texas. It is not a contract or any part of one. For a more complete description of the benefits available, including procedures, exclusions, and limitations, please contact your local Blue Cross and Blue Shield of Texas sales office.

Go to [Proposal Contents](#)


Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
 No. of Employees: 44
 Printed: 08/09/2024
 Effective Date: 10/01/2024

Prospect Name: City of Joshua
 Proposal #: Quote1
 Producer: LOCKTON COMPANIES LLC
 Proposal Expires: 10/31/2024

County: Johnson
 Zip Code of Business: 76058
 Quote Type: Underwritten
 SIC: 9111

Dental Plans

 Review these dental plans at different coverage levels, networks, and price points to find the plans you – and your employees – need.

Composite Billed Rates and Dental Plan Benefits

PPO Dental - BlueCare Dental PPO												
Plan ID	Plan Type	Deductible In Network//Out of Network *2	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-of-Network	Orthodontia Lifetime Max	EO	ES	EC	EF	Total Monthly Dental Cost
Contributory Group												
High Allocation												
DTNHR30 ^{*5}	Passive	\$25//\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$50.09	\$100.13	\$113.73	\$178.40	\$3,147.02
DTNHR31 ^{*5}	Passive	\$25//\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$46.77	\$93.48	\$110.21	\$171.52	\$2,988.49
DTNHR32 ^{*5}	Passive	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$43.56	\$87.07	\$105.87	\$163.71	\$2,823.55
DTNHR33 ^{*5}	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$40.63	\$81.25	\$99.69	\$153.86	\$2,645.40
DTNHR34 ^{*5}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$37.45	\$74.88	\$93.19	\$143.41	\$2,454.55
DTNHM39	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$29.77	\$59.51	\$71.24	\$110.53	\$1,915.84
DTNHM41 ^{*3}	Passive	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$12.75	\$25.45	\$37.99	\$56.51	\$913.62
DTNHR50	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$39.72	\$79.43	\$90.98	\$142.45	\$2,505.45
DTNHM57 ^{*5}	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$40.63	\$81.25	\$99.69	\$153.86	\$2,645.40
Low Allocation												
DTNLR35	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$36.03	\$72.09	\$82.16	\$128.78	\$2,268.18
DTNLR36	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$33.05	\$66.11	\$77.63	\$120.90	\$2,108.76
DTNLR37	Passive	\$75//\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA	\$28.84	\$57.64	\$67.20	\$104.84	\$1,833.36
DTNLM38	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$27.71	\$55.46	\$71.28	\$108.99	\$1,845.25
DTNLM40	Passive	\$75//\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA	\$21.51	\$43.00	\$52.60	\$81.26	\$1,398.33
DTNLM44	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$24.95	\$49.91	\$61.22	\$94.49	\$1,624.54
DTNLR58 ^{*4}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$34.65	\$69.29	\$86.85	\$133.46	\$2,278.86
Voluntary Group												
High Allocation												
DTNHR42 ^{*1}	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$42.50	\$84.98	\$107.31	\$164.68	\$2,804.94
DTNHM43 ^{*1}	Passive	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$31.93	\$63.87	\$77.44	\$119.81	\$2,067.72
DTNHM45 ^{*3}	Passive	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$14.01	\$28.02	\$41.81	\$62.18	\$1,004.79
DTNHR51 ^{*1}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$40.03	\$80.06	\$101.28	\$155.36	\$2,644.51
DTNHR52 ^{*1}	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$42.60	\$85.16	\$98.87	\$154.36	\$2,703.18
DTNHM59 ^{*1}	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$42.50	\$84.98	\$107.31	\$164.68	\$2,804.94
Low Allocation												
DTNLR46 ^{*1}	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$39.38	\$78.79	\$96.82	\$149.36	\$2,566.49
DTNLM49 ^{*1}	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$26.55	\$53.13	\$64.40	\$99.61	\$1,719.40

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

DTNLR53 ^{*1}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$35.55	\$71.09	\$84.51	\$131.27	\$2,280.78
DTNLM54 ^{*1}	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$27.44	\$54.85	\$73.86	\$111.95	\$1,867.99
DTNLR60 ^{*1*4}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$37.29	\$74.57	\$94.60	\$145.03	\$2,466.62

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho Adult Coverage and dependent children to age 19.

High - Endodontics, Periodontics, and Oral Surgery services covered in Type II.

Low - Endodontics, Periodontics, and Oral Surgery services covered in Type III.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

Plans have the same benefits In and Out of Network.

Contributory Group = (>75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation).

Passive Dental - A group dental program where the key plan components are identical in and out of network. However, out of pocket costs are less if an in network provider is utilized due to the discounted fee.

*2 Waived Deductible applies to all Class I services and Class IV Orthodontic services.

*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

*3 Only Basic Restorative Services are covered under Class II.

*4 Prev/Diag svcs do not count toward annual max.

*5 Implants are covered at the same percentage as prosthodontics.

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

BlueCare Dental Pairing Guidelines

Single Option Dental	Select any one Dental Plan
Dual Option Dental	<p><u>Plan Pairings 10+ lives</u> Any one contributory high option can be paired with any one contributory low option. Any one voluntary high option can be paired with any one voluntary low option. Voluntary plans and contributory plans may not be offered together.</p> <p>Exception: DTNHM57 maybe paired with DTNHR33. Also DTNHM59 can be paired with DTNHR42. Also DTNHM41 can be paired with any contributory plan. And DTNHM45 can be paired with any voluntary plan.</p> <p><u>Participation Requirements</u> Contributory >75% participation >50% employer contribution</p> <p>Voluntary >25% participation <50% employer contribution</p>

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Quote ID: 5029456
No. of Employees: 44
Printed: 08/09/2024
Effective Date: 10/01/2024

Prospect Name: City of Joshua
Proposal #: Quote1
Producer: LOCKTON COMPANIES LLC
Proposal Expires: 10/31/2024

County: Johnson
Zip Code of Business: 76058
Quote Type: Underwritten
SIC: 9111

Notices and Important Information

Extended Renewals & Calendar Year Updates

High-deductible health plans with Health Savings Accounts that have renewals for periods exceeding 12 months must comply with annual IRS limit changes. BCBSTX will adjust your plan's limits to align with the IRS changes at the 12-month mark to stay compliant with IRS rules. Applicable account rates and member premium changes will also update after 12 months.

Go to [Proposal Contents](#)

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.