



City of Joshua 2025 Council Presentation

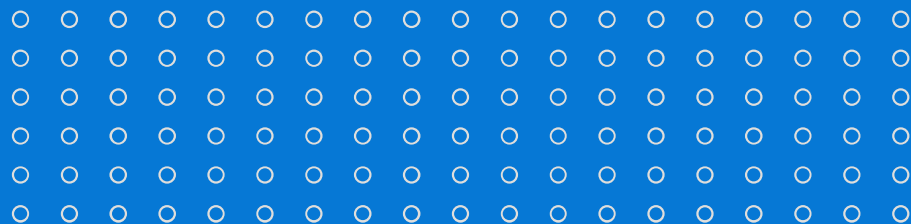
Drew Herter
Account Executive

August 21, 2025

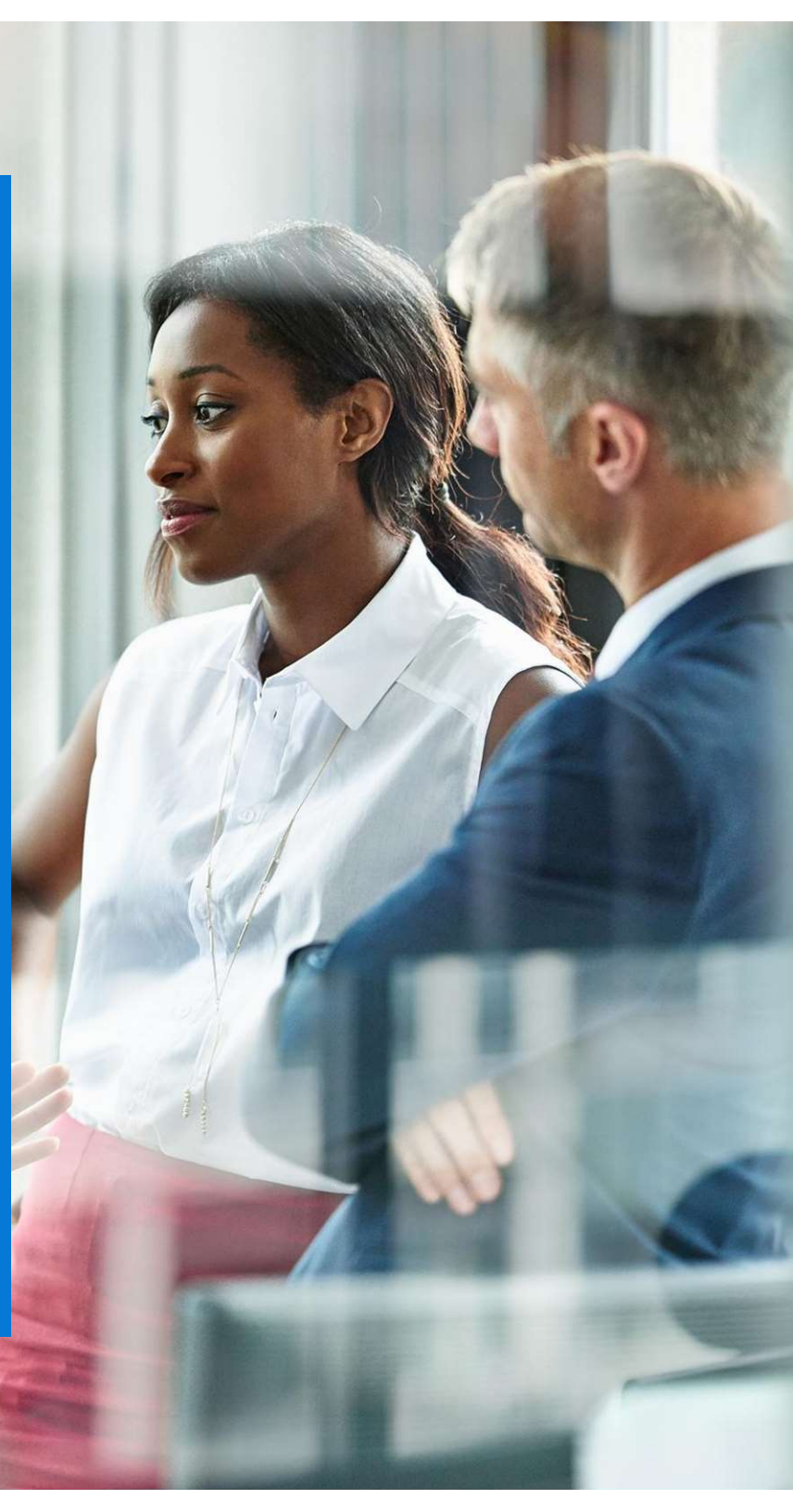
Agenda

- 1 | Claims Update
- 2 | Renewal Analysis
- 3 | Strategic Recommendations

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Claims Update



Financial Report

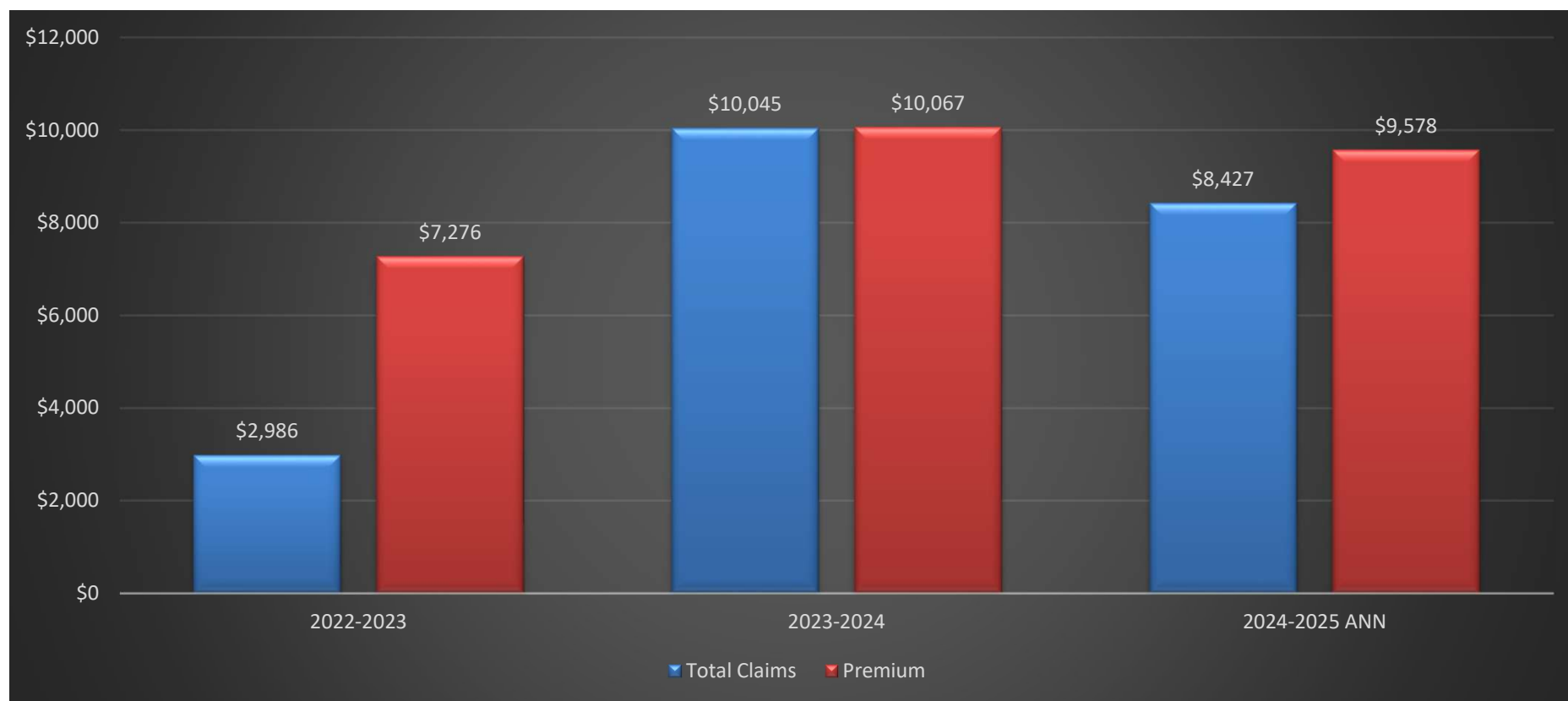
Date	Subscribers	Total Paid	Premium	Loss Ratio
23-Oct	49	\$10,181	\$40,679	25.0%
23-Nov	49	\$29,316	\$40,679	72.1%
23-Dec	48	\$169,578	\$39,387	430.5%
24-Jan	48	\$18,887	\$39,910	47.3%
24-Feb	51	\$24,192	\$41,343	58.5%
24-Mar	50	\$18,038	\$41,343	43.6%
24-Apr	48	\$18,017	\$40,641	44.3%
24-May	48	\$12,268	\$41,277	29.7%
24-Jun	47	\$20,148	\$39,999	50.4%
24-Jul	44	\$31,129	\$37,456	83.1%
24-Aug	43	\$89,357	\$36,780	242.9%
24-Sep	42	\$33,519	\$36,164	92.7%
Plan Year Total (YTD)	47	\$474,630	\$475,658	99.8%
Per Capita		\$10,045	\$10,067	
Date	Subscribers	Total Paid	Premium	Loss Ratio
24-Oct	43	\$82,156	\$33,687	243.9%
24-Nov	43	\$15,888	\$35,284	45.0%
24-Dec	44	\$11,604	\$35,765	32.4%
25-Jan	43	\$37,458	\$34,645	108.1%
25-Feb	44	\$15,951	\$35,277	45.2%
25-Mar	44	\$23,009	\$35,277	65.2%
25-Apr	43	\$16,826	\$33,987	49.5%
25-May	39	\$21,051	\$30,264	69.6%
25-Jun	37	\$42,904	\$29,102	147.4%
Plan Year Total (YTD)	42	\$266,847	\$303,288	88.0%
Annualized		\$355,796	\$404,384	
\$ Difference from Prior Year		-\$118,834	-\$71,274	
% Difference from Prior Year		-25%	-15%	
Annualized Per Capita		\$8,427	\$9,578	
% Difference Per Capita		-16%	-5%	

Loss Ratio – Last 12 Months



Date	Subscribers	Total Paid	Premium	Loss Ratio
24-Jul	44	\$31,129	\$37,456	83.1%
24-Aug	43	\$89,357	\$36,780	242.9%
24-Sep	42	\$33,519	\$36,164	92.7%
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25-Apr	43	\$16,826	\$33,987	49.5%
25-May	39	\$21,051	\$30,264	69.6%
25-Jun	37	\$42,904	\$29,102	147.4%
Last Twelve Months Total	42	\$420,852	\$413,688	101.7%
Per Capita		\$9,922	\$9,753	

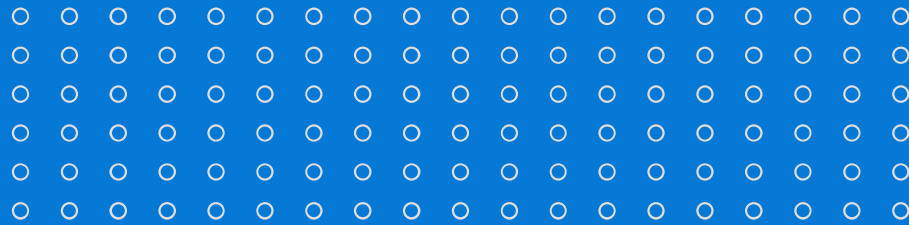
Per Capita Claims vs. Per Capita Premium



Date	Total Claims	Premium	Loss Ratio
2022-2023	\$2,986	\$7,276	41.0%
2023-2024	\$10,045	\$10,067	99.8%
2024-2025 ANN	\$8,427	\$9,578	88.0%

*Annualized : Oct 24 - June 25

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Renewal Analysis





Medical Analysis

BCBSTX –Proposed Plan Designs

Medical Plan Analysis		Proposed BCBSTX
		PPO-Buy-Up Plan MTBCP519
Deductible		\$2,000 Individual / \$6,000 Family
Max Out-of-Pocket <small>(Deductible, Medical and RX Copays Apply to In-Network OOP)</small>		\$6,000 Individual / \$15,700 Family
Co-Insurance		80% Network
Lifetime Maximum		Unlimited
Physician's Copay		
Primary Care Physician		\$35 Copay
Specialist		\$70 copay
Virtual		No Charge
Inpatient Hospital		20% after ded.
Outpatient Hospital		20% after ded.
Lab & X-ray (Diagnostic/Blood Work)		No Charge
Lab & X-ray (CT/PET/MRI)		20% after ded.
Emergency Room Copay		\$500 Copay + 20%
Urgent Care Copay		\$75 Copay
Preventive Care		Covered 100%
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30 Days)		\$10/ \$50 / \$100
Mail Order (90 Days)		3x
Specialty (30 Days)		\$150/\$250
Rates	Core	PPO Proposed
Employee	22	6 \$697.00
Employee + Spouse	2	0 \$1,611.76
Employee + Child(ren)	4	1 \$1,382.15
Employee + Family	1	0 \$2,296.91
Total Monthly Premium	29	7 \$31,947
Total Annual Premium	36	\$383,366
Total Annual Premium Combined		\$383,366
Combined Total Change (%) over Current		21.4%
Combined Total Change (\$) over Current		\$67,680
Rate Guarantee		1 Year
Effective Date		10/1/2025
Geo Access Results		
AM Best Rating		A+

Note: This comparison is for illustrative purposes only and describes the basic features of the plans.

It is not intended to be a full description of the plans. Any discrepancies are governed by certificate of coverage.

1.5% Discount if Bundled with Dental & Vision
(Included)

Proposed BCBSTX Medical Contributions

(Single Plan Option)

PPO Plan	Enrollment
Employee Only	28
Employee & Spouse	2
Employee & Child(ren)	5
Employee & Family	1
Total	36

Funding Rate	Employer Contribution (\$)	Employer Contribution (%)	Employee Contribution (\$)
\$697.00	\$697.00	100%	\$0.00
\$1,611.76	\$1,186.87	74%	\$424.89
\$1,382.15	\$957.26	69%	\$424.89
\$2,296.91	\$1,447.12	63%	\$849.79
\$383,366	\$337,478	88%	\$45,888

All Plans	Enrollment
Total	36
\$ Change from Current	
% Change from Current	

Total Funding	Employer Contribution (\$)	Employer Contribution (%)	Employee Contribution (\$)
\$383,366	\$337,478	88%	\$45,888
\$67,680	\$80,166		(\$12,486)
21%	31%		-21%



Dental Analysis

Dental Analysis

Dental Plan Analysis		BCBSTX BAFO- Alternate
Dental Annual Maximum		\$2,000
Dental Annual Deductible (Ind / Fam)		\$50 / \$150
Preventive Expenses (Exams, X-Rays, Cleanings)		100%
Basic Expenses (Periodontics, Basic Restorative, Simple Extractions)		80%
Major Expenses (Endodontics, Inlays/Onlays, Crowns, Dentures)		50%
Orthodontia (Adult and children up to age 19)		50%
Orthodontia Lifetime Max		\$2,000
Monthly Rates		BAFO- Alternate
Employee	22	\$36.34
Employee + Spouse	5	\$72.62
Employee + Child(ren)	9	\$88.30
Employee + Family	3	\$136.55
Total Monthly Premium		\$2,367
Total Annual Premium		\$28,403
Total Change (%)		1.9%
Total Change (\$)		\$533
Effective Date		10/1/2025
Rate Guarantee		1 Year
Network		Blue Care Dental
		1% Bundling Discount



Vision Analysis

Vision Analysis

Voluntary Vision Plan Analysis		BCBSTX
		Renewal
Benefit Frequency		
Exam		12 Months
Lenses		12 Months
Frames		12 Months
Copay		
Exam		\$10 Copay
Materials		\$25 Copay
Deductible/Allowances <i>(Per Calendar Year)</i>		
Exam		\$10 Copay
Frames		Up to \$150 Allowance
Lenses		
- Single Vision		\$25 Copay
- Bifocal		\$25 Copay
- Trifocal		\$25 Copay
Contacts		
- Elective		Up to \$150 Allowance
- Medically Necessary		Paid in Full
Network		EyeMed
Rates		Renewal
Employee	19	\$7.31
Employee + Spouse	6	\$13.90
Employee + Child	6	\$14.63
Employee + Family	4	\$21.51
Total Monthly Premium		\$396
Total Annual Premium		\$4,753
Total Change (%) over Current		0.0%
Total Change (\$) over Current		\$0
Effective Date		10/1/2025
Rate Guarantee		1 Year
Geo Access Results		N/A
AM Best Rating		A+
<i>This is for illustrative purposes. Please refer to Plan Document</i>		0.5% Bundling Discount



Life / Disability Analysis

Basic Life / AD&D – Proposed Plan Design

Life/AD&D Plan Analysis		New York Life Proposed
Life Classifications		All FT Employee's
Definition of Earnings		Base Annual Earnings
Basic Life Schedule		Employee: \$50,000 Spouse: \$10,000 Child: \$5,000
Maximum Benefit		EE: \$50,000 SP: \$10,000 CH: \$5,000
Guarantee Issue		\$50,000
Age Reductions		67% at 65, 44% at 70, 11% at 75
Waiver of Premium		To Age 65, 9 month EP, eligibility to 60
Conversion		Not Included
Rate Guarantee		2 Years
Effective Date		10/1/2025
Monthly Rates		Proposed
Volume		\$2,592,000
Life Monthly Rate (per \$1,000)		\$0.120
Spouse/ Child Rate		\$3.000
AD&D Monthly Rate (per \$1,000)		\$0.030
Total Monthly Premium		\$389
Total Annual Premium		\$4,666
Total Change (%) over Current		0%
Total Change (\$) over Current		\$0
This is for illustrative purposes. Please refer to Plan Document for list of covered services.		

Voluntary Life / AD&D- Proposed Plan Design

Voluntary Life Plan Analysis		New York Life
		Proposed
Life Classifications		All FTE
Guarantee Issue		
Employee		\$150,000
Spouse		\$25,000
Life Insurance Benefit		
Employee		\$10,000 Increments to \$500,000
Spouse		\$5,000 increments to \$250,000
Child(ren)		\$1,000 increments to \$10,000
AD&D Insurance Benefit		Matched
Age Reductions		67% at 70, 44% at 75
Voluntary Life Rate Table (Rates per \$1,000)		New York Life Proposed
Employee/Spouse Rate Table		
<20		\$0.122
20 - 24		\$0.122
25 - 29		\$0.148
30 - 34		\$0.174
35 - 39		\$0.170
40 - 44		\$0.278
45 - 49		\$0.408
50 - 54		\$0.720
55 - 59		\$1.344
60 - 64		\$1.968
65 - 69		\$3.216
70+		\$5.842
Employee/Spouse AD&D Rate		\$0.03 / \$0.02
Child(ren) Rates for \$10,000 Benefit		
Child(ren) Life Rate		\$0.220
Child(ren) AD&D Rate		\$0.020
Rate Guarantee		2 Years
Effective Date		10/1/2025

Voluntary Short Term Disability- Proposed Plan Design

VSTD BENEFITS		New York Life Proposed
Class Description	All Active FT Employees	
Definition of Earnings	BAE	
Weekly Percentage	60%	
Weekly Maximum	\$1,000	
Minimum Weekly	\$25	
Accident Benefits Begin Day	7th Day	
Sickness Benefits Begin Day	7th Day	
Benefit Duration Less Elim Period	11 Weeks	
Definition of Disability	80%	
Pre-existing Condition	3/12	
Maternity Coverage	Included	
W2 Preparation	Included	
FINANCIALS		Proposed
Rate (per \$10 Covered Weekly Benefit)	\$0.350	
Employer Contribution	0%	
Participation Requirement	25%	
Effective Date	10/1/2025	
Rate Guarantee	2 Years	
AM Best Rating	A++	
This is for illustrative purposes. Please refer to Plan Document for list of cove		

Long Term Disability – Proposed Plan Design

Long Term Disability Plan	New York Life Proposed
LTD Classifications	All Full-Time Active Employees
Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
Monthly Benefit Minimum	\$100
Elimination Period	90 Days
Duration of Benefits	SSNRA
Own Occupation Definition / Period	2 Year Own Occupation
Pre-Existing Conditions	3/12
Definition of Disability	80/60
Definition of Earnings	Base Earnings
Portability of Insurance	Not Included
Survivor Benefit	3 months
Exclusions/Limitations	
Non-Diagnosed Illness/Injury	No Limit
Mental & Nervous	24 months
Alcohol & Drug Abuse	24 months
Return to Work	24 months
Participation Requirement	100%
Rate Guarantee	2 Years
Effective Date	10/1/2025
Monthly Rates	Proposed
Covered Monthly Payroll Volume	\$252,112
LTD Monthly Rate (per \$100)	\$0.300
Total Monthly Premium	\$756
Total Annual Premium	\$9,076
Total Change (%) over Current	0%
Total Change (\$) over Current	\$0

This is for illustrative purposes. Please refer to Plan Document for list of covered

Life & Disability - Summary

Renewal	
New York Life	
Basic Life	\$4,666
LTD	\$9,076
Total	\$13,742
\$ Change From Current	\$0
% Change From Current	0.0%



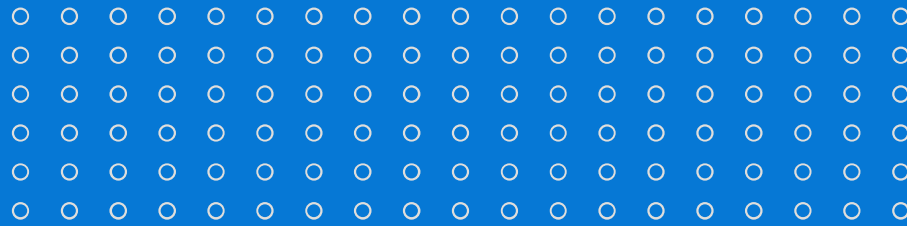
EAP Analysis

Employee Assistance Program- Analysis

Employee Assistance Program	BCBSTX / Dearborn	New York Life
	Proposed	Proposed
Home Office		
24 / 7 Access Center	Included	Included
National Network	Included	Included
Management Training	Included for a fee	Included
Legal and Financial Services	Included	Included
EAP Website Access	Included	Included
Orientation	Not Included	Not Included
Program Promotion	Included	Included
Account Management	Not Included	Not included
Comprehensive Utilization Reporting	Not Included	Not Included
Specialty Onsite Services:	Included for a fee	
Employee Orientation, Management Training, Seminars	Included for a fee	Included
Critical Incident Services	Included for a fee	Included
Department of Transportation/Substance Abuse Professionals Services	Not Included	Not Included
Work-Life Services/Work-Life and HelpNet	Included	Included
For All Members of Household	Yes	Yes
Safe Ride Program	Not Included	Not Included
Number of Visits	3 per issue, per year	3 per issue, per year
FINANCIALS	Proposed	Proposed
Number of Employees	37	37
Rate PEPM (Per Employee Per Month)	Free	Free
Monthly Estimated Cost	N/A	N/A
Annual Estimated Cost	N/A	N/A
Effective Date	10/1/2025	10/1/2025
Rate Guarantee	2 years or until LTD terms	2 years or until LTD terms

Note: This is a brief summary and not intended to be a contract.

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Strategic Recommendations



Strategic Recommendations



Medical

Based on overall value and pricing, HUB recommends renewing the City's medical coverage with BCBS for the 2025–2026 plan year. Renewing with the current carrier and migrating all employees to the single option PPO plan, the City would see a +21.4% or \$67,680 increase in cost due to the enrollment migration to the higher cost plan. Additionally, the City can bundle dental and vision coverage to receive up to a 1.5% discount on the medical premium. These rates have been provided in the medical analysis.

Dental

Due to bundling discounts, HUB recommends renewing the dental coverage with BCBS for the 2025–2026 plan year. BCBS has offered an alternative plan with enhanced benefits, including increased maximums to \$2,000. This option would lead to an estimated 1.9% increase, or \$533 in additional annual premium. Rates will be guaranteed for one year, and the City will receive a 1% bundling discount to medical premiums.

Strategic Recommendations



Vision

HUB recommends renewing the vision coverage with BCBS for the 2025–2026 plan year to take advantage of bundling discounts.

The City received a Rate Pass. Rates will be guaranteed for one year, and the City will receive a 0.5% bundling discount on the medical premium.

Life / Disability

HUB recommends renewing the life and disability products with New York Life for the 2025–2026 plan year. Renewing with a Rate Pass and the same plan designs in place today. The Voluntary Life and AD&D did increase the guaranteed issue amount to \$150,000 with no change to premiums. Rates will be guaranteed for two years.

Employee Assistance Program

HUB recommends moving forward with New York Life's embedded EAP within their life and disability offering, at no additional cost.

Thank you.