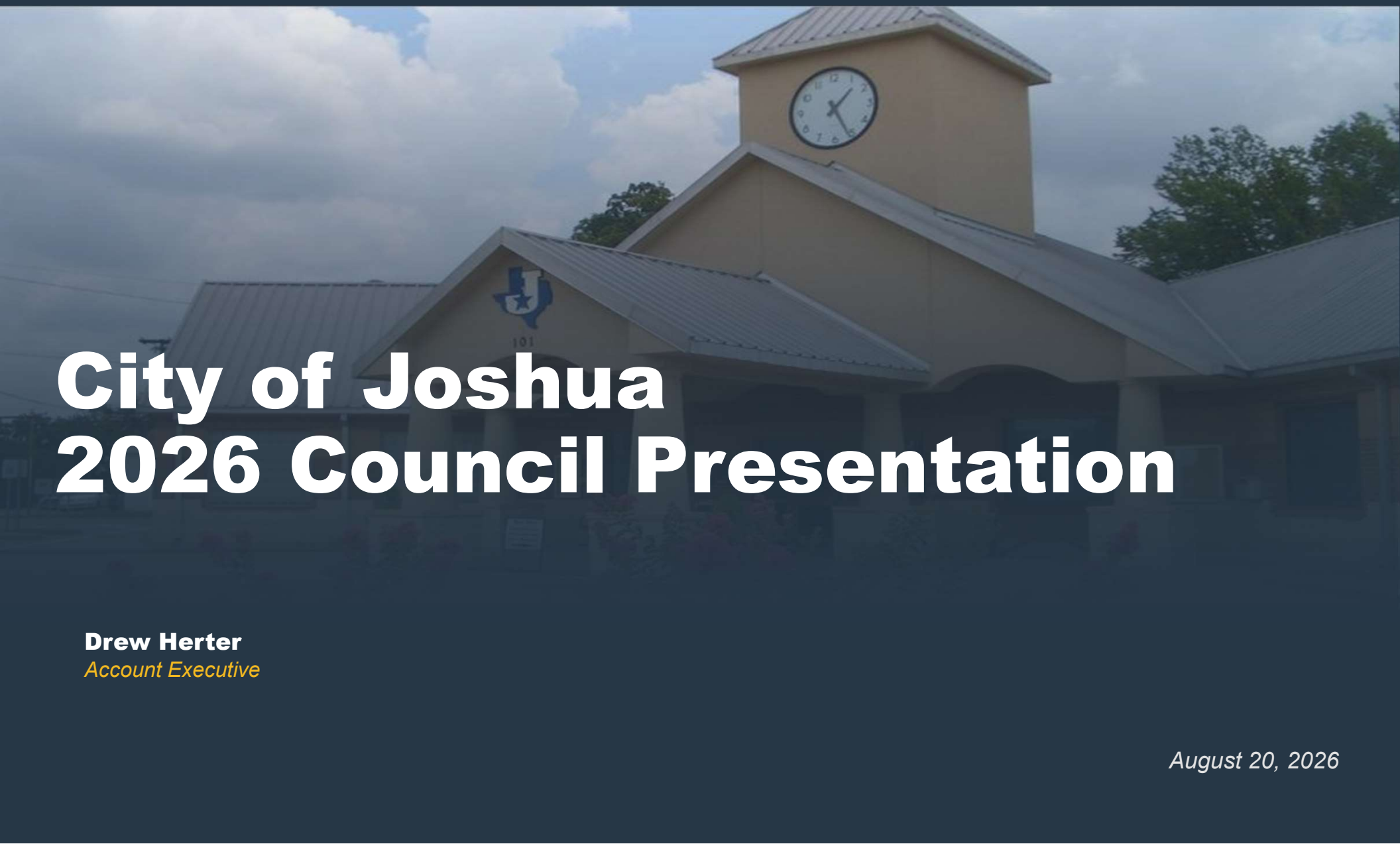


City of Joshua
2026 Council Presentation

Drew Herter
Account Executive

August 20, 2026

Agenda

1 | Claims Update

2 | RFP Analysis

3 | Strategic Recommendations

1

Claims Update

Financial Report FY

Date	Subscribers	Total Paid	Premium	Loss Ratio
25-Oct	37	$65,609	$34,241	191.6%
25-Nov	37	$1,017,963	$34,241	2972.9%
25-Dec	38	$64,869	$35,639	182.0%
26-Jan	39	$25,504	$38,758	65.8%
26-Feb	38	$17,618	$37,324	47.2%
26-Mar	39	$21,393	$38,157	56.1%
26-Apr	37	$30,018	$35,953	83.5%
26-May	37	$14,251	$35,953	39.6%
Plan Year Total (YTD)	**38**	**$1,257,225**	**$290,266**	**433.1%**
Annualized		**$1,885,838**	**$435,399**	
$ Difference from Prior Year		**$1,140,519**	**$40,864**	
% Difference from Prior Year		**153%**	**10%**	
Annualized Per Capita		**$49,956**	**$11,534**	
% Difference Per Capita		**174%**	**20%**	

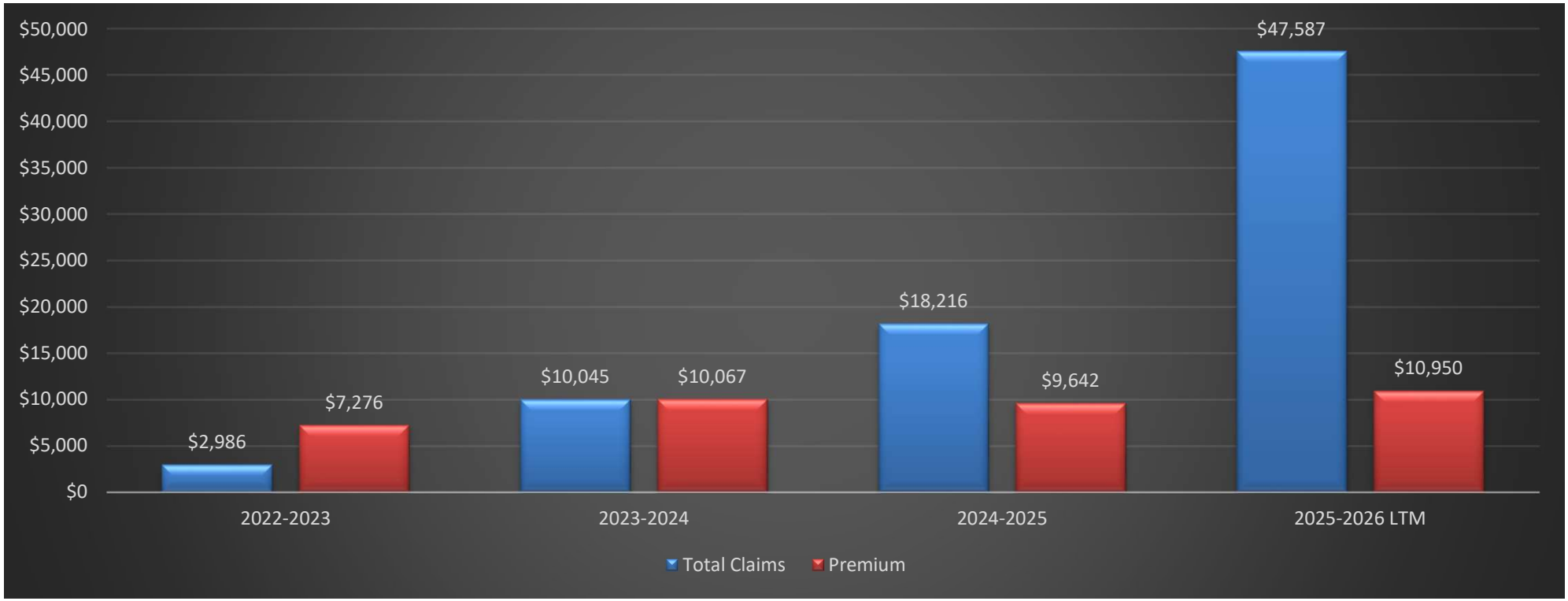
Target Loss Ratio : 85%

Loss Ratio – Last 12 Months

Date	Subscribers	Total Paid	Premium	Loss Ratio
25-Jun	37	$42,904	$29,102	147.4%
25-Jul	37	$366,355	$28,503	1285.3%
25-Aug	37	$57,524	$28,503	201.8%
25-Sep	37	$60,501	$34,241	176.7%
25-Oct	37	$65,609	$34,241	191.6%
25-Nov	37	$1,017,963	$34,241	2972.9%
25-Dec	38	$64,869	$35,639	182.0%
26-Jan	39	$25,504	$38,758	65.8%
26-Feb	38	$17,618	$37,324	47.2%
26-Mar	39	$21,393	$38,157	56.1%
26-Apr	37	$30,018	$35,953	83.5%
26-May	37	$14,251	$35,953	39.6%
Last Twelve Months Total	**38**	**$1,784,509**	**$410,615**	**434.6%**
Per Capita		**$47,587**	**$10,950**	

Loss Ratio without 2 large claimants: 66%

Historical Loss Ratio



Date	Total Claims	% Δ	Premium	% Δ	Loss Ratio
2022-2023	$2,986	-	$7,276	-	41.0%
2023-2024	$10,045	236.4%	$10,067	38.4%	99.8%
2024-2025	$18,216	81.3%	$9,642	-4.2%	188.9%
2025-2026 LTM	$47,587	161.2%	$10,950	13.6%	434.6%

LTM: Jun 25 - May 26

2

Renewal Analysis

Medical Analysis

BCBSTX – Proposed Plan Design

Medical Plan Analysis	SOLD BCBSTX MTBCB623
Network	TX BlueChoice PPO
Deductible	$2,500 Individual / $7,500 Family
Max Out-of-Pocket *(Deductible, Medical and RX Copays Apply to In-Network OOP)*	$7,500 Individual / $15,000 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	$100 Copay + 20% after ded.
Lab & X-ray (Diagnostic/Blood Work)	20% after ded.
Lab & X-ray (CT/PET/MRI)	20% after ded.
Emergency Room Copay	$750 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	SOLD
Employee	$927.36
Employee + Spouse	$2,144.42
Employee + Child(ren)	$1,838.85
Employee + Family	$3,056.02
Total Monthly Premium	$44,650
Total Annual Premium	$535,795
Combined Total Change (%) over Current	**33.0%**
Combined Total Change ($) over Current	**$133,088**
Rate Guarantee	**1 Year**
Effective Date	**10/1/2026**
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.

Proposed BCBSTX Medical Contributions

PPO Plan	Enrollment	Funding Rate	Employer Contribution ($)	Employer Contribution (%)	Employee Contribution ($)
Employee Only	28	$927.36	$927.36	100%	$0.00
Employee & Spouse	3	$2,144.42	$1,759.53	82%	$384.89
Employee & Child(ren)	5	$1,838.95	$1,454.06	79%	$384.89
Employee & Family	1	$3,056.02	$2,246.23	74%	$809.79
Total	**37**	**$535,801**	**$489,134**	**91%**	**$46,667**

All Plans	Enrollment	Total Funding	Employer Contribution ($)	Employer Contribution (%)	Employee Contribution ($)
Total	**37**	**$535,801**	**$489,134**	**91%**	**$46,667**
$ Change from Current		$133,094	$137,414		($4,320)
% Change from Current		33%	39%		-8%

Dental Analysis

Dental Analysis

Dental Plan Analysis		United Concordia Dental SOLD
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		**SOLD**
Employee	22	$36.40
Employee + Spouse	5	$73.10
Employee + Child(ren)	9	$89.60
Employee + Family	3	$136.90
Total Monthly Premium	**39**	**$2,383**
Total Annual Premium		**$28,601**
Total Change (%)		**0.7%**
Total Change ($)		**$198**
Effective Date		**10/1/2026**
Rate Guarantee		**2 Year**
Network		**Elite Plus**

Vision Analysis

Vision Analysis

Voluntary Vision Plan Analysis		United Concordia Dental SOLD
Benefit Frequency		
Exam		12 Months
Lenses		12 Months
Frames		12 Months
Copay		
Exam		$10 Copay
Materials		$25 Copay
Deductible/Allowances *(Per Calendar Year)*		
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		**VSP Choice**
Rates		SOLD
Employee	21	$8.30
Employee + Spouse	5	$16.50
Employee + Child	6	$17.60
Employee + Family	5	$28.10
Total Monthly Premium	37	$503
Total Annual Premium		$6,035
Total Change (%) over Current		**20.2%**
Total Change ($) over Current		**$1,015**
Effective Date		**10/1/2026**
Rate Guarantee		**2 Years**
AM Best Rating		**A**

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

3

Strategic Recommendations

Strategic Recommendations

Medical

Based on overall value and pricing, HUB recommends renewing the City's medical coverage with BCBS for the 2026–2027 plan year. Due to the high-cost claimants experienced this plan year, the City would see a +33.0% increase, or $133,088 in additional annual premium. A full breakdown of these rates is provided in the medical analysis.

Dental

HUB recommends moving dental coverage to United Concordia, which matches the current plan design and includes a 2-year rate guarantee. The City would see an increase of $198 (+0.7%) in annual premiums.

Vision

BCBS did not respond to the vision portion of the RFP. HUB recommends moving vision coverage to United Concordia at an estimated increase of $1,016 (+20%) in annual premiums, also with a 2-year rate guarantee.

Thank you.