



Manor ISD RFP Analysis

March 26, 2025



Gallagher

Insurance | Risk Management | Consulting

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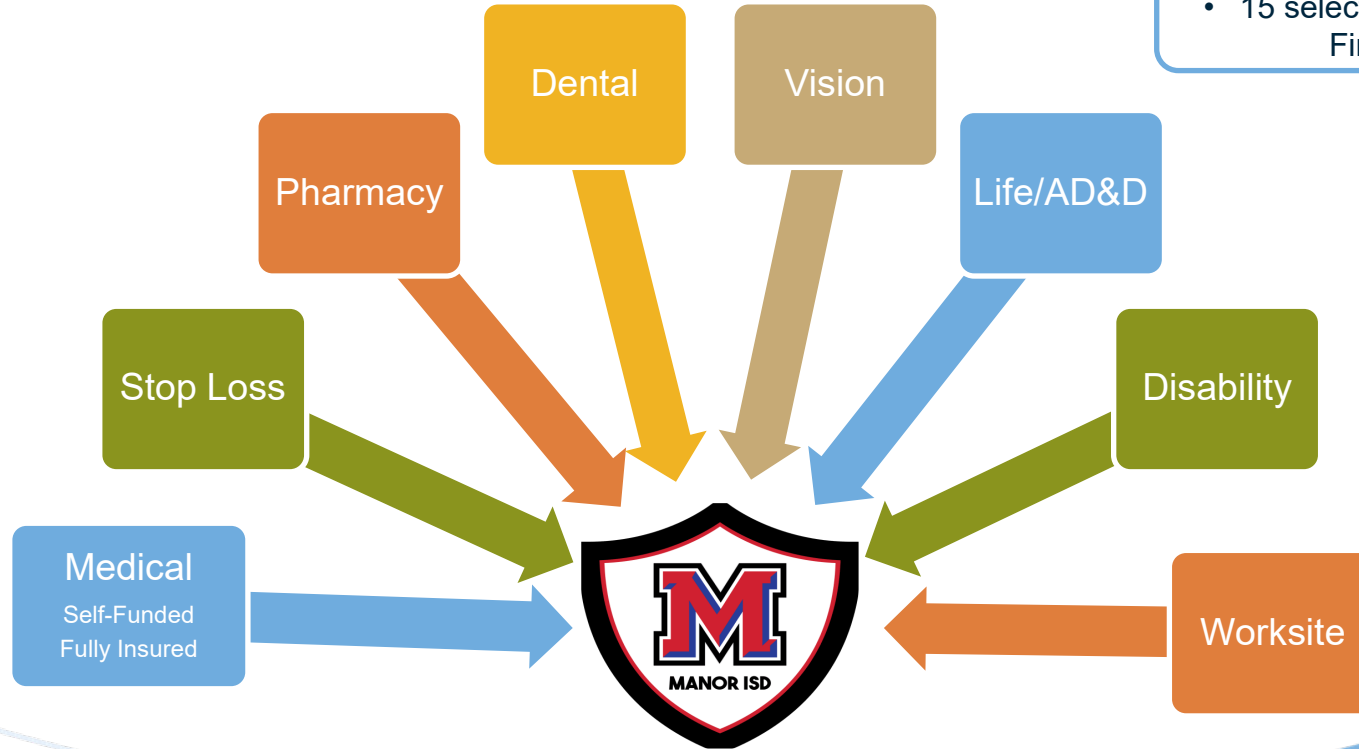
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Scope of Work

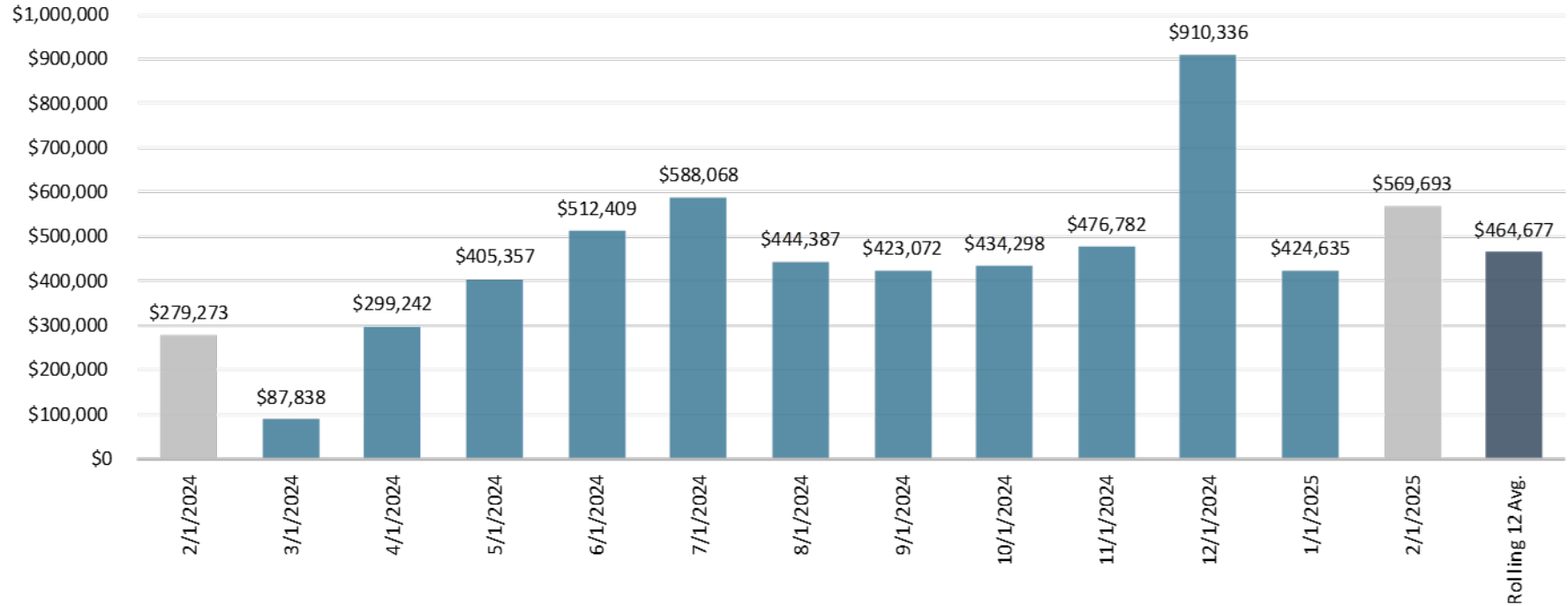
RFP Product Portfolio

- 28 Initial Respondents
- 15 selected for Best and Final Offers

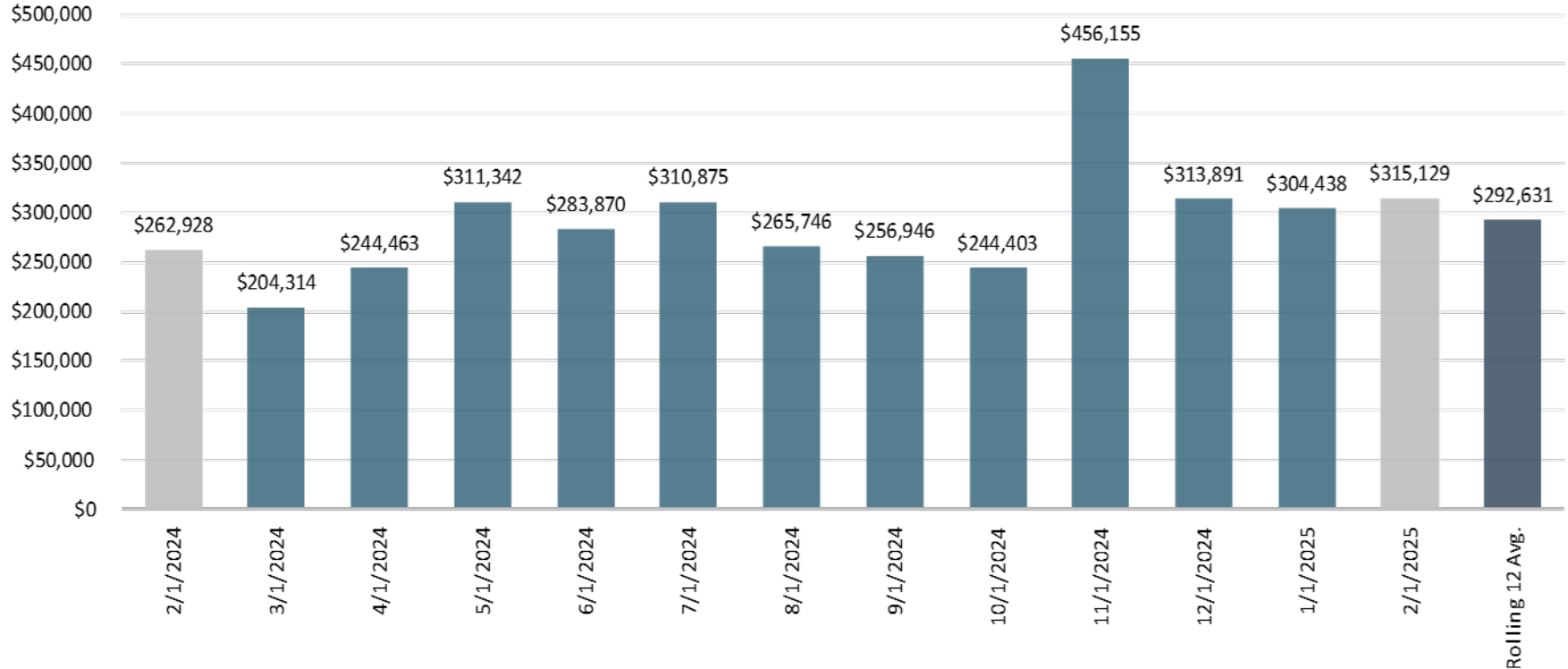


Medical Summary

Monthly Medical Claims

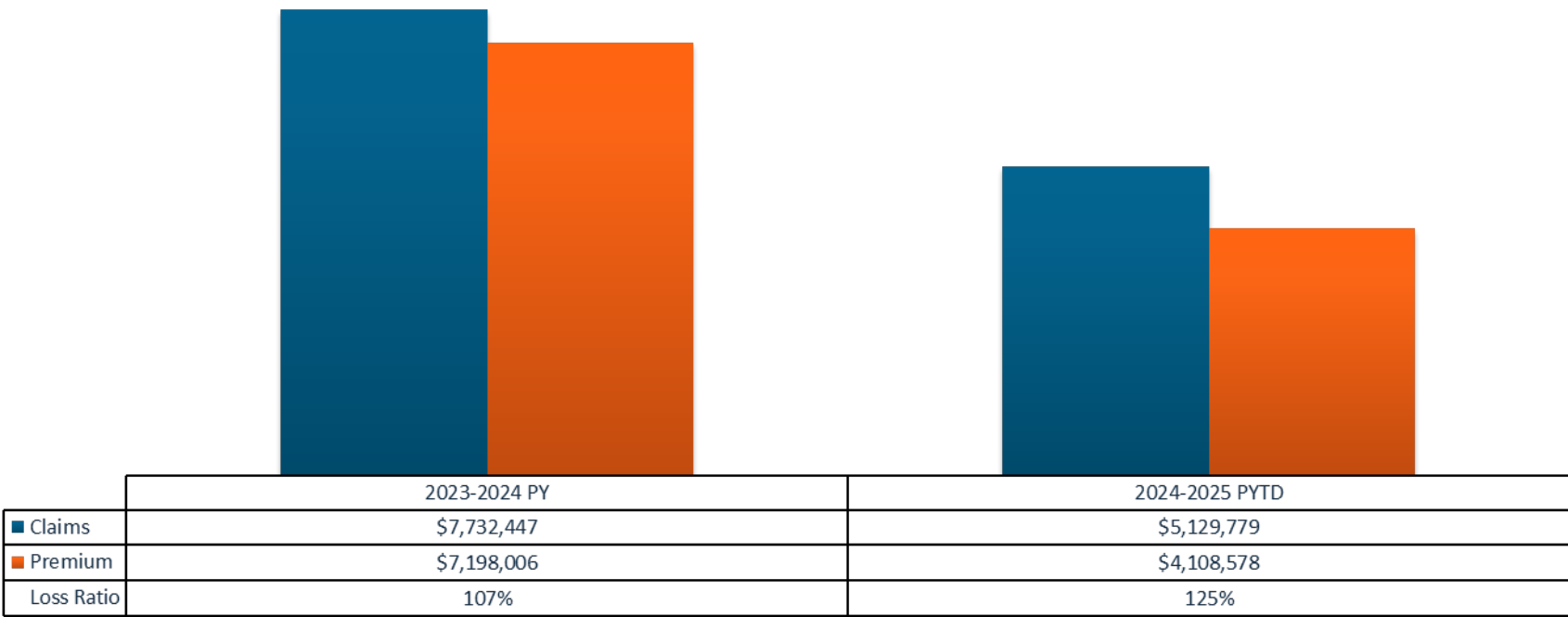


Monthly Pharmacy Claims



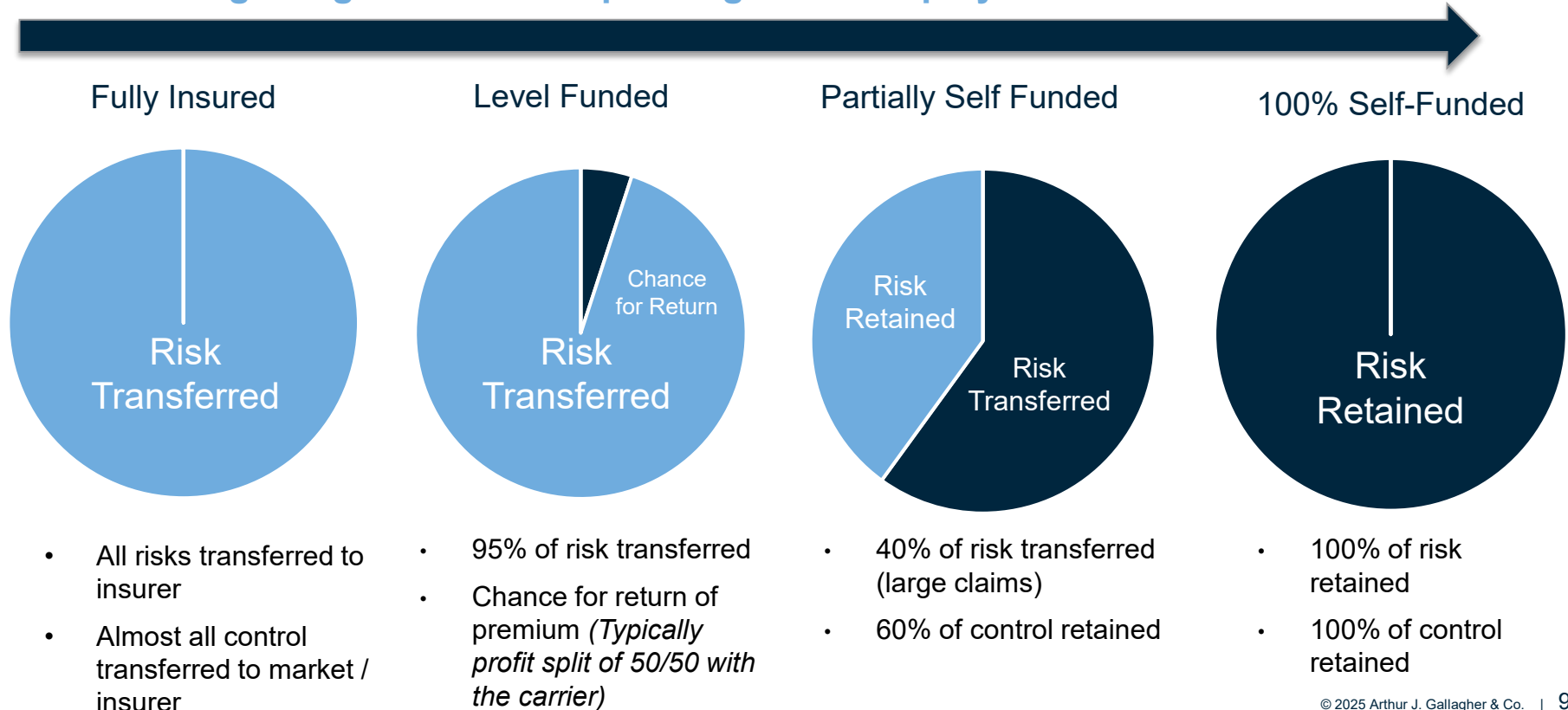
Medical Loss Ratio

Plan Year Claims vs Premiums



Plan Funding Spectrum

Self-funding brings healthcare spending under employer control



Medical Responses

Financial Category Scenario Description	9/1/2024 - 8/31/2025	9/1/2025 - 8/31/2026				
	Current Premiums	BCBS	BCBS	BCBS	Cigna	Cigna
		No Changes	Plan Changes	Self-Funded	Fully-Insured	Self-Funded
Medical Trend				7.5%		7.5%
RX Trend				13.0%		13.0%
Pooling Point				\$200,000		\$200,000
Average Subscribers	1,191	1,187	1,187	1,187	1,187	1,187
PEPM Variable Costs						
Medical Cost				\$476.13		\$500.18
Pharmacy Cost				\$162.51		\$162.51
PEPM Variable Total				\$638.64		\$662.69
PEPM Fixed Costs						
Administration				\$58.86		\$40.36
Pooling / Stop Loss Fees				\$85.00		\$83.26
Rx Rebates				-\$48.62		-\$58.82
Shared Savings Fees				\$9.20		\$23.50
PEPM Fixed Costs Total				\$104.44		\$88.31
PEPM Total Gross Cost	\$573.89	\$661.27	\$646.25	\$743.08	\$747.46	\$750.99
Annual Total Gross Cost	\$8,202,000	\$9,419,000	\$9,205,000	\$10,584,000	\$10,647,000	\$10,697,000
PEPM Employee Contributions	\$108.94	\$108.94	\$108.94	\$108.94	\$108.94	\$108.94
Annual Employee Contributions	\$1,557,000	\$1,552,000	\$1,552,000	\$1,552,000	\$1,552,000	\$1,552,000
PEPM Total Net Cost	\$464.94	\$552.33	\$537.31	\$634.14	\$638.52	\$642.05
Annual Total Net Cost	\$6,645,000	\$7,867,000	\$7,653,000	\$9,033,000	\$9,095,000	\$9,145,000
Annual						
Δ Change vs. 2024 - 2025 Gross Premium		\$1,217,000	\$1,003,000	\$2,382,000	\$2,445,000	\$2,495,000
Δ Change vs. Latest Estimate		-\$1,052,000	-\$1,266,000	\$113,000	\$176,000	\$226,000
Δ Change vs. Status Quo Projection		-\$1,984,000	-\$2,198,000	-\$819,000	-\$756,000	-\$706,000
PEPM						
Δ Change vs. 2024 - 2025 Gross Premium		\$87.39 15.2%	\$72.37 12.6%	\$169.19 29.5%	\$173.58 30.2%	\$177.11 30.9%
Δ Change vs. Latest Estimate		-\$71.37 -9.7%	-\$86.39 -11.8%	\$10.44 1.4%	\$14.82 2.0%	\$18.35 2.5%
Δ Change vs. Status Quo Projection		-\$139.25 -17.4%	-\$154.27 -19.3%	-\$57.44 -7.2%	-\$53.05 -6.6%	-\$49.53 -6.2%

Self-funded projections are based solely on the last 12 months of experience due to limited available data.

BCBS declined to quote on stop-loss; estimated fees are assumed in the self-funded option.

Cigna/CVS estimates \$78 PEPM in pharmacy rebates. Due to a timing lag, the self-funded Cigna projection assumes receiving three rebate payments in 2026.

If self-funding is pursued, Gallagher's pharmacy team will review each carrier's pharmacy contract and expectations to verify reasonableness.

Plan Design - Alternates

Carrier	Alternates Blue Cross Blue Shield of Texas							
	HMO 2500		HDHP PPO 3300		HMO2 1200		PPO 1200	
Plan Name	Blue Essentials HMO		Blue Choice PPO		Blue Essentials HMO		Blue Choice PPO	
Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	70%	N/A	70%	50%	80%	N/A	80%	60%
Calendar Year Deductible	\$3,000/\$6,000	N/A	\$3,400/\$6,800	\$5,500/\$11,000	\$1,400/\$4,000	N/A	\$1,400/\$4,000	\$2,000/\$6,000
Maximum Out of Pocket Limits	\$9,000/\$16,300	N/A	\$8,000/\$16,000	\$20,250/\$40,500	\$7,000/\$14,000	N/A	\$7,000/\$14,000	\$23,700/\$47,400
Physician Office Visit Copay	\$50	Not Covered	70% after ded.	50%	\$50	Not Covered	\$50	60%
Specialist Office Visit Copay	\$70	Not Covered	70% after ded.	50%	\$70	Not Covered	\$70	60%
Preventive Care Services	Covered 100%	Not Covered	Covered 100%	50%	Covered 100%	Not Covered	Covered 100%	60%
Urgent Care	\$50	Not Covered	70% after ded.	50% after ded.	\$50	Not Covered	\$50	60% after ded.
Emergency Room Visit	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after \$500 copay	Not Covered	80% after \$500 copay	60% after ded.
Hospital Inpatient	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Hospital Outpatient	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Lab & X-Ray	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	Covered 100%	60% after ded.
Major Diagnostics	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Annual Prescription Deductible¹	N/A		N/A		\$200 per member per calendar year		\$200 per member per calendar year	
Prescription Benefit -- 30-day supply	\$15/70%/50%	Not Covered	80%/75%/50%	50% after ded.	\$15/75%/50%	Not Covered	\$20/\$45/\$95	50% after ded.
Mail-order copay for 90-day supply	\$30/70%/50%	Not Covered	80%/75%/50%	50% after ded.	\$45/75%/50%	Not Covered	\$50/\$112.50/\$237.50	Not Covered
Specialty	70% after ded.	Not Covered	80% after ded.	50% after ded.	70% after ded.	Not Covered	\$20/\$45/\$95	50% after ded.

¹The deductible applies once per calendar year per person.

Contributions

Fully-Insured BCBS – No Plan Changes

Coverage Tier	YTD Avg Enrollment	Current		
		Employee	Employer	Total Rates

PPO 1200

Employee Only	117	\$132.52	\$471.52	\$604.04
Employee + Spouse	5	\$1,007.22	\$471.52	\$1,478.74
Employee + Ch(ren)	24	\$545.33	\$471.52	\$1,016.85
Employee + Family	6	\$1,318.99	\$471.52	\$1,790.51

HMO 2

Employee Only	87	\$112.65	\$471.52	\$584.17
Employee + Spouse	1	\$1,246.19	\$471.52	\$1,717.71
Employee + Ch(ren)	14	\$663.76	\$471.52	\$1,135.28
Employee + Family	0	\$1,264.96	\$471.52	\$1,736.48

HDHP PPO 3000

Employee Only	343	\$0.00	\$449.12	\$449.12
Employee + Spouse	2	\$862.88	\$471.52	\$1,334.40
Employee + Ch(ren)	53	\$395.21	\$471.52	\$866.73
Employee + Family	5	\$1,122.69	\$471.52	\$1,594.21

HMO 2500

Employee Only	457	\$0.00	\$471.52	\$471.52
Employee + Spouse	6	\$845.56	\$471.52	\$1,317.08
Employee + Ch(ren)	65	\$418.31	\$471.52	\$889.83
Employee + Family	7	\$1,099.59	\$471.52	\$1,571.11

Plan Cost Composite	1,191	\$108.94	\$465.06	\$574.01
Annual		\$1,557,254	\$6,647,816	\$8,205,070
Change From Current (\$)				
Change From Current (%)				

Renewal Plan Year Status Quo					
Enrollment	Employee	Employer	Total Rates	Employee \$Δ / %Δ	Employer \$Δ / %Δ

117	\$222.52	\$471.52	\$694.04	\$90.00 / 67.9%	\$0.00 / 0.0%
5	\$1,227.55	\$471.52	\$1,699.07	\$220.33 / 21.9%	\$0.00 / 0.0%
24	\$696.84	\$471.52	\$1,168.36	\$151.51 / 27.8%	\$0.00 / 0.0%
6	\$1,585.78	\$471.52	\$2,057.30	\$266.79 / 20.2%	\$0.00 / 0.0%

86	\$199.69	\$471.52	\$671.21	\$87.04 / 77.3%	\$0.00 / 0.0%
1	\$1,502.13	\$471.52	\$1,973.65	\$255.94 / 20.5%	\$0.00 / 0.0%
14	\$832.92	\$471.52	\$1,304.44	\$169.16 / 25.5%	\$0.00 / 0.0%
2	\$1,523.70	\$471.52	\$1,995.22	\$258.74 / 20.5%	\$0.00 / 0.0%

342	\$44.52	\$471.52	\$516.04	\$44.52 / N/A	\$22.40 / 5.0%
2	\$1,061.71	\$471.52	\$1,533.23	\$198.83 / 23.0%	\$0.00 / 0.0%
53	\$524.35	\$471.52	\$995.87	\$129.14 / 32.7%	\$0.00 / 0.0%
5	\$1,360.23	\$471.52	\$1,831.75	\$237.54 / 21.2%	\$0.00 / 0.0%

455	\$70.26	\$471.52	\$541.78	\$70.26 / N/A	\$0.00 / 0.0%
6	\$1,041.80	\$471.52	\$1,513.32	\$196.24 / 23.2%	\$0.00 / 0.0%
65	\$550.89	\$471.52	\$1,022.41	\$132.58 / 31.7%	\$0.00 / 0.0%
7	\$1,333.69	\$471.52	\$1,805.21	\$234.10 / 21.3%	\$0.00 / 0.0%

1,189	\$189.75	\$471.52	\$661.27	29%	71%
	\$2,707,158	\$6,727,082	\$9,434,240	29%	71%
	\$1,149,905	\$79,265	\$1,229,170		
	73.8%	1.2%	15.0%		

Maintaining a \$0 employee-only contribution for one plan would result in an additional cost of \$185K (PPO) to \$385K (HMO), assuming no migration.

Contributions

Fully-Insured BCBS – Plan Changes

Coverage Tier	YTD Avg Enrollment	Current		
		Employee	Employer	Total Rates

PPO 1200

Employee Only	117	\$132.52	\$471.52	\$604.04
Employee + Spouse	5	\$1,007.22	\$471.52	\$1,478.74
Employee + Ch(ren)	24	\$545.33	\$471.52	\$1,016.85
Employee + Family	6	\$1,318.99	\$471.52	\$1,790.51

HMO 2

Employee Only	87	\$112.65	\$471.52	\$584.17
Employee + Spouse	1	\$1,246.19	\$471.52	\$1,717.71
Employee + Ch(ren)	14	\$663.76	\$471.52	\$1,135.28
Employee + Family	0	\$1,264.96	\$471.52	\$1,736.48

HDHP PPO 3000

Employee Only	343	\$0.00	\$449.12	\$449.12
Employee + Spouse	2	\$862.88	\$471.52	\$1,334.40
Employee + Ch(ren)	53	\$395.21	\$471.52	\$866.73
Employee + Family	5	\$1,122.69	\$471.52	\$1,594.21

HMO 2500

Employee Only	457	\$0.00	\$471.52	\$471.52
Employee + Spouse	6	\$845.56	\$471.52	\$1,317.08
Employee + Ch(ren)	65	\$418.31	\$471.52	\$889.83
Employee + Family	7	\$1,099.59	\$471.52	\$1,571.11

Plan Cost Composite Annual	1,191	\$108.94	\$465.06	\$574.01
		\$1,557,254	\$6,647,816	\$8,205,070
Change From Current (\$)				
Change From Current (%)				

Renewal Plan Year Scenario 1					
Enrollment	Employee	Employer	Total Rates	Employee \$Δ / %Δ	Employer \$Δ / %Δ

117	\$208.64	\$471.52	\$680.16	\$76.12 / 57.4%	\$0.00 / 0.0%
5	\$1,193.57	\$471.52	\$1,665.09	\$186.35 / 18.5%	\$0.00 / 0.0%
24	\$673.47	\$471.52	\$1,144.99	\$128.14 / 23.5%	\$0.00 / 0.0%
6	\$1,544.63	\$471.52	\$2,016.15	\$225.64 / 17.1%	\$0.00 / 0.0%

86	\$186.27	\$471.52	\$657.79	\$73.62 / 65.4%	\$0.00 / 0.0%
1	\$1,462.66	\$471.52	\$1,934.18	\$216.47 / 17.4%	\$0.00 / 0.0%
14	\$806.83	\$471.52	\$1,278.35	\$143.07 / 21.6%	\$0.00 / 0.0%
2	\$1,483.80	\$471.52	\$1,955.32	\$218.84 / 17.3%	\$0.00 / 0.0%

342	\$36.78	\$471.52	\$508.30	\$36.78 / N/A	\$22.40 / 5.0%
2	\$1,038.71	\$471.52	\$1,510.23	\$175.83 / 20.4%	\$0.00 / 0.0%
53	\$520.22	\$471.52	\$991.74	\$125.01 / 31.6%	\$0.00 / 0.0%
5	\$1,332.75	\$471.52	\$1,804.27	\$210.06 / 18.7%	\$0.00 / 0.0%

455	\$54.01	\$471.52	\$525.53	\$54.01 / N/A	\$0.00 / 0.0%
6	\$996.40	\$471.52	\$1,467.92	\$150.84 / 17.8%	\$0.00 / 0.0%
65	\$520.22	\$471.52	\$991.74	\$101.91 / 24.4%	\$0.00 / 0.0%
7	\$1,279.53	\$471.52	\$1,751.05	\$179.94 / 16.4%	\$0.00 / 0.0%

1,189	\$175.21	\$471.52	\$646.73	27%	73%
	\$2,499,699	\$6,727,082	\$9,226,780	27%	73%
	\$942,445	\$79,265	\$1,021,710		
	60.5%	1.2%	12.5%		

Maintaining a \$0 employee-only contribution for one plan would result in an additional cost of \$150K (PPO) to \$300K (HMO), assuming no migration.

Ancillary Summary

Recommendations

Dental

MetLife

BCBSTX

Ameritas

Vision

MetLife

BCBSTX

Ameritas

Life

Standard

Ochs

The Hartford

Disability

Standard

Ochs

The Hartford

Dental Summary

Benefit Overview

Carrier	Ameritas Current	
	Low	High
Deductible	\$50 / \$150	\$50/\$150
Annual Max.	\$850	\$1,250
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	Not Covered	50%
Orthodontia (Children to 19 Only)	Not Covered	50% up to \$1,000 Lifetime Maximum

- ✓ All carriers quoted the same plan design as current apart from BCBSTX. They only quoted an enhanced plan.
- ✓ Staying with Ameritas = no disruption

Dental Summary

Pricing – Current Plan Design

	Low Plan	High Plan	Ameritas Current		Ameritas Proposed		BCBSTX Enhanced*		MetLife	
			Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Employee Only	250	428	\$22.96	\$35.32	\$22.48	\$34.60	\$21.72	\$33.41	\$19.70	\$30.30
Employee + 1	23	96	\$40.96	\$62.84	\$40.12	\$61.56	\$38.75	\$59.45	\$35.14	\$53.92
Employee + 2	32	111	\$64.84	\$99.76	\$63.52	\$97.72	\$61.34	\$94.37	\$55.63	\$85.59
Annual Premium			\$491,759		\$481,691		\$465,204		\$421,903	
% Change			—	—	-2.05%		-5.40%		-14.21%	
Rate Guarantee			—	—	3 years		1 Year		2 Years + 7% Cap on Year 3	

*BCBSTX only quoted an enhanced dental plan.

Dental Summary

Benefit Overview - Enhanced

Carrier	Enhanced Plan Design	
	Low	High
Deductible	\$50 / \$150	\$50/\$150
Annual Max.	\$1,000	\$1,500
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	Not Covered	50%
Orthodontia (Children to 19 Only)	Not Covered	50% up to \$1,500 Lifetime Maximum

- ✓ Requested carriers to provide enhanced plan designs.
- ✓ Staying with Ameritas = no disruption
- ✓ Slight increase to rates with enhancements

Dental Summary

Pricing – Enhanced Plan Design

	Low Plan	High Plan	Ameritas Current		Ameritas Requested		BCBSTX		MetLife	
			Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Employee Only	250	428	\$22.96	\$35.32	\$24.52	\$37.16	\$21.72	\$33.41	\$21.05	\$32.39
Employee + 1	23	96	\$40.96	\$62.84	\$43.84	\$64.84	\$38.75	\$59.45	\$37.56	\$57.62
Employee + 2	32	111	\$64.84	\$99.76	\$69.80	\$104.92	\$61.34	\$94.37	\$59.46	\$91.48
Annual Premium			\$491,759		\$517,766		\$465,204		\$450,934	
% Change			—	—	5.29%		-5.40%		-8.30%	
Rate Guarantee			—	—	3 years		1 Year		2 Years + 7% Cap on Year 3	

Dental Geo Access

	Ameritas	BCBSTX	MetLife
General Dentist with Access	1,639	1,645	1,648
General Dentist without Access	29	26	23
Specialist with Access	1,650	1,655	1,606
Specialist without Access	18	16	65

Vision Summary

Benefit Overview

- All carriers quoted similar benefits. Below are **notable differences** among plan designs.
- **MetLife** is offering a one-time 3% enrollment credit and an additional ongoing 3% tech credit.

	<i>Ameritas Current</i>	<i>Ameritas Proposed</i>	BCBSTX	MetLife
Exam	\$10	\$0	\$0	\$10
Lenses	Covered in full	Covered in full	Covered in full	Covered in full
Frames	\$180 Allowance	\$180 Allowance	\$180 Allowance	\$180 Allowance
Contacts	\$180 Allowance	\$250 Allowance	\$60 Copay	\$180 Allowance

Vision Summary

Pricing

	Lives	Ameritas Current	Ameritas Proposed	BCBSTX	MetLife
EE Only	556	\$14.00	\$13.28	\$13.28	\$11.47
EE + Spouse	50	\$26.68	\$25.32	\$25.24	\$21.85
EE+ Child(ren)	85	\$28.96	\$27.48	\$27.88	\$23.72
Family	62	\$41.16	\$39.04	\$39.39	\$33.71
Annual Premium		\$169,578	\$160,872	\$161,492	\$138,912
% Change		-	-5.13%	-4.77%	-18.08%
Rate Guarantee		-	3 Years	4 Years	4 Years

Vision Geo Access

	Ameritas VSP Choice + Affiliates	BCBSTX	MetLife
Total Providers	29,723	39,958	41,843
Provider Locations	26,274	26,993	26,968
No. Employees with Access	1,587	1,647	1,655
No. Employees without Access	81	24	16

Basic Life Summary

Benefit Overview

Carrier	BCBSTX (Current)
Life Benefit	\$10,000
AD&D Benefit	\$10,000
Minimum Hours	10 hours
Conversion	Included
Portability	Included
Age Reduction	50% at age 70

- ✓ All carriers matched current plan design apart from the Standard.
- ✓ The Standard quoted a minimum of 20 hours rather than 10 hours.

Basic Life Summary

Pricing and Notable Plan Differences

- ✓ All carriers quoted the same plan provisions as current with the exception of the accelerated death benefit.
- ✓ Rates per \$1000 based on a volume of \$14,030,000

Carrier	Basic Life	AD&D	Composite Rate	Est. Annual Premium	Accelerated Death	Rate Guarantee
BCBSTX (Current)	\$0.035	\$0.013	\$0.048	\$8,081	75% up to \$250K	—
Standard	\$0.035	\$0.013	\$0.048	\$8,081	80% up to \$500K	3 Years
Securian (Ochs)	\$0.035	\$0.013	\$0.048	\$8,081	12 Months, 100% up to \$1M	3 Years
The Hartford	\$0.040	\$0.013	\$0.053	\$8,923	80% up to \$500K	3 Years

Supplemental Life Summary

Benefit Overview and Notable Plan Differences

Carrier	Guarantee Issue Amount	Age Reduction	Maximum Benefit	Spouse Benefit	Child Benefit	Rate Guarantee
BCBSTX (Current)	Under 65 = \$150,000 65-69 = \$30,000	50% at Age 70	\$500,000	\$250,000	\$10K	—
Standard	\$200,000	50% at Age 70	\$500,000	\$250,000	\$10K	3 Years
Securian (Ochs)	\$300,000	None	\$750,000	\$250,000	\$10K, \$15K, \$20K	3 Years
The Hartford	\$150,000	50% at Age 70	\$500,000	\$250,000	\$10K	3 Years

Supplemental Life Summary

Pricing

Carrier	BCBSTX (Current)	Standard	Securian (Ochs)	The Hartford
Age (EE & SP)				
Below 25	\$0.050	\$0.050	\$0.050	\$0.050
25 – 29	\$0.060	\$0.060	\$0.060	\$0.060
30 – 34	\$0.080	\$0.080	\$0.080	\$0.080
35 – 39	\$0.100	\$0.100	\$0.100	\$0.100
40 – 44	\$0.150	\$0.150	\$0.150	\$0.150
45 – 49	\$0.250	\$0.250	\$0.250	\$0.250
50 – 54	\$0.410	\$0.410	\$0.410	\$0.410
55 – 59	\$0.670	\$0.670	\$0.670	\$0.670
60 - 64	\$0.840	\$0.840	\$0.840	\$0.840
65 – 69	\$1.460	\$1.460	\$1.460	\$1.460
70 - 74	\$1.460	\$2.060	\$1.460	\$1.460
75+	\$1.460	\$2.060	\$1.460	\$1.460
AD&D	\$0.030	\$0.030	\$0.030	\$0.030

- ✓ Rates are per \$1,000
- ✓ All child rates are \$.100 / \$0.030

Long Term Disability Summary

Benefit Overview and Notable Plan Differences

Carrier	American Fidelity (Current)		Standard		Madison National Life (Ochs)		The Hartford	
	Core	Enhanced	Core	Enhanced	Core	Enhanced	Core	Enhanced
Monthly Benefit Min.	\$100	10% or \$100	Not Offered	10% or \$100	\$100	10% or \$100	\$100	10% or \$100
Monthly Benefit Max.	60%	70%	Not Offered	70%	60%	70%	60%	70%
Elimination Period	0/14, 0/30, 60/60, 90/90, 150/150	14/14, 30/30, 60/60, 90/90, 150/150	Not Offered	0/3 (Closed Class), 14/14, 30/30, 60/60, 90/90, 150/150	0/14, 0/30, 60/60, 90/90, 150/150	14/14, 30/30, 60/60, 90/90, 150/150	15/15, 30/30, 60/60, 90/90, 180/180	15/15, 30/30, 60/60, 90/90, 180/180
Duration	SSNRA	SSNRA	Not Offered	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Pre-Existing Condition	12	12	Not Offered	12/12/24	12/24	12/24	12	12
Waiver of Premium	Included	Included	Not Offered	Included	Included	Included	Included	Included
Rate Guarantee	—		3 Years		3 Years		3 Years	

Long Term Disability Summary

Pricing

Carrier	American Fidelity (Current)		Standard		Securian (Ochs)		The Hartford	
Elimination Period	Core	Enhanced	Core	Enhanced	Core	Enhanced	Core	Enhanced
0/14	\$2.92	—	—	—	\$2.42	—	—	—
14/14	—	\$3.64	—	\$2.92	—	\$3.02	\$2.54	\$3.16
0/30	\$2.20	—	—	—	\$1.83	—	—	—
30/30	—	\$2.90	—	\$2.20	—	\$2.41	\$1.90	\$2.52
60/60	\$1.70	\$2.46	—	\$1.70	\$1.41	\$2.04	\$1.47	\$2.13
90/90	\$1.46	\$2.08	—	\$1.46	\$1.21	\$1.73	\$1.26	\$1.80
150/150	\$1.02	\$1.56	—	\$1.02	\$0.85	\$1.29	—	—
180/180	—	—	—	—	—	—	\$0.89	\$1.36

✓ Rates are per \$100 covered monthly payroll

Voluntary Summary

RFP Recommendations

Accident	Critical Illness	Cancer	Hospital Indemnity	Permanent Life	Legal	ID Theft
Standard	Standard	Guardian	Standard	Chubb	LegalShield	Norton/LifeLock
Hartford	Hartford		Hartford		LegalEase	Experian
Guardian	Guardian		Guardian	Trustmark		IDShield

Accident Summary

Carrier	Guardian (Current)		Guardian		The Hartford		Standard	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Ages to Enroll	E&S : No Age Limit C: Birth to Age 26		E&S : No Age Limit C: Birth to Age 26		E&S : No Age Limit C: Birth to Age 26		E&S: 18-99 C: Birth to Age 26	
Participation Requirement	—	—	5 Employees	5 Employees	Waived	Waived	10 Employees	10 Employees
24 Hour / Off Job	Off Job	Off Job	24 Hour	24 Hour	24 Hour	24 Hour	24 Hour	24 Hour
Hospital Admission	\$750	\$1,000	\$750	\$1,000	\$1,000	\$1,500	\$1,000	\$1,500
Hospital ICU Admission	\$1,500	\$2,000	\$1,500	\$2,000	\$2,000	\$3,000	\$750 (Total \$1,750)	\$1,000 (Total \$2,500)
Hospital Confinement Per Day (up to 365 days)	\$150	\$225	\$150	\$225	\$250	\$350	\$200	\$400
Hospital ICU Confinement Per Day (up to 15 days)	\$300	\$450	\$300	\$450	\$500 (Up to 30 Days)	\$700 (Up to 30 Days)	\$200 (Total \$400)	\$200 (Total \$600)
Emergency Room Benefit	\$100	\$200	\$100	\$200	\$150	\$250	\$150	\$200
Physician Follow-Up	\$25 (Up to 6 Visits)	\$50 (Up to 6 Visits)	\$25 (Up to 6 Visits)	\$50 (Up to 6 Visits)	\$50 (Up to 6 Visits)	\$75 (Up to 6 Visits)	\$50 (Up to 2 Visits)	\$70 (Up to 3 Visits)
X-Ray	\$30	\$50	\$50	\$100	\$75	\$125	\$50	\$100

Accident Summary

Carrier	Guardian (Current)		Guardian		The Hartford		Standard	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Ambulance Ground / Air	\$200 / \$750	\$400 / \$1,250	\$200 / \$750	\$400 / \$1,250	\$400 / \$1,000	\$600 / \$1,750	\$300 / \$800	\$600 / \$1,500
Physical Therapy	\$25 (Up to 10 Visits)	\$35 (Up to 10 Visits)	\$25 (Up to 10 Days)	\$50 (Up to 10 Days)	\$50 (Up to 10 Days)	\$75 (Up to 10 Days)	\$50 (Up to 3 Days)	\$50 (Up to 4 Days)
Single Fracture Maximums / Dislocation Maximums	\$4,000 / \$3,000	\$8,000 / \$6,000	\$5,000 / \$5,000	\$10,000 / \$10,000	\$8,000 / \$8,000	\$12,000 / \$12,000	\$8,000 / \$5,000	\$10,500 / \$7,000
Laceration Maximums	\$400	\$800	\$500	\$1,000	\$500	\$1,000	\$500	\$800
Wellness Benefit	\$50	\$75	\$50	\$75	\$75	\$75	\$50	\$75
Portability	Included	Included	Included	Included	Included	Included	Included	Included
Pricing								
Employee Only	\$7.00	\$12.50	\$7.00	\$12.50	\$6.24	\$10.00	\$7.00	\$12.50
Employee + Spouse	\$12.00	\$22.00	\$12.00	\$22.00	\$9.60	\$17.60	\$12.00	\$22.00
Employee + Children	\$16.00	\$26.00	\$16.00	\$26.00	\$12.80	\$20.80	\$16.00	\$26.00
Employee + Family	\$21.00	\$35.50	\$21.00	\$35.50	\$16.80	\$28.40	\$21.00	\$35.50

Critical Illness Summary

Carrier	Aflac (Current)	Guardian	The Hartford	The Standard
Ages to Enroll	E&S: No Age Limit C: Birth to Age 26	E&S: 18-99 C: Birth to Age 26	E&S : No Age Limit C: Birth to Age 26	E&S: 18-99 C: Birth to Age 26
Participation Requirement	—	5 Employees	None	10 Employees
Guaranteed Issue Maximum*	EE: \$5,000 - \$50,000 (\$5k increments) S: 50% of EE amount C: 50% of EE amount	EE: \$5,000 - \$30,000 (\$5k increments) S: 100% of EE amount C: 50% of EE amount	EE: \$5,000 - \$30,000 (\$5k increments) S: 100% of EE amount C: 50% of EE amount	EE: \$5,000 - \$30,000 (\$5k increments) S: 50% of EE amount C: 50% of EE amount
Pre-Existing Conditions	None	None	None	None
Covered Critical Illness Conditions	100% Covered: Cancer, Heart Attack, Stroke, Major Organ Transplant, Kidney Failure 25% Covered: Non-invasive Cancer, Advanced Alzheimer's	100% Covered: Invasive Cancer, Heart Attack, Coma, Alzheimer's 50% Covered: Coronary Artery Disease, Stroke	100% Covered: Invasive Cancer, Heart Attack, Stroke, ESRD, Coma, Multiple Sclerosis 50% Covered: Coronary Artery Disease	100% Covered: Cancer, ESRD, Organ Failure, Heart Attack, Alzheimer's 25% Covered: Carcinoma in Situ
Childhood Covered Conditions	7 Conditions Covered	12 Conditions Covered	6 Covered Conditions	21 Covered Conditions
Same Illness Diagnosis**	100% Recurrence	100% Recurrence	100% Recurrence	100% Recurrence

*Underwriting approval to grandfather all current elections over \$30,000.

**Separation period for each diagnosis may differ by carrier.

Critical Illness Summary

Carrier	Aflac (Current)	Guardian	The Hartford	The Standard
Different Illness Diagnosis	6 Month Separation	0 Month Separation	0 Month Separation	0 Month Separation
Maximum Benefit	—	1x Per Illness, 1x Per Recurrence	500%	1x Per Illness, 1x Per Recurrence
Wellness Benefit	\$100 Per Benefit Year (EE and Spouse Only)	\$100	\$100	\$100
Skin Cancer	\$250 – 1x per Calendar Year	\$250 – 1x per lifetime	\$240 Annually	May be covered depending on severity
Portability	Included	Included	Included	Included
Pricing				
Age 35	\$11.32	\$10.20	\$10.20	\$6.40
Age 45	\$18.88	\$17.00	\$17.00	\$12.10
Age 55	\$32.15	\$28.90	\$29.00	\$24.20

Cancer Summary

Carrier	American Fidelity (Current)		Guardian	
	Low	High	Low	High
Ages to Enroll	Employee: Ages 18-70 Spouse: Ages 18- 70 Child: Birth to Age 26	Employee: Ages 18-70 Spouse: Ages 18- 70 Child: Birth to Age 26	Employee**: 18-99 Spouse: 18-99 Child: Birth to Age 26	Employee**: 18-99 Spouse: 18-99 Child: Birth to Age 26
Participation Requirement	—	—	5 Enrolled Employees	5 Enrolled Employees
Pre-Existing Condition Limitations*	12/12	12/12	3/6	3/6
Initial Diagnosis Benefit	—	—	\$2,500	\$5,000
Radiation Therapy / Chemotherapy	Up to \$15,000	Up to \$20,000	Up to \$10,000	Up to \$15,000
Surgical Benefit Unit Dollar Amount Maximum Per Operation	\$3,000	\$4,000	\$4,125	\$5,500
Medical Imaging	\$200 (2x Per Year)	\$300 (2x Per Year)	\$100 (2x Per Year)	\$200 (2x Per year)
Blood, Plasma and Platelets (1x Per Calendar Year)	\$150 Per Day Up to \$7,500	\$200 Per Day Up to \$10,000	\$100 Per Day Up to \$5,000	\$200 Per Day Up to \$10,000
Hospital Confinement	\$200/Day First 30 Days; \$400/Day After 31 Days	\$300/Day First 30 Days; \$600/Day After 31 Days	\$300/Day First 30 Days; \$600/Day After 31 Days	\$400/Day First 30 Days; \$800/Day After 31 Days

*Analysis reflects one of two current Cancer plan offerings by the district.

**Actively at work

Cancer Summary

Carrier	American Fidelity (Current)		Guardian	
	Low	High	Low	High
Bone Marrow / Stem Cell Transplant	\$1,000 - Patient \$3,000 - Donor	\$1,500 - Patient \$4,500 - Donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 \$1,000 Benefit if a Donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 \$1,500 Benefit if a Donor
Experimental Treatment	Paid as Any Non- Experimental Benefit	Paid as Any Non- Experimental Benefit	\$100/Day up to \$1,000/Month	\$200/Day, up to \$2,400/Month
Hospice Care	\$75 Per Day (Up to \$13,500 Lifetime)	\$100 Per Day (Up to \$18,000 Lifetime)	\$50 Per Day (Up to 100 Days/Lifetime)	\$100 Per Day (Up to 100 Days/Lifetime)
Extended Care Facility	\$75 Per Day (Up to 30 Days/Year)	\$100 Per Day (Up to 30 Days/Year)	\$100 Per Day (Up to 90 Days/Year)	\$150 Per Day (Up to 90 Days/Year)
Initial Diagnosis Benefit Waiting Period	30 Days	30 Days	30 Days	30 Days
Wellness Benefit - Cancer Screening	\$60	\$75	\$75	\$75
Portability	Included	Included	Included	Included
Pricing				
Employee Only	\$16.30 / \$23.60 / \$32.60 / \$44.20	\$21.00 / \$30.80 / \$42.40 / \$57.30	\$15.89	\$25.98
Employee & Spouse	—	—	\$30.47	\$49.77
Employee & Children	\$24.40 / \$35.20 / \$48.70 / \$65.90	\$31.40 / \$45.80 / \$63.30 / \$85.60	\$18.77	\$29.83
Employee & Family	—	—	\$33.35	\$53.62

Hospital Indemnity Summary

Carrier	Aflac (Current)		Guardian		The Hartford		Standard	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Ages to Enroll	E&S : No Age Limit C: Birth to Age 26		E&S : No Age Limit C: Birth to Age 26		E&S : No Age Limit C: Birth to Age 26		E&S: 18-99 C: Birth to Age 26	
Participation Requirement	—	—	5 Employees	5 Employees	None	None	10 Employees	10 Employees
Pre-Existing Condition Limitations*	None	None	None	None	None	None	None	None
Hospital Admission	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	\$2,500	\$1,000	\$2,500
Hospital ICU Admission	Payable Under Hospital Admission	Payable Under Hospital Admission	Payable Under Hospital Admission	Payable Under Hospital Admission	\$2,000	\$5,000	\$1,000 (Total \$2,000)	\$2,500 (Total \$5,000)
Hospital Confinement Per Day	\$150 (Up to 31 Days)	\$200 (Up to 31 Days)	\$200 (Up to 30 Days)	\$200 (Up to 30 Days)	\$150 (Up to 30 Days)	\$200 (Up to 30 Days)	\$150 (Up to 30 Days)	\$200 (Up to 30 Days)
Hospital ICU Confinement Per Day	\$300 (\$450 Total; Up to 10 Days)	\$400 (\$600 Total; Up to 10 Days)	\$400 (Up to 30 Days)	\$400 (Up to 30 Days)	\$450 (Up to 30 Days)	\$600 (Up to 30 Days)	\$300 (Total \$450; Up to 10 Days)	\$400 (Total \$600; Up to 10 Days)
Pregnancy/Waiting Period	Covered 9 Months	Covered 9 Months	Covered None	Covered None	Covered None	Covered None	Covered None	Covered None
Portability	Included	Included	Included	Included	Included	Included	Included	Included

Hospital Indemnity Summary

Carrier	Aflac (Current)		Guardian		The Hartford		Standard	
Pricing	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$16.66	\$33.20	\$15.83	\$31.54	\$16.66	\$33.20	\$16.29	\$30.83
Employee + Spouse	\$33.46	\$67.02	\$31.78	\$63.67	\$33.46	\$67.02	\$27.55	\$52.30
Employee + Children	\$26.70	\$52.20	\$25.37	\$49.59	\$26.70	\$52.20	\$22.93	\$42.84
Employee + Family	\$43.50	\$86.02	\$41.33	\$81.72	\$43.50	\$86.02	\$40.94	\$76.88

Permanent Life Summary

Carrier	Chubb	Trustmark (Universal Life - Option 1)	Trustmark (Universal Life Events - Option 1)	Trustmark (Life + Care - Option 2)
Issue Ages (Employee – Actively at Work)	E: Ages 19 - 79 S: Ages 19 - 70 C: 15 days - 25	E: Ages 18 - 75 S: Ages 18 - 70 C: Ages 0 - 18 / FTS Age 25 GC: Ages 0 - 25	E: Ages 18 - 64 S: Ages 18 - 64	E: Ages 18 - 75 S: Ages 18 - 70 C: Ages 0 - 25
Participation Requirement	5% Employee Participation to Issue Policy; 20% Participation Required for GI; 70% Employee Active Enrollment Engagement Required	10 Employees	10 Employees	10 Employees
Guaranteed Issue - Employee	Ages 19-70 (GI): \$150,000 Ages 19-70 (SI): \$225,000 Ages 71-70 (SI): \$50,000	Ages 18-64: Up to \$125,000	Ages 18-64: Up to \$125,000	Ages 18-70: Up to \$125,000
Guaranteed Issue - Spouse	Ages 19-70 (CGI): \$75,000 Ages 19-70 (SI): \$112,500	Ages 18-64: \$4/week or \$10,000	Ages 18-64: \$4/week or \$10,000	Ages 18-70: Up to \$20,000
Guaranteed Issue - Child(ren)	Child Term Rider: \$25,000	C: \$3.25 - \$4.54/week; GC: SI: \$3.25 - \$4.54 per week	N/A	Child Term Rider: \$10,000
Long Term Care Rider* (for Employee & Spouse Only)	4% up to 25 Months; for Home Health Care, Assisted Living Facility, Adult Day Care and Nursing Home Care	4% up to 25 Months; Home Health Care, Assisted Living, Adult Day Care or Nursing Home Care	4% up to 25 Months; Home Health Care, Assisted Living, Adult Day Care or Nursing Home Care	4% up to the face amount of the certificate; Home Health Care, Assisted Living, Adult Day Care or Nursing Home Care

*Chubb offers Premiums Waived While Benefit is Being Paid.

Trustmark Life + Care Option 2 offers *Family Caregiving*: 2% up to the face amount of the certificate; from home modifications to helping out the family/friend caregiver with their financial needs.

Each carrier state filing varies by Long Term Care language.

Permanent Life Summary

Carrier	Chubb	Trustmark (Universal Life - Option 1)	Trustmark (Universal Life Events - Option 1)	Trustmark (Life + Care - Option 2)
Restoration of Benefits – Death Benefit	50% Restores to \$50,000 Maximum	100% Restores to Death Benefit Maximum	100% Restores to Death Benefit Maximum	100% Restores to Death Benefit Maximum
Extension of Benefits (for Employee & Spouse Only)	Ages 19-70: Extends Benefits An Additional 25 Months (Up to 50 Months Total)	None	None	Extension of Chronic Care Benefits: Benefit Amount Doubles
Accelerated Death Benefit for Terminal Illness	50% of Death Benefit (Up to \$100,000) if Insured Becomes Terminally Ill (Coverage Must Be In Force For 2 Years)	75% of Death Benefit When Life Expectancy is 24 Months or Less; 1x \$200 fee When Benefit is Requested	75% of Death Benefit When Life Expectancy is 24 Months or Less; 1x \$200 fee When Benefit is Requested	50% of Death Benefit When Life Expectancy is 24 Months or Less
Time Span of Coverage	Up to Age 100	Up to Age 100	Up to Age 100	Up to Age 121
Current Rate / Guaranteed Interest Rate	3% / 2%	3% / 1.5%	3% / 1.5%	N/A
Pricing - \$25,000 Employee – Death Benefit		(Non-Tobacco Rates)		
Age 35	\$21.98	\$28.27	\$19.54	\$23.30
Age 45	\$35.23	\$44.42	\$29.91	\$38.55
Age 55	\$64.66	\$71.69	\$48.05	\$67.22

Identity Theft Summary

Carrier	ILock360 (Current)	Experian	IDShield	Norton LifeLock
Participation Requirement	-	10 Enrolled	None	None
Coverage of Pre-Existing Matters	-	Covered	Covered	Covered
Credit Score & Report	Monthly Report	Single Bureau: Daily Score and Report Tri-Bureau: Quarterly Score & Report	Single Bureau: Monthly Score Tri-Bureau: Annual Score & Report	Single Bureau: Daily Score Tri-Bureau: Annual Score & Report
Credit Monitoring and Alerts	Covered (Single Bureau)	Covered (Tri-Bureau)	Covered (Tri-Bureau)	Covered (Tri-Bureau)
Personal Information / Records Monitoring	Cover Certain Items	Covered	Covered	Covered
Financial Transaction Monitoring and Alerts	Covered	Covered	Covered	Covered
Lost Wallet / Care Support	Covered	Covered	Covered	Covered
Social Network Monitoring	Covered	Covered	Covered	Covered
Large Scale Data Breach Notification	Not Covered	Not Covered	Covered	Covered
Home Title Monitoring	Not Covered	Not Covered	Not Covered	Covered

Identity Theft Summary

Carrier	ILock360 (Current)	Experian	IDShield	Norton LifeLock
Personal Device Security	Not Covered	Covered	Covered	Covered
Number of Personal Devices Covered	Not Covered	Unlimited	Employee Only: Up to 3 Devices Family Plan: Up to 15 Devices	Employee Only: Up to 5 Devices Family Plan: Up to 10 Devices
Child Only Safety Features	Not Covered	Not Covered	Not Covered	Monitoring, Content Control, Tracking, Screen Time Management, Lock/Unlock Device
Family Definition	-	Family member must reside in the primary members home unless away at college; Children not away at college must be under 21 and unmarried	Family member must reside in the primary members home unless away at college; Children not away at college must be under 21 and unmarried	Qualified dependent may encompass parents, in-laws, spouse/domestic partners and/or children, regardless if they reside in the home
Information Sharing	No	Yes	No	No
Pricing				
Employee Only	\$8.95	\$7.00	\$8.10	\$7.99
Employee + Family	\$18.95	\$13.50	\$15.25	\$14.98

Legal Summary

Carrier	LegalShield (Current)	LegalEase	LegalShield
Participation Requirement	-	None	None
Coverage of Pre-Existing Matters	-	Yes (if there is no existing attorney)	Yes (if there is no existing attorney)
Phone/Office Consultations With Attorney	Covered	Covered	Covered
Discount for Non-Covered Items	25%	25%	25%
Wills and Codicils	Covered	Covered	Covered
Living Trusts	Covered	Covered	Covered
Power of Attorney	Covered	Covered	Covered
Sale / Purchase of Real Estate	-	Covered	Covered
Adoption	Covered - Uncontested	Covered	Covered
Divorce	Covered - Uncontested	Uncontested: Covered Contested: Covered up to 30 hours, 25% reduced fee for additional hours	<u>National Legal Plan:</u> Advice, consultation, document review and 25% discount <u>National Legal Plan Enhanced:</u> Uncontested: Covered, Contested: Covered up to 30 hours then 25% reduced fee for additional hours

Legal Summary

Carrier	LegalShield (Current)	LegalEase	LegalShield
Post Decree Child Custody / Support	-	Covered up to 30 hours, then 25% discount	Covered up to 30 hours, then 25% discount
Personal Bankruptcy	-	Covered	Covered
Tax Audits	Covered	Covered	Covered- federal, state, and local
Defense of Tickets	Consultation	Covered	Covered- excluding DUIs
Probate	-	Covered up to 5 hours, then 25% discount	Advice, consultation, document review, and 25% discount
Immigration Assistance	-	Covered up to 10 hours, then 25% discount	Covered
Additional Hours	-	Covered under miscellaneous hours up to 10 hours, then 25% discount	Up to 30 hours or None
Pricing			
Employee + Family	\$18.95 / \$37.90*	\$19.70	<u>National legal Plan: \$16.95</u> <u>National Legal Plan Enhanced: \$20.95</u> LegalShield Rates with IDShield: National Legal Plan: \$15.80 National Legal Plan Enhanced: \$19.55

*Pending monthly or semi-monthly rate.

Next Steps

- ✓ Select Vendors
- ✓ OE Preparation
- ✓ Implementation / OE
- ✓ Plan Year Begins 9/1/2025

Appendix

Plan Design - Current

Carrier	Current Blue Cross Blue Shield of Texas							
Plan Name	HMO 2500		HDHP PPO 3200		HMO2 1200		PPO 1200	
Network	Blue Essentials HMO		Blue Choice PPO		Blue Essentials HMO		Blue Choice PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinurance	70%	N/A	70%	50%	80%	N/A	80%	60%
Calendar Year Deductible	\$2,500/\$5,000	N/A	\$3,200/\$6,400	\$5,500/\$11,000	\$1,200/\$3,600	N/A	\$1,200/\$3,600	\$2,000/\$6,000
Maximum Out of Pocket Limits	\$8,150/\$16,300	N/A	\$7,050/\$14,100	\$20,250/\$40,500	\$6,900/\$13,800	N/A	\$6,900/\$13,800	\$23,700/\$47,400
Physician Office Visit Copay	\$30	Not Covered	70%	50%	\$30	Not Covered	\$30	60%
Specialist Office Visit Copay	\$70	Not Covered	70%	50%	\$70	Not Covered	\$70	60%
Preventive Care Services	Covered 100%	Not Covered	Covered 100%	50%	Covered 100%	Not Covered	Covered 100%	60%
Urgent Care	\$50	Not Covered	70% after ded.	50% after ded.	\$50	Not Covered	\$50	60% after ded.
Emergency Room Visit	70% after ded.	70% after ded.	70% after ded.	70% after ded.	80% after ded.	80% after ded.	80% after \$250 copay	80% after \$250 copay
Hospital Inpatient	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Hospital Outpatient	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Lab & X-Ray	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	Covered 100%	60% after ded.
Major Diagnostics	70% after ded.	Not Covered	70% after ded.	50% after ded.	80% after ded.	Not Covered	80% after ded.	60% after ded.
Annual Prescription Deductible ¹	N/A		N/A		\$200 per member per calendar year		\$200 per member per calendar year	
Prescription Benefit -- 30-day supply	\$15/70%/50%	Not Covered	80%/75%/50%	50% after ded.	\$15/75%/50%	Not Covered	\$20/\$45/\$95	50% after ded.
Mail-order copay for 90-day supply	\$30/70%/50%	Not Covered	80%/75%/50%	Not Covered	\$45/75%/50%	Not Covered	\$50/\$112.50/\$237.50	Not Covered
Specialty	70% after ded.	Not Covered	80% after ded.	50% after ded.	70% after ded.	Not Covered	\$20/\$45/\$95	50% after ded.

¹The deductible applies once per calendar year per person.

Credits Offered

Dental

- Ameritas
 - 3% ongoing tech credits
- MetLife
 - 3% ongoing tech credits
 - 3% one-time enrollment credit

Vision

- Ameritas
 - 3% ongoing tech credits
- MetLife
 - 3% ongoing tech credits
 - 3% one-time enrollment credit

Life & Disability

- Standard
 - 3% ongoing tech credits – 3 Year maximum
- Securian (Ochs) – *Life Only*
 - 3% ongoing admin fee
- Madison National Life (Ochs) - *Disability Only*
 - \$5,500 one-time implementation credit
- The Hartford – contingent on all lines bundling including Voluntary
 - \$20,000 one-time credit
 - 5% ongoing

Accident, Critical Illness, Hospital Indemnity

- Guardian
 - 3% implementation credit up to max of \$5,000 (includes Cancer)
 - 3% ongoing BenAdmin credit
- The Hartford
 - 5% ongoing
- The Standard
 - 3% ongoing

Cancer

- Guardian
 - 3% ongoing credit up to max of \$5,000 (available on stand alone Cancer)

Permanent Life

- Chubb
 - \$2,000 one-time implementation credit
 - \$2,000 one-time communication credit
 - 5% ongoing BenAdmin credit
- Trustmark
 - \$1.00 PPM implementation credit up to max of 36 months
 - \$6,000 one-time credit

ID Theft

- Experian
 - One time 5% credit
- NortonLifeLock
 - \$725 one-time technology and implementation credit – 1st year only
 - \$725 one-time communications credit – 1st year only

Respondents

Carrier	AM Best Rating	Line of Coverage	Status	Result
Aflac	A	Accident, Critical Illness, Cancer, Hospital Indemnity, Permanent Life	Response Received	BAFO
Ameritas	A	Dental, Vision	Response Received	BAFO
BCBSTX	A+	Medical, Life, Supplemental Life, Dental, Vision, Accident, Critical Illness, Hospital Indemnity	Response Received	BAFO
Cigna	A	Medical, Stop Loss, Dental, Vision, Accident, Critical Illness, Hospital Indemnity	Response Received	BAFO
Guardian	A++	Dental, Vision, Accident, Critical Illness, Cancer, Hospital Indemnity	Response Received	BAFO
MetLife	A-	Life, Supplemental Life, Dental, Vision, Accident, Critical Illness, Cancer, Hospital Indemnity, Permanent Life, ID Theft, Legal	Response Received	BAFO
OCHS (Securian)	A+	Long Term Educator Disability, Life, Supplemental Life, Accident, Critical Illness, Hospital Indemnity	Response Received	BAFO
The Hartford	A+	Long Term Educator Disability, Life, Supplemental Life, Accident, Critical Illness, Hospital Indemnity	Response Received	BAFO
The Standard	A	Long Term Educator Disability, Life, Supplemental Life	Response Received	BAFO
Experian	A+	Identity Theft	Response Received	BAFO
LegalEase	A+	Legal	Response Received	BAFO
Gen Digital	NA	Identity Theft	Response Received	BAFO
PPLSI	NA	Identity Theft, Legal	Response Received	BAFO
Combined Insurance	A+	Long Term Educator Disability, Life, Supplemental Life, Hospital Indemnity, Permanent Life	Response Received	BAFO
Trustmark Insurance	A	Accident, Critical Illness, Hospital Indemnity, Permanent Life	Response Received	BAFO

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Respondents - Continued

Carrier	AM Best Rating	Line of Coverage	Status	Result
Eyetopia	NA	Vision	Response Received	Uncompetitive
Transamerica	A	Accident, Critical Illness, Cancer, Hospital Indemnity, Permanent Life	Response Received	Uncompetitive
Symetra	A	Accident, Critical Illness, Hospital Indemnity	Response Received	Uncompetitive
VSP	A-u	Vision	Response Received	Uncompetitive
Evry Healthcare	NA	Medical, Accident, Critical Illness, Hospital Indemnity	Response Received	Uncompetitive
Lincoln Financial	A	Dental, Vision, Accident, Critical Illness, Hospital Indemnity	Response Received	Uncompetitive
UNUM	A	Dental, Vision, Accident Critical Illness, Hospital Indemnity, Permanent Life	Response Received	Uncompetitive
Prudential	A-	Accident Critical Illness, Hospital Indemnity	Response Received	Uncompetitive
CEC	NA	Vision	Response Received	Uncompetitive
United Healthcare	A	Dental, Vision, Accident, Critical Illness, Hospital Indemnity,	Response Received	Uncompetitive
NVA	NA	Vision	Response Received	Uncompetitive
Curative	A-	Medical	Response Received	Uncompetitive
Texas Life Insurance	A+	Life	Response Received	Uncompetitive

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Thank You!

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