

SELF-FUNDED PROGRAM COST PROJECTIONS

PLAN EFFECTIVE DATE: October 1, 2021
(Quotes based on current census data provided)

CITY OF KINGSVILLE

PLAN YEAR PLAN TYPE BENEFIT OPTION INSURANCE CARRIER / TPA REINSURANCE CARRIER SPECIFIC DEDUCTIBLE SPECIFIC CONTRACT TERMS SPECIFIC COVERS AGGREGATING SPECIFIC HIGHER INDIVIDUAL SPECIFIC AGGREGATE CONTRACT TERMS AGGREGATE COVERS AGGREGATE RUN-IN LIMIT MIN CLAIMS ATTACHMENT POINT TERMINAL LIABILITY OPTION ENROLLMENT: EMPLOYEE ONLY: EMPLOYEE & SPOUSE: EMPLOYEE & CHILD(REN): EMPLOYEE & FAMILY: TOTAL QUOTED: FIXED COSTS: EMPLOYEE ONLY: EMPLOYEE & SPOUSE: EMPLOYEE & CHILD(REN): EMPLOYEE & FAMILY: MONTHLY TOTAL: ANNUAL FIXED COST: PERCENTAGE ADJUSTMENT: MAXIMUM EXPOSURE: EMPLOYEE ONLY: EMPLOYEE & SPOUSE: EMPLOYEE & CHILD(REN): EMPLOYEE & FAMILY: MONTHLY TOTAL: ANNUAL MAXIMUM EXPOSURE: PERCENTAGE ADJUSTMENT: EXPECTED COST: EMPLOYEE ONLY: EMPLOYEE & SPOUSE: EMPLOYEE & CHILD(REN): EMPLOYEE & FAMILY: MONTHLY TOTAL: ANNUAL EXPECTED COST: PERCENTAGE ADJUSTMENT: BILLING RATES: EMPLOYEE ONLY: EMPLOYEE & SPOUSE: EMPLOYEE & CHILD(REN): EMPLOYEE & FAMILY: MONTHLY TOTAL: ANNUAL BILLED FUNDING: PERCENTAGE ADJUSTMENT:	2020/2021 PLAN YEAR SELF - FUNDED EXPIRING RATES ENTRUST, LLC. / 90 DEGREE BENEFITS	2021/2022 PLAN YEAR SELF - FUNDED RENEWAL RATES ENTRUST, LLC. / 90 DEGREE BENEFITS
		COMPANION LIFE \$100,000 12/15 MEDICAL & RX \$0 (1) - \$250,000 / (2) - \$250,000 12/12 MEDICAL & RX \$0 \$2,974,501 NOT INCLUDED EXPIRING RATES 93 40 43 79 255
	MEDICAL & RX \$146.58 \$255.61 \$230.45 \$365.51 \$62,640.98 \$751,691.76 N/A	MEDICAL & RX \$165.57 \$293.44 \$263.92 \$422.34 \$71,849.03 \$862,188.36 14.70%
	MEDICAL & RX \$675.91 \$1,292.09 \$1,149.86 \$1,913.22 \$315,131.59 \$3,781,579.08 N/A	MEDICAL & RX \$694.90 \$1,329.92 \$1,183.33 \$1,970.05 \$324,339.64 \$3,892,075.68 2.92%
	MEDICAL & RX \$537.17 \$1,026.87 \$913.83 \$1,520.50 \$250,446.12 \$3,005,353.44 N/A	MEDICAL & RX \$569.50 \$1,089.93 \$969.79 \$1,614.55 \$265,811.15 \$3,189,733.75 6.14%
	MEDICAL & RX \$781.42 \$1,452.08 \$1,309.84 \$2,073.22 \$350,862.76 \$4,210,353.12 N/A	MEDICAL & RX \$781.42 \$1,452.08 \$1,309.84 \$2,073.22 \$350,862.76 \$4,210,353.12 0.00%

CITY OF KINGSVILLE
BREAKDOWN OF PLAN EXPENSES
PLAN EFFECTIVE DATE: October 1, 2021

RENEWAL RATES

REINSURANCE PROVISIONS

REINSURANCE CARRIER:	COMPANION LIFE
SPECIFIC DEDUCTIBLE	\$100,000
SPECIFIC CONTRACT TERMS	12/15
SPECIFIC COVERS	MEDICAL & RX
AGGREGATING SPECIFIC	\$0
HIGHER INDIVIDUAL SPECIFIC	(1) - 320,000 / (2) - \$250,000 / (3) - \$250,000
AGGREGATE CONTRACT TERMS	12/12
AGGREGATE COVERS	MEDICAL & RX
AGGREGATE RUN-IN LIMIT	\$0
MIN CLAIMS ATTACHMENT POINT	\$2,974,501
TERMINAL LIABILITY OPTION	NOT INCLUDED

REINSURANCE PREMIUM BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PREMIUM BREAKDOWN:				
AGGREGATE PREMIUM:	\$ 7.32	\$ 7.32	\$ 7.32	\$ 7.32
AGGREGATE ADVANCE:	\$ -	\$ -	\$ -	\$ -
SPECIFIC PREMIUM	\$ 128.90	\$ 256.77	\$ 227.25	\$ 385.67
TOTAL REINSURANCE PREMIUM:	\$ 136.22	\$ 264.09	\$ 234.57	\$ 392.99
STOP-LOSS/UNDERWRITING FEE:	\$ -	\$ -	\$ -	\$ -
PREMIUM ALLOCATION:	\$ 136.22	\$ 264.09	\$ 234.57	\$ 392.99

PLAN MANAGEMENT BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
ADMINISTRATION BREAKDOWN:				
PLAN ADMINISTRATION:	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
PLAN COMPLIANCE:	\$ 1.95	\$ 1.95	\$ 1.95	\$ 1.95
BROKER FEE (1):	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40
ACA GLOBAL PROGRAM:	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
GENERAL AGENT FEE:	\$ -	\$ -	\$ -	\$ -
PLAN MGMT. ALLOCATION:	\$ 29.35	\$ 29.35	\$ 29.35	\$ 29.35

QUOTE CONTINGENCIES

Quote is based on claims through 6/30/2021.
Quoted terms are tentative and subject to change based on updated monthly paid claims & enrollment through 7/31/21

Claimant 1 is accepted at the higher individual specific deductible of \$250,000.
Claimant 2 is accepted at the higher individual specific deductible of \$250,000.
Claimant 3 is accepted at the higher individual specific deductible of \$320,000.

ON ALL ENTRUST QUOTES: (NOT INCLUDED IN THE QUOTED RATES)

ANNUAL PLAN COST:	\$4,000.00 PER PLAN YEAR
IMPLEMENTATION/SET UP FEE:	\$0.00 ONE TIME SET UP FEE
GLOBAL ACA MGMT. PROGRAM:	INCLUDED IN THE QUOTED RATES
EASI ADMINISTRATION SYSTEM:	\$5.00 PER ENROLLED EMPLOYEE (OPTIONAL)
TRANSACTION FEE:	\$7.50 PER TRANSACTION

CLAIMS EXPENSE BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
CLAIMS EXPENSES:				
AGGREGATE FACTORS	\$ 511.23	\$ 1,018.38	\$ 901.31	\$ 1,529.61
CHRISTUS SPOHN	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
ASK-A-NURSE/UTILIZATION REVIEW	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
FIRST HEALTH	\$ -	\$ -	\$ -	\$ -
HEALTHIESTYOU	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
MEDICARE REPRICING	\$ -	\$ -	\$ -	\$ -
INTERFACE EAP	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.55
GENERIC DRUG CARVEOUT (GENX)	\$ -	\$ -	\$ -	\$ -
MYMD CONNECT	\$ -	\$ -	\$ -	\$ -
PBM INTEGRATION	\$ 3.30	\$ 3.30	\$ 3.30	\$ 3.30
CLAIMS FEE:	\$ -	\$ -	\$ -	\$ -
CLAIMS EXPENSE ALLOCATION:	\$ 529.33	\$ 1,036.48	\$ 919.41	\$ 1,547.71

PLAN FUNDING OPTIONS

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PROPOSED ENROLLMENT:	93	40	43	79
FUNDING TO FIXED COST:	\$ 165.57	\$ 293.44	\$ 263.92	\$ 422.34
FUNDING TO MAXIMUM COST:	\$ 694.90	\$ 1,329.92	\$ 1,183.33	\$ 1,970.05
FUNDING TO EXPECTED COST:	\$ 569.50	\$ 1,089.93	\$ 969.79	\$ 1,614.55

OPTIONAL AVAILABLE REINSURANCE PRODUCTS

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
OPTIONAL REINSURANCE:				
SPECIFIC TERMINAL LIABILITY:	\$ 12.89	\$ 25.68	\$ 22.73	\$ 38.57
AGGREGATE TERMINAL LIABILITY:	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
NO LASER RENEWAL GUARANTEE:	\$ 12.89	\$ 25.68	\$ 22.73	\$ 38.57
TOTAL OPTIONAL REINSURANCE:	\$ 27.78	\$ 53.35	\$ 47.45	\$ 79.13