



**MANAGEMENT MEETING
2021 RENEWAL PRESENTATION
FOR JULY 1, 2021 TO JUNE 30, 2022**

APRIL 15, 2021



Medical and Dental Enrollment Changes

| | Medical Enrollment | | | | Dental Enrollment | | | |
|-----------------------|--------------------|------------------|------------------|-----------------------------------|-------------------|------------------|------------------|-----------------------------------|
| | February 1, 2019 | February 1, 2020 | February 1, 2021 | Percentage Change from Prior Year | February 1, 2019 | February 1, 2020 | February 1, 2021 | Percentage Change from Prior Year |
| US/Mexico | | | | | | | | |
| Employees Only | 120 | 140 | 143 | 2.50% | 124 | 139 | 140 | 12.10% |
| Employee & Spouse | 8 | 7 | 6 | -12.50% | 5 | 3 | 4 | -40.00% |
| Employee and Children | 41 | 42 | 38 | -9.76% | 28 | 31 | 31 | 10.71% |
| Family | 23 | 23 | 36 | 56.52% | 24 | 25 | 31 | 4.17% |
| Total | 192 | 212 | 223 | 5.73% | 181 | 198 | 206 | 9.39% |
| Average Members | | | | | | | | |
| Mexico Only | | | | | | | | |
| Employees Only | 1 | 4 | 2 | -200.00% | 0 | 1 | 2 | 100.00% |
| Employee & Spouse | 5 | 6 | 6 | 0.00% | 9 | 12 | 11 | 33.33% |
| Employee and Children | 10 | 8 | 8 | 0.00% | 16 | 15 | 14 | -6.25% |
| Family | 24 | 26 | 26 | 0.00% | 29 | 30 | 31 | 3.45% |
| Total | 40 | 44 | 42 | -5.00% | 223 | 223 | 223 | 0.00% |
| Average Members | 516 | 534 | 572 | 7.36% | 532 | 553 | 583 | 3.95% |

BCBS of Arizona Network Fees

| | | Option 1 | Option 2 | % Change Year 2 |
|------------------|-------------------|----------------|----------------|-----------------|
| | Current | 1 Year Renewal | 2 Year Renewal | |
| US/Mexico | | | | |
| Yr 1 PEPM | \$17.50 | \$19.25 | \$19.25 | |
| Yr 2 PEPM | \$17.50 | N/A | \$21.00 | |
| Employees | 228 | 228 | 228 | |
| Total Monthly | \$7,980.00 | \$4,389.00 | \$9,177.00 | |
| Total Annual | \$95,760.00 | \$52,668.00 | \$110,124.00 | 15.00% |
| | Premium for 2 yrs | | | |

2017 \$15.75 (+\$0.25)
 2018 \$16.00 (+\$0.25)
 2019 \$17.50 (+\$1.50)
 2020 \$17.50 (+\$0.00)

SERVICE FEE CHANGES

| Service Changes | Rates 2020 - 2021 PEPM | Rates 20201-2022 PEPM | Rates % change |
|---------------------------|------------------------------|--|------------------------|
| EBSO TPA Fees | | | |
| Medical | \$24.50 | \$24.50 | 0% |
| Dental | \$3.00 | \$3.00 | 0% |
| Claims Management | \$111 per hour | \$113 per hour | 2.80% |
| SSA Mexico Network | | | |
| Siarmed | | | |
| Medical | \$3.00 | \$3.00 | 0% |
| Dental | \$1.25 | \$1.25 | |
| Broker Fees | \$35.00 | \$35.00 | 0% |
| | | | |
| BCBS Network Fees | \$17.50 | 19.25% Yr 1 21% Yr 2 2 year contract | 15.00% Combined |
| | | | |
| ACA Fees | 2020 - 2021 | 2021-2022 | |
| PCCORI Fees | \$2.54 | \$2.66 | Per Avg Lives Est. 572 |

Stop Loss is not finalized until the claims for 3/31/2021 have been reviewed.

STOP LOSS COVERAGE ELEMENTS

Specific Coverage

- Coverage of claims per approved plan document
- Coverage Unlimited
- Specific Deductible \$50,000
- Coverage of RX

Aggregate Coverage

- Protects for the entire group to limit overall claims cost
- 125% Corridor
- Maximum Annual Reimbursement \$1,000,000

Projected Maximum Funding

- Calculated Monthly
- Calculation to determine Aggregate Coverage

**CITY OF SAN LUIS
STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2021**

| DESCRIPTION | Firm Until 5/7/2021 | | Firm Until 5/7/2021 | | Firm Until 5/7/2021 | | 2021-2022 | | 2021-2022 | |
|---|---------------------------------|--|--|--|--|--|------------------------------|-------------------|-------------------|-------------------|
| | 2020-2021 Current Symetra | 2021-2022 Renewal - Option 1 Symetra | 2021-2022 Renewal - Option 2 Symetra | 2021-2022 Renewal - Option 3 Symetra | 2021-2022 Renewal - Option 4 Symetra | 2021-2022 Option 4 HM Life Insurance | 2021-2022 Option 5 IAT | | | |
| STOP LOSS POLICY TERMS | \$50,000 | \$50,000 | \$75,000 | \$100,000 | \$50,000 | \$75,000 | | | | |
| Specific Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Specific Annual Reimbursement | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Specific Deductible | \$ 50,000 | \$ 50,000 | \$ 75,000 | \$ 100,000 | \$ 50,000 | \$ 75,000 | \$ 50,000 | \$ 75,000 | \$ 50,000 | \$ 75,000 |
| Specific Contract Basis | Paid | Paid | Paid | Paid | Paid | Paid | Paid | Paid | Paid | Paid |
| Specific Coverage | Medical | Medical | Medical | Medical | Medical | Medical | Medical | Medical | Medical | Medical |
| Specific Run-In Limits | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Lasered Individuals | None | None | None | None | None | None | None | None | None | None |
| Aggregate Maximum | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Aggregate Coverage | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card | Medical & RX Card |
| Aggregate Contract Basis | Paid | Paid | Paid | Paid | Paid | Paid | 24/12 | 24/12 | 24/12 | 24/12 |
| Aggregate Run-In Limits | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Corridor | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% |
| STOP LOSS PREMIUM | | | | | | | | | | |
| Specific Premium | | | | | | | | | | |
| Employee Rate | 142 \$ 97.83 | \$ 108.05 | 142 \$ 78.80 | \$ 61.55 | \$ 119.03 | \$ 109.24 | \$ 109.24 | \$ 109.24 | \$ 109.24 | \$ 109.24 |
| Employee + Spouse Rate | 12 \$ 286.10 | \$ 311.46 | 12 \$ 232.40 | \$ 188.52 | \$ 333.86 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 |
| Employee + Child(ren) Rate | 46 \$ 286.10 | \$ 311.46 | 46 \$ 232.40 | \$ 188.52 | \$ 333.86 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 |
| Employee + Spouse & Children Rate | 63 \$ 286.10 | \$ 311.46 | 63 \$ 232.40 | \$ 188.52 | \$ 333.86 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 | \$ 264.28 |
| Projected Total Monthly Specific Premium | 263 \$ 48,509.96 | \$ 53,029.76 | 263 \$ 39,310.00 | \$ 31,551.02 | \$ 57,299.32 | \$ 47,489.96 | \$ 47,489.96 | \$ 47,489.96 | \$ 47,489.96 | \$ 47,489.96 |
| Aggregate Rate PEPM | 263 \$ 3.51 | \$ 3.86 | 263 \$ 4.72 | \$ 5.42 | \$ 4.02 | \$ 3.39 | \$ 3.39 | \$ 3.39 | \$ 3.39 | \$ 3.39 |
| Projected Monthly Aggregate Premium | \$ 923.13 | \$ 1,015.18 | \$ 1,241.36 | \$ 1,425.46 | \$ 1,057.26 | \$ 891.57 | \$ 891.57 | \$ 891.57 | \$ 891.57 | \$ 891.57 |
| TOTAL PROJECTED PREMIUM | | | | | | | | | | |
| Monthly | \$ 49,433.09 | \$ 54,044.94 | \$ 40,551.36 | \$ 32,976.48 | \$ 58,356.58 | \$ 48,381.53 | \$ 48,381.53 | \$ 48,381.53 | \$ 48,381.53 | \$ 48,381.53 |
| Annual | \$ 593,197.08 | \$ 648,539.28 | \$ 486,616.32 | \$ 395,717.76 | \$ 700,278.96 | \$ 580,578.36 | \$ 580,578.36 | \$ 580,578.36 | \$ 580,578.36 | \$ 580,578.36 |
| Percentage of increase over current | | 9.33% | -17.97% | -33.29% | 18.05% | -2.13% | -2.13% | -2.13% | -2.13% | -2.13% |
| MAXIMUM CLAIM FUNDING FACTORS | | | | | | | | | | |
| Employee | 142 \$ 279.49 | \$ 360.31 | 142 \$ 395.44 | \$ 411.72 | \$ 357.86 | \$ 371.17 | \$ 371.17 | \$ 371.17 | \$ 371.17 | \$ 371.17 |
| Employee + Spouse | 12 \$ 789.48 | \$ 996.90 | 12 \$ 1,094.11 | \$ 1,139.14 | \$ 858.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 |
| Employee + Children | 46 \$ 789.48 | \$ 996.90 | 46 \$ 1,094.11 | \$ 1,139.14 | \$ 858.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 |
| Employee + Spouse + Child(ren) | 63 \$ 789.48 | \$ 996.90 | 63 \$ 1,094.11 | \$ 1,139.14 | \$ 858.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 | \$ 1,019.87 |
| TOTAL PROJECTED MAXIMUM FUNDING | 263 | | 263 | | | | | | | |
| Monthly | \$ 135,214.66 | \$ 171,788.92 | \$ 188,539.79 | \$ 196,300.18 | \$ 154,739.39 | \$ 176,110.41 | \$ 176,110.41 | \$ 176,110.41 | \$ 176,110.41 | \$ 176,110.41 |
| Annual | \$ 1,622,575.92 | \$ 2,061,467.04 | \$ 2,262,477.48 | \$ 2,355,602.16 | \$ 1,856,872.68 | \$ 2,113,324.92 | \$ 2,113,324.92 | \$ 2,113,324.92 | \$ 2,113,324.92 | \$ 2,113,324.92 |
| Percentage of increase over current | | 27.05% | 39.44% | 45.18% | 14.44% | 30.25% | 30.25% | 30.25% | 30.25% | 30.25% |
| PROJECTED ADMINISTRATION COSTS | | | | | | | | | | |
| TPA Claims Administration Fee - EBSO Fees | 263 \$ 24.50 | \$ 24.50 | 142 \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 |
| Dental Claims Administration US EBSO Fees | 263 \$ 3.00 | \$ 3.00 | 12 \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 |
| ACA 1095/1094 Reporting (Estimate) | 572 \$ 3.00 | \$ 3.00 | 46 \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 |
| PPO Medical Access Fee - BCBS | 142 \$ 17.50 | \$ 19.25 | 63 \$ 19.25 | \$ 19.25 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 |
| Mexico Siamed/SSA Medical and Dental Claims Admin. | 263 \$ 4.25 | \$ 4.25 | 263 \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 |
| Total Monthly Administration | \$ 12,551.25 | \$ 12,799.75 | \$ 5,983.50 | \$ 5,983.50 | \$ 5,873.25 | \$ 5,873.25 | \$ 5,873.25 | \$ 5,873.25 | \$ 5,873.25 | \$ 5,873.25 |
| Total Annual Administration | \$ 150,615.00 | \$ 153,597.00 | \$ 71,802.00 | \$ 71,802.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 |
| Total Annual Administration Fees With Reinsurance | \$ 150,615.00 | \$ 153,597.00 | \$ 71,802.00 | \$ 71,802.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 | \$ 70,479.00 |
| Percentage of Increase/Decrease Over Current | | 1.98% | -52.33% | -52.33% | -53.21% | -53.21% | -53.21% | -53.21% | -53.21% | -53.21% |
| TOTAL PROJECTED PREMIUM, CLAIMS FUNDING & ADMINISTRATION COSTS | | | | | | | | | | |
| Monthly | \$ 200,048.09 | \$ 207,641.94 | \$ 112,353.36 | \$ 104,778.48 | \$ 128,835.58 | \$ 118,860.53 | \$ 118,860.53 | \$ 118,860.53 | \$ 118,860.53 | \$ 118,860.53 |
| Annual | \$ 2,400,577.08 | \$ 2,863,603.32 | \$ 1,348,240.32 | \$ 1,257,341.76 | \$ 1,546,026.96 | \$ 1,426,326.36 | \$ 1,426,326.36 | \$ 1,426,326.36 | \$ 1,426,326.36 | \$ 1,426,326.36 |
| Percentage of Increase Over Current | | 19.29% | -43.84% | -47.62% | -35.60% | -40.58% | -40.58% | -40.58% | -40.58% | -40.58% |

Rates for the Stop Loss and Aggregate must be confirmed by May 14, 2021

TELEDOC – HEALTHIEST YOU

| TeleDoc Healthiest You | | | | | | |
|---------------------------------------|-----------|------------|---------------|-------------------|----------------------|---------------------------|
| | Employees | Fixed Cost | Monthly Total | Annual Total | Savings for 12 mos * | Renewal |
| Medical Only (Core Product) | 256 | \$8 | \$2,048 | \$24,576 | \$47,564 | \$8 PEPM No Change |
| Bundle | 256 | \$13 | \$3,328 | \$39,936 | \$116,225 | |
| Cost Difference to add Bundle/Savings | | | | (\$15,360) | \$68,661 | |

Renews 7/1/2021 for 1 year

Bundle Includes

The HealthiestYou Complete Bundle consist of the all the following services **with unlimited access at a \$0 visit fee:**

General Medical: 24/7/365 access to board certified, licensed MD to diagnose, treat and prescribe as needed. **Spanish Speaking Providers Available**

Mental Health: Members have on-going virtual visits with licensed psychiatrist, psychologist, or therapist of their choice. **Spanish Speaking Providers Available**

Dermatology: Virtual access to board certified dermatologist to diagnose, treat and prescribe on dermatological conditions.

Access through App. Only. TeleDoc working on adding Spanish Speaking Providers

Neck/Back Care: Virtual exercise-based treatment plan coupled with access to certified health coach consultations. **Spanish Speaking Providers Available**

Expert Medical Services: Personalized second opinions, advice, and recommendations for critical/complex conditions by experts ranging across 450+ specialties

Nutrition: Virtual access to 150+ registered dietitians to obtain personalized nutrition guide which includes meal plans, shopping guide, supplement suggestions and ongoing support 7 days a week. **TeleDoc working on providing Spanish Speaking Providers**

* Savings for Core Product was calculated based on 12 mos ending 12/31/2021 experience

The estimated savings for the bundle is based on HY on a school district with 224 employees

EAP Preferred 6 visits per employee renewal is 7/1/2023. Rate \$2.28 PEPM 243 Enrolled \$6,648 Cost per year.

BASIC LIFE PLAN

| Benefits | Current and Renewal | | | Option 1 \$50,000 Flat | | |
|----------------------------------|------------------------|--------------------|-----------------|------------------------|--------------------|-----------------|
| Eligibility | All Employees | | | All Employees | | |
| Life Insurance Benefit | 1 X Salary to \$50,000 | | | \$50,000 | | |
| Basic AD&D | 1 X Salary to \$50,000 | | | \$50,000 | | |
| Rate Guarantee | 7/1/2024 | | | 7/1/2024 | | |
| | Volume | Rates per \$1,000 | Monthly Premium | Volume | Rates per \$1,000 | Monthly Premium |
| Life Amount | \$10,222,700 | \$0.15 | \$1,533.41 | \$13,015,000 | \$0.15 | \$1,952.25 |
| AD&D Amount | | \$0.04 | \$408.91 | | \$0.04 | \$520.60 |
| Estimated Annual Premium | | \$23,307.76 | | | \$29,674.20 | |
| Total Change from Current | | \$0 | | | \$0 | |
| Total Annual Difference | | N/A | | | \$6,366 | |
| Total Change from Current | | 0.00% | | | 27.31% | |
| Guarantee | | 3 Years | | | 3 Years | |

Coverage decreases by 35% at age 70 and 50% at age 75
 Guarantee is from 7/1/2021 to 7/1/2024

US MEDICAL PLAN

| US Plan Medical Member Pays | US Plan BCBS of Arizona Current Plan | | US Plan BCBS of Arizona Renewal Plan | |
|--|--|-----------------------|--|-----------------------|
| | In Network | Out of Network *** | In Network | Out of Network *** |
| Out of Pocket Maximums | | | | |
| Individual (In/Out) | \$4,500 | \$20,000 | \$4,500 | \$20,000 |
| Family (In/Out) | \$9,000 | \$40,000 | \$9,000 | \$40,000 |
| Deductible | | | | |
| Individual (In/Out) | \$750 | \$1,500 | \$750 | \$1,500 |
| Family (In/Out) | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| Coinsurance | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Office Visit/Specialist | \$15 Copay/\$25 Copay | 50% + deductible | \$15 Copay/\$25 Copay | 50% + deductible |
| X-Ray and Lab's | | | | |
| Routine Labs - Primary/Specialist | \$15/\$25 Copay | 50% + deductible | \$15/\$25 Copay | 50% + deductible |
| Esurgeries * | \$0 | 50% + deductible | \$0 | 50% + deductible |
| Hospital and non-Contracted Provider | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Complex Imaging MRI, CT, Pet Scan ** | | | | |
| Esurgeries * | \$0 | 50% + deductible | \$0 | 50% + deductible |
| Hospital and non-Contracted Provider | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Rehabilitation | | | | |
| Specialist Visit | \$30 Copay | 50% + deductible | \$30 Copay | 50% + deductible |
| Hospitalization 60 Visits Max combined Physical, Speech, Occupational, Pulmonary, Cardiac, Chiropractic | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Prescriptions | \$5/\$35/\$55 | Not Covered | \$5/\$35/\$55 | Not Covered |
| Mail Order Pharmacy (90 Days) | \$15/\$75/\$135 | Not Covered | \$15/\$75/\$135 | Not Covered |
| Emergency Room | | | | |
| Urgent Care | \$30 Copay | 50% + deductible | \$30 Copay | 50% + deductible |
| Hospitalization ** | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Out Patient Surgery ** | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Esurgeries * | \$0 | 50% + deductible | \$0 | 50% + deductible |
| Ambulance | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Behavioral/Mental Health Services ** | | | | |
| Inpatient | 20% + deductible | 50% + deductible | 20% + deductible | 50% + deductible |
| Outpatient | \$15 Copay | 50% + deductible | \$15 Copay | 50% + deductible |
| Rate Guarantee Period | 12 Months | | 12 Months | |
| Annual Maximums | Unlimited | | Unlimited | |
| Network | BCBS | | BCBS | |
| Rates: | Four Tier | | Four Tier | |
| Employee | 143 | \$636.67 | 143 | \$636.67 |
| Employee + Spouse | 6 | \$1,321.22 | 6 | \$1,321.22 |
| Employee+ Child | 38 | \$1,321.22 | 38 | \$1,321.22 |
| Family | 36 | \$2,021.09 | 36 | \$2,021.09 |
| Monthly Premium | 223 | \$221,936.73 | 223 | \$221,936.73 |
| Annual Premium | | \$2,663,240.76 | | \$2,663,240.76 |
| Percentage Change | | | | 0.00% |

* Esurgeries - when utilizing Esurgery services, all copays, deductibles are waived

** Prior Authorization for Imaging, Out-patient, Hospitalization and Skilled Nursing facilities for non-emergency admission is required and subject to penalty, In Network \$500, Out of Network 50% of the total cost of service

*** Insured are responsible for balance billing on out of network services

MEXICO MEDICAL PLAN

| Mexico Medical Plan Medical Member Pays | | Mexico Plan Siarmed Present Plan | | Mexico Plan Siarmed Renewal Plan | |
|---|-----------|--|----------------|--|----------------|
| | | In Network | Out of Network | In Network | Out of Network |
| Out of Pocket Maximums | | | | | |
| Individual (In/Out) | | \$6,250 | Not Covered | \$4,500 | Not Covered |
| Family (In/Out) | | \$12,500 | Not Covered | \$9,000 | Not Covered |
| Deductible | | | | | |
| Individual (In/Out) | | \$0 | Not Covered | \$0 | Not Covered |
| Family (In/Out) | | \$0 | Not Covered | \$0 | Not Covered |
| Coinsurance | | | | | |
| Office Visit/Specialist | | 100% | Not Covered | 100% | Not Covered |
| Diagnostic Labs | | \$5 Copay | | \$5 Copay | |
| Contracted Facilities | | | | | |
| Radiology (MRI, MRA, CT, PET) | | \$10 Copay | Not Covered | \$10 Copay | Not Covered |
| Preventative - Lab & Radiology | | \$25 Copay | Not Covered | \$25 Copay | Not Covered |
| | | \$5 Copay | Not Covered | \$5 Copay | Not Covered |
| Prescriptions | | | | | |
| Mail Order Pharmacy (90 Days) | | \$3/\$6 Copay | Not Covered | \$2/\$5 | Not Covered |
| Emergency Room | | N/A | Not Covered | N/A | Not Covered |
| Urgent Care | | \$150 Copay | \$150 Copay | \$150 Copay | \$150 Copay |
| Hospital | | \$20 Copay | Not Covered | \$20 Copay | Not Covered |
| Out Patient Surgery | | \$50 Copay | Not Covered | \$50 Copay | Not Covered |
| Ambulance | | \$25 Copay | Not Covered | \$25 Copay | Not Covered |
| Behavioral/Mental Health Services | | N/A | Not Covered | N/A | Not Covered |
| Inpatient | | | | | |
| Inpatient | | Not available | Not Covered | Not available | Not Covered |
| Outpatient | | \$5 Copay | Not Covered | \$5 Copay | Not Covered |
| Rate Guarantee Period | | | 12 Months | | 12 Months |
| Annual Maximums | | | Unlimited | | Unlimited |
| | | | Siarmed | | Siarmed |
| Network | | | Four Tier | | Four Tier |
| Employee | 2 | \$232.00 | | \$232.00 | |
| Employee + Spouse | 6 | \$481.39 | | \$481.39 | |
| Employee+ Child | 8 | \$481.39 | | \$481.39 | |
| Family | 26 | \$702.95 | | \$702.95 | |
| Monthly Premium | 42 | \$25,480.16 | | \$25,480.16 | |
| Annual Premium | | \$305,761.92 | | \$305,761.92 | |
| Percentage Change | | | | 0.0% | |

The plan does not include any Out of Network Coverage with the Exception of Emergency Services

DENTAL US AND MEXICO PLANS

| Dental Benefits | US/MX Coverage | | | Siarned Mexico Coverage Current | Siarned Mexico Coverage Renewal | |
|---|------------------|---------------------|---------------------|---------------------------------|---------------------------------|--------------------|
| | Present | Renewal | | No Out of Network Benefits | No Out of Network Benefits | |
| DEDUCTIBLE | | | | | | |
| Individual | \$25 | \$25 | | \$0 | \$0 | |
| Family | \$50 | \$50 | | \$0 | \$0 | |
| MAXIMUM ANNUAL BENEFIT | | | | | | |
| Orthodontics - Lifetime Max | \$2,000 | \$2,000 | | \$1,000 | \$1,000 | |
| Orthodontics - Children 19 and under per person | 50% | 50% | | 50% | 50% | |
| COINSURANCE | | | | | | |
| Preventive Service | 100% | 100% | | \$10 Copay | \$10 Copay | |
| Basic Services | 80% | 80% | | \$20 Copay | \$20 Copay | |
| Major Services | 50% | 50% | | \$50 Copay | \$50 Copay | |
| Orthodontics | 50% | 50% | | 50% | 50% | |
| \$1,000 Lifetime Maximum | | | | | | |
| RX | N/A | N/A | | N/A | \$3/\$6 | |
| Rate Guarantee | 12 Months | 12 Months | | 12 Months | 12 Months | |
| RATES: | Four Tier | Four Tier | | Four Tier | Four Tier | |
| Employee | 140 | \$37.60 | \$37.60 | 2 | \$16.78 | \$16.78 |
| Employee & Spouse | 4 | \$75.19 | \$75.10 | 11 | \$33.55 | \$33.55 |
| Employee & Children | 31 | \$75.19 | \$75.19 | 14 | \$33.55 | \$33.55 |
| Family | 31 | \$93.85 | \$93.85 | 14 | \$44.73 | \$44.73 |
| Total Monthly Premium | 206 | \$10,805.00 | \$10,804.64 | 41 | \$1,498.53 | \$1,498.53 |
| Annual Premium | | \$129,660.00 | \$129,655.68 | | \$17,982.36 | \$17,982.36 |
| Annual Difference | | | 0.00% | | 0.00% | |

Lifetime Maximum - Dependents must be covered under plan for 12 consecutive months before orthodontia is available

US Dental Coverage allow s for coverage in Mexico

There is no Out of Network coverage on the Mexico Only Plan

Deductible applies for Basic, Major and Ortho services in the US

SHORT TERM DISABILITY PLAN

| Benefits | Current and Renewal | | |
|--------------------------------|---------------------|----------------|-----------------|
| Eligibility | All Employees | | |
| Maximum Weekly Benefit | \$2,000 | | |
| Accident Benefit Begins on Day | 15 | | |
| Sickness Benefit Begins on Day | 15 | | |
| Maximum Benefit Duration | 180 days | | |
| Benefit Percentage | 66.67% | | |
| Off-set Definition | See Below | | |
| Rate Guarantee | 7/1/2024 | | |
| | Volume | Rates per \$10 | Monthly Premium |
| | \$142,611 | \$0.580 | \$9,164.92 |
| | | Annual Premium | |
| | | \$109,979.04 | |
| Total Change from Current (%) | No Change | | |
| Total Change from Current (\$) | \$0 | | |
| Guarantee | 3 Years | | |

Annual Earnings include, salary, commissions, shift differential pay

Guarantee is from 7/1/2021 to 7/1/2024

LONG
TERM
DISABILITY
PLAN

| Benefits | The Standard - CURRENT and Renewal | |
|---------------------------------|------------------------------------|------------------------|
| Class/ Eligibility | Public Safety Only | |
| Weekly Benefit | 60% of 1st \$16,667 | |
| Maximum Monthly Benefit | \$10,000 | |
| Accident Benefit Begin On Day | 181 | |
| Sickness Benefit Begin on Day | 181 | |
| Maximum Benefit Period | To age 65 | |
| Employee Assistance Program | Included | |
| Rate Guarantee | | |
| Volume | Rates per \$100 | Monthly Premium |
| \$257,721 | \$0.25 | \$644.30 |
| Estimated Annual Premium | \$7,732 | |
| Total Change from Current (%) | No Change | |
| Total Change from Current (\$) | \$0 | |
| Guarantee | 3 Year | |

**Benefit decrease after age 62 or continues to age 65/Social Security age
Guarantee is from 7/1/2021 to 7/1/2024*

VISION PLAN

| Vision Plan (No Renewal) | | Vision Service Plan | |
|--------------------------------------|------------|----------------------|----------------|
| | | Current | |
| | | In Network | Out of Network |
| Exam Copay | | \$10 | N/A |
| Frame Copay | | \$25 | N/A |
| Contact Exam | | Up to \$60 | N/A |
| Standard Lenses (pair) | | | |
| Single | | 100% | Up to \$50 |
| Bifocal | | 100% | Up to \$75 |
| Trifocal | | 100% | Up to \$100 |
| Lenticular | | N/A | N/A |
| Frame Allowance | | \$150 | Up to \$70 |
| Progressive (standard) | | 100% | Up to \$75 |
| Elective Contact Lenses | | Coverage Up to \$130 | Up to \$105 |
| Necessary Contact lenses | | 100% | Up to \$105 |
| Contact Allowance in lieu of glasses | | \$130 | Up to \$105 |
| LASIK Benefit | | Up to 15% Discount | N/A |
| Coverage for Dependents | | Up to 26 | |
| Frequency | | | |
| Exam | | 12 Months | |
| Lenses | | 12 Months | |
| Frames | | 12 Months | |
| Contacts | | 12 Months | |
| Network | | VSP | |
| Rate Guarantee | | 7/1/2023 | |
| RATES: | | Two Tier | |
| Employee Only | 176 | \$11.29 | |
| Family | 87 | \$24.26 | |
| Total Monthly Premium | 263 | \$4,097.66 | |
| Annual Premium | | \$49,171.92 | |
| Percentage Change | | | |

*Only one co-pay applies either the materials or the frames, if both services are being received only one co-pay applies.

*Contact lenses are in lieu of glasses

Renews 7/1/2023, in second year of 3 year renewal

CONTRIBUTION SHEET

| Benefit Type | Coverage | Premium | Employer Cost | Employee Cost | |
|--|-------------------------|------------------------------------|------------------------------------|---------------|--------------------|
| Benefit | Who's Covered | Monthly | Monthly | Monthly | Per Pay Check (24) |
| Medical- US & Mexico (EBSO/ BCBS) | Employee Only | \$604.84 | \$604.84 | \$0.00 | \$0.00 |
| | Employee & Spouse | \$1,255.16 | \$970.49 | \$284.67 | \$142.34 |
| | Employee & Child(ren) | \$1,255.16 | \$970.49 | \$284.67 | \$142.34 |
| | Family | \$1,920.04 | \$1,484.57 | \$435.47 | \$217.73 |
| Medical- Mexico Only | Employee Only | \$220.40 | \$220.40 | \$0.00 | \$0.00 |
| | Employee & Spouse | \$457.32 | \$353.60 | \$103.72 | \$51.86 |
| | Employee & Child(ren) | \$457.32 | \$353.60 | \$103.72 | \$51.86 |
| | Family | \$667.80 | \$516.34 | \$151.46 | \$75.73 |
| Dental- US & Mexico | Employee Only | \$36.47 | \$36.47 | \$0.00 | \$0.00 |
| | Employee & Spouse | \$72.93 | \$31.88 | \$41.05 | \$20.52 |
| | Employee & Child(ren) | \$72.93 | \$31.88 | \$41.05 | \$20.52 |
| | Family | \$91.03 | \$39.79 | \$51.24 | \$25.62 |
| Dental- Mexico Only (Siarmed) | Employee Only | \$16.28 | \$16.28 | \$0.00 | \$0.00 |
| | Employee & Spouse | \$32.54 | \$14.23 | \$18.31 | \$9.16 |
| | Employee & Child(ren) | \$32.54 | \$14.23 | \$18.31 | \$9.16 |
| | Family | \$43.39 | \$18.97 | \$24.42 | \$12.21 |
| Vision Plan - VSP | Employee Only | \$11.29 | \$11.29 | \$0.00 | \$0.00 |
| | Family | \$24.26 | \$11.29 | \$12.97 | \$6.49 |
| Teledoc - Healthiest You | Employee | \$15.00 | \$15.00 | \$0.00 | \$0.00 |
| | Family | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Short-term Disability - Standard | All Employees | \$ 0.58 per \$10 of annual salary | \$ 0.58 per \$10 of annual salary | \$0.00 | \$0.00 |
| Long-term Disability - Standard | Public Safety Employees | \$0.25 per \$100 of monthly salary | \$0.25 per \$100 of monthly salary | \$0.00 | \$0.00 |
| Basic Life & AD&D - Standard \$50,000 Flat Coverage | All Employees | \$9.50 | \$9.50 | \$0.00 | \$0.00 |
| Transwestern Voluntary MX Medical Insurance | Family | \$97.00 | \$0.00 | \$97.00 | \$48.50 |
| Employee Assistance Program | Public Safety | Included with | \$0.00 | \$0.00 | \$0.00 |
| EAP Preferred | All Employees | \$2.28 | \$2.28 | \$0.00 | \$0.00 |

Employer & Employee Contribution Calculations - Renewal Plan Medical, Dental and Vision
Proposed rates for 7/1/2021 - 6/30/2022

| Coverage | Enrollment Tier | Medical Rate | Medical Premium | Employer Contribution Medical | Employee Contribution Medical | Dental Rate | Dental Premium | Employer Contribution Dental | Employee Contribution Dental | Vision Rate | Vision Premium | Employer Contribution Vision | Employee Contribution Vision |
|--------------------------------------|--------------------------------------|------------------------|------------------------|-------------------------------|-------------------------------|-------------|----------------------|------------------------------|------------------------------|-------------|---------------------|------------------------------|------------------------------|
| Medical, Dental & Vision | US & Mexico-Employee Cost | \$ 604.84 | \$ 86,492.12 | \$ 86,492.12 | \$ - | \$ 36.47 | \$ 5,105.80 | \$ 5,105.80 | \$ - | \$ 11.29 | \$ 1,987.04 | \$ 1,987.04 | \$ - |
| Medical, Dental & Vision | US & Mexico-Spouse Cost | \$ 1,255.16 | \$ 7,530.96 | \$ 5,822.94 | \$ 1,708.02 | \$ 72.93 | \$ 291.72 | \$ 127.54 | \$ 164.18 | | | | |
| Medical, Dental & Vision | US & Mexico-Child(ren) Cost | \$ 1,255.16 | \$ 47,696.08 | \$ 36,878.61 | \$ 10,817.47 | \$ 72.93 | \$ 2,260.83 | \$ 988.43 | \$ 1,272.40 | | | | |
| Medical, Dental & Vision | US & Mexico-Spouse & Child(ren) Cost | \$ 1,920.04 | \$ 69,121.44 | \$ 53,444.70 | \$ 15,676.74 | \$ 91.03 | \$ 2,821.93 | \$ 1,233.47 | \$ 1,588.46 | \$ 24.26 | \$ 2,110.62 | \$ 981.86 | \$ 1,128.76 |
| Medical, Dental & Vision | Mexico-Employee | \$ 220.40 | \$ 440.80 | \$ 440.80 | \$ - | \$ 16.28 | \$ 32.56 | \$ 32.56 | \$ - | | | | |
| Medical, Dental & Vision | Mexico-Employee & Spouse | \$ 457.32 | \$ 2,743.92 | \$ 2,121.60 | \$ 622.32 | \$ 32.54 | \$ 357.94 | \$ 156.49 | \$ 201.45 | | | | |
| Medical, Dental & Vision | Mexico-Employee & Children | \$ 457.32 | \$ 3,658.56 | \$ 2,828.80 | \$ 829.76 | \$ 32.54 | \$ 455.56 | \$ 199.17 | \$ 256.39 | | | | |
| Medical, Dental & Vision | Mexico-Emp, Spouse & Child(ren) Cost | \$ 667.80 | \$ 17,362.80 | \$ 13,424.92 | \$ 3,937.88 | \$ 43.39 | \$ 1,345.09 | \$ 587.94 | \$ 757.15 | | | | |
| | Monthly Premium Totals | | \$ 235,046.68 | \$ 201,454.48 | \$ 33,592.20 | | \$ 12,671.43 | \$ 8,431.40 | \$ 4,240.03 | | \$ 4,097.66 | \$ 1,906.23 | \$ 2,191.43 |
| | Annual Premium Totals | | \$ 2,820,560.16 | \$ 2,417,453.75 | \$ 403,106.41 | | \$ 152,057.16 | \$ 101,176.82 | \$ 50,880.34 | | \$ 49,171.92 | \$ 22,874.78 | \$ 26,297.14 |
| Combined Monthly Total | | \$ 251,815.77 | | | | | | | | | | | |
| Employer Contribution Monthly | | \$ 211,792.11 | | | | | | | | | | | |
| Other Expenses | | \$ 200,469.40 | | | | | | | | | | | |
| Annual Total | | \$ 3,222,258.64 | | | | | | | | | | | |
| | Changes from Current: | | | | | | | | | | | | |
| | Dollar Change | | \$27,870.44 | | | | | | | | | | |
| | Percent Change | | 0.87% | | | | | | | | | | |

| 2021-2022 Contribution Assumptions | | | | |
|------------------------------------|---------|-----------|-------------|--------|
| MEDICAL | EE Only | EE/Spouse | EE/Children | Family |
| US & Mexico | | | | |
| Employer % | 100.00% | 77.32% | 77.32% | 77.32% |
| Employee % | 0.00% | 22.68% | 22.68% | 22.68% |
| Mexico | | | | |
| Employer % | 100.00% | 77.32% | 77.32% | 77.32% |
| Employee % | 0.00% | 22.68% | 22.68% | 22.68% |
| DENTAL | | | | |
| US & Mexico | | | | |
| Employer % | 100.00% | 43.72% | 43.72% | 43.71% |
| Employee % | 0.00% | 56.28% | 56.28% | 56.29% |
| Mexico | | | | |
| Employer % | 100.00% | 43.72% | 43.72% | 43.71% |
| Employee % | 0.00% | 56.28% | 56.28% | 56.29% |
| VISION | | | | |
| Employer % | 100.00% | N/A | N/A | 46.52% |
| Employee % | 0.00% | N/A | N/A | 53.48% |

| | Enrollment Counts | Medical | Dental | Healthiest You | Vision |
|---------------------------------------|--------------------------|----------------------|------------|----------------|------------|
| | US-Single | 143 | 140 | 256 | 176 |
| | US-Employee + Spouse | 6 | 4 | | |
| | US-Employee + Child(ren) | 38 | 31 | | |
| | US-Family | 36 | 31 | | 87 |
| | MX-Single | 2 | 2 | | |
| | MX-Employee + Spouse | 6 | 11 | | |
| | MX-Employee + Child(ren) | 8 | 14 | | |
| | MX-Family | 26 | 31 | | |
| | | 265 | 264 | 256 | 263 |
| EAP | | \$7,004.16 | | | |
| Healthiest You \$15.00 PEPM (256EE's) | | \$46,080 | | | |
| Short Term Disability | | \$ 109,979.04 | | | |
| Long Term Disability | | \$ 7,732.00 | | | |
| Basic Life Insurance | | \$29,674.20 | | | |
| | Total | \$200,469.40 | | | |

Current Premium Rates 07-01-2020 to 6-30-2021

| Coverage | Enrollment Tier | Medical Rate | Medical Premium | Employer Contribution Medical | Employee Contribution Medical | Dental Rate | Dental Premium | Employer Contribution Dental | Employee Contribution Dental | Vision Rate | Vision Premium | Employer Contribution Vision | Employee Contribution Vision |
|--------------------------|--------------------------------------|--------------|------------------------|-------------------------------|-------------------------------|-------------|----------------------|------------------------------|------------------------------|-------------|---------------------|------------------------------|------------------------------|
| Medical, Dental & Vision | US & Mexico-Employee Cost | \$ 604.84 | \$ 86,492.12 | \$ 86,492.12 | \$ - | \$ 36.47 | \$ 5,105.80 | \$ 5,105.80 | \$ - | \$ 11.29 | \$ 1,987.04 | \$ 1,987.04 | \$ - |
| Medical, Dental & Vision | US & Mexico-Spouse Cost | \$ 1,255.16 | \$ 7,530.96 | \$ 5,822.94 | \$ 1,708.02 | \$ 72.93 | \$ 291.72 | \$ 127.54 | \$ 164.18 | | | | |
| Medical, Dental & Vision | US & Mexico-Child(ren) Cost | \$ 1,255.16 | \$ 47,696.08 | \$ 36,878.61 | \$ 10,817.47 | \$ 72.93 | \$ 2,260.83 | \$ 988.43 | \$ 1,272.40 | | | | |
| Medical, Dental & Vision | US & Mexico-Spouse & Child(ren) Cost | \$ 1,920.04 | \$ 69,121.44 | \$ 53,444.70 | \$ 15,676.74 | \$ 91.03 | \$ 2,821.93 | \$ 1,233.47 | \$ 1,588.46 | \$ 24.26 | \$ 2,110.62 | \$ 981.86 | \$ 1,128.76 |
| Medical, Dental & Vision | Mexico-Employee | \$ 220.40 | \$ 440.80 | \$ 440.80 | \$ - | \$ 16.28 | \$ 32.56 | \$ 32.56 | \$ - | | | | |
| Medical, Dental & Vision | Mexico-Employee & Spouse | \$ 457.32 | \$ 2,743.92 | \$ 2,121.60 | \$ 622.32 | \$ 32.54 | \$ 357.94 | \$ 156.49 | \$ 201.45 | | | | |
| Medical, Dental & Vision | Mexico-Employee & Children | \$ 457.32 | \$ 3,658.56 | \$ 2,828.80 | \$ 829.76 | \$ 32.54 | \$ 455.56 | \$ 199.17 | \$ 256.39 | | | | |
| Medical, Dental & Vision | Mexico-Emp, Spouse & Child(ren) Cost | \$ 667.80 | \$ 17,362.80 | \$ 13,424.92 | \$ 3,937.88 | \$ 43.39 | \$ 1,345.09 | \$ 587.94 | \$ 757.15 | | | | |
| | Monthly Premium Totals | | \$ 235,046.68 | \$ 201,454.48 | \$ 33,592.20 | | \$ 12,671.43 | \$ 8,431.40 | \$ 4,240.03 | | \$ 4,097.66 | \$ 1,906.23 | \$ 2,191.43 |
| | Annual Premium Totals | | \$ 2,820,560.16 | \$ 2,417,453.75 | \$ 403,106.41 | | \$ 152,057.16 | \$101,176.82 | \$ 50,880.34 | | \$ 49,171.92 | \$ 22,874.78 | \$ 26,297.14 |

| | |
|--------------------------------------|------------------------|
| Combined Monthly Total | \$ 251,815.77 |
| Employer Contribution Monthly | \$ 211,792.11 |
| Other (see below) | \$ 172,598.96 |
| Annual Total | \$ 3,194,388.20 |

| | |
|-----------------------|--|
| Changes from Current: | |
| Dollar Change | |
| Percent Change | |

| Enrollment Counts | Medical | Dental | Healthiest You | Vision |
|--------------------------|------------|------------|----------------|------------|
| US-Single | 143 | 140 | 256 | 176 |
| US-Employee + Spouse | 6 | 4 | | |
| US-Employee + Child(ren) | 38 | 31 | | |
| US-Family | 36 | 31 | | 87 |
| MX-Single | 2 | 2 | | |
| MX-Employee + Spouse | 6 | 11 | | |
| MX-Employee + Child(ren) | 8 | 14 | | |
| MX-Family | 26 | 31 | | |
| | 265 | 264 | 256 | 263 |

| | | |
|-------------------------------------|----------------------|--|
| EAP | \$ 7,004.16 | |
| Healthiest You \$8.00 PEP (256EE's) | \$ 24,576.00 | |
| Short Term Disability | \$ 109,979.04 | |
| Long Term Disability | \$ 7,732.00 | |
| Basic Life Insurance | \$ 23,307.76 | |
| Total | \$ 172,598.96 | |

| 2020-2021 Contribution Assumptions | | | | |
|------------------------------------|----------------|------------------|--------------------|---------------|
| MEDICAL | EE Only | EE/Spouse | EE/Children | Family |
| US & Mexico | | | | |
| Employer % | 100.00% | 77.32% | 77.32% | 77.32% |
| Employee % | 0.00% | 22.68% | 22.68% | 22.68% |
| Mexico | | | | |
| Employer % | 100.00% | 77.32% | 77.32% | 77.32% |
| Employee % | 0.00% | 22.68% | 22.68% | 22.68% |
| DENTAL | EE Only | EE/Spouse | EE/Children | Family |
| US & Mexico | | | | |
| Employer % | 100.00% | 43.72% | 43.72% | 43.71% |
| Employee % | 0.00% | 56.28% | 56.28% | 56.29% |
| Mexico | | | | |
| Employer % | 100.00% | 43.72% | 43.72% | 43.71% |
| Employee % | 0.00% | 56.28% | 56.28% | 56.29% |
| VISION | EE Only | EE/Spouse | EE/Children | Family |
| Employer % | 100.00% | N/A | N/A | 46.52% |
| Employee % | 0.00% | N/A | N/A | 53.48% |

Contribution Comparison 2020-2021 - 2021 - 2022
Proposed rates for 7/1/2021 - 6/30/2022

Contribution Changes Employee Benefits - Employer (ER), Employee (EE)

| | Current Plan | | | Renewal Option | | | ER Difference Contribution | % Change |
|---------------------------|----------------------------|------------------------------|------------------------------|----------------------------|------------------------------|------------------------------|-------------------------------|-------------|
| | 2020-2021 Total Premium | 2020-2021 ER Contribution | 2020-2021 EE Contribution | 2021-2022 Total Premium | 2021-2022 ER Contribution | 2021-2022 EE Contribution | | |
| Medical (US & Mex) | \$ 2,820,560.16 | \$ 2,417,453.75 | \$ 403,106.41 | \$ 2,820,560.16 | \$ 2,417,453.75 | \$ 403,106.41 | \$ - | 0.00% |
| Dental (US & Mex) | \$ 152,057.16 | \$ 101,176.82 | \$ 50,880.34 | \$ 152,057.16 | \$ 101,176.82 | \$ 50,880.34 | \$ - | 0.00% |
| Vision | \$ 49,171.92 | \$ 22,874.78 | \$ 26,297.14 | \$ 49,171.92 | \$ 22,874.78 | \$ 26,297.14 | \$ - | 0.00% |
| Short Term Disability | \$ 109,979.04 | \$ 109,979.04 | \$ - | \$ 109,979.04 | \$ 109,979.04 | \$ - | \$ - | 0.00% |
| Long Term Disability | \$ 7,732.00 | \$ 7,732.00 | \$ - | \$ 7,732.00 | \$ 7,732.00 | \$ - | \$ - | 0.00% |
| Basic Life | \$ 23,307.76 | \$ 23,307.76 | \$ - | \$ 29,674.20 | \$ 29,674.20 | \$ - | \$ 6,366.44 | 27.31% |
| Healthiestyou | \$ 24,576 | \$ 24,576 | \$ - | \$ 46,080.00 | \$ 46,080.00 | \$ - | \$ - | 0.00% |
| EAP Preferred | \$ 7,004.16 | \$ 7,004.16 | \$ - | \$ 7,004.16 | \$ 7,004.16 | \$ - | \$ - | 0.00% |
| Total Budget Requirements | \$ 3,194,388.20 | \$ 2,714,104.31 | \$ 480,283.89 | \$ 3,222,258.64 | \$ 2,741,974.75 | \$ 480,283.89 | \$ 6,366.44 | 1.02% |

| Premium Increases | \$ | % |
|-------------------------------|------------|-------|
| Medical Premium (US & Mexico) | \$0.00 | 0.00% |
| Dental Premium | \$0.00 | 0.00% |
| Life, STD, LTD Premium | \$6,366.44 | 4.51% |

Summary

| | | |
|----------------|---------------------------|--------------------|
| Medical | Increase in Total Premium | \$0.00 |
| | Employer Portion | \$0.00 |
| | Employee Portion | \$0.00 |
| Dental | Increase in Total Premium | \$0.00 |
| | Employer Portion | \$0.00 |
| | Employee Portion | \$0.00 |
| Total Changes: | All Benefits | \$27,870.44 |
| | ER | \$27,870.44 |
| | EE | \$0.00 |



- Thank You for your
Business