

**NOTICE OF MEETING**  
**OF THE**  
**WILLIAMSON COUNTY BENEFITS COMMITTEE**

**Date & Time: November 14, 2025 at 9:00 a.m.**  
**Williamson County Georgetown Annex**  
**Human Resources**  
**100 Wilco Way, Suite #HR 108**  
**Georgetown, Texas 78626**

Notice is hereby given that the Williamson County Benefits Committee will assemble at the above-referenced public meeting and, at such meeting, deliberate, discuss, consider, receive information, and take appropriate action regarding the matters referenced in this Notice of Meeting.

**NOTICE OF POSSIBLE QUORUM**  
**OF**  
**WILLIAMSON COUNTY COMMISSIONERS COURT**

Although the Williamson County Commissioners Court will take no action at the meeting, notice is hereby given, in accordance with the Texas Open Meetings Act, that a quorum of such members of the Williamson County Commissioners Court may be present at the meeting and such members may receive information from, give information to, ask questions of, or receive questions from any member of the Williamson County Benefits Committee or any third person, including an employee of Williamson County, about the public business or public policy over which the Williamson County Commissioners Court has supervision or control.

**Agenda Items:**

1. Roll Call.
2. Review and approval of minutes from the September 10, 2025 2:00 p.m. Benefits Committee Meeting.
3. Discuss, consider, and take appropriate action regarding Holmes Murphy & United Health Care Strategy:
  - Medical/RX Trend Review
  - Large Claim Review
  - UHC Administration/Stop Loss Fee Renewal
  - Texas House Bill 4144 Update

- One Pass Select Benefit Update

4. Discuss, consider, and take appropriate action regarding the Benefit Plan Year 2026 UHC Stop Loss Renewal proposal.
5. Discuss, consider, and take appropriate action regarding the UnitedHealth Care 2026 Dental Renewal Administrative Services Agreement.
6. Discuss, consider, and take appropriate action regarding the UnitedHealthCare Benefit Services for Cobra Services Renewal.
7. Discuss, consider, and take appropriate action regarding payment of employee deductions for employees that are out on FMLA Leave Without Pay, Unpaid Work Comp or other LWOP, Admin Leave Without Pay, and Indefinite Suspension.
8. Discuss, consider, and take appropriate action regarding the following Benefit Committee Members; adding a new Benefit Committee Member, Assistant Chief Deputy Bryan Williams of the Sheriff's Office, replacing James Carmona to serve a three-year term expiring on 12/31/28, and the renewal of Benefit Committee Member terms and recommendation to Commissioners Court approval to reappoint Cathy Mendoza and John Gonzales for a three-year renewal period to extend through December 31, 2028.
9. Discuss, consider and take appropriate action regarding the 35th Annual HBCE Health Benefits Conference and Expo, January 20-22, 2026.
10. Review the Human Resources Department Reports.
  - Financial Reports
  - 2026 Benefit Committee Calendar Year Plan
  - 2025 Department Leaders/Wellness Leader Retreat on December 12, 9:00 a.m. - 11:00 a.m. at the Georgetown Annex Building. Room #226

Next Meeting: January 7, 2026 9:00 a.m.

**EXECUTIVE SESSION: "The Williamson County Employee Benefits Committee reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of the matters listed above, as authorized by Texas Government Code Sections 551.071 (Consultations with Attorney), 551.073 (Deliberations regarding Gifts and Donations), 551.074 (Personnel matters) and Section 551.0785 (Deliberations Involving Medical or Psychiatric Records of Individuals for a benefit from the plan; or a**

**matter that includes a consideration of information in the medical or psychiatric records of any individual applicant for a benefit from the plan)."**

Adjourn.

This notice of meeting was posted at [www.wilcotx.gov](http://www.wilcotx.gov) and in the locked box located at the south side entrance of the Williamson County Historic Courthouse, a place readily accessible to the general public at all times, on the 6th day of November, 2025 at 5:00 p.m. and remained posted for at least 72 continuous hours preceding the scheduled time of said meeting.

**Benefits Committee Meeting**

2.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Review and approval of minutes from the September 10, 2025 2:00 p.m. Benefits Committee Meeting.

**Background**

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**Attachments**

September 10, 2025 BC Meeting Minutes Draft

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**Form Review**

Form Started By: Shelley Loughrey  
Final Approval Date: 10/23/2025

Started On: 10/23/2025 08:47 AM

**D R A F T**  
**MEETING MINUTES**

**NOTICE OF POSSIBLE QUORUM / MEETING  
OF THE  
WILLIAMSON COUNTY COMMISSIONERS COURT**

Notice is hereby given that members of the Commissioners Court of Williamson County, Texas, may assemble in numbers that constitute a quorum at a public meeting to be conducted / hosted by a quorum of the Williamson County Benefits Committee at the following location, date and time:

Date & Time: September 10, 2025, 9:00 a.m.  
Williamson County Georgetown Annex  
Human Resources  
100 Wilco Way, Suite 101  
Georgetown, Texas 78626

**NOTICE OF POSSIBLE QUORUM  
OF  
WILLIAMSON COUNTY COMMISSIONERS COURT**

Although the Williamson County Commissioners Court will take no action at the meeting, notice is hereby given, in accordance with the Texas Open Meetings Act, that a quorum of such members of the Williamson County Commissioners Court may be present at the meeting and such members may receive information from, give information to, ask questions of, or receive questions from any member of the Williamson County Benefits Committee or any third person, including an employee of Williamson County, about the public business or public policy over which the Williamson County Commissioners Court has supervision or control.

**Agenda Items:**

## 1. Roll Call.

Present: Steven Snell, Committee Member  
Cynthia Long, Committee Member  
John Pelczar, Committee Member  
Cathy Mendoza, Committee Member  
Matt Williamson, Committee Member  
James Carmona, Committee Member  
Rebecca Clemons, Committee Member

Absent: John Gonzales, Committee Member

Others Present: Shelley Loughrey, Director of Benefits Administration  
Julie Kiley, County Auditor  
Allen Frederick, Chief People Officer  
Shannon Francis, Asst General Counsel  
Angela Collins, Wellness Coordinator  
Jazzmin Myers, Benefits Analyst  
Mercades Duhon, Sr. Benefits Specialist  
Tori Killingsworth, Sr. Benefits Specialist  
Laurie Macina, United Health Care Consultant  
Jack Drakeford, Optum RX Consultant  
Nikki Morgan, Holmes Murphy, Benefit Broker Consultant

## 2. Review and approval of minutes from the June 24, 2025, 8:30 a.m. Benefits Committee Meeting.

Motion by: Committee Member Cynthia Long

Second: Committee Member Matt Williamson

Aye: Committee Member John Pelczar  
Committee Member Cathy Mendoza  
Committee Member James Carmona  
Committee Member Rebecca Clemons

## 3. Discuss, consider and take appropriate action regarding United Healthcare Pharmacy updates/changes to the formulary.

John Gonzales, John Pelczar and Shelley Loughrey will review the PDL Updates provided by United Healthcare and determine the decision to agree or disagree with the updates and remit the decision to the Benefits Committee.

Motion by: Committee Member Rebecca Clemons

Second: Committee Member Cathy Mendoza

Aye: Committee Member Steven Snell  
Committee Member Cynthia Long  
Committee Member John Pelczar  
Committee Member Matt Williamson  
Committee Member James Carmona

Recommendation to add the Price Edge tool administered by United Healthcare effective 1/1/2026.

Motion by: Committee Member Cynthia Long

Second: Committee Member Rebecca Clemons

Aye: Committee Member Steven Snell

Committee Member John Pelczar

Committee Member Cathy Mendoza

Committee Member Matt Williamson

Committee Member James Carmona

4. Discuss, consider and take appropriate action regarding Texas House Bill 4144 and House Bill 198.

No action taken.

5. Review the Human Resources Department Reports.

- Financial Reports

Next Meeting: November 14, 2025, 9:00 a.m.

**EXECUTIVE SESSION: "The Williamson County Employee Benefits Committee reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of the matters listed above, as authorized by Texas Government Code Sections 551.071 (Consultations with Attorney), 551.073 (Deliberations regarding Gifts and Donations), 551.074 (Personnel matters) and Section 551.0785 (Deliberations Involving Medical or Psychiatric Records of Individuals for a benefit from the plan; or a matter that includes a consideration of information in the medical or psychiatric records of any individual applicant for a benefit from the plan)."**

Adjourn.

**Benefits Committee Meeting**

3.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Discuss, consider, and take appropriate action regarding Holmes Murphy & United Health Care Strategy:

- Medical/RX Trend Review
- Large Claim Review
- UHC Administration/Stop Loss Fee Renewal
- Texas House Bill 4144 Update
- One Pass Select Benefit Update

**Background**

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**Attachments**

Holmes Murphy November 14, 2025 Presentation

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**Form Review**

Form Started By: Shelley Loughrey

Started On: 11/05/2025 05:25 PM

Final Approval Date: 11/05/2025



# Williamson County

November Benefit Committee Meeting

November 14, 2025



# AGENDA

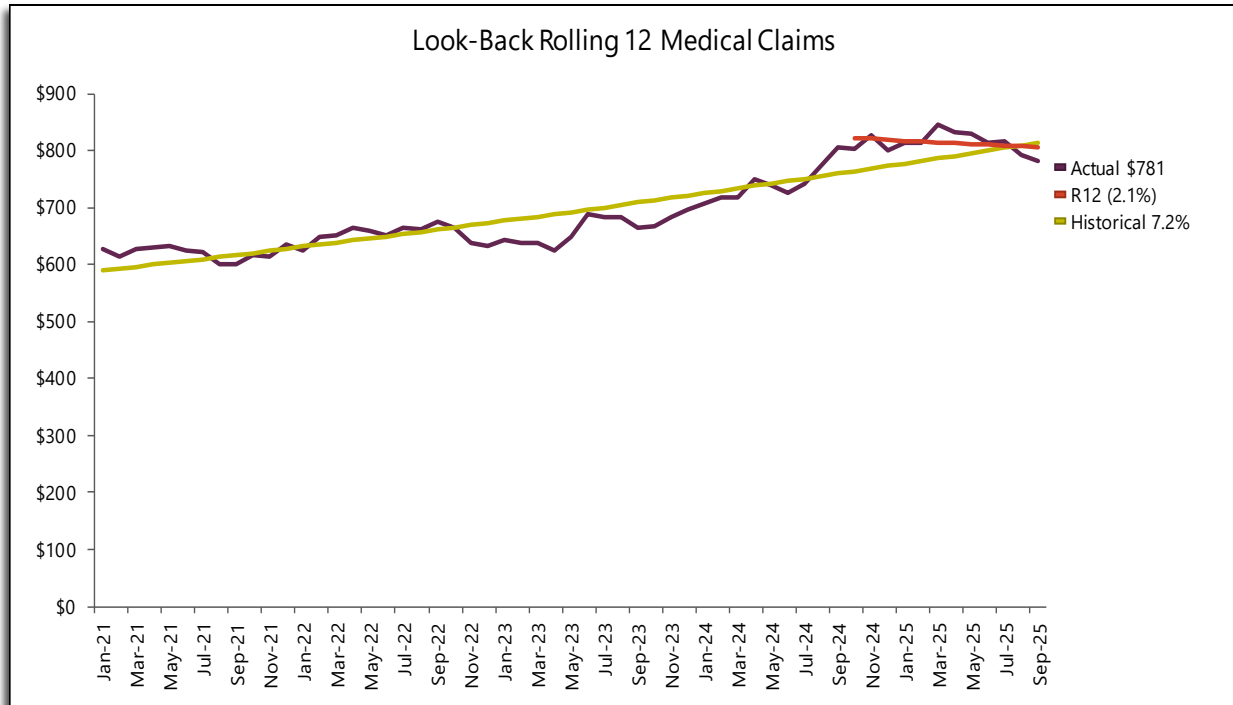
- Financials
  - Medical/RX Trend Review
  - Large Claim Review
- UHC Administration/Stop Loss fee Renewal
- H.B. 4144 Update



# Medical/Pharmacy Trend

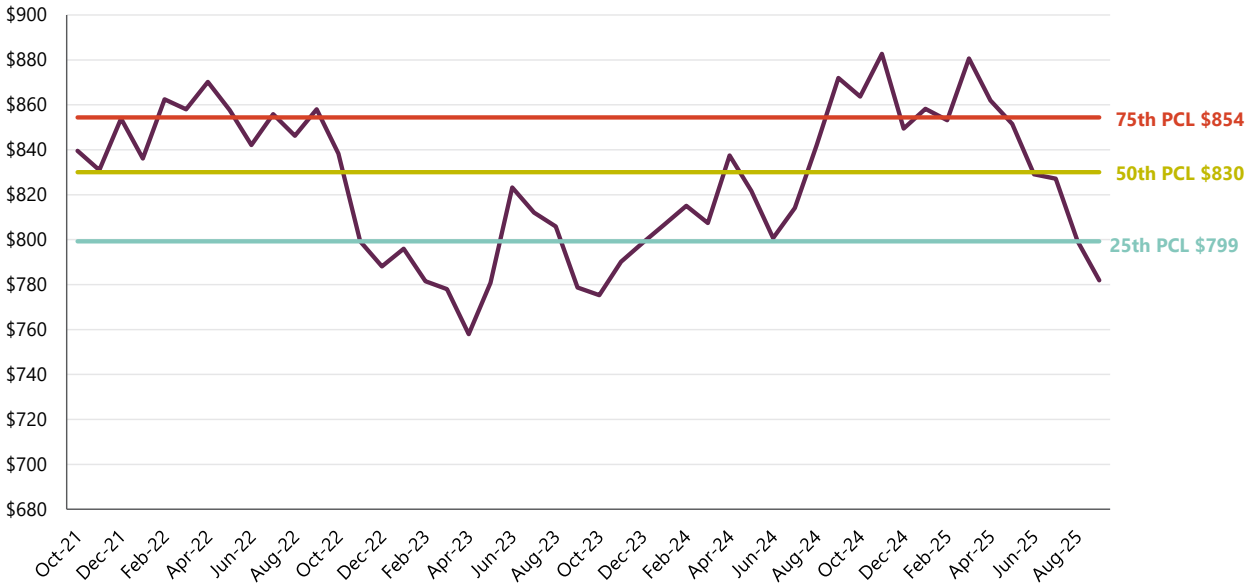


# Financial – Medical Trend, Rolling 12



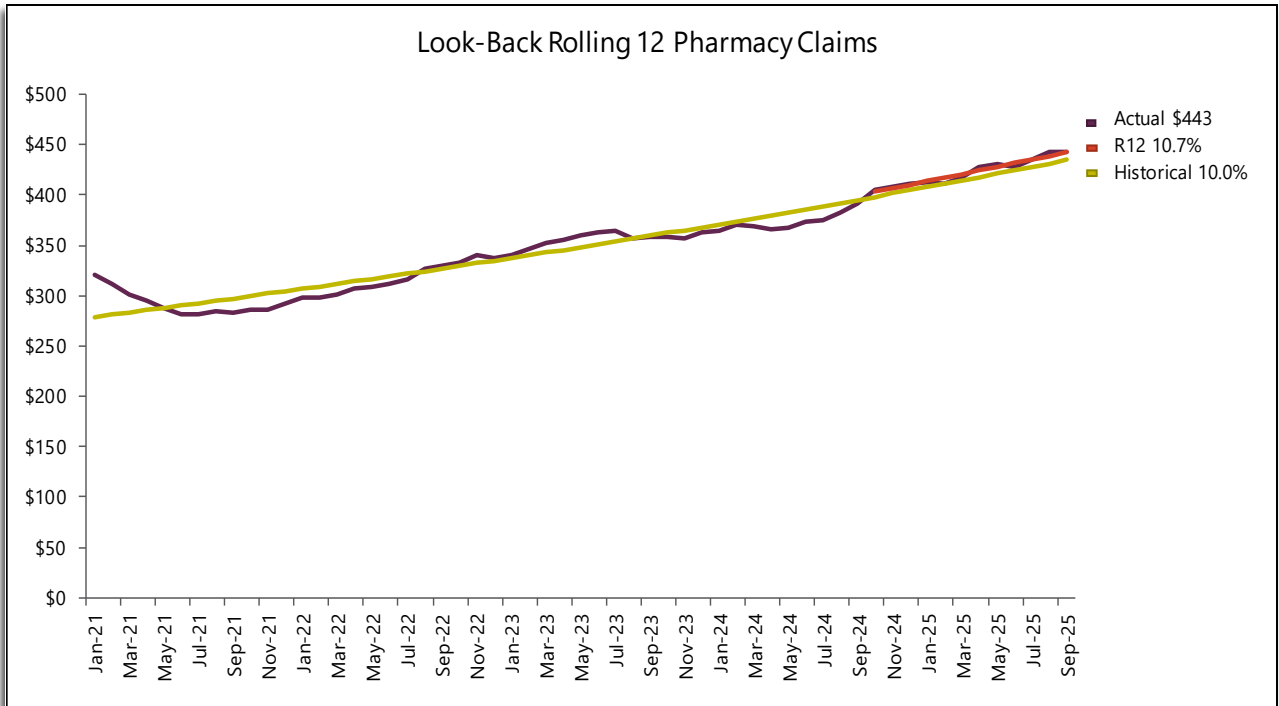
# Financial – Medical Past Coverage Level

Past Coverage Level (PCL) - Medical



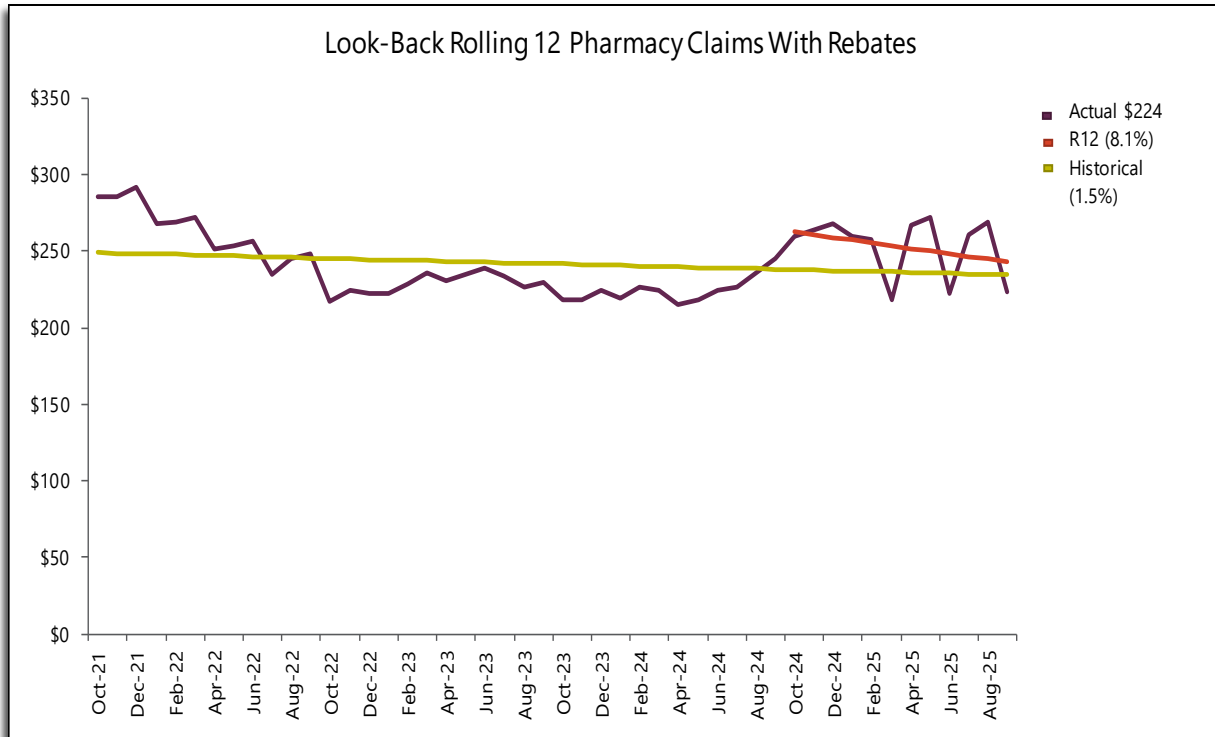
# Financial – Pharmacy Trend, Rolling 12

(before Pharmacy Rebates)



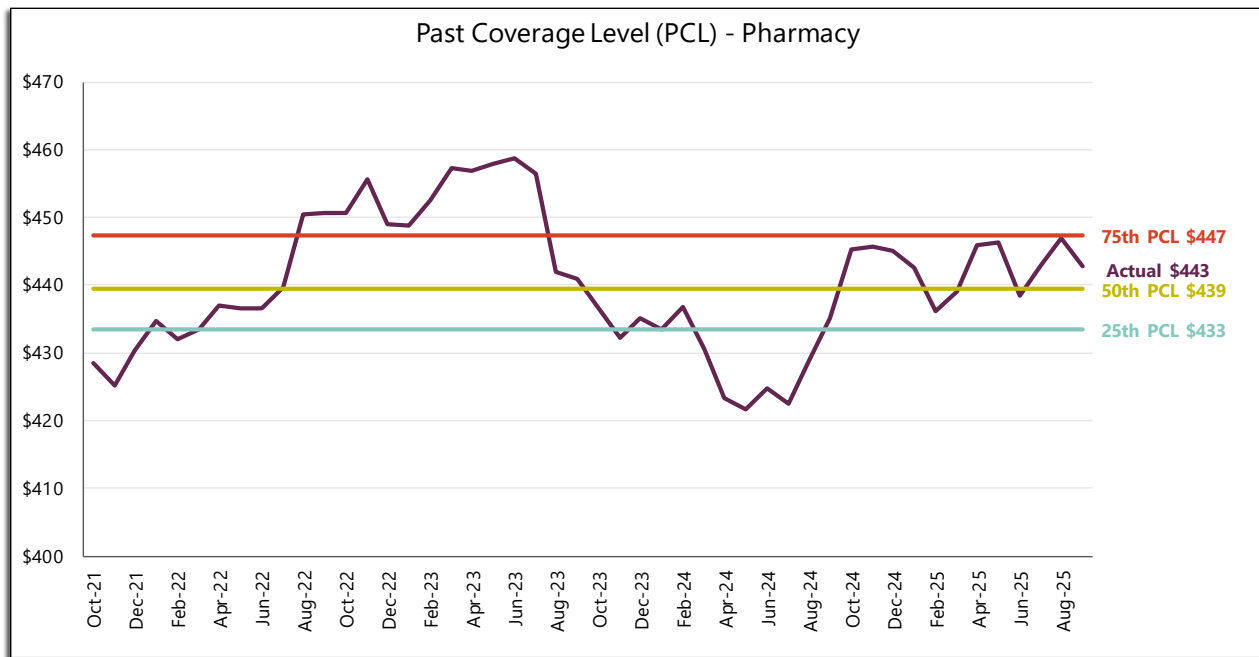
# Financial – Pharmacy Trend, Rolling 12

(after Pharmacy Rebates)



# Financial – Pharmacy Past Coverage Level

(after Pharmacy Rebates)



# Large Claim Review



# Large Claims: 1/1/25 – 9/30/25

Claimant ID	Relationship Description	Claimant Coverage Status	Medical Diagnosis Code Description	RX Standard Therapeutic Class Description	*Derived Claim Status	Medical Paid	Rx Paid	Total Paid
Claimant 1	EMPLOYEE	ACTIVE	ENC ANTINEOPLASTIC IMMUNOTHERAPY	DIABETIC THERAPY	OPEN	\$387,664.75	\$18,334.83	\$405,999.58
Claimant 2	EMPLOYEE	ACTIVE	NEUROMYELITIS OPTICA	OTHER THERAPEUTIC CLASS	OPEN	\$378,785.29	\$259.82	\$379,045.11
Claimant 3	SPOUSE	TERMED	SECONDARY MERKEL CELL CARCINOMA	ANTINEOPLASTICS	CLOSED	\$249,729.02	\$109,312.54	\$359,041.56
Claimant 4	EMPLOYEE	ACTIVE	END STAGE RENAL DISEASE	DIABETIC THERAPY	OPEN	\$343,366.35	\$13,802.06	\$357,168.41
Claimant 5	EMPLOYEE	ACTIVE	ENC ANTINEOPLASTIC IMMUNOTHERAPY	ANTINEOPLASTICS	OPEN	\$214,562.60	\$89,663.03	\$304,225.63
Claimant 6	EMPLOYEE	ACTIVE	BRADYCARDIA UNSPECIFIED	ANTINEOPLASTICS	OPEN	\$94,765.47	\$195,703.55	\$290,469.02
Claimant 7	EMPLOYEE	ACTIVE	SEPSIS UNSPECIFIED ORGANISM	OTHER THERAPEUTIC CLASS	CLOSED	\$271,428.85	\$1,673.28	\$273,102.13
Claimant 8	CHILD	ACTIVE	SINGLE LIVE INFANT DELIV VAGINALLY	OPHTHALMIC PREPARATIONS	OPEN	\$263,454.88	\$38.57	\$263,493.45
Claimant 9	SPOUSE	ACTIVE	ENC ANTINEOPLASTIC IMMUNOTHERAPY	MISCELLANEOUS	OPEN	\$224,993.43	\$36,048.76	\$261,042.19
Claimant 10	EMPLOYEE	TERMED	ANGIODYSPLASIA STOM DUOD W/BLEED	OTHER ANTIBIOTICS	CLOSED	\$218,730.36	\$11,314.67	\$230,045.03
Claimant 11	SPOUSE	ACTIVE	PARK DZ W DYSKINESIA AND FLUCTUATN	ANTIPARKINSON	OPEN	\$139,488.39	\$27,030.78	\$166,519.17
Claimant 12	EMPLOYEE	TERMED	DOUBLE INLET VENTRICLE	OTHER CARDIOVASCULAR PREPS	CLOSED	\$142,504.63	\$0.00	\$142,504.63
Claimant 13	EMPLOYEE	ACTIVE	SHORTNESS OF BREATH	OTHER THERAPEUTIC CLASS	OPEN	\$6,502.67	\$125,635.12	\$132,137.79
Claimant 14	SPOUSE	ACTIVE	PT PROM UNS TM BTW RUPT LABR 2 TRI	THYROID PREPS	OPEN	\$124,466.04	\$130.58	\$124,596.62
Claimant 15	EMPLOYEE	TERMED	ENC ANTINEOPLASTIC IMMUNOTHERAPY	ANTICOAGULANTS	CLOSED	\$115,576.37	\$4,841.14	\$120,417.51
Claimant 16	EMPLOYEE	ACTIVE	FOUCHITIS	MISCELLANEOUS	OPEN	\$2,754.85	\$116,373.90	\$119,128.75
Claimant 17	EMPLOYEE	ACTIVE	ENCOUNTER ANTINEOPLSTC RADIATION TX	NON-OPIOD ANALGESICS	OPEN	\$109,778.50	\$6,600.18	\$116,378.68
Claimant 18	EMPLOYEE	ACTIVE	TYPE 2 DM DIAB P ANGIOPATH NO GNDRN	ANTARTHRITICS	OPEN	\$1,265.33	\$114,559.45	\$115,824.78
Claimant 19	CHILD	ACTIVE	OTHER DIAGNOSIS		OPEN	\$114,578.02		\$114,578.02
Claimant 20	EMPLOYEE	ACTIVE	SPINAL STENOSIS LUMBAR REGION NO NC	ANDROGENS	OPEN	\$106,742.81	\$1,026.58	\$107,769.39
Claimant 21	EMPLOYEE	ACTIVE	DVTROLILG INT W/PERF ABSC NO BLEED	OTHER ANTIHYPERTENSIVES	OPEN	\$103,314.77	\$938.89	\$104,253.66
Claimant 22	EMPLOYEE	ACTIVE	PT PROM UNS TM BTW RUPT LABR 3 TRI	OTHER THERAPEUTIC CLASS	OPEN	\$83,458.62	\$18,091.54	\$101,550.16
Claimant 23	SPOUSE	ACTIVE	ENC GEN ADULT EXAM W/O ABNORM FND	ALL OTHER DERMATOLOGICALS	OPEN	\$336.89	\$101,038.65	\$101,375.54

\$4,690,666.81

Large Claims above \$100k are down -10% when compared to the prior period.

United Healthcare (UHC)  
1/1/2026  
Renewal Summary



# UHC 1/1/2026 Renewal Fees

	Employees	1/1/25- 12/31/25*	1/1/26- 12/31/26*	Change
<b>Medical</b>				
UHC Administrative Fee (POS & EPO)**	1818	\$51.79	\$53.34	3.0%
Employee Assistance Program - United Behavioral Health	1818	\$2.13	\$2.13	0.0%
Individual Stop Loss Insurance - UHC	1818	\$91.65	\$106.13	15.8%
Aggregate Stop Loss Insurance - UHC	1818	\$4.95	\$5.74	16.0%
Total Monthly PEPM		\$150.52	\$167.34	11.2%
<b>Annual Costs</b>		<b>\$3,283,744</b>	<b>\$3,650,689</b>	11.2%
<b>Dental</b>				
UHC Administrative Fee	1727	\$3.12	\$3.28	5.1%
Total Monthly PEPM		\$3.12	\$3.28	5.1%
<b>Annual Costs</b>		<b>\$64,659</b>	<b>\$67,975</b>	5.1%
* Per Employee Per Month (PEPM)				
** POS (Choice Plus), EPO (Choice Plan)				

# H.B. 4144 Overview



# H.B. 4144 Overview

## H.B. 4144: CRITICAL-ILLNESS SUPPLEMENTAL INCOME BENEFIT

Effective September 1, 2025, [H.B. 4144](#) requires cities/counties to provide a critical-illness supplemental income benefit or comparable health benefit plan coverage to firefighters or peace officers who retire from departments with at least 50 firefighters or peace officers. The benefit must be provided to a retiree who, within three years of retirement, is diagnosed with a qualifying medical condition, including:

- Cancers originating in the stomach, colon, rectum, skin, prostate, testis, or brain;
- Non-Hodgkin's lymphoma;
- Multiple myeloma;
- Malignant melanoma;
- Renal cell carcinoma;
- Acute myocardial infarction (heart attack); or
- Stroke.

It's important to note that this benefit is distinct from workers' compensation. The value of the supplemental income benefit provided by the county to the retiree must equal the retiree's final yearly salary or \$100,000, whichever is less. Cities/counties are permitted to issue the benefit as a lump sum or in equal payments over three consecutive months. This amount (\$100,000) will be adjusted for inflation not later than September 1 of each year ending in a five by the Texas Department of Insurance Commissioner of Workers' Compensation.

Thank  
you.



HOLMES  
MURPHY.

**Benefits Committee Meeting**

4.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Discuss, consider, and take appropriate action regarding the Benefit Plan Year 2026 UHC Stop Loss Renewal proposal.

**Background**

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**Attachments**

Wilco 2026 Fee Exhibits Stop Loss BAFO

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**Form Review**

Form Started By: Shelley Loughrey

Started On: 11/03/2025 04:38 PM

Final Approval Date: 11/03/2025



**ASO MEDICAL FEES**

Fees assume an Average Contract Size of 2.08

ASO Fees (PEPM)	Current	Year 1	Year 2
Plan Year	01/01/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
POS	\$51.79	\$53.34	\$53.34
EPO	\$51.79	\$53.34	\$53.34
<b>Credits</b>			
Administrative Credit (General Purpose)	\$90,000	\$90,000	\$90,000
Wellness Credit	\$112,500	\$112,500	\$112,500

The following services may require an additional cost as noted below:

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current	Year 1	Year 2
	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
<b>Medical Management Programs</b>			
Core Medical Necessity	Included	Included	Included
<b>Physical Health Solutions:</b>			
Chiropractic Network	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included
<b>Other Programs/Services:</b>			
TX Custom PHS 3.0	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Convenience Care Clinics CSP	Included	Included	Included
Data Extracts	Included	Included	Included
COBRA	Included	Included	Included
Expanded eCR Reporting	Included	Included	Included
One Pass	N/A	\$9.09	\$9.09
<b>Other Programs/Services (Fees collected through Bank Account):</b>			
Kaia Health	\$615 Per Participant Per Year	\$615 Per Participant Per Year	\$615 Per Participant Per Year
Maven Maternity 12 Month Program	N/A	\$925 Per Case	\$925 Per Case
Neonatal Resource Services	\$1,700 Per Engagement	\$1,700 Per Engagement	\$1,700 Per Engagement
Quit4Life	\$455.61 Per Case	\$455.61 Per Case	\$455.61 Per Case
Second Opinion Services	\$2,136 Per Case	\$2,136 Per Case	\$2,136 Per Case
Specialist Management Solutions	\$1,500 Per Case	\$1,500 Per Case	\$1,500 Per Case
Virtual Behavioral Coaching	\$72 Per Session	\$72 Per Session	\$72 Per Session
Virtual Behavioral Coaching Weekly Call	\$55 Per Session	\$55 Per Session	\$55 Per Session
<b>UHC Hub Vendors:</b>			
<b>Fees for the following will be collected through the Bank Account</b>			
Teladoc Chronic Care Mgmt Plus	\$69 PEPM	\$69 PEPM	\$69 PEPM

The following services are required but not included in the above ASO Fees:

Additional Services (Fees Collected through Bank Account unless otherwise noted)	Fee	
	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027
Naviguard	\$3.00 PEPM	\$3.25 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation (charged in year end reconciliation)	
<b>Payment Integrity:</b>		
Enhanced Abuse and Fraud Management Program	22% of recoveries	
Advanced Analytics and Recovery Services (AARS)	24% of recoveries	
Credit Balance Recovery Program	not to exceed 10% of recoveries	
Hospital Bill Audit Program	not to exceed 22% of savings	
Subrogation Services	33.3% of recoveries	
Injury Coordination Coverage	33.3% of recoveries	
Focused Claim Review	22% of savings	

The following are included in the ASO Fees (applies to Active and Pre-65 Retiree population only):

- UnitedHealthcare Pharmacy. If the pharmacy is carved out to another vendor, the ASO fees and Credits are subject to change.
- eServices Reporting - (interactive fully Web-based reporting)
- Federal External Review Program (third level appeals) - our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
- Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.
- Customer Service, our quoted customer service model offers members a high-touch, personal guide who provides support in navigating benefits, understanding payment options, resolving claim issues and working through the health care system. In addition to acting as a one-stop shop where members can be directed to the most appropriate existing services, representatives can provide additional information relevant to personal needs and take ownership of inquires end-to-end. For those not resolved during the initial call, customer service representatives take ownership until resolution including call back to the member.
- Employer Internet Solution - [www.employereservices.com](http://www.employereservices.com)
- Our quote includes the management of over 100 disease states/conditions, as part of our Personal Health Support (PHS) program. We believe this approach will adequately address the clinical conditions present within the population - though we are open to discussing and proposing alternative programs, should clinical prevalence indicate an appropriate ROI.
- Consumer Activation, including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging
- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

**Pricing Assumptions**

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
  - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 1823
  - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.08.
  - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
  - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
  - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
  - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
  - As otherwise permitted in our Administrative Services Agreement
- Our mature quotation includes the processing of runout claims for 6 months following the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for WILLIAMSON COUNTY and our other ASO customers result in significant reductions to the rebate level.
- WILLIAMSON COUNTY will receive 80.0% of rebates on prescription drug products dispensed under the medical benefit plan.
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- United will provide a Wellness Credit, Administrative Credit (General Purpose) to help WILLIAMSON COUNTY mitigate costs associated with additional wellness services from United, administration of the plan 

These credits are available as follows:

  - The parties must have an executed Agreement.
  - The first month of service fees under the Agreement has been received by United.
  - WILLIAMSON COUNTY's enrollment with United must always exceed 1640 Employees.
- Annual credits must be used within the Plan Year specified for that credit. One-time credits must be used between 01/01/2026 and 12/31/2027. Any Credits not used during this time period are forfeit.
- Upon request from WILLIAMSON COUNTY, a credit will be issued in United's fee billing system.
- If WILLIAMSON COUNTY terminates the Agreement prior to 12/31/2027, WILLIAMSON COUNTY will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
- If enrollment with United falls below the enrollment threshold, WILLIAMSON COUNTY will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
- The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
- If during the course of the first year unforeseen or additional expense items arise related to the WILLIAMSON COUNTY implementation, UHC reserves the right to use a portion of this credit to offset such expenses.
- WILLIAMSON COUNTY acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United. UHC Hub vendors are subcontractors under this Agreement. WILLIAMSON COUNTY agrees that United is not responsible or liable in any way for such performance guarantees or financial return guarantees made by those third party vendors. Certain UHC Hub products are subject to state sales Tax. United will invoice and WILLIAMSON COUNTY agrees to pay United for any required taxes.

A third-party vendor's participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service. Fees for UHC Hub products and services will be paid through a withdrawal from the Bank Account.



Effective Date: 1/1/2026-12/31/2026  
Firm Offer

This document may contain protected health information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

	Current ISL	ISL Proposed Option 1	ISL Proposed Option 2
<b>Individual Stop Loss</b>			
ISL Total Quoted Subscribers	1,823	1,823	1,823
<b>ISL Rate PEPM</b>	\$91.65	\$106.13	\$99.67
ISL Deductible	\$300,000	\$300,000	\$325,000
ISL Liability Limit (per individual)	Unlimited	Unlimited	Unlimited
ISL Contract Basis	P12	P12	P12
ISL Includes Early Retirees	Yes	Yes	Yes
ISL Includes Medicare Retirees	Yes	Yes	Yes
ISL Includes RX	Yes	Yes	Yes
Lasered Claimants**	No	No	No
	Current ASL	ASL Proposed Option 1	ASL Proposed Option 2
<b>Aggregate Stop Loss</b>			
ASL Total Quoted Subscribers	1,823	1,823	1,823
<b>ASL Rate PEPM</b>	\$4.95	\$5.74	\$5.77
ASL Corridor	120%	120%	120%
ASL Liability Limit (per policy period)	\$2,000,000	\$2,000,000	\$2,000,000
ASL Contract Basis	P12	P12	P12
ASL Includes Early Retirees	Yes	Yes	Yes
ASL Includes Medicare Retirees	Yes	Yes	Yes
ASL Includes Rx	Yes	Yes	Yes
ASL Includes Commissions	No	No	No
Monthly Accommodation	Yes	Yes	Yes
<b>Total Stop Loss Premium PEPM</b>	<b>\$96.60</b>	<b>\$111.87</b>	<b>\$105.44</b>
<b>Monthly Stop Loss Premium Cost</b>	<b>\$176,102</b>	<b>\$203,948</b>	<b>\$192,220</b>
<b>Annual Stop Loss Premium</b>	<b>\$2,113,225</b>	<b>\$2,447,374</b>	<b>\$2,306,638</b>
Expected Claims PEPM	\$1,257.52	\$1,459.40	\$1,466.70
<b>Composite Attachment Factor PEPM (illustrative)</b>	<b>\$1,509.02</b>	<b>\$1,751.28</b>	<b>\$1,760.04</b>
<b>Projected Monthly Aggregate Liability</b>	<b>\$2,750,951</b>	<b>\$3,192,583</b>	<b>\$3,208,553</b>
<b>Projected Annual Aggregate Attachment Point</b>	<b>\$33,011,409</b>	<b>\$38,311,001</b>	<b>\$38,502,635</b>
<b>Monthly Maximum Stop Loss Liability</b>	<b>\$2,927,053</b>	<b>\$3,396,531</b>	<b>\$3,400,773</b>
<b>Annual Maximum Stop Loss Liability</b>	<b>\$35,124,634</b>	<b>\$40,758,375</b>	<b>\$40,809,273</b>

**Stop Loss Rating Assumptions**

- The stop loss attachment points and premium rates provided by UnitedHealthcare in this quotation will be effective from 1/1/2026-12/31/2026.
  - Our quotation is based on claims with dates of loss on or after when WILLIAMSON COUNTY enrolled with UHC and paid on or after the effective date of 1/1/2026.
  - Aggregate Stop Loss applies to medical claims after the effective date of the stop loss policy, before the policy year end. Paid claim accumulations are based on cashed claim drafts.
  - Aggregate Stop Loss applies to medical and pharmacy claims, i.e. Healthcare dollars only. The pharmacy plan must be administered by UnitedHealthcare.
  - UnitedHealthcare will be the exclusive health care administrator.
  - Participation of at least 75 percent of the eligible enrollees is required.
  - COBRA enrollees do not make up more than five percent of the total covered population.
  - The benefits or service requirements requested and/or quoted do not change prior to or after the effective date.
  - Changes in federal, state or other applicable legislation or regulation do not require changes to this proposal.
  - Stop loss protection benefits are based on the proposed plan of benefits. WILLIAMSON COUNTY will provide UnitedHealthcare® with a copy of the plan document when finalized. UnitedHealthcare® reserves the right to change the rates for the stop loss policy if the plan of benefits in the finalized plan document differs from the proposed plan of benefits.
  - Individual Stop Loss claims will accumulate toward the stop loss on an issued basis.
  - Under aggregate stop loss, the minimum annual aggregate attachment point will be 95% of the monthly aggregate attachment point for the first month of the policy period times 12.
  - The offer of Aggregate Stop Loss is contingent upon the purchase of Individual Stop Loss from UnitedHealthcare
  - The claims of an individual who has been excluded from individual coverage will not accumulate toward the aggregate attachment point.
  - Individual claims above the individual stop loss level will not accumulate toward satisfaction of the aggregate attachment point. If individual stop loss is not in-force, claims above \$300,000 will not accumulate toward the satisfaction of the aggregate attachment point.
  - The aggregate stop loss maximum benefit is \$2,000,000 per policy period.
  - Aggregate Stop Loss Factors are administered on a composite basis. Any attachment points quoted by product or sub-group in this proposal will be used to establish a composite attachment point on the basis of the final enrollment levels.
  - This proposal is contingent upon the review of claims information (including large claims) updated within 120 days of the effective date.
  - UnitedHealthcare may pay the selling broker for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business.
- For New York situs business, we may pay reduced compensation where fewer services are offered and increased compensation where more services are provided. Producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

**General Exclusions Provisions**

- UnitedHealthcare will not reimburse Policyholder for any of the following:
- Any payment which does not strictly comply with the terms and conditions of the Plan Document;
  - Any payment for claims that are not covered as part of the underlying plan design (i.e. FSA, HRA & HSA dollars are excluded).
  - Any payment or expense caused by or resulting from war, declared or undeclared or international armed conflict;
  - Any payment for litigation costs and expenses, extra-contractual damages, compensatory damages, interest, exemplary and punitive damages or liabilities, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of the Policyholder, Plan, Administrator or any agent or representative of the Policyholder, plan or Administrator;
  - Any payment for occupational accidents or illnesses which are also eligible expenses covered by Workers' Compensation or Occupational Disease law, or similar legislation, whether or not coverage under such law is actually in force.
  - Any payment associated with benefits not covered by the underlying employee benefit plan, which are nevertheless paid by the employer.

**UnitedHealthcare reserves the right to revise this quotation under the following circumstances:**

- An award is not made on or before 11/24/2025.
- If the number of covered medical employees varies by more than ten percent from our quoted level of 1823
- The average contract size, defined as the total number of enrolled members divided by the total number of enrolled employees, varies by ten percent or more from the assumed average contract size of 2.08
- The actual enrollment by product varies by ten percent or more from the following:

Product	Subscribers
EPO	1,455
POS	368

If WILLIAMSON COUNTY elects to purchase integrated Dental, Vision, or Short Term Disability coverage with UnitedHealthcare, additional claim savings may apply.



**WILLIAMSON COUNTY** | 2026 ASO Expense Summary Exhibit

	Proposed Option 1	Proposed Option 2
Subscribers	1823	1823
Members	3792	3792
<b>Administration</b>		
<b>Composite Administration Fee - PEPM</b>	<b>\$62.43</b>	<b>\$62.43</b>
Monthly Fees	\$113,810	\$113,810
Annual Fees	\$1,365,719	\$1,365,719
Credits	(\$202,500)	(\$202,500)
<b>Annual Net Administration</b>	<b>\$1,163,219</b>	<b>\$1,163,219</b>
<b>Stop Loss</b>		
ISL Deductible	<b>\$300,000</b>	<b>\$325,000</b>
ISL Rate - PEPM	\$106.13	\$99.67
ASL Corridor	<b>120%</b>	<b>120%</b>
ASL Rate - PEPM	<u>\$5.74</u>	<u>\$5.77</u>
Total Stop Loss Rates - PEPM	\$111.87	\$105.44
Monthly Premium	\$203,948	\$192,220
<b>Annual Premium</b>	<b>\$2,447,374</b>	<b>\$2,306,638</b>
<b>Claims</b>		
Expected Claims - PEPM	\$1,459.40	\$1,466.70
Attachment Point - PEPM	\$1,751.28	\$1,760.04
Total Expected - Monthly	\$2,660,486	\$2,673,794
Total Expected - Annual	\$31,925,834	\$32,085,529
Total Maximum - Monthly	\$3,192,583	\$3,208,552.92
Total Maximum - Annual	\$38,311,001	\$38,502,635.04
<b>Total Cost Summary</b>		
<b>Expected Annual</b>	<b>\$35,536,427</b>	<b>\$35,555,386</b>
<b>Expected Maximum</b>	<b>\$41,921,594</b>	<b>\$41,972,492</b>

<b>Imprest Balance</b>		
	Current Req. Deposit	Required Medical Deposit*
<b>Imprest Balance</b>	\$630,000	\$766,000
<b>Option</b>	Weekly ACH	Weekly ACH
<b>Frequency</b>	6	6

\* If additional lines are sold (ancillary, HRA, FSA, etc.), additional imprest amounts could be needed



**Effective Date: 01/01/2026**  
**Performance Standards and Credits**  
**Effective for the period: January 01, 2026 through December 31, 2026**

Category	Guarantee Description	Measurement Criteria	Credit Amount
<b>Claim Operations</b>			
1. Time to Process: percent of claims paid in 10 business days	94.00 % in ten business days Gradients are 94.00% within 11 business days 94.00% within 12 business days 94.00% within 13 business days 94.00% within 14 business days 94.00% within 15 or more business days	Site level, by standard claim operations reports.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
2. Dollar Accuracy: Percentage of claims dollars processed accurately.	99.00% Gradients are 98.99%-98.50% 98.49%-98.00% 97.99%-97.50% 97.49%-97.00% Below 97.00%	Office level.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
3. Procedural Accuracy: percent of claims processed without non-financial error.	97.00% Gradients are 96.99%-96.50% 96.49%-96.00% 95.99%-95.50% 95.49%-95.00% Below 95.00%	Office level.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
<b>Customer Phone Service</b>			
1. Average Speed to Answer.	30 seconds or less Gradients are 32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	Team level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
2. Abandonment Rate.	1.80% Gradients are 1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.80%	Team level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
3. Call Quality Score	93.00% Gradients are 92.99%-91.00% 90.99%-89.00% 88.99%-87.00% 86.99%-85.00% Below 85.00%	Office level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
<b>Member Satisfaction</b>			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied  Products are PPO, POS, EPO, Managed Indemnity, HMO	Telephone Survey  Based on UNET Service Center performance scores. Key Customer study may be conducted for an additional charge.	\$11,571
<b>Overall UHC Satisfaction</b>			
1. Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	Based on Employer health care decision makers' overall satisfaction with UnitedHealthcare..	\$11,571
<b>Total At Risk</b>			<b>\$162,000</b>

Medicare Supplemental plans are excluded from Performance Guarantees.

Confidential/Proprietary/Competitively Sensitive Information



## WILLIAMSON COUNTY | 2026 Flexible Spending Account (FSA) Services

FSA, Dependent Care Spending Account Fees	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
FSA Fee - PEPM	\$3.00	\$3.00

- FSA fees above apply to employees enrolled in the health care spending or dependent care spending accounts, or both.
- A minimum monthly billing of \$100 applies

FSA Nondiscrimination testing (NDT)	\$500
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### Nondiscrimination Test Package

- This optional service provides the results of three tests Non-Discrimination Tests (25% Key Concentration Test [overall Section 125 Plan], 55% Average Benefits Test and 25% Owner's Concentration Test) which are a subset of the testing that may be required by the IRS. WILLIAMSON COUNTY provides the data to us, we perform the mathematical calculations and provide a report that indicates pass/fail by test. We are not providing consulting or legal advice.

### Standard FSA services including:

- Initial supply of standard employee brochures.
- Single claim submission with automatic roll-over from established feeds (i.e., Spectera<sup>®</sup> Vision, UnitedHealthcare Dental and OptumRx).
- Check minimum \$25.
- Daily payment cycle.
- Customer care representation during normal business hours.
- Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with up to two files or tape cartridges per month.
- Standard FSA banking arrangements using separate bank account for FSA plan.
- Direct deposit of payments to employee bank accounts with online direct deposit administration at myuhc.com<sup>®</sup>.
- Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans.
- Assumes WILLIAMSON COUNTY will retain claim fiduciary responsibility for the UnitedHealthcare administered FSA plan.

### Standard FSA reports including:

- Member Detail Reports, providing detailed account status for each participant.
- Executive Summary Reports, providing summarized data from the Member Detail Report as well as monthly activity information.
- Utilization Reports, providing general statistical information on the types of expenses being submitted.

Our Flexible Spending Account (FSA) quote is subject to the terms and conditions outlined in the Financial Commentary.

**Benefits Committee Meeting**

6.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Discuss, consider, and take appropriate action regarding the UnitedHealthCare Benefit Services for Cobra Services Renewal.

**Background**

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**Attachments**

2026 Wilco Cobra Renewal 1.01.2026

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**Form Review**

Form Started By: Shelley Loughrey  
Final Approval Date: 11/03/2025

Started On: 11/03/2025 04:42 PM



# UnitedHealthcare Benefit Services COBRA/Direct Bill Fees

<b>Client name:</b>	<b>Subscriber count:</b>	<b>Date:</b>
<b>Effective date:</b>	<b>Platform:</b>	<b>New:</b>
<b>Situs state:</b>	<b>Policy:</b>	<b>Renewal:</b>

<b>COBRA Services Included in Per Eligible Per Month Fee</b>	<b>PEPM</b>
Group Setup and Ongoing Maintenance	Included
Standard Suite of Online Reports Available On Demand	Included
New Hire Notification/General Notice	Included
COBRA Continuant Takeover	Included
Qualifying Event Notification (QEN) Mail and Enrollment Processing	Included
Monthly Premium Billing, Collection and Remittance to Client	Included
State Continuation/Extension Notification Where Applicable	Included
Administration of Non-UHC Carriers	Included
Online Open Enrollment Services	Included

<b>Optional Services</b>	
Medicare Part D Notifications	\$1 per notification
Non-Standard Programming	\$150 per hour
Customized Services (letters, correspondence)	Varies, plus postage
Mailed Open Enrollment Services (packaging and distribution of all related benefit materials as provided by the client, up to 10 pages. Fee varies for 11+ pages.)	\$8 per package plus postage \$100 minimum

The total subscriber count across all medical plans, to include outside carriers, will be collected each year and will be used for your monthly invoice through the plan year. A change in 20% or more should be reported to your COBRA Account Manager and will be reflected in your next month's invoice. UnitedHealthcare will retain the 2% administrative fee routinely charged to COBRA Continuant.

**Term and Termination:** COBRA administration is dependent on an active UnitedHealthcare policy in place. This agreement shall automatically renew with your UnitedHealthcare policy for successive periods of one (1) year unless either party provides written notice of termination to the other party no later than thirty (30) days prior to the end of the then-current term. In the event fees change, you will be provided with a new renewal quote no later than thirty (30) days prior to the end date of the then-current term.

## Services selected

**COBRA      Direct Bill/Retiree**

<b>Client signature</b>	<b>Date</b>	<b>Notes</b>
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**Benefits Committee Meeting**

8.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Discuss, consider, and take appropriate action regarding the following Benefit Committee Members; adding a new Benefit Committee Member, Assistant Chief Deputy Bryan Williams of the Sheriff's Office, replacing James Carmona to serve a three-year term expiring on 12/31/28, and the renewal of Benefit Committee Member terms and recommendation to Commissioners Court approval to reappoint Cathy Mendoza and John Gonzales for a three-year renewal period to extend through December 31, 2028.

**Background**

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**Attachments**

Benefit Committee Terms 11.14.2025

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**Form Review**

Form Started By: Shelley Loughrey  
Final Approval Date: 11/03/2025

Started On: 11/03/2025 04:53 PM

## **Williamson County Benefits Committee Member Terms**

<b>Term Non-Expiring</b>	*County Judge
<b>Term Non-Expiring</b>	*Commissioner
<b>Term Non-Expiring</b>	*County Manager
<b>Term Expires - December 31, 2026</b>	John Pelczar - Chairman
<b>Term Expires - December 31, 2026</b>	Matt Williamson
<b>Term Expires - December 31, 2028</b>	Bryan Williams
<b>Term Expires - December 31, 2028</b>	Cathy Mendoza
<b>Term Expires - December 31, 2028</b>	John Gonzales

## **History:**

\*County Judge is a permanent position on the Benefits Committee and is not included in the rotation.

BC Mtg. 9/20/2017 - \*Commissioner's position term periods removed. Change member term's to (3) Years, terms to begin on January 1<sup>st</sup> Non-Expiring.

BC Agenda: 5/15/2019 Motion: Recommend Dr. Lori Palazzo to fill the vacant position formerly held by John Teel, Term to expire on 12/31/2022.

BC Mtg. 7/9/2019 Motion: Recommend John Pelczar to fill Scott Parker's position, due to his upcoming retirement and to ensure John is able to receive the required training at the upcoming Annual IFEBP Conference in October 2019.

BC Mtg. 10/4/2019 Motion: Recommend Jay Schade and Cathy Mendoza's member terms for an additional (3) years, terms to expire on 12/31/2022.

BC Mtg. 1/20/21 Motion: Recommend James Carmona and Mike Knipstein to fill the two vacant positions, terms to expire on 12/31/2022. Terron Evertson additional (3) years, term to expire on 12/31/23.

BC Mtg. 6/1/2022 Motion: Recommend the re-appointment for James Carmona, Cathy Mendoza, and Mike Knipstein to an additional (3) years, terms to expire on 12/31/2025.

BC Mtg. 5/3/2023 Motion: Accept resignation of Terron Evertson, and appoint Matt Williamson to fill the vacant position, term to expire on 12/31/2023.

BC Mtg. 5/17/2023 Motion: Recommend Matt Williamson to fill the vacant position, term to expire 12/31/2023.

BC Mtg. 11/1/2023 Motion: Recommend re-appointment of John Pelczar and Matt Williamson to an additional three-year term to expire on 12/31/2026.

BC Mtg. 1/16/2025 Motion: Recommend adding County Manager as a voting member with non-expiring terms.

BC Mtg. 5/9/2025 Motion: Recommend adding John Gonzales as a voting member to fill the open vacancy due to Mike Knipstein's retirement.

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## **Upcoming committee member vacancies:**

12/31/2025: James Carmona

**Benefits Committee Meeting**

9.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Discuss, consider and take appropriate action regarding the 35th Annual HBCE Health Benefits Conference and Expo, January 20-22, 2026.

**Background**

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**Attachments**

2026 HBCE Conference Brochure

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**Form Review**

Form Started By: Shelley Loughrey  
Final Approval Date: 10/10/2025

Started On: 10/10/2025 02:02 PM

35TH ANNUAL

# HBCE<sup>®</sup>

Health Benefits Conference + Expo

**January 20-22, 2026**

Sawgrass Marriott

Ponte Vedra Beach, Florida

**Register early to save!**

**KEYNOTE SPEAKER AND  
SESSION PREVIEW**

[www.HBCE.com](http://www.HBCE.com)

International Foundation  
OF EMPLOYEE BENEFIT PLANS



# Health and Wellness Strategies for 2026 and Beyond

For 35 years, the **Health Benefits Conference & Expo (HBCE)** has been the go-to educational event for innovative, practical solutions that elevate your organization's health plans and wellness programs. Take a deep dive into dynamic educational sessions packed with actionable, timely insights to help you reduce costs, boost employee well-being, and stay ahead of the latest trends and topics that are affecting your organization's plans and programs.

Learn from real-world employer case studies, as well as leading experts who are transforming the industry, and network with peers facing similar issues to find solutions. Whether you're managing a health plan, designing a wellness program, or just looking for fresh, effective ideas, HBCE delivers the tools and inspiration you need, all at a budget-friendly price.

## Content Designed for You

Sessions at HBCE are crafted for mid- to senior-level professionals from private and public sector employers, hospital and health care systems, and universities in the following fields:

- Employee benefits and total rewards
- Wellness, health promotion and population health management
- Human resources
- Occupational health and safety
- Workers' compensation and absence management
- Employee health services, including on-site/near-site clinics.

## What You Gain From Attending

HBCE is your source for relevant education with tried-and-true solutions, insights and tools to create positive outcomes.

- Get inspired through expert-led sessions with a heavy focus on employer case studies to address the unique issues and trends impacting the very real situations your organization faces.
- Hear from industry leaders who have faced the issues you have, and learn what worked for them to reduce costs and improve employee engagement.

# Conference Schedule

## TUESDAY | January 20, 2026

7:30-8:00 a.m.	Morning Preconference Registration
8:00-11:30 a.m.	<b>Morning Preconference</b> —A Fiduciary Framework for Managing Employer Health Care Programs
12:00 noon-12:30 p.m.	Afternoon Preconference Registration
12:30-4:00 p.m.	<b>Afternoon Preconference</b> —Staying Above the Fray: Essential Resiliency Skills for Challenging Times
4:00-6:00 p.m.	Conference Registration in the Foyer
4:00-6:00 p.m.	Welcome Reception in the Exhibit Hall

## WEDNESDAY | January 21, 2026

7:00 a.m.-5:00 p.m.	Registration Open
7:00-8:00 a.m.	Continental Breakfast in the Exhibit Hall
7:00 a.m.-6:00 p.m.	Exhibit Hall Open
8:00-9:15 a.m.	<b>Opening Session</b> —Cutting Through the Chaos: Leading With Clarity in Today's Food and Nutrition Landscape
9:15-9:45 a.m.	Networking and Refreshment Break in the Exhibit Hall
9:45-10:45 a.m.	Breakout Sessions
10:45-11:00 a.m.	Networking and Refreshment Break in the Exhibit Hall
11:00 a.m.-12:00 noon	Breakout Sessions
12:00 noon-1:15 p.m.	Lunch
1:15-2:15 p.m.	Breakout Sessions
2:15-2:45 p.m.	Networking and Refreshment Break in the Exhibit Hall
2:45-3:45 p.m.	Breakout Sessions
3:45-4:00 p.m.	Networking and Refreshment Break in the Exhibit Hall
4:00-5:00 p.m.	Breakout Sessions
5:00-6:00 p.m.	Networking Reception in the Exhibit Hall

## THURSDAY | January 22, 2026

7:00 a.m.-12:00 noon	Registration Open
7:00-8:00 a.m.	Continental Breakfast in the Exhibit Hall
7:00-11:00 a.m.	Exhibit Hall Open
8:00-9:00 a.m.	Breakout Sessions
9:00-9:30 a.m.	Networking and Refreshment Break in the Exhibit Hall
9:30-10:30 a.m.	Breakout Sessions
10:30-10:45 a.m.	Networking and Refreshment Break in the Exhibit Hall
10:45-11:45 a.m.	Breakout Sessions
12:00 noon-1:00 p.m.	Breakout Sessions

*All times are listed in ET.*

# Preconference Options

## A Fiduciary Framework for Managing Employer Health Care Programs

Tuesday, January 20, 2026 | 8:00-11:30 a.m.



**Chelsea Ryckis**, President, Ethos Benefits

**Donovan Ryckis**, CEO, Ethos Benefits

In today's regulatory environment, employers are no longer shielded from liability when it comes to managing their health care plans. This interactive workshop equips HR and benefits professionals with a practical fiduciary framework rooted in ERISA and the Consolidated Appropriations Act of 2021. Through real-world lawsuit analyses, peer discussions and a hands-on fiduciary self-assessment, attendees will

learn how to identify compliance gaps, strengthen plan governance and reduce legal risk. Participants will explore actionable strategies for improving plan design, vendor management and cost control while safeguarding participant outcomes. Whether you're new to fiduciary oversight or refining an existing process, this session delivers clarity, tools and confidence. Leave empowered to protect your organization—and your employees—with informed, compliant decision making.

### Participants will be able to:

1. Define fiduciary responsibilities under ERISA, use the Consolidated Appropriations Act of 2021 and understand how they apply specifically to employer-sponsored health plans
2. Identify common fiduciary failures through real-world case analysis and apply a structured framework to evaluate plan oversight, vendor accountability and legal exposure
3. Conduct a self-assessment of their organization's current fiduciary practices and develop an action plan to improve governance, compliance and plan performance.

## Staying Above the Fray: Essential Resiliency Skills for Challenging Times

Tuesday, January 20, 2026 | 12:30-4:00 p.m.



**Brian Luke Seaward, Ph.D.**, Executive Director, Paramount Wellness Institute

This preconference workshop offers both an introduction and a refresher in the personal dynamics of self-care and resiliency skills that are considered foundational aspects of personal wellness and health, content that all health benefits professionals should practice and promote. Specific content includes healthy boundaries, head/heart coherence, digital wellness, neuroplasticity, dynamic sleep habits and positive adaptation skills. Participants will gain refinement of personal skills with both professional insights/wisdom and experiential content.

### Participants will be able to:

1. Identify four key aspects of wellness self-care
2. Describe the term coherence as it relates to neuroplasticity and mental health
3. Identify five to ten tips for promoting healthy personal resiliency skills.

# Opening Session

## Cutting Through the Chaos: Leading With Clarity in Today's Food and Nutrition Landscape

January 21, 2026 | 8:00-9:15 a.m.



**Zonya Foco, R.D., CHFI, CSP**, Professional Speaker, Author and Celebrity Nutritionist

In our world of information whiplash, health plan and wellness professionals can often feel like it's an ongoing battle in an unwinnable war. The food system is flooded with ultra-processed products, many of which are even marketed as "healthy." We are all impacted by an industrialized agriculture system that prioritizes profit over nutrition. Weight-loss trends offer conflicting approaches, leaving us all overwhelmed and confused. Meanwhile, the wildfire of GLP-1 medications has reached nearly every weight-loss conversation. Do they fix the root of the problem? Are they a safe and effective long-term strategy?

With continued escalation of the incidence of heart disease, diabetes, Alzheimer's and cancer, the stakes couldn't be higher.

Join Registered Dietitian Nutritionist Zonya Foco as she reveals the real forces shaping how we respond to the food environment—and why understanding who we are up against is the first step toward meaningful change. Best of all, Zonya will equip you with powerful, single-phrase, evidence-based responses to the tough nutrition questions you hear every day: Are seed oils bad, and is butter better? Is 100g of protein a day the new gold standard? Is there a way to avoid or stop using GLP-1s? She will turn confusion into confidence and spark lasting "tipping points" for change. You'll leave this session inspired, informed and ready to lead with clarity in a world that desperately needs it.

### After this session, participants will be able to:

1. Identify key factors in today's food system—such as ultra-processed ingredients, additives and industrialized agriculture—that contribute to poor health outcomes, including heart disease, diabetes, Alzheimer's and cancer
2. Define the impact of the current GLP-1 trend and understand alternative and complementary strategies
3. Communicate clear, concise and research-backed responses to common nutrition questions.



# Main Conference Session Preview

## Case Study Sessions

- The Direct Care Strategy Helping Apache Industrial Transform Access, Satisfaction and Cost Control
- Wellness Programs: Types of Incentive Programs, Nondiscrimination Rules and Implementation
- The Next Frontier in Mental Health Benefits: Scaling Access to Breakthrough Treatments
- The ROI of Stability: A Case Study in Tackling Real-Life Employee Crises
- Future-Proofing Your Health Benefits: A Case Study in Multiyear Planning
- Breaking Down Barriers: One Company's Mission to Make Well-Being Accessible, Empowering and Celebrated
- Lessons Learned: Health Plan Litigation for Fraudulent Mommy Makeovers
- Creating a Culture of Wellness: Lessons Learned From an Award-Winning Wellness Program
- Upstream Mental Health: Designing Workplaces That Don't Burn People Out

## Sponsored Sessions

- Direct Primary Care Case Study: A Broker and Large Employer Perspective

Sponsored by  **hint connect**

- Maximizing Budgets With Lifestyle Benefits That Transform Workplaces

Sponsored by  **Espresa**  
Powering Great Workplaces®

- How Orange County Public Schools Saved More Than \$10 Million Through High-Quality Surgical Care

Sponsored by  **LANTERN**

- Addressing Menopause With Better Benefits

Sponsored by  **WebMD HealthServices**

- What's Next for Well-Being: Emerging Trends Elevating Well-Being in the Modern Workforce

Sponsored by **TempoPay**

- Building Financial Resilience Into Plan Design: Financing Models for Sustainable Savings and Healthier Employees

Sponsored by  **MAVEN**

- Root Cause Medicine: Reversing Disease and Reducing Medication Dependence

Sponsored by  **root**

## Topic Sessions

- Finding Joy in the Workplace: Emerging Trends Elevating Well-Being in the Modern Workplace
- Avoiding PBM Chaos and Implementing Tactics for Success
- Litigation and Liability Issues for Self-Funded Health and Welfare Plans
- ICHRA: Smart Strategy or Costly Trade-Off? A Real Talk for Employers
- Obesity's Impact on Your Company and Health Plan
- The Business Case for Embracing the "Food as Medicine" Movement
- Theory to Thrive: Applying Public Health Models to Corporate Wellness
- Organizational Health Insurance Literacy: A Strategy for Smarter Benefits and Lower Costs
- Aligning Care for High-Risk, High-Cost Individuals
- From Silos to Synergy: Aligning Wellness, Rewards and Performance in Times of Change
- Empowering Human Resources: "The AI Revolution!"
- Creating Inclusive Benefits to Attract Gen Z Talent: Understanding and Meeting the Needs of the New Workforce
- Using AI to Prevent Opioid Addiction: How to Stop Overprescribing Before It Starts
- Understanding and Applying the HIPAA Required Response to Workplace Cybercrime Events and Other Security Threats
- "Best Practices in Healthcare" Survey Results: Insights for Benefits Professionals

# Past Attendee Organizations

Attendees at HBCE represent a diverse selection of organizations from across the country. A sampling of past attendee organizations includes:

- AbbVie
- Amazon One Medical
- Atlantic Union Bank
- Boston Benefit Partners LLC
- City of Miami
- Collier County Risk Management
- Cook Children's Health Care System
- CVS Caremark
- Darden Inc.
- Explorer Pipeline Co
- LifeSecure Insurance Company
- Lockton
- Loudoun County Public Schools Employee Benefits
- Montana University System
- Mutual of Omaha
- Pinellas County Human Resources
- Prime Therapeutics
- Richland County Government
- Rx Savings Solutions
- State and Local Government Benefits Association
- United Benefit Advisors
- Williamson County

## Hear What Past Attendees Have to Say

“

Definitely attend! It is a great opportunity to see what others are doing and meet providers.

”

“

Great sessions, and conference was valuable.

”

“

This is a very informative program, and you will leave with a wealth of information.

”

# Things to Do at HBCE

## Participate in Networking Receptions

A great way to kick off your HBCE experience, networking receptions put you in contact with peers from across the country. Grow your network and learn from their experiences at this valuable event.

## Check Out the Exhibit Hall

Learn about products and services that can assist you in achieving your organizational goals by exploring the exhibit hall. More than 50 service providers will be on hand to help!



## Explore Ponte Vedra Beach, Florida

Ponte Vedra Beach, part of Florida's Historic Coast, has plenty to explore during your stay this January. Stroll along the beautiful beach, take in the sights and explore the vast outdoor activities available after a day of robust learning and networking. Visit [www.hbce.com](http://www.hbce.com) for more information on booking your stay.



# Hotel and Travel Information

## Sawgrass Marriott

**Reservation Deadline:** Monday, January 5, 2026

**Rate:** US\$299.00 Single/Double Occupancy  
(additional US\$20/person per night for third and/or fourth guest)

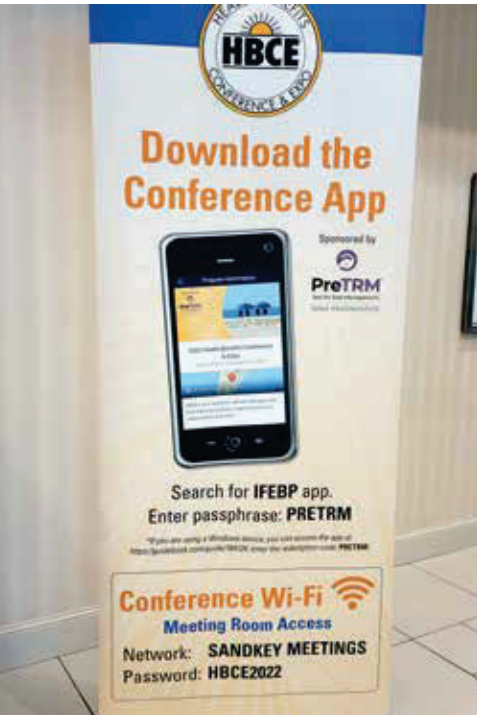
**Taxes and Fees (subject to change):** 11.5% Room Tax

**Resort Fee:** Discounted Resort Fee of \$18/room per night

### Resort Fee Includes:

- Enhanced guestroom Wi-Fi
- Daily fitness classes at the Sawgrass Spa
- Miniature golf daily
- One (1) hour bicycle rental for up to four (4) bikes (based on availability)
- Private access to the Cabana Beach Club
- Complimentary shuttle service to the Cabana Beach Club, TPC Sawgrass Clubhouse and other locations up to one (1) mile off resort property.





# Exhibit and Sponsorship Opportunities

Do you have a qualified service provider you would like to see participating at HBCE? Have them exhibit at or sponsor the conference! It is a great way to grow existing business, build brand awareness and make valuable connections! Sign up early, as the exhibit hall sells out every year!

### Exhibit Opportunities Include:

- Pre- and postconference mailing list
- Two all-access conference registrations
- Six-foot table, two chairs, carpet and wastebasket
- Complimentary Wi-Fi
- Listing on [www.hbce.com](http://www.hbce.com)
- Company listing in many conference publications
- Product/service listing in the Directory of Exhibits and Sponsors.

### Popular Sponsorships Include:

- Keynote Session and Tote Bag
- Mobile App
- Refreshment Break
- Continental Breakfasts
- Attendee Luncheon
- Conference Pens
- Networking Receptions
- Sawgrass Floating Hole (Golf)
- Design Your Own Sponsorship.

More options and full details are available at [www.hbce.com](http://www.hbce.com).



**Contact Us Today!**  
 For more information, contact Julie Ichiba at [jichiba@ifebp.org](mailto:jichiba@ifebp.org) or (262) 373-7674.

## Registration

Go to [www.HBCE.com](http://www.HBCE.com) to register.

### Conference Registration Fees

	Through December 9, 2025	After December 9, 2025
<b>Government/Nonprofit</b>	\$695	\$895
<b>Nongovernment Plan Sponsor/Employer</b>	\$795	\$995
<b>Service Provider</b>	\$895	\$1,095
<b>Preconference Fee</b>	\$325	\$425

## Registration Includes

Continental breakfasts • Lunch • Welcome Reception • Networking Reception

## Policies

Cancel and transfer fees are based on registration fee paid: 60+ days of meeting is 10%; 31-59 days of meeting is 25%; within 30 days of meeting is 50%. Hotel deposit is forfeited for cancellations/transfers received within 3 days (8 days for Disney properties) of arrival. Registration fee is forfeited once program commences. For details, see [www.ifebp.org/policies](http://www.ifebp.org/policies).

## Continuing Education Credit

Continuing education (CE) credit for professions and designations MAY be available for attendance at live sessions. You must register for the program and request CE credit at least 60 days prior to the beginning of the program so that the Foundation can seek preapproval from the governing agency.

Requests made for CE credit do not guarantee administration of credit. For further information on CE credit, please call (262) 786-6710, option 2, or email [continuinged@ifebp.org](mailto:continuinged@ifebp.org).



Educational sessions at this program can qualify for self-reported CEBS Compliance credit. Visit [www.cebs.org/compliance](http://www.cebs.org/compliance) for additional information.



# 35TH ANNUAL HBCE<sup>®</sup>

Health Benefits Conference + Expo

**January 20-22, 2026**

Sawgrass Marriott  
Ponte Vedra Beach, Florida

[www.HBCE.com](http://www.HBCE.com)

**Register  
early to  
save!**

**Benefits Committee Meeting**

10.

**Meeting Date:** 11/14/2025

**Submitted By:** Shelley Loughrey, Human Resources

**Department:** Human Resources

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**Information**

**Agenda Item**

Review the Human Resources Department Reports.

- Financial Reports
- 2026 Benefit Committee Calendar Year Plan
- 2025 Department Leaders/Wellness Leader Retreat on December 12, 9:00 a.m. - 11:00 a.m. at the Georgetown Annex Building. Room #226

**Background**

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**Attachments**

2026 Benefit Committee Calendar Year Plan

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**Form Review**

Form Started By: Shelley Loughrey

Started On: 11/03/2025 04:32 PM

Final Approval Date: 11/03/2025

# 2026 Benefit Committee Calendar Year Plan

## Key Dates: Benefit Committee Voting Members

Month/Key Dates:	Activity	Leader
<b>January</b>	<b>First Quarter</b>	
7 <sup>th</sup> 9-11	<b>Benefit Committee Meeting – Quarterly Review</b> RFP EAP Employee Assistance Program, RFP Broker Consultant need to appoint review committee for both RFP's and discuss timeline, contract must be finalized by 1/12/27, EAP & Broker Consultant by 9/1 for potential implementation	David/Nikki/ Allen/Shelley
<b>February</b>	<b>Wellness Subcommittee Meeting</b>	
6 <sup>th</sup> 1 –4:30	<b>Review and evaluate current Wellness Program, discuss program modifications for 2027 &amp; 2027 Wellness Strategy Plan Incentives</b>	David/Nikki/UHC/ Allen/Angela/ Shelley/C. Long/C. Mendoza
<b>April</b>	<b>Financial Planning Meeting</b>	
17 <sup>th</sup> 9-3 Auditor's TBD	<b>Budget Outline - Tentative Numbers</b>	David/Actuary/Julie /John BC Chair/ Allen/Shelley/Auditor's Office – Julie, Jalyn and Ganae, UHC
<b>May</b>	<b>Second Quarter</b>	
8 <sup>th</sup> 9-3, Full Day  15 <sup>th</sup> 9-12, Half Day	<b>Benefit Committee Meeting – Quarterly Review</b> Budget Proposal, Renewal/Changes Benefit Plans/EE Rates – Medical/Dental/Vision, Wellness Strategy for 2027 Benefit Plan Year – Must have final recommendation, Budget Initial #'s, for placement on CC Court, in prep for Open Enrollment set up	David/Actuary/ Allen/Shelley
<b>August</b>	<b>Third Quarter</b>	
TBD	<b>Open Enrollment Meetings – Webinars Leadership, 2027 Benefit Plan Changes, Rates for Employees/Retirees</b>	Laurie Macina/ BC Committee/ Benefits Team
TBD	<b>In Person OE Meetings – 2027 Benefit Plan Changes for these Departments (URS/Fleet, Building Maintenance, Corrections, Juvenile Services)</b>	Angela/Shelley
<b>September</b>	<b>Third Quarter</b>	
9/21 - 10/2	<b>Open Enrollment Period</b>	Wilco Benefits Team
23 <sup>rd</sup>	<b>Benefit Fair In-person – Georgetown Annex, Second Floor</b>	Shelley/Wilco Benefits Team
<b>November</b>	<b>Fourth Quarter</b>	
18 <sup>th</sup> 9-11	<b>Benefit Committee Meeting – Quarterly Review</b>	Shelley/Allen/David/ Wilco Benefits Team

## Detailed Activity Plan

Color Code:	<b>Yellow – Broker Consultant Action</b> <b>Grey – Benefit Committee Meetings</b>	Leader
Month/Key Dates:		Leader
January	First Quarter	
Week of December 15 <sup>th</sup> , 2025	Call/Meet with David/ to Review Agenda	David/Nikki/ Shelley
7 <sup>th</sup> 9-11	<b>Benefit Committee Meeting – Quarterly Review</b> RFP EAP, RFP – Broker Consultant (exclude Holmes Murphy) Employee 1 <sup>st</sup> Qtr., Financial Reports, regular agenda Items	David/Nikki/ Shelley/BC Committee
TBD	RFP – EAP	David/Nikki/ Shelley/Allen/Purchasing/BC
TBD	RFP – Broker Consultant	Shelley/Allen/Purchasing/BC
February 6 <sup>th</sup> 1 – 4:30	Wellness Subcommittee Meeting	David/Nikki/ Allen/Angela/ Shelley/Wellness Subcommittee
April	Second Quarter	
	Wellness Week – Harbor Health, Bexa, Dexa, and Airrosti	Benefits Team
13 <sup>th</sup> or 17 <sup>th</sup> TBD 9-3, Full Day	Financial Planning Meeting - Budget Outline – Work Planning Meeting, Tentative Budget Numbers	David/Actuary/ Nikki/UHC/BC Chair, John/Julie Allen/Shelley
1st	Budget Numbers entered Questica – will use High bid # Received then adjust down for final numbers.	Shelley/Allen
May		
8 <sup>th</sup> – 9 -3, Full Day	<b>Benefit Committee Meeting – Quarterly Review</b> Proposal of Renewal Benefit Plans/EE Rates – Medical/Dental/Vision, Wellness Strategy for 2027 Plan Year – Must have final recommendation, Budget Initial #'s, for placement on CC Court.	David/Nikki/ Actuary/ Allen/Shelley/ BC Committee
15 <sup>th</sup> 9-12, Half Day	<b>Benefit Committee Meeting</b> Finalize Benefits Budget, ER Funding, EE Rates, Plan Design Changes, Wellness Actions.	David/Nikki/ Allen/Shelley/ BC Committee
TBD	<b>Meet with Commissioners (Cook, Boles, Covey) Review Plans, ER Contribution &amp; EE Rates</b>	Allen/Shelley
TBD	<b>Review Final Presentation – Holmes Murphy for CC Court</b>	Shelley/Holmes Murphy
June	Third Quarter	
2 <sup>nd</sup> or 9 <sup>th</sup>	<b>Commissioners Court Presentation and Approval of Benefits 2027 Plan Year: (Med/Den/Vision, FSA/HSA Cafeteria Plan – Plans &amp; Rates.)</b> Once approved Holmes Murphy to update Wilco Benefit Guide.	David/ Allen/Shelley
	Final Budget – Questica	Allen/Shelley
July		

10 <sup>th</sup>	Finalize 2027 Benefit Guide due by July 10 <sup>th</sup>	Holmes Murphy – Nikki/David
	2027 OE Communications Prep: Benefit Guide, & Benefit Portal Updates for Open Enrollment	David/Nikki/ Shelley/Angela/ UHC/Benefits Portal
<b>August</b>		
3 <sup>rd</sup>	All Open Enrollment Communication Materials Finalized	Shelley, UHC, Benefits Portal
TBD	Shelley Schedule Leadership/Elected Officials/HR Liaisons Present 2027 Plan Changes – Webinars	Shelley/Angela Allen/Benefits Team
TBD	In Person OE Meetings – 2027 Benefit Plan Changes for these Departments (URS/Fleet, Building Maintenance, Corrections, Juvenile Services, Parks)	Angela/Shelley
31 <sup>st</sup>	Budget Adopted	Allen/Shelley
<b>September</b>		
21 <sup>st</sup> – Oct. 2 <sup>nd</sup>	Open Enrollment Period	Shelley/Benefits Team
23 <sup>rd</sup>	Benefit Fair – Georgetown Annex, 2 <sup>nd</sup> Floor	Shelley/Benefits Team
<b>October</b>	<b>Fourth Quarter</b>	
1 <sup>st</sup> – 2 <sup>nd</sup>	Open Enrollment Period	Employees/ Retirees
Week of - TBD	Holmes Murphy to Schedule Call with Allen/Shelley, Review Agenda for BC Agenda Publication on Sept. 27 <sup>th</sup> Items to be included: Stop Loss RFP Draft/Review	David/Nikki/ Allen/Shelley
<b>November</b>		
2 <sup>nd</sup>	RFP EAP & Broker Consultant Holmes Murphy & BC Selection Committee to Review RFP Stop Loss Quote & Make Recommendation to Committee	David/Nikki/ Allen/Shelley/ Review Committee
11 <sup>th</sup> 9 -11	Benefit Committee Meeting –Quarterly Review, regular agenda items and Financial Reports.	David/Nikki/ Allen/Shelley/ BC Committee
<b>December</b>		
TBD	CC Court Approval Stop Loss RFP	Allen/Shelley