2026 S									
#	Entity	RGV	Status	Primary Contact	Primary's Phone	Primary's Email	Secondary Contact	Secondary's Phone	Secondary's Email
1	Alamo	Yes	Completed	Ruth Chapa	956-787-0006 x 1050	rchapa@alamotexas.org	Rosalinda Sloss	956-787-0006 x 109	rsloss@alamotexas.org
2	Alton	Yes	Prior Response	Janie Gaytan	956-432-0760	janie.gaytan@alton-tx.gov	Carla Murillo	956-432-0760	carla.murillo@alton-tx.gov
3	Alvin	No	Invited/No Response	N/A	N/A	hr@cityofalvin.com	N/A	N/A	N/A
4	Angleton	No	Completed	Colleen Martin	979-849-4364 x2132	cmartin@angleton.tx.us	N/A	N/A	N/A
5	Arlington	No	Completed	Scott Kiedaisch	817-575-8992	scott.kiedaisch@arlingtontx.gov	Tracy Shelton	817-575-8990	tracy.shelton@arlingtontx.gov
6	Austin	No	Completed	Karen Espinoza	512-974-3400	karen.espinoza@austintexas.gov	Amanda Morales	512-978-1955	Amanda.Morales@austintexas.gov
7	Bay City	No	Prior Response	Rhonda Clegg	979-245-6650	rclegg@cityofbaycity.org	Joan Perez	979-245-6550	jperez@cityofbaycity.org
8	Baytown	No	Prior Response	Yaritza Hernandez	281-420-7153	yaritza.hernandez@baytown.org	Joey Lopez	281-420-6523	joey.lopez@baytown.org
9	Beaumont	No	Completed	Misty Gallaher	409-880-3174	misty.gallaher@beaumonttexas.gov	Susan Krystofiak	409-880-3779	susan.krystofiak@beaumonttexas.gov
10	Bellaire	No	Prior Response	Alison Ford	713-662-8257	aford@bellairetx.gov	kayla Thomas	713-662-8222	kthomas@bellairetx.gov
11	Boerne	No	Completed	Sherry Aguirre	830-248-1642	saguirre@boerne-tx.gov	Susan Finch	830-249-9511	hr@ci.boerne.tx.us
12	Brenham	No	Prior Response	Susan Nienstedt	979-337-7512	snienstedt@cityofbrenham.org	N/A	N/A	N/A
13	Brownsville	Yes	Invited/No Response	Ivan Reyes	956-548-6064	ivan.reyes@brownsvilletx.gov	N/A	N/A	N/A
14	Brownsville ISD	Yes	Completed	Corpus Zorola	956-548-8061	czorola@bisd.us	Karina Guerrero	956-548-8061	kguerrero@bisd.us
15	Brownsville PUB	Yes	Completed	Sergio Delgadillo	956-983-6190	sdelgadillo@brownsville-pub.com	Luz N Gutierrez	956-983-6194	lngutierrez@brownsville-pub.com
16	Bryan	No	Invited/No Response	Kari Griffin	979-209-5060	kgriffin-french@bryantx.gov	N/A	N/A	N/A
17	Caldwell	No	Invited/No Response	Megan Stephens	979-567-3271	mstephens@caldwelltx.gov	N/A	N/A	humanresources@caldwelltx.gov
18	Cameron County	Yes	Prior Response	Jessica Olivares	956-544-0827	jessica.olivares@co.cameron.tx.us	Susana Marfileno	956-544-0827	susana.marfileno@co.cameron.tx.us
19	College Station	No	Completed	Jennifer Cabezas	979-764-3818	jcabezas@cstx.gov	Teresa Smith	979-764-3537	tsmith@cstx.gov
20	Conroe	No	Prior Response	Lynnette White	936-522-3150	lwhite@cityofconroe.org	Erika Torres	936-522-3150	etorres@cityofconroe.org
21	Corpus Christi	Yes	Completed	Dezerae Carmona	361-826-3878	dezeraec@cctexas.com	N/A	N/A	N/A
22	Dallas	No	Completed	Sandra Ovalles	214-671-6947	sandra.ovalles@dallas.gov	N/A	N/A	hrbenefits@dallas.gov
23	Deer Park	No	Invited/No Response	Sandra Wilson	281-478-7260	swilson@deerparktx.org	Jessica Cantu	281-478-7251	jcantu@deerparktx.org
24	Dickinson	No	Completed	Sloane Miranda	281-337-6236	smiranda@dickinsontexas.gov	Chaise Cary	281-337-2489	ccary@dickinsontexas.gov
25	Donna	Yes	Prior Response	Mary Calderon	956-464-3314	mcalderon@cityofdonna.org	Carlos Carrizales	956-464-3314 x1202	ccarrizales@cityofdonna.org
26	Edcouch	Yes	Prior Response	Marcy Ledezma	956-262-2140	marcy@cityofedcouch.org	N/A	N/A	N/A
27	Edinburg	Yes	Completed	Erica Balli	956-388-1873	eballi@cityofedinburg.com	Laura Cerda	956-388-1873 x 8660	lcerda@cityofedinburg.com
28	Edinburg ISD	Yes	Prior Response	Dustin Garza	956-289-2300	dustin.garza@ecisd.us	Angela Trevino	956-289-2300	angela.trevino@ecisd.us
29	El Paso	No	Completed	Sandrar Ascencio	915-212-1276	ascencioSX@elpasotexas.gov	N/A	N/A	benefits@elpasotexas.gov
30	Fort Bend County	No	Completed	Nicole Ledet	281-341-8617	Nicole.ledet@fortbendcountytx.gov	N/A	N/A	humanresources@fbctx.gov
31	Freeport	No	Prior Response	Donna Fisher	979-871-0103	dfisher@freeport.tx.us	N/A	N/A	N/A
32	Friendswood	No	Completed	Haley Brown	281-996-3238	hbrown@friendswood.com	Chani Honeycutt	281-996-3238	Choneycutt@friendswood.com
33	Garland	No	Completed	Esmeralda Arellano	972-205-3840	earellano@garlandtx.gov	John Bzura	972-205-3840	jbzura@garlandtx.gov
34	Grand Prairie	No	Prior Response	Debbie Compier	972-237-8189	dcompier@gptx.org	Michelle Nguyen	972-237-8196	mnguyen@gptx.org
35	Grapevine	No	Invited/No Response	Melanie Hill	817-410-3176	mhill@grapevinetexas.gov	Rachel Gent	817-410-3176	rgent@grapevinetexas.gov
36	Harlingen	Yes	Prior Response	Karla Puente	956-216-5027	kpuente@harlingentx.gov	Andres Reyes	956-216-5027	areyes@harlingentx.gov
37	Harris Central Appraisal District	No	Completed	Sally Vardy	713-957-5679	svardy@hcad.org	Jacob Pursley	713-957-5204	jpursley3535@hcad.org
38	Hidalgo	Yes	Prior Response	Mary Alvarez	956-843-2286	malvarez@cityofhidalgo.net	Ernesto Monita	956-843-2286	emonita@cityofhidalgo.net
39	Hidalgo County	Yes	Completed	Iris Castillo	956-318-2660	iris.castillo@co.hidalgo.tx.us	Ivan Cantu	956-318-2660	ivan.cantu@co.hidalgo.tx.us
40	Houston	No	Invited/No Response	Stephanie Myers	832-393-6000	stephanie.myers@houstontx.gov	Darien Helton	832-393-6000	darien.helton@houstontx.gov
41	Irving	No	Invited/No Response	Loretta Helm	972-721-3649	lhelm@cityofirving.org	N/A	N/A	N/A
42	Irving ISD	No	Invited/No Response	Ashly Witek	972-600-5431	awitek@irvingisd.net	N/A	N/A	N/A
43	Killeen	No	Completed	Lesley Barron	254-501-7839	lbarron@killeentexas.gov	Kate McDaniel	254-501-7840	kmcdaniel@killeentexas.gov
44	La Joya	Yes	Prior Response	Rosie Trevino	956-581-7002	rosie.trevino@lajoyatx.gov	N/A	N/A	N/A
45	Lake Jackson	No	Prior Response	Jose Sanchez	979-415-2445	jsanchez@lakejacksontx.gov	Lisa Marshall	979-415-2440	lmarshall@lakejacksontx.gov
46	Lakeway	No	Prior Response	Wendy Askey	512-314-7508	wendyaskey@lakeway-tx.gov	Jessica See	512-314-7579	jessicasee@lakeway-tx.gov
47	Laredo	Yes	Completed	Alma Alviar	956-727-6463	aalviar@ci.laredo.tx.us	Erika Maldonado	956-727-6463	emaldonado@ci.laredo.tx.us
48	Livingston	No	Completed	Stacy Edwards	936-327-4311 x 165	humanresources@livingstontx.gov	Ellie Monteaux	936-327-4311	citysecretary@livingstontx.gov

2026 S									
#	Entity	RGV	Status	Primary Contact	Primary's Phone	Primary's Email	Secondary Contact	Secondary's Phone	Secondary's Email
49	Lubbock	No	Prior Response	Donna Price-English	806-775-2281	dPrice@mylubbock.us	Penny Hull	806-775-2281	phull@mylubbock.us
50	Lyford	Yes	Invited/No Response	Elisa Rosas	956-347-3512	cityoflyford@lyfordtx.us	N/A	N/A	N/A
51	Manvel	No	Invited/No Response	Chad Dumon	832-336-4083	chad.dumont@cityofmanvel.com	N/A	N/A	N/A
52	McAllen	Yes	Completed	Jolee Perez	956-681-1408	jrperez@mcallen.net	Ashley Hernandez	956-681-1407	anhernandez@mcallen.net
53	McAllen ISD	Yes	Completed	Karina Garza	956-971-1131	Karina.garza@mcallenisd.net	N/A	N/A	N/A
54	Mercedes	Yes	Prior Response	Kristine Longoria	956-565-3114 x139	klongoria@cityofmercedes.com	N/A	N/A	N/A
55	Mesquite	No	Invited/No Response	Libby Craven	972-216-6218	ecraven@cityofmesquite.com	N/A	N/A	N/A
56	Mission	Yes	Completed	Noemi Munguia	956-580-8681	nmunguia@missiontexas.us	Nereyda Pena	956-580-8630	npena@missiontexas.us
57	Mission CISD	Yes	Prior Response	Sylvia Cruz	956-323-5545	scruz04@mcisd.org	N/A	N/A	N/A
58	New Braunfels	No	Completed	Zae Swor	830-221-4390	zswor@newbraunfels.gov	N/A	N/A	hrdeptlist@newbraunfels.gov
59	Palmhurst	Yes	Invited/No Response	Adriana Castro	956-583-8697	accountant@cityofpalmhurst.com	N/A	N/A	N/A
60	Palmview	Yes	Prior Response	Yvonne Ayala	956-432-0323	yayala@cityofpalmviewtx.us	N/A	N/A	N/A
61	Pasadena	No	Prior Response	Trena White	713-475-5525	twhite@pasadenatx.gov	Terene Sudds-Johnson	713-475-7292	trjohnson@pasadenatx.gov
62	Pearland	No	Prior Response	Melissa Avila	281-652-1618	mavila@pearlandtx.gov	LaRae James	281-652-1652	ljames@pearlandtx.gov
63	Pharr	Yes	Completed	Veronica Ramirez	956-402-2600	Veronica.ramirez@pharr-tx.gov	Ashley Melendez	956-402-2600	ashley.melendez@pharr-tx.gov
64	Plano	No	Completed	Tracy Stack	972-941-7746	tstack@plano.gov	Julia Cherry	972-941-5757	jcherry@plano.gov
65	PSJA	Yes	Invited/No Response	Maricruz Gonzalez	956-354-2029	maricruz.gonzalez@psjaisd.us	N/A	N/A	N/A
66	Rio Grande City	Yes	Completed	Valerie Brown Garza	956-487-0672	vbrown@cityofrgc.com	N/A	N/A	N/A
67	Robstown	Yes	Prior Response	Gabby Garcia	361-387-4589	gabby@cityofrobstown.com	N/A	N/A	N/A
68	San Antonio	No	Prior Response	Manny Espino	210-207-1371	manny.espino@sanantonio.gov	Maricela Toral	210-207-1371	maricela.toral@sanantonio.gov
69	San Benito	Yes	Prior Response	Christine Castillo	956-361-3800 x 227	ccastillo@cityofsanbenito.com	N/A	N/A	N/A
70	San Juan	Yes	Prior Response	Jessica Ocana	956-223-2200	jocana@sjtx.us	N/A	N/A	N/A
71	Sharyland ISD	Yes	Invited/No Response	Mark Dougherty	956-580-5200 x 1012	mdougherty@sharylandisd.org	N/A	N/A	N/A
72	South Padre Island	Yes	Completed	Wendy Saldana	956-761-8140	wsaldana@myspi.org	Juan Carlos Alejandro	956-761-8100	jcalejandro@myspi.org
73	Stafford	No	Prior Response	Renee Hurt	281-261-3909	rhurt@staffordtx.gov	N/A	N/A	N/A
74	Sugar Land	No	Prior Response	Janet Lawrie	281-275-2211	jlawrie@sugarlandtx.gov	Paula Kutcha	281-275-2211	pkutchka@sugarlandtx.gov
75	Tyler	No	Prior Response	Janette Aguilar	903-531-0600	jcaguilar@tylertexas.com	N/A	N/A	N/A
76	Waco	No	Prior Response	Mari Jaimes-Hernandez	254-750-5740	mariksah@wacotx.gov	N/A	N/A	N/A
77	Webster	No	Completed	Brenda Miller-Fergerson	281-316-4143	bfergerson@cityofwebster.com	Chandra Jobb	281-316-4104	cjobb@cityofwebster.com
78	Weslaco	Yes	Prior Response	Stephanie Lara	956-968-3181	slara@weslacotx.gov	Luz Galindo	956-973-3106	lgalindo@weslacotx.gov
79	Wichita Falls	No	Invited/No Response	Nikki Fyock	940-761-7615	nikki.fyock@wichitafallstx.gov	N/A	N/A	N/A

2026 BENEFITS SURVEY
January 2026

	McAllen	McAllen	McAllen	McAllen ISD	Alamo	Alton	Angleton	Angleton
	Active Plan	***Retiree Pre 65***	***Retiree Post 65***	***Basic Plan***	***TX Health Benefits***	***Health Plan***	***Active Plan - PPO***	***Active Plan - HDHP***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Jolee Perez	Jolee Perez	Jolee Perez	Karina Garza	Ruth Chapa	Janie Gaytan	Colleen Martin	Colleen Martin
Primary Contact Phone	956-681-1408	956-681-1408	956-681-1408	956-971-1131	956-787-0006 EXT 1050	956-432-0760 ext 1108	979-849-4364 x2132	979-849-4364 x2132
Primary Contact Email	jrperez@mcallen.net	jrperez@mcallen.net	jrperez@mcallen.net	karina.garza@mcallenisd.net	rchapa@alamotexas.org	janie.gaytan@alton-tx.gov	cmartin@angleton.tx.us	cmartin@angleton.tx.us
Secondary Contact Name	Ashley Hernandez	Ashley Hernandez	Ashley Hernandez		Rosalinda Sloss	Carla Murillo		
Secondary Contact Phone	956-681-1407	956-681-1407	956-681-1407		956-787-0006 EXT 109	956-432-0760 ext 1115		
Secondary Contact Email	anhernandez@mcallen.net	anhernandez@mcallen.net	anhernandez@mcallen.net		rsloss@alamotexas.org	carla.murillo@alton-tx.gov		
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Active Only	Retiree Only	Retiree Only	Active Only	Active Only	Active & Retiree	Active Only	Active Only
PPO, HMO, EPO, Etc.	EPO	EPO	PPO	PPO	PPO	PPO	PPO	HDHP
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$755.00	$755.00	$755.00	$586.50	$542.07	$474.68	$1,173.12	$823.46
PREMIUM: Employee Plus Spouse	$1,249.00	$1,249.00	$1,249.00	$1,064.50	$1,070.60	$963.62	$2,351.40	$1,650.54
PREMIUM: Employee Plus Child	$1,173.00	$1,173.00	$1,173.00	$765.50	$956.22	$835.46	$2,409.94	$1,691.74
PREMIUM: Employee Plus Children	$1,303.00	$1,303.00	$1,303.00	$957.50	$956.22	$835.46	$2,409.94	$1,691.74
PREMIUM: Employee Plus Family	$1,303.00	$1,303.00	$1,303.00	$1,254.50	$1,542.19	$1,400.30	$3,588.32	$2,518.80
EMPLOYEE CONTRIBUTION: Employee Only	$60.00	$755.00	$755.00	$65.00	$0.00	$25.00	$25.00	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$338.00	$1,249.00	$1,249.00	$543.00	$352.34	$440.60	$563.90	$413.18
EMPLOYEE CONTRIBUTION: Employee Plus Child	$280.00	$1,173.00	$1,173.00	$244.00	$276.10	$331.66	$348.34	$247.92
EMPLOYEE CONTRIBUTION: Employee Plus Children	$364.00	$1,303.00	$1,303.00	$436.00	$276.10	$331.66	$348.34	$247.92
EMPLOYEE CONTRIBUTION: Employee Plus Family	$364.00	$1,303.00	$1,303.00	$733.00	$666.73	$811.78	$833.36	$619.78
EMPLOYER CONTRIBUTION: Employee Only	$695.00	$0.00	$0.00	$521.50	$542.07	$449.68	$1,148.12	$823.46
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$911.00	$0.00	$0.00	$521.50	$718.26	$523.02	$1,787.50	$1,237.36
EMPLOYER CONTRIBUTION: Employee Plus Child	$893.00	$0.00	$0.00	$521.50	$680.12	$503.80	$2,061.60	$1,443.82
EMPLOYER CONTRIBUTION: Employee Plus Children	$939.00	$0.00	$0.00	$521.50	$680.12	$503.80	$2,061.60	$1,443.82
EMPLOYER CONTRIBUTION: Employee Plus Family	$939.00	$0.00	$0.00	$521.50	$875.46	$588.52	$2,754.96	$1,899.02
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**3188**	**56**	**25**	**4578**	**172**	**144**	**98**	**26**
Number of Subscribers (Active)	1847	0	0	3023	136	111	0	0
Number of Dependents (Active)	1341	0	0	1555	36	32	0	7
Number of Subscribers (Retirees)	0	32	14	0	0	1	0	0
Number of Dependents (Retirees)	0	24	11	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$19,975,300.00	$19,975,300.00	$19,975,300.00	$38,175,812.00				
Medical ASO TPA / Medical Carrier	United Healthare	UHC	UHC	United Healthcare				
Medical ASO Fee PEPM (Please remove any rebate offset)	$51.16	$51.16	$51.16	$30.50				
Pharmacy Benefit Manager	Optum	Optum	Optum	Araya Rx				
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$60.00	$60.00	$60.00	Guarantee: (Per Eligible Script) Retail 30 - $359.54 Retail 90 - $813.35 Specialty - $3,127.61				
Individual Stop Loss Insurance Provider	Ryan Specialty / QBE	Ryan Specialty / QBE	Ryan Specialty / QBE	Iron ShoreIndemnity Inc				
Individual Stop Loss Insurance Deductible	$350,000.00	$350,000.00	$350,000.00	$330,000.00				
Individual Stop Loss Insurance Fee PEPM	$63.09	$63.09	$63.09	$23.88				
Aggregate Stop Loss Insurance Provider	N/A	N/A	N/A	NA				
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	NA				
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	NA				
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	Puro Aseguro	Puro Aseguro	Puro Aseguro	None				
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	Honest Rx	Honest Rx	Honest Rx	Valley Risk Consulting				
Cost Per Subscriber Per Month	$885.90	$885.90	$885.90	$1,052.37	$0.00		#DIV/0!	#DIV/0!
Cost Per Member Per Month	$509.21	$509.21	$509.21	$694.91	$0.00		$0.00	$0.00

2026 BENEFITS SURVEY
January 2026

	McAllen	McAllen	McAllen	McAllen ISD	Alamo	Alton	Angleton	Angleton
	Active Plan	*Retiree Pre 65*	*Retiree Post 65*	*Basic Plan*	*TX Health Benefits*	*Health Plan*	*Active Plan - PPO*	*Active Plan - HDHP*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	70/30	20% after deductible	80/50	80/20	80/20
Coverage Percentage Ratio - Out of Network	50/50	50/50	50/50	50/50	50% after deductible	50/50	60/40	80/20
Deductible - In Network - Individual	$2,000.00	$2,000.00	$0.00	$1,000.00	$5,000.00	$1,500.00	$3,500.00	$500.00
Deductible - In Network - Family	$4,000.00	$4,000.00	$0.00	$3,000.00	$10,000.00	$3,000.00	$7,000.00	$1,500.00
Deductible - Out of Network - Individual	N/A	N/A	$3,000.00	$3,000.00	*No Response Provided*	$3,000.00	$7,000.00	$1,000.00
Deductible - Out of Network - Family	N/A	N/A	$6,000.00	$9,000.00	*No Response Provided*	$6,000.00	$14,000.00	$3,000.00
Max Out Of Pocket In-Network (Individual)	$6,000.00	$6,000.00	$4,000.00	$5,000.00	$7,500.00	$3,000.00	$5,000.00	$3,000.00
Max Out Of Pocket In-Network (Family)	$12,000.00	$12,000.00	$8,000.00	$14,700.00	$15,000.00	$6,000.00	$10,000.00	$9,000.00
Max Out Of Pocket Out-of-Network (Individual)	N/A	N/A	$10,000.00	$9,000.00	*No Response Provided*	$0.00	unlimited	unlimited
Max Out Of Pocket Out-of-Network (Family)	N/A	N/A	Unlimited	$27,000.00	*No Response Provided*	$0.00	unlimited	unlimited
Copay/Coshare - Primary Care Office Visit	$45.00	$45.00	$0.00	$30.00	$25.00	$30.00	$35.00	$35.00
Copay/Coshare - Specialist Office Visit	$55.00	$55.00	$0.00	$30.00	$50.00	$60.00	$60.00	$60.00
Copay/Coshare - ER Visit	$500.00	$500.00	$0.00	$200.00	20% coinsurance after deductible	$500.00	$150.00	$150.00
Copay/Coshare - Urgent Care	$100.00	$100.00	$0.00	30% Coinsurance	20% coinsurance after deductible	$75.00	$75.00	$75.00
Copay/Coshare - Virtual Visit (Primary Care)	$10.00	$10.00	$0.00	$0 Copay	$0.00	$0.00	$0 Copay	$0.00
Incentivized design for Copay/Coshare for Office Visits?	Yes, $15 reduced copay	Yes, $15 reduced copay	N/A	100% Lab @ In Network Free Standing Laboratories				
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	Yes	Yes	No	No				
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	No	No	No	No				
Infertility Treatment Benefits	$5000 Lifetime	$5000 Lifetime	$5000 Lifetime	Not Covered				
Bariatric Benefits	No	No	No	Not Covered				
Hearing Aid Benefits	No	No	No	Not Covered				
Any other preferred/incentivized arrangements not mentioned previously?	All cash based negotiated care through DPC including surgical care is covered at 100% with no cost share liability to members if they choose to use the service.	All cash based negotiated care through DPC including surgical care is covered at 100% with no cost share liability to members if they choose to use the service.	All cash based negotiated care through DPC including surgical care is covered at 100% with no cost share liability to members if they choose to use the service.	PCI $5 Copays & PCW $10 Copays & Telemedicine at $0.00 copay				

2026 BENEFITS SURVEY
January 2026

	McAllen	McAllen	McAllen	McAllen ISD	Alamo	Alton	Angleton	Angleton
	Active Plan	***Retiree Pre 65***	***Retiree Post 65***	***Basic Plan***	***TX Health Benefits***	***Health Plan***	***Active Plan - PPO***	***Active Plan - HDHP***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	***No Response Provided***	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	3	3	5	3	5
Formulary Management (*describe what structure tiers represent*)	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty	"Closed" Formulary	***No Response Provided***	***No Response Provided***	Lowest Net Cost / Not Generic Model	Lowest Net Cost / Not Generic Model
Retail 30 Day Tier 1 Copay/Structure	$20.00	$20.00	$20.00	$7.50	$50.00	$10.00	20% Copay	$10.00
Retail 30 Day Tier 2 Copay/Structure	$50.00	$50.00	$50.00	$25.00	$100.00	$25.00	30% Copay	$20.00
Retail 30 Day Tier 3 Copay/Structure	$70.00	$70.00	$70.00	$45.00	25% coinsurance afer deductible	$90.00	40% Copay	$70.00
Retail 30 Day Tier 4 Copay/Structure	$135.00	$135.00	$135.00	N/A	***No Response Provided***	$150.00	N/A	$120.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	***No Response Provided***	$175.00	N/A	$150.00
Mail/Retail 90 Day Tier 1 Copay/Structure	$60.00	$60.00	$60.00	$15.00	***No Response Provided***	$30.00	10% Copay	$0.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$150.00	$150.00	$150.00	$50.00	***No Response Provided***	$75.00	20% Copay	$30.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$210.00	$210.00	$210.00	$90.00	***No Response Provided***	$270.00	30% Copay	$150.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	***No Response Provided***	$450.00	No	$300.00
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	***No Response Provided***	$525.00	NO	No
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	No				
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	Yes, no cost share to members who use this route for specialty medications.	Yes, no cost share to members who use this route for specialty medications.	No	Yes, implemented a mandatory International Pharmacy mail order component 1/1/23. Member pays a zero co-pay.				

2026 BENEFITS SURVEY
January 2026

	McAllen	McAllen	McAllen	McAllen ISD	Alamo	Alton	Angleton	Angleton
	Active Plan	***Retiree Pre 65***	***Retiree Post 65***	***Basic Plan***	***TX Health Benefits***	***Health Plan***	***Active Plan - PPO***	***Active Plan - HDHP***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Wellness Coach on staff. Incentives in place. Real Appeal, Able To, Rally Health through UHC. Health Fair. Lunch & Learns. Fllu Shots.	Wellness Coach on staff. Incentives in place. Real Appeal, Able To, Rally Health through UHC. Health Fair. Lunch & Learns. Fllu Shots.	N/A	Annual Flu Shots and Monthly Worksite Postings				
Programs - Other Miscellaneous	Financial Support Program (SmartDollar) at no cost to employees. Employee Assistance Plan.	Financial Support Program (SmartDollar) at no cost to employees. Employee Assistance Plan.	N/A	TPA- Wellness Program				
Notes - Retirees	N/A	Police Officers with 25+ years of service have 50% premium subsidy until the age of 65.	Retirees Post 65 are subject to Medicare Estimation whether they are enrolled in Part B or not.	MISD does not cover Retirees.	***No Response Provided***	***No Response Provided***	Angleton does not cover Retirees.	Angleton does not cover Retirees.
Notes - Other Miscellaneous	N/A	N/A	N/A	No surviving spouse benefits. Eligibility is date of hire. Coverage terms at end of month except where contract exists per TEA policy to cover May terms through August.	Employees enrolled in the Curative medical plan can receive $0 deductible and $0 copay coverage by completing a baseline visit.	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY

January 2026

	McAllen	McAllen	McAllen	McAllen ISD	Alamo	Alton	Angleton	Angleton
	Active Plan	***Retiree Pre 65***	***Retiree Post 65***	***Basic Plan***	***TX Health Benefits***	***Health Plan***	***Active Plan - PPO***	***Active Plan - HDHP***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	Foster more knowledge into Direct Primary Care, International Rx, and Surgical Cash Negotiations.	Foster more knowledge into Direct Primary Care, International Rx, and Surgical Cash Negotiations.	No plans at this time.	This year benefit plan design changes and plans to adjust EE or ER contributions. We are also working with our TPA to identify opportunities with providers to reduce expense. We changed from a Medical & Pharmacy Stop Loss Policy to a Medical Only Policy effective 1.1.26				
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	Our depth of program through our Direct Primary Care exceeds just primary/urgent care, and branches out into all other areas of care through cash based negotiations. Benefits of an RFB Plan without the administrative hassles.	Our depth of program through our Direct Primary Care exceeds just primary/urgent care, and branches out into all other areas of care through cash based negotiations. Benefits of an RFB Plan without the administrative hassles.	N/A	NA				

2026 BENEFITS SURVEY
January 2026

	Arlington	Arlington	Austin	Austin	Austin	Bay City	Bay City	Bay City
	Copay Plan	*HDHP Plan*	*CDHP Plan with HSA*	*PPO Plan*	*HMO Plan*	*Base Plan - PPO*	*HMO*	*Buy Up Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
CONTACTS								
Primary Contact Name	Scott Kiedaisch	Scott Kiedaisch	Karen Espinoza	Karen Espinoza	Karen Espinoza	Rhonda Clegg	Rhonda Clegg	Rhonda Clegg
Primary Contact Phone	817-575-8992	817-575-8992	512-974-3277	512-974-3277	512-974-3277	979-245-6650	979-245-6650	979-245-6550
Primary Contact Email	scott.kiedaisch@arlingtontx.gov	scott.kiedaisch@arlingtontx.gov	Karen.Espinoza@austintexas.gov	Karen.Espinoza@austintexas.gov	Karen.Espinoza@austintexas.gov	rclegg@cityofbaycity.org	rclegg@cityofbaycity.org	rclegg@cityofbaycity.org
Secondary Contact Name	Tracy Shelton	Tracy Shelton	Amanda Morales	Amanda Morales	Amanda Morales	Joan Perez	Joan Perez	Joan Perez
Secondary Contact Phone	817-575-8990	817-575-8990	512-978-1955	512-978-1955	512-978-1955	979-245-6550	979-245-6550	9792456550
Secondary Contact Email	tracy.shelton@arlingtontx.gov	tracy.sheltong@arlingtontx.gov	Amanda.Morales@austintexas.gov	Amanda.Morales@austintexas.gov	Amanda.Morales@austintexas.gov	jperez@cityofbaycity.org	jperez@cityofbaycity.org	jperez@cityofbaycity.org
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree
PPO, HMO, EPO, Etc.	EPO	EPO	HDHP	PPO	EPO	PPO	HMO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$744.08	$672.85	$552.32	$714.06	$857.36	$905.47	$821.01	$988.42
PREMIUM: Employee Plus Spouse	$1,548.84	$1,394.79	$1,239.42	$1,602.28	$1,957.92	$1,901.32	$1,723.96	$2,075.49
PREMIUM: Employee Plus Child	$1,221.95	$1,100.40	$1,057.30	$1,368.42	$1,671.76	$1,629.68	$1,477.67	$1,778.96
PREMIUM: Employee Plus Children	$1,221.95	$1,100.40	$1,057.30	$1,368.42	$1,671.76	$2,716.35	$2,462.98	$2,965.18
PREMIUM: Employee Plus Family	$2,174.97	$1,958.63	$1,705.82	$2,205.26	$2,694.36	$2,716.35	$2,462.98	$2,965.18
EMPLOYEE CONTRIBUTION: Employee Only	$68.60	$30.83	$0.00	$30.00	$40.00	$180.63	$0.00	$246.48
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$351.42	$185.53	$192.74	$401.34	$421.34	$379.30	$171.96	$517.56
EMPLOYEE CONTRIBUTION: Employee Plus Child	$219.87	$94.89	$95.58	$295.68	$315.68	$325.10	$147.39	$443.61
EMPLOYEE CONTRIBUTION: Employee Plus Children	$219.87	$94.89	$95.58	$295.68	$315.68	$541.89	$245.67	$739.41
EMPLOYEE CONTRIBUTION: Employee Plus Family	$493.48	$260.58	$443.26	$673.82	$693.82	$541.89	$245.67	$739.41
EMPLOYER CONTRIBUTION: Employee Only	$675.48	$642.02	$552.32	$684.06	$817.36	$724.84	$821.01	$741.94
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,197.42	$1,209.26	$1,046.68	$1,200.94	$1,536.58	$1,522.02	$1,552.00	$1,557.93
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,002.08	$1,005.51	$961.72	$1,072.74	$1,356.08	$1,304.58	$1,330.28	$1,335.35
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,002.08	$1,005.51	$961.72	$1,072.74	$1,356.08	$2,174.46	$2,217.31	$2,225.77
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,681.49	$1,698.05	$1,262.56	$1,531.44	$2,000.54	$2,174.46	$2,217.31	$2,225.77
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**1954**	**3568**	**6527**	**24071**	**3037**	**19**	**56**	**43**
Number of Subscribers (Active)	997	1405	3197	10438	1104	11	38	24
Number of Dependents (Active)	895	1858	3348	9527	1146	8	18	18
Number of Subscribers (Retirees)	53	232	133	2389	338	0	0	1
Number of Dependents (Retirees)	9	73	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$32,000,000.00	$32,000,000.00	$28,196,950.00	$218,606,904.00	$24,070,315.00			
Medical ASO TPA / Medical Carrier	BCBS	BCBS	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX			
Medical ASO Fee PEPM (Please remove any rebate offset)	$37.86	$37.86	$51.22	$51.22	$51.22			
Pharmacy Benefit Manager	BCBS-Prime	BCBS-Prime	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics			
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	-$149.93	-$149.93	-$240.95	-$240.95	-$240.95			
Individual Stop Loss Insurance Provider	Blue Cross Blue Shield	Blue Cross Blue Shield	BCBSTX	BCBSTX	BCBSTX			
Individual Stop Loss Insurance Deductible	$500,000.00	$500,000.00	$750,000.00	$750,000.00	$750,000.00			
Individual Stop Loss Insurance Fee PEPM	$46.80	$46.80	$39.64	$39.64	$39.64			
Aggregate Stop Loss Insurance Provider	N/A	N/A	N/A	N/A	N/A			
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	N/A	N/A			
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	N/A	N/A			
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	HUB International	HUB International	Segal	Segal	Segal			
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	HUB International	HUB International	N/A	N/A	N/A			
Cost Per Subscriber Per Month	$2,539.68	$1,629.00	$522.66	$1,087.94	$862.62	$0.00	$0.00	$0.00
Cost Per Member Per Month	$1,364.72	$747.38	$522.66	$1,087.94	$862.62	$0.00	$0.00	$0.00

2026 BENEFITS SURVEY
January 2026

	Arlington	Arlington	Austin	Austin	Austin	Bay City	Bay City	Bay City
	Copay Plan	*HDHP Plan*	*CDHP Plan with HSA*	*PPO Plan*	*HMO Plan*	*Base Plan - PPO*	*HMO*	*Buy Up Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	90/10	80/20	80/20	N/A	70/30	70/30	70/30
Coverage Percentage Ratio - Out of Network	No Coverage	No Coverage	60/40	60/40	No Coverage	50/50	No Coverage	50/50
Deductible - In Network - Individual	$1,750.00	$3,300.00	$1,700.00	$600.00	N/A	$3,000.00	$3,000.00	$3,000.00
Deductible - In Network - Family	$3,500.00	$5,000.00	$3,400.00	$1,800.00	N/A	$9,000.00	$9,000.00	$9,000.00
Deductible - Out of Network - Individual	N/A	N/A	$3,200.00	$2,000.00	N/A	$6,000.00	N/A	$6,000.00
Deductible - Out of Network - Family	N/A	N/A	$6,400.00	$6,000.00	N/A	$18,000.00	N/A	$18,000.00
Max Out Of Pocket In-Network (Individual)	$6,000.00	$6,000.00	$5,000.00	$4,250.00	$4,750.00	$7,350.00	$7,350.00	$5,600.00
Max Out Of Pocket In-Network (Family)	$12,000.00	$12,000.00	$6,850.00	$13,250.00	$9,500.00	$14,700.00	$14,700.00	$10,200.00
Max Out Of Pocket Out-of-Network (Individual)	N/A	N/A	$10,000.00	$12,000.00	N/A	Unlimited	N/A	$16,000.00
Max Out Of Pocket Out-of-Network (Family)	N/A	N/A	$20,000.00	Unlimited	N/A	Unlimited	N/A	$48,000.00
Copay/Coshare - Primary Care Office Visit	$30.00	10%, after deductible	20% after deductible	$15.00	$15.00	$50.00	$50.00	$40.00
Copay/Coshare - Specialist Office Visit	$50.00	10%, after deductible	20% after deductible	$30.00	$40.00	$100.00	$100.00	$40.00
Copay/Coshare - ER Visit	20%, after deductible	10%, after deductible	20% after deductible	$300.00	$350.00	$500 + 30% DED	$500 + 30% DED	$100 + 30%
Copay/Coshare - Urgent Care	$75.00	$75, after deductible	20% after deductible	$40.00	$50.00	$75 Copay	$75 Copay	$65 Copay
Copay/Coshare - Virtual Visit (Primary Care)	$30.00	$0, after deductible	20% after deductible	$10.00	$10.00	$50 Copay	$50 Copay	$40 Copay
Incentivized design for Copay/Coshare for Office Visits?	No	No	N/A	N/A	N/A			
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	N/A	N/A	N/A			
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	No	No	No	No	No			
Infertility Treatment Benefits	No	No	Yes; $20,000 lifetime max	Yes; $20,000 lifetime max	Yes; $20,000 lifetime max			
Bariatric Benefits	Yes	Yes	at Center of Excellence only: deductible then 20% Tier 1, 30% Tier 2	at Center of Excellence only: deductible then 20%	at St. Davids Medical only; depends on which procedure (i.e gastric bypass vs. sleeve) inpatient copay $1750 and outpatient copay $750			
Hearing Aid Benefits	Yes	Yes	Yes; 1 per ear per 48 months	Yes; 1 per ear per 48 months	Yes; 1 per ear per 48 months			
Any other preferred/incentivized arrangements not mentioned previously?	No	No	N/A	N/A	N/A			

2026 BENEFITS SURVEY
January 2026

	Arlington	Arlington	Austin	Austin	Austin	Bay City	Bay City	Bay City
	Copay Plan	***HDHP Plan***	***CDHP Plan with HSA***	***PPO Plan***	***HMO Plan***	***Base Plan - PPO***	***HMO***	***Buy Up Plan***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	20% After Deductible	$50 deductible for tier 2 and tier3	$50 deductible for tier 2 and tier3	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	3	3	3	6	6	4
Formulary Management (*describe what structure tiers represent*)	Preferred Generics & Low Cost Brand, Preferred Brand, Non-Preferred Brand & High Cost Generics, Specialty	Preferred Generics & Low Cost Brand, Preferred Brand, Non-Preferred Brand & High Cost Generics, Specialty	generic/tier 1; preferred brand/tier 2; Non-preferred brand/tier 3	generic/tier 1; preferred brand/tier 2; Non-preferred brand/tier 3	generic/tier 1; preferred brand/tier 2; Non-preferred brand/tier 3	Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand/ Preferred Speciality/Non-Preferred Speciality	Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand/ Preferred Speciality/Non-Preferred Speciality	Generic/Preferred/Non-Preferred Brand/Specialty
Retail 30 Day Tier 1 Copay/Structure	20%, maximum of $25	10%, after deductible	20% After Deductible	$10	$10	$10.00	$10.00	$20.00
Retail 30 Day Tier 2 Copay/Structure	20%, maximum of $75	10%, after deductible	20% After Deductible	$40 copay or 20% of cost up to $70	$45 copay or 20% of cost up to $80	$20.00	$20.00	$40.00
Retail 30 Day Tier 3 Copay/Structure	20%, maximum of $200	10%, after deductible	20% After Deductible	$60 copay or 20% of cost up to $110	$65 copay or 20% of cost up to $120	$50.00	$50.00	$60.00
Retail 30 Day Tier 4 Copay/Structure	20%, maximum of $300	10%, after deductible	N/A	N/A	N/A	$100.00	$100.00	$20/$40/$60
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$150.00	$150.00	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	20%, maximum of $25	10%, after deductible	20% After Deductible	$20.00	$30.00	$0.00	$0.00	N/A
Mail/Retail 90 Day Tier 2 Copay/Structure	20%, maximum of $75	10%, after deductible	20% After Deductible	$80 or 20% of cost $140 max	$135 or 20% of cost $240 max	$30.00	$30.00	N/A
Mail/Retail 90 Day Tier 3 Copay/Structure	20%, maximum of $200	10%, after deductible	20% After Deductible	$120 or 20% of cost $220 max	$195 or 20% of cost $360 max	$150.00	$150.00	N/A
Mail/Retail 90 Day Tier 4 Copay/Structure	20%, maximum of $300	10%, after deductible	N/A	N/A	N/A	$300.00	$300.00	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	No	No			
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	N/A	N/A	N/A			

2026 BENEFITS SURVEY *January 2026*	Arlington	Arlington	Austin	Austin	Austin	Bay City	Bay City	Bay City
	Copay Plan	***HDHP Plan***	***CDHP Plan with HSA***	***PPO Plan***	***HMO Plan***	***Base Plan - PPO***	***HMO***	***Buy Up Plan***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	On-site Wellness Coordinator. 5 Step Wellness Program: Annual Physical, Annual Labs, TouchCare Advocacy Service, Open Enrollment Meeting, Wellness Fair or Lunch & Learns. $20 discount on biweekly medical premiums.	On-site Wellness Coordinator. 5 Step Wellness Program: Annual Physical, Annual Labs, TouchCare Advocacy Service, Open Enrollment Meeting, Wellness Fair or Lunch & Learns. $20 discount on biweekly medical premiums.	Employees can earn eight hours of Wellness Administrative Leave (WADL) for getting their health numbers and completing the health assessment. Employees can participate in a variety of activities to earn up to $150 (taxable) added to their mid-November paycheck.	Employees can earn eight hours of Wellness Administrative Leave (WADL) for getting their health numbers and completing the health assessment. Employees can participate in a variety of activities to earn up to $150 (taxable) added to their mid-November paycheck.	Employees can earn eight hours of Wellness Administrative Leave (WADL) for getting their health numbers and completing the health assessment. Employees can participate in a variety of activities to earn up to $150 (taxable) added to their mid-November paycheck.			
Programs - Other Miscellaneous	Annual Flu Shots, Tobacco Cessation Program	Annual Flu Shots, Tobacco Cessation Program	Diabetes Control Program: Employees, retirees, and dependents learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost • Approved diabetes medications and testing supplies at no cost • Comprehensive Diabetes education (required) • Quarterly screenings through a pharmacist (three visits per year required) Tobacco Cessation: Individuals who complete tobacco cessation classes are eligible to receive cessation medication (including over-the-counter products) free for nine months with a doctor's prescription. Hinge Health: virtual MSK intervention providing physical therapy using sensors. Wondr Health Management: provides on demand weight loss programming.	Diabetes Control Program: Employees, retirees, and dependents learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost • Approved diabetes medications and testing supplies at no cost • Comprehensive Diabetes education (required) • Quarterly screenings through a pharmacist (three visits per year required) Tobacco Cessation: Individuals who complete tobacco cessation classes are eligible to receive cessation medication (including over-the-counter products) free for nine months with a doctor's prescription. Hinge Health: virtual MSK intervention providing physical therapy using sensors. Wondr Health Management: provides on demand weight loss programming.	Diabetes Control Program: Employees, retirees, and dependents learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost • Approved diabetes medications and testing supplies at no cost • Comprehensive Diabetes education (required) • Quarterly screenings through a pharmacist (three visits per year required) Tobacco Cessation: Individuals who complete tobacco cessation classes are eligible to receive cessation medication (including over-the-counter products) free for nine months with a doctor's prescription. Hinge Health: virtual MSK intervention providing physical therapy using sensors. Wondr Health Management: provides on demand weight loss programming.			
Notes - Retirees	Retirees hired prior to 1/1/2006 are eligible for a subsidy towards medical and Medicare supplemental & RX plans	Retirees hired prior to 1/1/2006 are eligible for a subsidy towards medical and Medicare supplemental & RX plans	Retirees pre/post 65 and their dependents if applicable are offered retiree coverage at different rates based on years of service and Medicare status. CDHP comes with an Health Reimbursement Account(HRA) that has no annual carryover. Retirees and their dependents post 65 that are Medicare eligible are offered a Medicare Advantage Plan.	Retirees pre/post 65 and their dependents if applicable are offered retiree coverage at different rates based on years of service and Medicare status. Retirees and their dependents post 65 that are Medicare eligible are offered a Medicare Advantage Plan.	Retirees pre/post 65 and their dependents if applicable are offered retiree coverage at different rates based on years of service and Medicare status. Retirees and their dependents post 65 that are Medicare eligible are offered a Medicare Advantage Plan.	Retirees and their eligible dependents are able to retain City insurance, howver, they are responsible for the full premium	Retirees and their eligible dependents are able to retain City insurance, howver, they are responsible for the full premium	Retirees and their eligible dependents are able to retain City insurance, howver, they are responsible for the full premium.
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	Active coverage starts the 1st day of the following month in which the employee is hired. Medical, dental, and vision benefit term at the end of the month in which the employee separates/terminates witth the rest of the benefits terming at the end of the pay period in which the employee separates/terminates. Retirees coverage starts the first of the following month in which they retire and benefits term at the end of the month.	Active coverage starts the 1st day of the following month in which the employee is hired. Medical, dental, and vision benefit term at the end of the month in which the employee separates/terminates witth the rest of the benefits terming at the end of the pay period in which the employee separates/terminates. Retirees coverage starts the first of the following month in which they retire and benefits term at the end of the month.	Active coverage starts the 1st day of the following month in which the employee is hired. Medical, dental, and vision benefit term at the end of the month in which the employee separates/terminates witth the rest of the benefits terming at the end of the pay period in which the employee separates/terminates.. Retirees coverage starts the first of the following month in which they retire and benefits term at the end of the month.	Eligibility is 1st of the month following 60 days. Coverage terms at the end of the month.	Eligibility is 1st of the month following 60 days. Coverage terms at the end of the month.	Eligibility is 1st of the month following 60 days. Coverage terms at the end of the month.

2026 BENEFITS SURVEY
January 2026

	Arlington	Arlington	Austin	Austin	Austin	Bay City	Bay City	Bay City
	Copay Plan	*HDHP Plan*	*CDHP Plan with HSA*	*PPO Plan*	*HMO Plan*	*Base Plan - PPO*	*HMO*	*Buy Up Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*			
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*			

2026 BENEFITS SURVEY
January 2026

	Baytown	Beaumont	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire
	Base Plan	*Base Plan*	*Local Plus Network - CORE*	*Local Plus Network - CORE*	*HDHP - Buy-Up #1*	*HDHP - Buy-Up #1*	*EPO - Buy-Up #2*	*EPO - Buy-Up #2*
	Prior Response	Completed	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response
CONTACTS								
Primary Contact Name	Yaritza Hernandez	Susan Krystofiak	Alison Ford	Alison Ford	Alison Ford	Alison Ford	Alison Ford	Alison Ford
Primary Contact Phone	281-420-7153	409-880-3741	713-662-8257	713-662-8257	713-662-8257	713-662-8257	713-662-8257	713-662-8257
Primary Contact Email	yaritza.hernandez@baytown.org	susan.krystofiak@beaumonttexas.gov	aford@bellairetx.gov	aford@bellairetx.gov	aford@bellairetx.gov	aford@bellairetx.gov	aford@bellairetx.gov	aford@bellairetx.gov
Secondary Contact Name	Joey Lopez	Yolanda Sumlin	Melanie Glaze	Melanie Glaze	Melanie Glaze	Melanie Glaze	Melanie Glaze	Melanie Glaze
Secondary Contact Phone	281-420-6523	409-880-3737	713-662-8271	713-662-8271	713-662-8271	713-662-8271	713-662-8271	713-662-8271
Secondary Contact Email	joey.lopez@baytown.org	yolanda.sumlin@beaumonttexas.gov	mglaze@bellairetx.gov	mglaze@bellairetx.gov	mglaze@bellairetx.gov	mglaze@bellairetx.gov	mglaze@bellairetx.gov	mglaze@bellairetx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Level Funded	Level Funded	Level Funded	Level Funded	Level Funded	Level Funded
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active Only	Retiree Only	Active Only	Retiree Only	Active Only	Retiree Only
PPO, HMO, EPO, Etc.	PPO	PPO	ACO	ACO	HDHP	HDHP	EPO	EPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$1,170.51	$937.56	$760.75	$760.75	$817.24	$817.24	$875.20	$875.20
PREMIUM: Employee Plus Spouse	$1,502.83	$2,250.13	$1,597.56	$1,597.56	$1,716.18	$1,716.18	$1,837.75	$1,837.75
PREMIUM: Employee Plus Child	$1,471.06	$1,875.11	$1,445.42	$1,445.42	$1,552.74	$1,552.74	$1,662.73	$1,662.73
PREMIUM: Employee Plus Children	$1,471.06	$1,875.11	$1,445.42	$1,445.42	$1,552.74	$1,552.74	$1,662.73	$1,662.73
PREMIUM: Employee Plus Family	$1,530.68	$3,047.06	$2,282.25	$2,282.25	$2,451.70	$2,451.70	$2,625.37	$2,625.37
EMPLOYEE CONTRIBUTION: Employee Only	$72.80	$20.28	$0.00	$760.75	$10.00	$817.24	$72.66	$875.20
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$405.12	$306.58	$160.00	$1,597.56	$365.00	$1,716.18	$543.34	$1,837.75
EMPLOYEE CONTRIBUTION: Employee Plus Child	$373.35	$260.58	$140.00	$1,445.42	$310.00	$1,552.74	$449.16	$1,662.73
EMPLOYEE CONTRIBUTION: Employee Plus Children	$373.35	$260.58	$140.00	$1,445.42	$310.00	$1,552.74	$449.16	$1,662.73
EMPLOYEE CONTRIBUTION: Employee Plus Family	$432.97	$446.06	$220.00	$2,282.25	$660.00	$2,451.70	$958.34	$2,625.37
EMPLOYER CONTRIBUTION: Employee Only	$1,097.71	$917.28	$760.75	$0.00	$807.24	$0.00	$802.54	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,097.71	$1,943.55	$1,437.56	$0.00	$1,351.18	$0.00	$1,294.41	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,097.71	$1,614.53	$1,305.42	$0.00	$1,242.74	$0.00	$1,213.57	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,097.71	$1,614.53	$1,305.42	$0.00	$1,242.74	$0.00	$1,213.57	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,097.71	$2,601.00	$2,062.25	$0.00	$1,791.70	$0.00	$1,667.03	$0.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**2094**	**3148**	**139**	**3**	**118**	**3**	**23**	**0**
Number of Subscribers (Active)	814	1264	51	0	82	0	17	0
Number of Dependents (Active)	1070	1623	88	0	36	0	6	0
Number of Subscribers (Retirees)	118	199	0	1	0	3	0	0
Number of Dependents (Retirees)	92	62	0	2	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$13,011,902.00	$27,000,000.00	$1,568,708.00	$1,568,708.00	$1,568,708.00	$1,568,708.00	$1,568,708.00	$1,568,708.00
Medical ASO TPA / Medical Carrier	UnitedHealthcare	BlueCross BlueShield TX	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
Medical ASO Fee PEPM (Please remove any rebate offset)	$57.23	$51.93	$44.00	$44.00	$46.99	$46.99	$44.40	$44.40
Pharmacy Benefit Manager	Optum	Liviniti	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$51.23	$150.00	$108.09	$108.09	$75.74	$75.74	$108.30	$108.30
Individual Stop Loss Insurance Provider	Optum	Voya	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
Individual Stop Loss Insurance Deductible	$185,000.00	$275,000.00	$75,000.00	$75,000.00	$75,000.00	$75,000.00	$75,000.00	$75,000.00
Individual Stop Loss Insurance Fee PEPM	$97.04 (employee), $243.59 (family)	$199.32	$256.61	$256.61	$261.25	$261.25	$264.06	$264.06
Aggregate Stop Loss Insurance Provider	Optum	N/A	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
Aggregate Stop Loss Insurance Deductible	$1.25	N/A	$1.10	$1.10	$1.10	$1.10	$1.10	$1.10
Aggregate Stop Loss Insurance Fee PEPM	$3.15	N/A	$44.73	$44.73	$36.36	$36.36	$46.29	$46.29
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	Holmes Murphy	Higginbotham	Higginbotham	Higginbotham	Higginbotham	Higginbotham	Higginbotham
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	Holmes Murphy	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Cost Per Subscriber Per Month	$1,163.44	$1,569.25	$2,563.25	$130,725.67	$1,594.22	$43,575.22	$7,689.75	#DIV/0!
Cost Per Member Per Month	$517.82	$130.77	$940.47	$43,575.22	$1,107.84	$43,575.22	$5,683.72	#DIV/0!

2026 BENEFITS SURVEY
January 2026

	Baytown	Beaumont	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire
	Base Plan	*Base Plan*	*Local Plus Network - CORE*	*Local Plus Network - CORE*	*HDHP - Buy-Up #1*	*HDHP - Buy-Up #1*	*EPO - Buy-Up #2*	*EPO - Buy-Up #2*
	Prior Response	Completed	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	70/30	70/30	90/10	90/10	80/20	80/20
Coverage Percentage Ratio - Out of Network	60/40	70/30	No Coverage	No Coverage	50/50	50/50	No Coverage	No Coverage
Deductible - In Network - Individual	$750.00	$1,000.00	$3,000.00	$3,000.00	$3,300.00	$3,300.00	$2,000.00	$2,000.00
Deductible - In Network - Family	$2,250.00	$1,500.00	$6,000.00	$6,000.00	$6,400.00	$6,400.00	$4,000.00	$4,000.00
Deductible - Out of Network - Individual	$2,500.00	$2,750.00	N/A	N/A	$15,000.00	$15,000.00	N/A	N/A
Deductible - Out of Network - Family	$7,500.00	$5,250.00	N/A	N/A	$45,000.00	$45,000.00	N/A	N/A
Max Out Of Pocket In-Network (Individual)	$5,500.00	$6,000.00	$6,000.00	$6,000.00	$3,500.00	$3,500.00	$4,000.00	$4,000.00
Max Out Of Pocket In-Network (Family)	$12,700.00	$11,000.00	$12,000.00	$12,000.00	$7,000.00	$7,000.00	$12,000.00	$12,000.00
Max Out Of Pocket Out-of-Network (Individual)	$10,000.00	$11,000.00	N/A	N/A	$30,000.00	$30,000.00	N/A	N/A
Max Out Of Pocket Out-of-Network (Family)	$30,000.00	$21,000.00	N/A	N/A	$90,000.00	$90,000.00	N/A	N/A
Copay/Coshare - Primary Care Office Visit	$50.00	$25.00	$25.00	$25.00	10% After Ded	10% After Ded	$25.00	$25.00
Copay/Coshare - Specialist Office Visit	$85.00	$50.00	$50.00	$50.00	10% After Ded	10% After Ded	$50.00	$50.00
Copay/Coshare - ER Visit	$250.00	$250.00	$250.00	$250.00	10% After Ded	10% After Ded	80% after $300 Copay	80% after $300 Copay
Copay/Coshare - Urgent Care	$55 Copay	$75.00	$75.00	$75.00	10% After Ded	10% After Ded	$75.00	$75.00
Copay/Coshare - Virtual Visit (Primary Care)	$35 Copay	$5 Copay	$0.00	$0.00	10% After Ded	10% After Ded	$25.00	$25.00
Incentivized design for Copay/Coshare for Office Visits?	$15 off specialty care office visit copayment when using a Tier 1 Provider within the network.	None	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	*No Response Provided*	No	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Infertility Treatment Benefits	Not Covered	Not Covered	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Bariatric Benefits	Not Covered/Decision Support	Not Covered	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Hearing Aid Benefits	Limited to $3,000 / calendar year. Benefits are limited to a single purchase (including repair/ replacement) per hearing impaired ear every three calendar years.	Subject to 1 per year per 36 month period $1,500.00	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Any other preferred/incentivized arrangements not mentioned previously?	$0 Co-Pay for Employee Wellness Center visits for EEs and Dependents covered under the medical plan.	None	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Baytown	Beaumont	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire
	Base Plan	***Base Plan***	***Local Plus Network - CORE***	***Local Plus Network - CORE***	***HDHP - Buy-Up #1***	***HDHP - Buy-Up #1***	***EPO - Buy-Up #2***	***EPO - Buy-Up #2***
	Prior Response	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	Medical Plan Deductible must be met first	Medical Plan Deductible must be met first	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	4	4	4	4	4	4	4
Formulary Management (*describe what structure tiers represent*)	Included in medical rates	Generic/Preferred/Non-Preferred Brand	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty	Preferred Generic, Preferred Brand, Non-Preferred Brand / Generic, Specialty
Retail 30 Day Tier 1 Copay/Structure	$10.00	Gen: 30% min. $5/$15	$10.00	$10.00	$15.00	$15.00	$10.00	$10.00
Retail 30 Day Tier 2 Copay/Structure	$40.00	Pref Brand no gen avail: 30% of cost of drug, min $15/$45	$35.00	$35.00	$50.00	$50.00	$35.00	$35.00
Retail 30 Day Tier 3 Copay/Structure	$75.00	Pref Brand w/ gen avail: 30% of cost of drug, min $25/$75	$70.00	$70.00	$90.00	$90.00	$70.00	$70.00
Retail 30 Day Tier 4 Copay/Structure	N/A	Greater of available PAP or $100 copay	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$20.00	30%/min $10	$25.00	$25.00	$37.50	$37.50	$25.00	$25.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$80.00	30%/min $30	$88.00	$88.00	$125.00	$125.00	$88.00	$88.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$150.00	30%/min $60	$175.00	$175.00	$225.00	$225.00	$175.00	$175.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	$200.00	$200.00	N/A	N/A	$200.00	$200.00
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	***No Response Provided***	No	N/A	N/A	N/A	N/A	N/A	N/A
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	Yes - Liviniti manages	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Baytown	Beaumont	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire
	Base Plan	***Base Plan***	***Local Plus Network - CORE***	***Local Plus Network - CORE***	***HDHP - Buy-Up #1***	***HDHP - Buy-Up #1***	***EPO - Buy-Up #2***	***EPO - Buy-Up #2***
	Prior Response	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	HRA's at Wellness Center, Flu Shots	Well on Target is a Digital Self-management progams, Health and Wellness Lifbrary, Blue Points Program, Tools and Trackers. GoPivot wellness app.	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Programs - Other Miscellaneous	Real Appeal; SmartDollar; Reduced mental health co-pay with UHC to $25. Calm, Calm Health and Talkspace for mental health. Responder Health for fire/pd mental health. Employee Assistance Program. Kaia Health - virtual physical therapy. Free access to OnePass Select for EEs and Dependents over the age of 18 covered under the medical plan.	Preventive care/screening/ immunizations No Charge; deductible does not apply	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Retirees	Retirees under 65 can continue to be covered under the same plan as Active Employees after separation of service, if they meet the definition of continuing coverage under our City policy. Upon 65, they transition to a post 65 Health Plan.	Retirees under 65 can continue to be covered under the same plan as Active Employees after separation of service, if they meet the definition of continuing coverage under our City policy. Upon 65, they transition to Medicare. If ineligible for Medicare can remain on City Plan with proof of Non-Medicare eligiblity.	No Resopnse Provided	Eligible to Medicare Retirement; Pay Full Premium Rate	No Resopnse Provided	Eligible to Medicare Retirement; Pay Full Premium Rate	No Resopnse Provided	Eligible to Medicare Retirement; Pay Full Premium Rate
Notes - Other Miscellaneous	Eligibility is 1st of month following 30 days. Coverage terms at end of month.	Eligibility is 1st day of following month for Civ. Fire/Pol eligible date of hire.	Wellness Program Completion - Premium Discount of $650 / EE + $650 / Family (if SP Completes Also)	No Resopnse Provided	Wellness Program Completion - Employer HSA Contribution of $650 / EE + $650 / Family (if SP Completes Also)	No Resopnse Provided	Wellness Program Completion - Premium Discount of $650 / EE + $650 / Family (if SP Completes Also)	No Resopnse Provided

2026 BENEFITS SURVEY *January 2026*	Baytown	Beaumont	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire	Bellaire
	Base Plan	*Base Plan*	*Local Plus Network - CORE*	*Local Plus Network - CORE*	*HDHP - Buy-Up #1*	*HDHP - Buy-Up #1*	*EPO - Buy-Up #2*	*EPO - Buy-Up #2*
	Prior Response	Completed	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	Comtinue to drive employee education towards utilizing methods such as virtual visits and our employee wellness clinic as opposed to ER/urgent care visits, loiking at possible plan changes as well and potential premium increase to offset cost	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	N/A	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Boerne	Boerne	Boerne	Brenham	Brenham	Brenham	Brownsville ISD	Brownsville ISD
	HDHP/HAS	***PPO $2,000***	***PPO $1,000***	***HMO***	***HMO/HDHP***	***PPO***	***PPO LOW***	***PPO MID***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Susan Finch	Susan Finch	Susan Finch	Susan Nienstedt	Susan Nienstedt	Susan Nienstedt	Corpus J. Zorola	Corpus J. Zorola
Primary Contact Phone	830-249-9511	830-249-9511	830-249-9511	979-337-7512	979-337-7512	979-337-7512	956-548-8061	956-548-8061
Primary Contact Email	HR@ci.boerne.tx.us	HR@ci.boerne.tx.us	HR@ci.boerne.tx.us	snienstedt@cityofbrenham.org	snienstedt@cityofbrenham.org	snienstedt@cityofbrenham.org	czorola@bisd.us	czorola@bisd.us
Secondary Contact Name	Sherry Aguirre	Sherry Aguirre	Sherry Aguirre	Brandi Garcia	Brandi Garcia	Brandi Garcia	Karina Guerrero	Karina Guerrero
Secondary Contact Phone	830-248-1642	830-248-1642	830-248-1642	979-337-7512	979-337-7512	979-337-7512	956-548-8061	956-548-8061
Secondary Contact Email	saguirre@boerne-tx.gov	saguirre@boerne-tx.gov	saguirre@boerne-tx.gov	bgarcia@cityofbrenham.org	bgarcia@cityofbrenham.org	bgarcia@cityofbrenham.org	kguerrero@bisd.us	kguerrero@bisd.us
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active Only	Active Only
PPO, HMO, EPO, Etc.	HDHP	PPO	PPO	HMO	HMO	PPO	PPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$731.50	$743.61	$761.18	$550.69	$447.56	$655.83	$647.25	$825.59
PREMIUM: Employee Plus Spouse	$1,484.97	$1,509.53	$1,545.22	$1,117.88	$908.53	$1,331.31	$1,034.41	$1,324.45
PREMIUM: Employee Plus Child	$1,287.45	$1,308.76	$1,339.69	$969.62	$788.03	$1,154.74	$921.82	$1,214.86
PREMIUM: Employee Plus Children	$1,287.45	$1,308.76	$1,339.69	$696.62	$788.03	$1,154.74	$921.82	$1,214.86
PREMIUM: Employee Plus Family	$2,157.96	$2,193.66	$2,245.54	$1,623.03	$1,319.08	$1,932.90	$1,214.32	$1,600.10
EMPLOYEE CONTRIBUTION: Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$105.14	$17.25	$195.59
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$437.02	$444.24	$454.74	$170.16	$63.94	$383.59	$438.11	$755.55
EMPLOYEE CONTRIBUTION: Employee Plus Child	$322.46	$327.78	$335.54	$125.68	$47.22	$310.80	$316.14	$633.58
EMPLOYEE CONTRIBUTION: Employee Plus Children	$322.46	$327.78	$335.54	$125.68	$47.22	$310.80	$316.14	$633.58
EMPLOYEE CONTRIBUTION: Employee Plus Family	$827.34	$841.02	$860.92	$321.70	$120.88	$631.57	$633.01	$1,050.91
EMPLOYER CONTRIBUTION: Employee Only	$731.50	$743.61	$761.18	$550.69	$447.56	$550.69	$630.00	$630.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,047.95	$1,065.29	$1,090.48	$947.72	$844.59	$947.72	$596.30	$568.90
EMPLOYER CONTRIBUTION: Employee Plus Child	$964.99	$980.98	$1,004.15	$843.94	$740.81	$843.94	$605.68	$581.28
EMPLOYER CONTRIBUTION: Employee Plus Children	$964.99	$980.98	$1,004.15	$570.94	$740.81	$843.94	$605.68	$581.28
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,330.62	$1,352.64	$1,384.62	$1,301.33	$1,198.20	$1,301.33	$581.31	$549.19
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**173**	**336**	**101**	**86**	**23**	**86**	**8334**	**63**
Number of Subscribers (Active)	85	154	51	86	23	86	5498	48
Number of Dependents (Active)	85	167	47	***No Response Provided***	***No Response Provided***	***No Response Provided***	2836	15
Number of Subscribers (Retirees)	2	7	1	***No Response Provided***	***No Response Provided***	***No Response Provided***	0	0
Number of Dependents (Retirees)	1	8	2	***No Response Provided***	***No Response Provided***	***No Response Provided***	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*							$52,000,000.00	$52,000,000.00
Medical ASO TPA / Medical Carrier							UnitedHealthcare	UnitedHealthcare
Medical ASO Fee PEPM (Please remove any rebate offset)								
Pharmacy Benefit Manager							Araya	Araya
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.							Adm Fee (Claim):6.25 Guaranteed Rebate Per Brand Script: Retail 30 – $350.21 Mail – $794.90 Specialty – $3,186.88	Adm Fee (Claim):6.25 Guaranteed Rebate Per Brand Script: Retail 30 – $350.21 Mail – $794.90 Specialty – $3,186.88
Individual Stop Loss Insurance Provider							***No Response Provided***	***No Response Provided***
Individual Stop Loss Insurance Deductible							$350,000.00	$350,000.00
Individual Stop Loss Insurance Fee PEPM							***No Response Provided***	***No Response Provided***
Aggregate Stop Loss Insurance Provider							***No Response Provided***	***No Response Provided***
Aggregate Stop Loss Insurance Deductible							***No Response Provided***	***No Response Provided***
Aggregate Stop Loss Insurance Fee PEPM							***No Response Provided***	***No Response Provided***
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:							***No Response Provided***	***No Response Provided***
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:							***No Response Provided***	***No Response Provided***
Cost Per Subscriber Per Month				#VALUE!			$788.17	$90,277.78
Cost Per Member Per Month				$0.00			$519.58	$68,783.07

2026 BENEFITS SURVEY *January 2026*	Boerne	Boerne	Boerne	Brenham	Brenham	Brenham	Brownsville ISD	Brownsville ISD
	HDHP/HAS	***PPO $2,000***	***PPO $1,000***	***HMO***	***HMO/HDHP***	***PPO***	***PPO LOW***	***PPO MID***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	100/0	80/20	80/20	80/20	80/20	80/20	70/30	80/20
Coverage Percentage Ratio - Out of Network	70/30	50/50	50/50	No Coverage	No Coverage	50/50	60/40	60/40
Deductible - In Network - Individual	$3,300.00	$2,000.00	$1,000.00	$3,000.00	$3,200.00	$3,000.00	$750.00	$500.00
Deductible - In Network - Family	$6,000.00	$4,000.00	$2,000.00	$6,000.00	$6,400.00	$6,000.00	$1,250.00	$1,000.00
Deductible - Out of Network - Individual	$7,500.00	$6,000.00	$3,000.00	N/A	N/A	$5,000.00	$1,250.00	$1,000.00
Deductible - Out of Network - Family	$15,000.00	$12,000.00	$6,000.00	N/A	N/A	$10,000.00	$2,500.00	$2,000.00
Max Out Of Pocket In-Network (Individual)	$3,300.00	$5,000.00	$4,000.00	$6,000.00	$6,350.00	$6,000.00	$4,000.00	$2,000.00
Max Out Of Pocket In-Network (Family)	$6,000.00	$10,000.00	$8,000.00	$12,000.00	$12,700.00	$12,000.00	$8,000.00	$4,000.00
Max Out Of Pocket Out-of-Network (Individual)	$10,000.00	$15,000.00	$12,000.00	N/A	NA	$10,000.00	$8,000.00	$6,000.00
Max Out Of Pocket Out-of-Network (Family)	$20,000.00	$30,000.00	$24,000.00	N/A	N/A	$20,000.00	$16,000.00	$12,000.00
Copay/Coshare - Primary Care Office Visit	0% after deductible	$20.00	20% after deductible	$5.00	20%	$5.00	$35.00	$30.00
Copay/Coshare - Specialist Office Visit	0% after deductible	$50.00	20% after deductible	$60.00	20%	$60.00	$40.00	$35.00
Copay/Coshare - ER Visit	0% after deductible	$500 copay, then 20% after deductible	20% after deductible	$500 Plus Ded Plus 20% coinsurance	20%	$250 plus 20% coinsurance	$250.00	$225.00
Copay/Coshare - Urgent Care	0% after deductible	$100.00	20% after deductible	$25.00	20%	$75.00	$45 Copay	$40 Copay
Copay/Coshare - Virtual Visit (Primary Care)	0% after deductible	$0.00	$0.00	$0.00	$49.00-$55.00 Copay	$0.00	$15.00	$10.00
Incentivized design for Copay/Coshare for Office Visits?							None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?							No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?							***No Response Provided***	***No Response Provided***
Infertility Treatment Benefits							Not Covered	Not Covered
Bariatric Benefits							70% of allowable amount after calendar year deductible	80% of allowable amount after calendar year deductible
Hearing Aid Benefits							Subject to 1 per year per 36 month period	Subject to 1 per year per 36 month period
Any other preferred/incentivized arrangements not mentioned previously?							None	None

2026 BENEFITS SURVEY
January 2026

	Boerne	Boerne	Boerne	Brenham	Brenham	Brenham	Brownsville ISD	Brownsville ISD
	HDHP/HAS	***PPO $2,000***	***PPO $1,000***	***HMO***	***HMO/HDHP***	***PPO***	***PPO LOW***	***PPO MID***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	3	3	3	1	1
Formulary Management (*describe what structure tiers represent*)	***No Response Provided***	***No Response Provided***	***No Response Provided***	Generic/Preferred/Non-Preferred Brand	Generic/Preferred/Non-Preferred Brand	Generic/Preferred/Non-Preferred Brand	Generic/Preferred/Non-Preferred Brand	Generic/Preferred/Non-Preferred Brand
Retail 30 Day Tier 1 Copay/Structure	0% after deductible	$5.00	$10.00	$10.00	Ded then $10 copay	$10.00	Gen: $10 / Brand: $30	Gen: $10 / Brand: $30
Retail 30 Day Tier 2 Copay/Structure	0% after deductible	$25.00	$40.00	$40.00	Ded then $35 copay	$40.00	N/A	N/A
Retail 30 Day Tier 3 Copay/Structure	0% after deductible	$70.00	$70.00	$80.00	Ded then $60 copay	$80.00	N/A	N/A
Retail 30 Day Tier 4 Copay/Structure	0% after deductible	$150.00	25%	N/A	N/A	N/A	N/A	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$0.00	$12.50	$25.00	$25.00	$25.00	$25.00	Gen: $0 / Brand: $60	Gen: $0 / Brand: $60
Mail/Retail 90 Day Tier 2 Copay/Structure	$0.00	$62.50	$100.00	$100.00	$75.00	$100.00	N/A	N/A
Mail/Retail 90 Day Tier 3 Copay/Structure	$0.00	$175.00	$175.00	$200.00	$150.00	$200.00	N/A	N/A
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)							Yes (Top Rebate Only)	Yes (Top Rebate Only)
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.							Yes	Yes

2026 BENEFITS SURVEY
January 2026

	Boerne	Boerne	Boerne	Brenham	Brenham	Brenham	Brownsville ISD	Brownsville ISD
	HDHP/HAS	*PPO $2,000*	*PPO $1,000*	*HMO*	*HMO/HDHP*	*PPO*	*PPO LOW*	*PPO MID*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness							Gym is provided to employees and their families at no cost	Gym is provided to employees and their families at no cost
Programs - Other Miscellaneous							FSA / Free Yearly Health Screenings / Free Diabetes Management kit and supplies	FSA / Free Yearly Health Screenings / Free Diabetes Management kit and supplies
Notes - Retirees	Retirees receive a subsidy if they have served 20 years or more with the City. The subsidy applies to the pre-65 retirees and post-65 retirees. Subsidies are adjusted by a cost of living adjustment annually by City Council. Subsidies vary by years of service in five year increments.	Retirees receive a subsidy if they have served 20 years or more with the City. The subsidy applies to the pre-65 retirees and post-65 retirees. Subsidies are adjusted by a cost of living adjustment annually by City Council. Subsidies vary by years of service in five year increments.	Retirees receive a subsidy if they have served 20 years or more with the City. The subsidy applies to the pre-65 retirees and post-65 retirees. Subsidies are adjusted by a cost of living adjustment annually by City Council. Subsidies vary by years of service in five year increments.	Reitrees eligibility: age and years of service must equal 75 points to continue on City's gorup medical plan until age 65.	Reitrees eligibility: age and years of service must equal 75 points to continue on City's gorup medical plan until age 65.	Reitrees eligibility: age and years of service must equal 75 points to continue on City's gorup medical plan until age 65.	*No Response Provided*	*No Response Provided*
Notes - Other Miscellaneous	*No Response Provided*	*No Response Provided*	*No Response Provided*	Diabetic footware: 2 pair/year, morbid obesity treatment limited to Centers of Excellence and in-network physicians: 1 bariatric surgery per lifetime and $30,000 total lifetime max; nutritional counseling: 3 visits per year; prosthetic bra for cancer related diagnosis 1 per/year; second surgical opinion paid 100$ in-network; wig for cancer related hair loss: $400 benefit/year	Diabetic footware: 2 pair/year, morbid obesity treatment limited to Centers of Excellence and in-network physicians: 1 bariatric surgery per lifetime and $30,000 total lifetime max; nutritional counseling: 3 visits per year; prosthetic bra for cancer related diagnosis 1 per/year; second surgical opinion paid 100$ in-network; wig for cancer related hair loss: $400 benefit/year	Diabetic footware: 2 pair/year, morbid obesity treatment limited to Centers of Excellence and in-network physicians: 1 bariatric surgery per lifetime and $30,000 total lifetime max; nutritional counseling: 3 visits per year; prosthetic bra for cancer related diagnosis 1 per/year; second surgical opinion paid 100$ in-network; wig for cancer related hair loss: $400 benefit/year	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY *January 2026*	Boerne	Boerne	Boerne	Brenham	Brenham	Brenham	Brownsville ISD	Brownsville ISD
	HDHP/HAS	*PPO $2,000*	*PPO $1,000*	*HMO*	*HMO/HDHP*	*PPO*	*PPO LOW*	*PPO MID*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.							*No Response Provided*	*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?							*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Brownsville ISD	Brownsville PUB	Brownsville PUB	Cameron County	Cameron County	College Station	College Station	College Station
	PPO HIGH	*Active Plan*	*Retiree*	*ACO Plan (Narrow Hospital Network)*	*Standard Plan (Broad Hospital Network)*	*PPO (Med/Den/RX Bundle)*	*HDHP (Med/Den/RX Bundle)*	*Retiree Plan 1 - (PPO) (Med/Den/RX Bundle)*
	Completed	Completed	Completed	Prior Response	Prior Response	Completed	Completed	Completed
CONTACTS								
Primary Contact Name	Corpus J. Zorola	Sergio Delgadillo	Sergio Delgadillo	Jessica Olivares	Jessica Olivares	Jennifer Cabezas	Jennifer Cabezas	Jennifer Cabezas
Primary Contact Phone	956-548-8061	956 983-6190	956 983-6190	956-544-0827	956-544-0827	979-764-3818	979-764-3818	979-764-3818
Primary Contact Email	czorola@bisd.us	sdelgadillo@brownsville-pub.com	sdelgadillo@brownsville-pub.com	jessica.olivares@co.cameron.tx.us	jessica.olivares@co.cameron.tx.us	jcabezas@cstx.gov	jcabezas@cstx.gov	jcabezas@cstx.gov
Secondary Contact Name	Karina Guerrero	Luz N Gutierrez	Luz N Gutierrez	Susie Marfileno	Susie Marfileno	Teresa Smith	Teresa Smith	Teresa Smith
Secondary Contact Phone	956-548-8061	956 983-6194	956 983-6194	956-544-0827	956-544-0827	979-764-3537	979-764-3537	979-764-3537
Secondary Contact Email	kguerrero@bisd.us	lngutierrez@brownsville-pub.com	lngutierrez@brownsville-pub.com	susana.marfileno@co.cameron.tx.us	susana.marfileno@co.cameron.tx.us	tsmith@cstx.gov	tsmith@cstx.gov	tsmith@cstx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self-Insured	Self-Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Retiree Only	Active Only	Active Only	Active Only	Active Only	Retiree Only
PPO, HMO, EPO, Etc.	PPO	PPO	PPO	ACO	PPO	PPO	HDHP	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$997.56	$986.49	$986.49	$665.00	$680.00	$955.00	$766.06	$935.00
PREMIUM: Employee Plus Spouse	$1,638.11	$1,676.87	$1,676.87	$818.75	$865.63	$1,911.49	$1,532.09	$1,848.00
PREMIUM: Employee Plus Child	$1,525.52	$1,643.41	$1,643.41	$743.75	$783.13	$1,720.34	$1,367.08	$1,666.00
PREMIUM: Employee Plus Children	$1,525.52	$1,643.41	$1,643.41	$775.00	$817.50	$1,720.34	$1,367.08	$1,666.00
PREMIUM: Employee Plus Family	$2,009.06	$2,381.34	$2,381.34	$900.00	$955.00	$2,676.08	$2,169.58	$2,574.00
EMPLOYEE CONTRIBUTION: Employee Only	$367.56	$0.00	$0.00	$15.00	$50.00	$88.00	$62.00	$935.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,092.09	$265.78	$483.26	$168.75	$380.00	$433.00	$211.00	$1,848.00
EMPLOYEE CONTRIBUTION: Employee Plus Child	$970.12	$252.91	$459.84	$93.75	$273.00	$386.00	$185.00	$1,666.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$970.12	$252.91	$459.84	$125.00	$318.00	$386.00	$185.00	$1,666.00
EMPLOYEE CONTRIBUTION: Employee Plus Family	$1,493.94	$537.01	$976.39	$250.00	$497.00	$561.00	$252.00	$2,574.00
EMPLOYER CONTRIBUTION: Employee Only	$630.00	$986.49	$986.49	$650.00	$630.00	$867.00	$704.06	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$546.02	$1,411.09	$1,193.61	$650.00	$485.63	$1,478.49	$1,321.09	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$555.40	$1,390.50	$1,183.57	$650.00	$510.13	$1,334.34	$1,182.08	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$555.40	$1,390.50	$1,183.57	$650.00	$499.50	$1,334.34	$1,182.08	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$515.12	$1,844.33	$1,404.95	$650.00	$458.00	$2,115.08	$1,917.58	$0.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**19**	**1310**	**64**	**973**	**607**	**607**	**1569**	**1**
Number of Subscribers (Active)	18	622	0	955	569	337	630	0
Number of Dependents (Active)	1	688	0	18	38	270	939	0
Number of Subscribers (Retirees)	0	0	48	0	0	0	0	1
Number of Dependents (Retirees)	0	0	16	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$52,000,000.00	$12,038,571.00	$12,038,571.00	$17,184,755.00	$17,184,755.00	$12,987,270.00	$12,987,270.00	$12,987,270.00
Medical ASO TPA / Medical Carrier	UnitedHealthcare	BlueCross BlueShield TX	BlueCross BlueShield TX	Aetna	Aetna	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX
Medical ASO Fee PEPM (Please remove any rebate offset)		EEO: $29.46 / Family $73.68	EEO: $29.46 / Family $73.68	$21.25	$21.25	$51.63 Medical / $3.59 Dental	$51.13 Medical / $3.59 Dental	$51.13 Medical / $3.59 Dental
Pharmacy Benefit Manager	Araya	Prime Therapeutics	Prime Therapeutics	CVS	CVS	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	Adm Fee (Claim):6.25 Guaranteed Rebate Per Brand Script: Retail 30 – $350.21 Mail – $794.90 Specialty – $3,186.88	N/A	N/A	$0.00	$0.00	$190.24	$190.24	$190.24
Individual Stop Loss Insurance Provider	*No Response Provided*	BlueCross BlueShield TX	BlueCross BlueShield TX	N/A	N/A	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX
Individual Stop Loss Insurance Deductible	$350,000.00	$200,000.00	$200,000.00	N/A	N/A	$250,000.00	$250,000.00	$250,000.00
Individual Stop Loss Insurance Fee PEPM	*No Response Provided*	$218.36	$218.36	N/A	N/A	$178.05	$178.05	$178.05
Aggregate Stop Loss Insurance Provider	*No Response Provided*	BlueCross BlueShield TX	BlueCross BlueShield TX	N/A	N/A	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX
Aggregate Stop Loss Insurance Deductible	*No Response Provided*	$1.25	$1.25	N/A	N/A	125% Deductible Corridor	125% Deductible Corridor	125% Deductible Corridor
Aggregate Stop Loss Insurance Fee PEPM	*No Response Provided*	$3.97	$3.97	N/A	N/A	$1.84	$1.84	$1.84
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	N/A	N/A	*No Response Provided*	*No Response Provided*	NA	NA	NA
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	N/A	N/A	*No Response Provided*	*No Response Provided*	Lockton Dunning	Lockton Dunning	Lockton Dunning
Cost Per Subscriber Per Month	$240,740.74	$1,612.88	$20,900.30	$0.00	$2,516.81	$3,211.49	$1,717.89	$1,082,272.50
Cost Per Member Per Month	$228,070.18	$765.81	$15,675.22	$0.00	$2,359.25	$1,782.99	$689.78	$1,082,272.50

2026 BENEFITS SURVEY
January 2026

	Brownsville ISD	Brownsville PUB	Brownsville PUB	Cameron County	Cameron County	College Station	College Station	College Station
	PPO HIGH	*Active Plan*	*Retiree*	*ACO Plan (Narrow Hospital Network)*	*Standard Plan (Broad Hospital Network)*	*PPO (Med/Den/RX Bundle)*	*HDHP (Med/Den/RX Bundle)*	*Retiree Plan 1 - (PPO) (Med/Den/RX Bundle)*
	Completed	Completed	Completed	Prior Response	Prior Response	Completed	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	90/10	80/20	80/20	80/20	80/20	80/20	80/20	80/20
Coverage Percentage Ratio - Out of Network	70/30	50/50	50/50	60/40	60/40	70/30	70/30	70/30
Deductible - In Network - Individual	$250.00	$500.00	$500.00	$750.00	$750.00	$1,000.00	$2,000.00	$1,000.00
Deductible - In Network - Family	$500.00	$1,000.00	$1,000.00	$2,250.00	$2,250.00	$2,000.00	$4,000.00	$2,000.00
Deductible - Out of Network - Individual	$750.00	$2,000.00	$2,000.00	$1,500.00	$1,500.00	$2,000.00	$4,000.00	$2,000.00
Deductible - Out of Network - Family	$1,500.00	$6,000.00	$6,000.00	$4,500.00	$4,500.00	$4,000.00	$8,000.00	$4,000.00
Max Out Of Pocket In-Network (Individual)	$750.00	$3,500.00	$3,500.00	$3,500.00	$3,500.00	$6,000.00	$3,750.00	$6,000.00
Max Out Of Pocket In-Network (Family)	$1,000.00	$7,000.00	$7,000.00	$7,500.00	$7,500.00	$12,000.00	$7,500.00	$12,000.00
Max Out Of Pocket Out-of-Network (Individual)	$1,500.00	$15,000.00	$15,000.00	$7,000.00	$7,000.00	$12,000.00	$7,500.00	$12,000.00
Max Out Of Pocket Out-of-Network (Family)	$3,000.00	$45,000.00	$45,000.00	$15,000.00	$15,000.00	$24,000.00	$15,000.00	$24,000.00
Copay/Coshare - Primary Care Office Visit	$20.00	$30.00	$30.00	$10.00	$35.00	$30.00	20% coins	$30.00
Copay/Coshare - Specialist Office Visit	$30.00	$40.00	$40.00	$45.00	$45.00	$55.00	20% coins	$55.00
Copay/Coshare - ER Visit	$200.00	$300 copay/visit plus 20% coinsurance;	$300 copay/visit plus 20% coinsurance;	$300 plus 20%	$300 plus 20%	$500 per visit (copay waived if admitted) then plan pays 80%	20% coins	$500 per visit (copay waived if admitted) then plan pays 80%
Copay/Coshare - Urgent Care	$35 Copay	$50 Copay	$50 Coinsurance	$75.00	$75.00	$75 Copay	20% coins	$75 Copay
Copay/Coshare - Virtual Visit (Primary Care)	$5.00	$10 Copay	$10 Copay	Not Covered	Not Covered	$30 Copay	20% coins	$30 Copay
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None	None	None	None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	*No Response Provided*	*No Response Provided*	No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	*No Response Provided*	No	No	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Cost sharing is based on the type of service and where it is performrmed	Cost sharing is based on the type of service and where it is performrmed	Not Covered	Not Covered	Not Covered
Bariatric Benefits	90% of allowable amount after calendar year deductible	Not Covered	Not Covered	Not Covered	Not Covered	Covered - BDC Centers	Covered - BDC Centers	Covered - BDC Centers
Hearing Aid Benefits	Subject to 1 per year per 36 month period	Not Covered	Not Covered	Not Covered	Not Covered	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%
Any other preferred/incentivized arrangements not mentioned previously?	None	None	None	*No Response Provided*	*No Response Provided*	$30 Co-Pay for Employee Health Clinic Visits	$30 Co-Pay for Employee Health Clinic Visits	$30 Co-Pay for Employee Health Clinic Visits

2026 BENEFITS SURVEY
January 2026

	Brownsville ISD	Brownsville PUB	Brownsville PUB	Cameron County	Cameron County	College Station	College Station	College Station
	PPO HIGH	***Active Plan***	***Retiree***	***ACO Plan (Narrow Hospital Network)***	***Standard Plan (Broad Hospital Network)***	***PPO (Med/Den/RX Bundle)***	***HDHP (Med/Den/RX Bundle)***	***Retiree Plan 1 - (PPO) (Med/Den/RX Bundle)***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	1	3	3	4	4	4	4	4
Formulary Management (*describe what structure tiers represent*)	Generic/Preferred/Non-Preferred Brand	N/A	N/A	***No Response Provided***	***No Response Provided***	Generic, Preferred Brand, Non-Preferred brand, Specialty	Generic, Preferred Brand, Non-Preferred brand, Specialty	Generic, Preferred Brand, Non-Preferred brand, Specialty
Retail 30 Day Tier 1 Copay/Structure	Gen: $5 / Brand: $25	$10.00	$10.00	$15.00	$15.00	$10.00	20% coins	$10.00
Retail 30 Day Tier 2 Copay/Structure	N/A	$20.00	$20.00	$40.00	$40.00	20% subject to a minimum of $35 and a maximum of $100	20% coins	20% subject to a minimum of $35 and a maximum of $100
Retail 30 Day Tier 3 Copay/Structure	N/A	$50.00	$50.00	$60.00	$60.00	20% subject to a minimum of $70 and a maximum of $200	20% coins	20% subject to a minimum of $70 and a maximum of $200
Retail 30 Day Tier 4 Copay/Structure	N/A	N/A	N/A	$80.00	$80.00	Tier 1: $10/retail Tier 2: $35-$100/ 20% retail Tier 3: $70-$200/ 20%; ded does not apply	20% coins	Tier 1: $10/retail Tier 2: $35-$100/ 20% retail Tier 3: $70-$200/ 20%; ded does not apply
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	Gen: $0 / Brand: $50	$10.00	$10.00	$30.00	$30.00	Mail 90 - $20 Retail 90 - $30	20% coins	Mail 90 - $20 Retail 90 - $30
Mail/Retail 90 Day Tier 2 Copay/Structure	N/A	$20.00	$20.00	$80.00	$80.00	Mail 90- 20% subject to a minimum of $70 and a maximum of $250 Retail 90 - 20% subject to a minimum of $105 and a maximum of $180	20% coins	Mail 90 - 20% subject to a minimum of $70 and a maximum of $250 Retail 90 - 20% subject to a minimum of $105 and a maximum of $180
Mail/Retail 90 Day Tier 3 Copay/Structure	N/A	$50.00	$50.00	$120.00	$120.00	Mail 90/Express Scripts - 20% subject to a minimum of $140 and a maximum of $400 Retail 90 - 20% subject to a minimum of $210 and a maximum of $360	20% coins	Mail 90 - 20% subject to a minimum of $140 and a maximum of $400 Retail 90 - 20% subject to a minimum of $210 and a maximum of $360
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	30%	30%	N/A	20% coins	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	Yes (Top Rebate Only)	No	No	No	No	***No Response Provided***	***No Response Provided***	***No Response Provided***
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	Yes	No	No	***No Response Provided***	***No Response Provided***	No	No	No

2026 BENEFITS SURVEY
January 2026

	Brownsville ISD	Brownsville PUB	Brownsville PUB	Cameron County	Cameron County	College Station	College Station	College Station
	PPO HIGH	*Active Plan*	*Retiree*	*ACO Plan (Narrow Hospital Network)*	*Standard Plan (Broad Hospital Network)*	*PPO (Med/Den/RX Bundle)*	*HDHP (Med/Den/RX Bundle)*	*Retiree Plan 1 - (PPO) (Med/Den/RX Bundle)*
	Completed	Completed	Completed	Prior Response	Prior Response	Completed	Completed	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness	Gym is provided to employees and their families at no cost	Lunch & Learns and Wellness Event	None	*No Response Provided*	*No Response Provided*	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.
Programs - Other Miscellaneous	FSA / Free Yearly Health Screenings / Free Diabetes Management kit and supplies	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc
Notes - Retirees	*No Response Provided*	*No Response Provided*	Retirees under 65 can continue to be covered under the same plan as Active Employees after separation of service, if they meet the definition of a Retiree as per our pension definition.	Retirees have the same benefit offerings as Active employees	Retirees have the same benefit offerings as Active employees	*No Response Provided*	*No Response Provided*	Plan 1 Eligibility: • Aligned with TMRS Retirement Eligibility • Must also be age 55+ and have five (5) years of service with the City of College Station. Retiree benefits are offered until age 65. We offer Medicare transition assistance through TowersWatson, but retiree moved off the City's plan at that time.
Notes - Other Miscellaneous	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.

2026 BENEFITS SURVEY
January 2026

	Brownsville ISD	Brownsville PUB	Brownsville PUB	Cameron County	Cameron County	College Station	College Station	College Station
	PPO HIGH	*Active Plan*	*Retiree*	*ACO Plan (Narrow Hospital Network)*	*Standard Plan (Broad Hospital Network)*	*PPO (Med/Den/RX Bundle)*	*HDHP (Med/Den/RX Bundle)*	*Retiree Plan 1 - (PPO) (Med/Den/RX Bundle)*
	Completed	Completed	Completed	Prior Response	Prior Response	Completed	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY

January 2026

	College Station	College Station	College Station	Conroe	Conroe	Conroe	Corpus Christi	Corpus Christi
	Retiree Plan 1 - HDHP (Med/Den/RX Bundle)	***Retiree Plan 2 - PPO (Med/Den/RX Bundle)***	***Retiree Plan 2 - HDHP (Med/Den/RX Bundle)***	***Kelsey***	***HDHP***	***PPO***	***Citicare Value Plan***	***Citicare CDHP***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Jennifer Cabezas	Jennifer Cabezas	Jennifer Cabezas	Lynette White	Lynette White	Lynette White	Dezerae Carmona	Dezerae Carmona
Primary Contact Phone	979-764-3818	979-764-3818	979-764-3818	936-522-3150	936-522-3150	936-522-3150	361-826-3878	361-826-3878
Primary Contact Email	jcabezas@cstx.gov	jcabezas@cstx.gov	jcabezas@cstx.gov	lwhite@cityofconroe.org	lwhite@cityofconroe.org	lwhite@cityofconroe.org	dezeraec@cctexas.com	dezeraec@cctexas.com
Secondary Contact Name	Teresa Smith	Teresa Smith	Teresa Smith	Erika Torres	Erika Torres	Erika Torres	Melinda Arriaga	Melinda Arriaga
Secondary Contact Phone	979-764-3537	979-764-3537	979-764-3537	936-522-3150	936-522-3150	936-522-3150	361-826-3626	361-826-3626
Secondary Contact Email	tsmith@cstx.gov	tsmith@cstx.gov	tsmith@cstx.gov	etorres@cityofconroe.org	etorres@cityofconroe.org	etorres@cityofconroe.org	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Retiree Only	Retiree Only	Retiree Only	Active & Retiree	Active & Retiree	Active & Retiree	Active Only	Active Only
PPO, HMO, EPO, Etc.	HDHP	PPO	HDHP	HMO	HDHP	PPO	PPO	HDHP
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$484.00	$1,095.00	$985.00	$783.60	$829.90	$1,216.77	$858.63	$807.75
PREMIUM: Employee Plus Spouse	$924.00	$2,156.00	$1,936.00	$940.33	$995.86	$1,460.15	$1,890.35	$1,773.80
PREMIUM: Employee Plus Child	$836.00	$1,947.00	$1,738.00	$626.89	$663.92	$973.44	$1,546.63	$1,490.69
PREMIUM: Employee Plus Children	$836.00	$1,947.00	$2,684.00	$626.89	$663.92	$973.44	$1,546.63	$1,490.69
PREMIUM: Employee Plus Family	$1,282.00	$3,014.00	$2,684.00	$1,253.78	$1,089.87	$1,946.87	$2,663.67	$2,410.90
EMPLOYEE CONTRIBUTION: Employee Only	$484.00	$1,095.00	$985.00	$40.00	$60.00	$75.00	$199.21	$55.58
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$924.00	$2,156.00	$1,936.00	$103.94	$144.28	$366.57	$808.16	$377.06
EMPLOYEE CONTRIBUTION: Employee Plus Child	$836.00	$1,947.00	$1,738.00	$69.30	$96.19	$239.73	$661.21	$308.52
EMPLOYEE CONTRIBUTION: Employee Plus Children	$836.00	$1,947.00	$2,684.00	$69.30	$96.19	$239.73	$661.21	$308.52
EMPLOYEE CONTRIBUTION: Employee Plus Family	$1,282.00	$3,014.00	$2,684.00	$171.46	$238.00	$507.15	$1,138.80	$531.37
EMPLOYER CONTRIBUTION: Employee Only	$0.00	$0.00	$0.00	$743.60	$769.90	$1,141.77	$659.42	$752.17
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$0.00	$0.00	$0.00	$836.39	$851.58	$1,093.58	$1,082.19	$1,396.74
EMPLOYER CONTRIBUTION: Employee Plus Child	$0.00	$0.00	$0.00	$557.59	$567.73	$733.71	$885.42	$1,182.17
EMPLOYER CONTRIBUTION: Employee Plus Children	$0.00	$0.00	$0.00	$557.59	$567.73	$733.71	$885.42	$1,182.17
EMPLOYER CONTRIBUTION: Employee Plus Family	$0.00	$0.00	$0.00	$1,082.32	$851.87	$1,439.72	$1,524.87	$1,879.53
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**30**	**0**	**0**	**517**	**75**	**92**	**731**	**2989**
Number of Subscribers (Active)	0	0	N/A	184	29	27	474	1699
Number of Dependents (Active)	0	0	N/A	305	43	47	257	1290
Number of Subscribers (Retirees)	24	0	N/A	14	0	10	N/A	N/A
Number of Dependents (Retirees)	6	0	N/A	14	3	8	N/A	N/A
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$12,987,270.00	***No response provided***	***No response provided***	$8,362,054.00	$8,362,054.00	$8,362,054.00	$46,761,758.52	$46,761,758.52
Medical ASO TPA / Medical Carrier	BlueCross BlueShield TX	***No response provided***	***No response provided***	Cigna	Cigna	Cigna	BlueCross BlueShield TX	BlueCross BlueShield TX
Medical ASO Fee PEPM (Please remove any rebate offset)	$51.13 Medical / $3.59 Dental	***No response provided***	***No response provided***	$26.55	$33.40	$33.40	$49.10	$49.10
Pharmacy Benefit Manager	Prime Therapeutics	***No response provided***	***No response provided***	Cigna	Cigna	Cigna	CVS-Caremark	CVS-Caremark
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$190.24	***No response provided***	***No response provided***	N/A	N/A	N/A	-$420.41	-$129.29
Individual Stop Loss Insurance Provider	BlueCross BlueShield TX	***No response provided***	***No response provided***	Stealth Partner Group AMWINS	Stealth Partner Group AMWINS	Stealth Partner Group AMWINS	BlueCross BlueShield TX	BlueCross BlueShield TX
Individual Stop Loss Insurance Deductible	$250,000.00	***No response provided***	***No response provided***	$137,500.00	$137,500.00	$137,500.00	$300,000.00	$300,000.00
Individual Stop Loss Insurance Fee PEPM	$178.05	***No response provided***	***No response provided***	N/A	N/A	N/A	$74.75	$74.75
Aggregate Stop Loss Insurance Provider	BlueCross BlueShield TX	***No response provided***	***No response provided***	Stealth Partner Group AMWINS	Stealth Partner Group AMWINS	Stealth Partner Group AMWINS	BlueCross BlueShield TX	BlueCross BlueShield TX
Aggregate Stop Loss Insurance Deductible	125% Deductible Corridor	***No response provided***	***No response provided***	N/A	N/A	N/A	N/A	N/A
Aggregate Stop Loss Insurance Fee PEPM	$1.84	***No response provided***	***No response provided***	$4.79	$4.79	$4.79	N/A	N/A
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	NA	***No response provided***	***No response provided***	N/A	N/A	N/A	HUB	HUB
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	Lockton Dunning	***No response provided***	***No response provided***	N/A	N/A	N/A	HUB	HUB
Cost Per Subscriber Per Month	$45,094.69	#VALUE!	#VALUE!	$3,519.38	$24,028.89	$18,833.45	$8,221.12	$2,293.59
Cost Per Member Per Month	$36,075.75	#VALUE!	#VALUE!	$1,347.85	$9,291.17	$7,574.32	$5,330.80	$1,303.72

2026 BENEFITS SURVEY
January 2026

	College Station	College Station	College Station	Conroe	Conroe	Conroe	Corpus Christi	Corpus Christi
	Retiree Plan 1 - HDHP (Med/Den/RX Bundle)	*Retiree Plan 2 - PPO (Med/Den/RX Bundle)*	*Retiree Plan 2 - HDHP (Med/Den/RX Bundle)*	*Kelsey*	*HDHP*	*PPO*	*Citicare Value Plan*	*Citicare CDHP*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	100/0	80/20	80/20	80/20	90/10
Coverage Percentage Ratio - Out of Network	70/30	70/30	70/30	No Coverage	No Coverage	No Coverage	50/50	50/50
Deductible - In Network - Individual	$2,000.00	$1,000.00	$2,000.00	$1,000.00	$3,000.00	$1,000.00	$1,750.00	$3,300.00
Deductible - In Network - Family	$4,000.00	$2,000.00	$4,000.00	$2,000.00	$5,400.00	$2,000.00	$3,500.00	$6,000.00
Deductible - Out of Network - Individual	$4,000.00	$2,000.00	$4,000.00	N/A	N/A	N/A	$7,000.00	$5,400.00
Deductible - Out of Network - Family	$8,000.00	$4,000.00	$8,000.00	N/A	N/A	N/A	$14,000.00	$10,800.00
Max Out Of Pocket In-Network (Individual)	$3,750.00	$6,000.00	$3,750.00	$4,000.00	$4,000.00	$4,000.00	$5,000.00	$4,500.00
Max Out Of Pocket In-Network (Family)	$7,500.00	$12,000.00	$7,500.00	$8,000.00	$8,000.00	$8,000.00	$10,000.00	$7,300.00
Max Out Of Pocket Out-of-Network (Individual)	$7,500.00	$12,000.00	$7,500.00	N/A	N/A	N/A	$15,000.00	$15,000.00
Max Out Of Pocket Out-of-Network (Family)	$15,000.00	$24,000.00	$15,000.00	N/A	N/A	N/A	$30,000.00	$30,000.00
Copay/Coshare - Primary Care Office Visit	20% coins	$30.00	20% coins	$30.00	20% after deductible is met	20% after deductible is met	$40.00	Ded/10%
Copay/Coshare - Specialist Office Visit	20% coins	$55.00	20% coins	$50.00	20% after deductible is met	20% after deductible is met	$65.00	Ded/10%
Copay/Coshare - ER Visit	20% coins	$500 per visit (copay waived if admitted) then plan pays 80%	20% coins	$200.00	20% after deductible is met	20% after deductible is met	$350/20%	Ded/10%
Copay/Coshare - Urgent Care	20% coins	$75 Copay	20% coins	$50.00	20% after deductible is met	20% after deductible is met	$75 Copay	Ded/10%
Copay/Coshare - Virtual Visit (Primary Care)	20% coins	$30 Copay	20% coins	$30.00	20% after deductible is met	20% after deductible is met	$10 copay	$10 copay
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None	None	None	None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No	No	No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	*No Response Provided*	*No Response Provided*	*No Response Provided*	No	No	Yes	Yes. We have an onsite wellness clinic that is free for covered individuals under this plan.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	The Progyny fertility benefit bundles all the individual services, tests, and treatments into a Progyny Smart Cycle, ensuring employees never run out of coverage mid-treatment.	The Progyny fertility benefit bundles all the individual services, tests, and treatments d into a Progyny Smart Cycle, ensuring employees never run out of coverage mid-treatment.
Bariatric Benefits	Covered - BDC Centers	Covered - BDC Centers	Covered - BDC Centers	Not Covered	Not Covered	Not Covered	80% of Allowable Amount after Deductible, $20,000 lifetime max	100% of Allowable Amount after Deductible, $20,000 lifetime max
Hearing Aid Benefits	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%	Testing and fitting of hearing aid devices at Physician Office Visit cost share. After the plan deductible, plan pays 80%	Yes	Yes	Yes	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit
Any other preferred/incentivized arrangements not mentioned previously?	$30 Co-Pay for Employee Health Clinic Visits	$30 Co-Pay for Employee Health Clinic Visits	$30 Co-Pay for Employee Health Clinic Visits	N/A	N/A	N/A	Airrosti - $20 copay, 30 visits max, $15 CVS Minute Clinic Copays	None

2026 BENEFITS SURVEY
January 2026

	College Station	College Station	College Station	Conroe	Conroe	Conroe	Corpus Christi	Corpus Christi
	Retiree Plan 1 - HDHP (Med/Den/RX Bundle)	***Retiree Plan 2 - PPO (Med/Den/RX Bundle)***	***Retiree Plan 2 - HDHP (Med/Den/RX Bundle)***	***Kelsey***	***HDHP***	***PPO***	***Citicare Value Plan***	***Citicare CDHP***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	$ 100.00	N/A	$ 100.00	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	3	3	3	4	4
Formulary Management (*describe what structure tiers represent*)	Generic, Preferred Brand, Non-Preferred brand, Specialty	Generic, Preferred Brand, Non-Preferred brand, Specialty	Generic, Preferred Brand, Non-Preferred brand, Specialty	N/A	N/A	N/A	Generics First; Opiod mgmt	Generics First; Opiod mgmt
Retail 30 Day Tier 1 Copay/Structure	20% coins	$10.00	20% coins	$10.00	$0.00	$10.00	$10.00	Deductible, IRS Preventative $10
Retail 30 Day Tier 2 Copay/Structure	20% coins	20% subject to a minimum of $35 and a maximum of $100	20% coins	$35.00	$15.00	$35.00	$35.00	Deductible, IRS Preventative $35
Retail 30 Day Tier 3 Copay/Structure	20% coins	20% subject to a minimum of $70 and a maximum of $200	20% coins	$70.00	$30.00	$70.00	$70.00	Deductible, IRS Preventative $70
Retail 30 Day Tier 4 Copay/Structure	20% coins	Tier 1: $10/retail Tier 2: $35-$100/ 20% retail Tier 3: $70-$200/ 20%; ded does not apply	20% coins	N/A	N/A	N/A	$125.00	Deductible/ 10%
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	20% coins	Mail 90 - $20 Retail 90 - $30	20% coins	$20.00	$0.00	$20.00	$20.00	Deductible, IRS Preventative $20
Mail/Retail 90 Day Tier 2 Copay/Structure	20% coins	Mail 90 - 20% subject to a minimum of $70 and a maximum of $250 Retail 90 - 20% subject to a minimum of $105 and a maximum of $180	20% coins	$70.00	$30.00	$70.00	$70.00	Deductible, IRS Preventative $70
Mail/Retail 90 Day Tier 3 Copay/Structure	20% coins	Mail 90 - 20% subject to a minimum of $140 and a maximum of $400 Retail 90 - 20% subject to a minimum of $210 and a maximum of $360	20% coins	$140.00	$60.00	$140.00	$140.00	Deductible, IRS Preventative $140
Mail/Retail 90 Day Tier 4 Copay/Structure	20% coins	N/A	20% coins	N/A	N/A	N/A	N/A	Deductible/ 10%
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	***No Response Provided***	***No Response Provided***	***No Response Provided***	No	No	No	No.	No.
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	N/A	N/A	N/A	No	No

2026 BENEFITS SURVEY January 2026	College Station	College Station	College Station	Conroe	Conroe	Conroe	Corpus Christi	Corpus Christi
	Retiree Plan 1 - HDHP (Med/Den/RX Bundle)	*Retiree Plan 2 - PPO (Med/Den/RX Bundle)*	*Retiree Plan 2 - HDHP (Med/Den/RX Bundle)*	*Kelsey*	*HDHP*	*PPO*	*Citicare Value Plan*	*Citicare CDHP*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.	Marquee Health Wellness Program offers cost-free, confidential health coaching and a wide array of health improvement resources. Members earn $50 per month off employee premium by successfully completing a series of wellness activities including an online Health Risk Assessment, a biometric screening, preventative check up with physician. Employee Health Clinic no charge open Monday - Friday; 7:30am - 11:30am & 12:30pm - 4:30pm. We hold two annual health/benefits fair. See other programs.	Fit for life employees can earn up to $300 a year for wellness	Fit for life employees can earn up to $300 a year for wellness	Fit for life employees can earn up to $300 a year for wellness	Onsite City Clinic no charge open M-F 7am-5pm. Members earn $520 per year off employee premium share by successfully completing an Annual Wellness Exam, Online Health Assessment, plus 3 additional wellness activities.	Onsite City Clinic $20 fee open M-F 7am-5pm. Members earn $520 per year off employee premium share by successfully completing an Annual Wellness Exam, Online Health Assessment, plus 3 additional wellness activities.
Programs - Other Miscellaneous	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc	Free Flu shots and Biometric Screenings at Employee Health Clinic. See wellness program. Other programs thru BCBS, Wondrhealth; Livongo Diabetes Program; Airrosti. Employee Assistance Program thru Supportlinc	Lunch and Learns	Lunch and Learns	Lunch and Learns	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets.The Cancer Services and Support program: gives employees tools, resources and experts to help them before, during and after cancer treatment. The City pays for up to three counseling visits, per family, per fiscal year, through our Employee Assistance Program. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets.The Cancer Services and Support program: gives employees tools, resources and experts to help them before, during and after cancer treatment. The City pays for up to three counseling visits, per family, per fiscal year, through our Employee Assistance Program. See Wellness programs also
Notes - Retirees	Plan 1 Eligibility: • Aligned with TMRS Retirement Eligibility • Must also be age 55+ and have five (5) years of service with the City of College Station. Retiree benefits are offered until age 65. We offer Medicare transition assistance through TowersWatson, but retiree moved off the City's plan at that time.	Plan 2 Eligibility: • Aligned with TMRS Retirement Eligibility Only Retiree benefits are offered until age 65. We offer Medicare transition assistance through TowersWatson, but retiree moved off the City's plan at that time.	Plan 2 Eligibility: • Aligned with TMRS Retirement Eligibility Only Retiree benefits are offered until age 65. We offer Medicare transition assistance through TowersWatson, but retiree moved off the City's plan at that time.	If Retirees meet our Rule of 80 they only pay "Employee Only". If Retiree does not meet our Rule of 80 they pay the " Premium: Employee Only"	If Retirees meet our Rule of 80 they only pay "Employee Only". If Retiree does not meet our Rule of 80 they pay the " Premium: Employee Only"	If Retirees meet our Rule of 80 they only pay "Employee Only". If Retiree does not meet our Rule of 80 they pay the " Premium: Employee Only"	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan
Notes - Other Miscellaneous	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.	Eligibility is the first day of the month following date of employment. Coverage terms at the end of the month.	*No Response Provided*	City Contribution to Health Savings Account: Individual $1000, Family $2,000	*No Response Provided*	Eligibility is the first day of employment. Coverage terms at end of month	Eligibility is the first day of employment. Coverage terms at end of month

2026 BENEFITS SURVEY
January 2026

	College Station	College Station	College Station	Conroe	Conroe	Conroe	Corpus Christi	Corpus Christi
	Retiree Plan 1 - HDHP (Med/Den/RX Bundle)	***Retiree Plan 2 - PPO (Med/Den/RX Bundle)***	***Retiree Plan 2 - HDHP (Med/Den/RX Bundle)***	***Kelsey***	***HDHP***	***PPO***	***Citicare Value Plan***	***Citicare CDHP***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	***No Response Provided***	***No Response Provided***	***No Response Provided***	We review what our Benefit Consultants recommend every year.	We review what our Benefit Consultants recommend every year.	We review what our Benefit Consultants recommend every year.	This year we changed the plan design to increase the copay for primary care physician visits, the employee contribution, deductible, and the out-of-pocket maximum. We also included a $350 copay for all ER visits and a $250 fee for non-emergent ER visits, all effective 10/01/2025.	This year we changed the plan design to increase the employee contribution, deductible, and the out-of-pocket maximum. We also included 10% coinsurance once the deductible is met and added a $250 fee for non-emergent ER visits, all effective 10/01/2025.
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Dallas
	Retiree < 65 Citicare Value Plan	*Retiree < 65 Citicare CDHP*	*Fire CDHP Plan*	*Retiree < 65 Fire CDHP Plan*	*Police CDHP Plan*	*Retiree < 65 Police CDHP Plan*	*Retiree > 65 Medicare Advantage*	*Active PPO Plan*
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Dezerae Carmona	Dezerae Carmona	Dezerae Carmona	Dezerae Carmona	Dezerae Carmona	Dezerae Carmona	Dezerae Carmona	Sandra Ovalles
Primary Contact Phone	361-826-3878	361-826-3878	361-826-3878	361-826-3878	361-826-3878	361-826-3878	361-826-3878	214-671-6947
Primary Contact Email	dezeraec@cctexas.com	dezeraec@cctexas.com	dezeraec@cctexas.com	dezeraec@cctexas.com	dezeraec@cctexas.com	dezeraec@cctexas.com	dezeraec@cctexas.com	sandra.ovalles@dallas.gov
Secondary Contact Name	Melinda Arriaga	Melinda Arriaga	Melinda Arriaga	Melinda Arriaga	Melinda Arriaga	Melinda Arriaga	Melinda Arriaga	
Secondary Contact Phone	361-826-3626	361-826-3626	361-826-3626	361-826-3626	361-826-3626	361-826-3626	361-826-3626	
Secondary Contact Email	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	melindaa2@corpuschristitx.gov	hrbenefits@dallas.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Self Insured
Population Served (Active, Retiree or Both)	Retiree Only	Retiree Only	Active Only	Retiree Only	Active Only	Retiree Only	Retiree Only	Active & Retiree
PPO, HMO, EPO, Etc.	PPO	HDHP	HDHP	HDHP	HDHP	HDHP	PPO	EPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$858.63	$669.42	$835.24	$701.91	$781.55	$648.22	$156.00	$903.16
PREMIUM: Employee Plus Spouse	$1,890.35	$1,557.14	$1,714.57	$1,497.91	$1,518.69	$1,385.36	N/A	$1,655.67
PREMIUM: Employee Plus Child	$1,546.63	$1,274.03	$1,551.83	$1,335.18	$1,368.09	$1,234.76	N/A	$0.00
PREMIUM: Employee Plus Children	$1,546.63	$1,274.03	$1,551.83	$1,335.18	$1,368.09	$1,234.76	N/A	$1,518.09
PREMIUM: Employee Plus Family	$2,663.67	$2,194.24	$2,205.51	$1,988.84	$1,973.78	$1,840.45	N/A	$2,148.14
EMPLOYEE CONTRIBUTION: Employee Only	$858.63	$669.42	$0.00	$9.03	$0.00	$648.22	$156.00	$86.34
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,890.35	$1,557.14	$289.12	$805.03	$0.00	$1,385.36	N/A	$648.20
EMPLOYEE CONTRIBUTION: Employee Plus Child	$1,546.63	$1,274.03	$225.35	$642.30	$0.00	$1,234.76	N/A	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$1,546.63	$1,274.03	$225.35	$642.30	$0.00	$1,234.76	N/A	$266.98
EMPLOYEE CONTRIBUTION: Employee Plus Family	$2,663.67	$2,194.24	$481.39	$1,295.96	$0.00	$1,840.45	N/A	$727.88
EMPLOYER CONTRIBUTION: Employee Only	$0.00	$0.00	$835.24	$692.88	$781.55	$0.00	$0.00	$816.83
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$0.00	$0.00	$1,425.45	$692.88	$1,518.69	$0.00	#VALUE!	$1,007.48
EMPLOYER CONTRIBUTION: Employee Plus Child	$0.00	$0.00	$1,326.48	$692.88	$1,368.09	$0.00	#VALUE!	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$0.00	$0.00	$1,326.48	$692.88	$1,368.09	$0.00	#VALUE!	$1,251.11
EMPLOYER CONTRIBUTION: Employee Plus Family	$0.00	$0.00	$1,724.12	$692.88	$1,973.78	$0.00	#VALUE!	$1,420.26
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**3**	**5**	**1122**	**48**	**1116**	**24**	**0**	**6892**
Number of Subscribers (Active)	3	3	466	32	460	8	0	3711
Number of Dependents (Active)	0	2	656	16	656	16	0	2653
Number of Subscribers (Retirees)	N/A	N/A	N/A	N/A	N/A	N/A	0	414
Number of Dependents (Retirees)	N/A	N/A	N/A	N/A	N/A	N/A	0	114
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$46,761,758.52	$46,761,758.52	$46,761,758.52	$46,761,758.52	$46,761,758.52	$46,761,758.52		$145,749,667.00
Medical ASO TPA / Medical Carrier	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		Blue Cross Blue Shield of Texas
Medical ASO Fee PEPM (Please remove any rebate offset)	$49.10	$49.10	$49.10	$49.10	$49.10	$49.10		$30.84
Pharmacy Benefit Manager	CVS-Caremark	CVS-Caremark	CVS-Caremark	CVS-Caremark	CVS-Caremark	CVS-Caremark		Prime Theraputics
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	-$1,036.63	N/A	-$213.59	-$358.02	-$160.45	-$307.01		***No Response Provided***
Individual Stop Loss Insurance Provider	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		Blue Cross Blue Shield of Texas
Individual Stop Loss Insurance Deductible	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00		$1,000,000.00
Individual Stop Loss Insurance Fee PEPM	$74.75	$74.75	$74.75	$74.75	$74.75	$74.75		$17.61
Aggregate Stop Loss Insurance Provider	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		***No Response Provided***
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	N/A	N/A	N/A		***No Response Provided***
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	N/A	N/A	N/A		***No Response Provided***
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	HUB	HUB	HUB	HUB	HUB	HUB		***No Response Provided***
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	HUB	HUB	HUB	HUB	HUB	HUB		***No Response Provided***
Cost Per Subscriber Per Month	$1,298,937.74	$1,298,937.74	$8,362.26	$121,775.41	$8,471.33	$487,101.65	$0.00	$2,944.44
Cost Per Member Per Month	$1,298,937.74	$779,362.64	$3,473.10	$81,183.61	$3,491.77	$162,367.22	$0.00	$1,762.30

2026 BENEFITS SURVEY *January 2026*	Corpus Christi *Retiree < 65* *Citicare Value Plan*	Corpus Christi *Retiree < 65* *Citicare CDHP*	Corpus Christi *Fire CDHP Plan*	Corpus Christi *Retiree < 65* *Fire CDHP Plan*	Corpus Christi *Police CDHP Plan*	Corpus Christi *Retiree < 65* *Police CDHP Plan*	Corpus Christi *Retiree > 65* *Medicare Advantage*	Dallas *Active PPO Plan*
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	90/10	100/0	100/0	100/0	100/0	N/A	80/20
Coverage Percentage Ratio - Out of Network	50/50	50/50	100/0	100/0	70/30	70/30	N/A	0/100
Deductible - In Network - Individual	$1,750.00	$3,300.00	$3,300.00	$3,300.00	$3,300.00	$3,300.00	$0.00	$1,500.00
Deductible - In Network - Family	$3,500.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$0.00	$3,000.00
Deductible - Out of Network - Individual	$7,000.00	$5,400.00	$3,300.00	$3,300.00	$5,000.00	$5,000.00	$0.00	$0.00
Deductible - Out of Network - Family	$14,000.00	$10,800.00	$6,000.00	$6,000.00	$10,000.00	$10,000.00	$0.00	$0.00
Max Out Of Pocket In-Network (Individual)	$5,000.00	$4,500.00	$3,300.00	$3,300.00	$3,300.00	$3,300.00	$3,400.00	$6,350.00
Max Out Of Pocket In-Network (Family)	$10,000.00	$7,300.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00	N/A	$12,700.00
Max Out Of Pocket Out-of-Network (Individual)	$15,000.00	$15,000.00	$3,300.00	$3,300.00	$7,000.00	$7,000.00	$3,400.00	$0.00
Max Out Of Pocket Out-of-Network (Family)	$30,000.00	$30,000.00	$6,000.00	$6,000.00	$14,000.00	$14,000.00	N/A	$0.00
Copay/Coshare - Primary Care Office Visit	$40.00	Ded/10%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	$15.00	$25.00
Copay/Coshare - Specialist Office Visit	$65.00	Ded/10%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	$35.00	$50.00
Copay/Coshare - ER Visit	$350/20%	Ded/10%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	$65.00	$ 300 copay; plus 20% after deductible
Copay/Coshare - Urgent Care	$75 Copay	Ded/10%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	$15 Copay	$15.00
Copay/Coshare - Virtual Visit (Primary Care)	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	Not Covered	$0.00
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None	None	None		None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No	No	No		No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	Yes. We have an onsite wellness clinic that is free for covered individuals under this plan.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.	No. Onsite wellness clinic for CDHP members is $20 for visit and $15 for labs if ordered.		N/A
Infertility Treatment Benefits	N/A	N/A	The Progyny fertility benefit bundles all the individual services, tests, and treatments d into a Progyny Smart Cycle, ensuring employees never run out of coverage mid-treatment.	N/A	The Progyny fertility benefit bundles all the individual services, tests, and treatments d into a Progyny Smart Cycle, ensuring employees never run out of coverage mid-treatment.	N/A		N/A
Bariatric Benefits	80% of Allowable Amount after Deductible, $20,000 lifetime max	100% of Allowable Amount after Deductible, $20,000 lifetime max	100% of Allowable Amount after Deductible, $20,000 lifetime max	100% of Allowable Amount after Deductible, $20,000 lifetime max	80% of Allowable Amount after Deductible, $20,000 lifetime max	80% of Allowable Amount after Deductible, $20,000 lifetime max		N/A
Hearing Aid Benefits	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit	Yes, $2,500 per ear every 3 years. Bone anchored hearing aids not subject to limit		
Any other preferred/incentivized arrangements not mentioned previously?	Airrosti - $230 per visit, then 0%, 30 visits max, $15 CVS Minute Clinic Copays	None	Airrosti - $230 per visit, then 0%, 30 visits max	None	Airrosti - $230 per visit, then 0%, 30 visits max	None		

2026 BENEFITS SURVEY
January 2026

	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Dallas
	Retiree < 65 Citicare Value Plan	*Retiree < 65 Citicare CDHP*	*Fire CDHP Plan*	*Retiree < 65 Fire CDHP Plan*	*Police CDHP Plan*	*Retiree < 65 Police CDHP Plan*	*Retiree > 65 Medicare Advantage*	*Active PPO Plan*
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	4	4	4	4	3
Formulary Management (*describe what structure tiers represent*)	Generics First; Opiod mgmt	Generics First; Opiod mgmt	Generics First; Opiod mgmt	Generics First; Opiod mgmt	Generics First; Opiod mgmt	Generics First; Opiod mgmt	Generics First; Opiod mgmt	*No Response Provided*
Retail 30 Day Tier 1 Copay/Structure	$10.00	Deductible, IRS Preventative $10	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	$5.00	$15.00
Retail 30 Day Tier 2 Copay/Structure	$35.00	Deductible, IRS Preventative $35	Deductible, IRS Preventative $20	Deductible, IRS Preventative $20	Deductible, IRS Preventative $20	Deductible, IRS Preventative $20	$30.00	$40.00
Retail 30 Day Tier 3 Copay/Structure	$70.00	Deductible, IRS Preventative $70	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	$45.00	$75.00
Retail 30 Day Tier 4 Copay/Structure	$125.00	Deductible/ 10%	Deductible	Deductible	Deductible	Deductible	$45.00	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$20.00	Deductible, IRS Preventative $20	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	Deductible, IRS Preventative $0	$10.00	$15.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$70.00	Deductible, IRS Preventative $70	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	Deductible, IRS Preventative $40	$60.00	$40.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$140.00	Deductible, IRS Preventative $140	Deductible, IRS Preventative $80	Deductible, IRS Preventative $80	Deductible, IRS Preventative $80	Deductible, IRS Preventative $80	$90.00	$75.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	Deductible/ 10%	Deductible	Deductible	Deductible	Deductible	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	No.	No.	No.	No.	No.	No.		*No Response Provided*
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	No	No	No		*No Response Provided*

2026 BENEFITS SURVEY *January 2026*	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Dallas
	Retiree < 65 Citicare Value Plan	***Retiree < 65 Citicare CDHP***	***Fire CDHP Plan***	***Retiree < 65 Fire CDHP Plan***	***Police CDHP Plan***	***Retiree < 65 Police CDHP Plan***	***Retiree > 65 Medicare Advantage***	***Active PPO Plan***
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness	Onsite City Clinic $20 fee open M-F 7am-5pm.	Onsite City Clinic $20 fee open M-F 7am-5pm.	Onsite City Clinic $20 fee open M-F 7am-5pm. Members earn $520 per year off employee premium share by successfully completing an Annual Wellness Exam, Online Health Assessment, plus 3 additional wellness activities.	Onsite City Clinic $20 fee open M-F 7am-5pm.	Onsite City Clinic $20 fee open M-F 7am-5pm.	Onsite City Clinic $20 fee open M-F 7am-5pm.		Wellness Screening through Doctor
Programs - Other Miscellaneous	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets.The Cancer Services and Support program: gives employees tools, resources and experts to help them before, during and after cancer treatment. The City pays for up to three counseling visits, per family, per fiscal year, through our Employee Assistance Program. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets.The Cancer Services and Support program: gives employees tools, resources and experts to help them before, during and after cancer treatment. The City pays for up to three counseling visits, per family, per fiscal year, through our Employee Assistance Program. See Wellness programs also	Livongo Diabetes and High Blood pressure, Free immunizations at CVS retail outlets. See Wellness programs also		***No Response Provided***
Notes - Retirees	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan. At age 65 member has the option to move to the Medicare Advantage plan	Retirees meeting pension definitions of eligibility are eligible to continue coverage. Once coverage is dropped member cannot return to the plan.	Wellness Screening through Doctor
Notes - Other Miscellaneous	Eligibility is eligibility to retire under TMRS	Eligibility is eligibility to retire under TMRS	Eligibility is the first day of employment. Coverage terms at end of month	Eligibility is eligibility to retire under TMRS	Eligibility is the first day of employment. Coverage terms at end of month	Eligibility is eligibility to retire under TMRS	Eligibility is eligibility to retire under TMRS	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Corpus Christi	Dallas
	Retiree < 65 Citicare Value Plan	*Retiree < 65 Citicare CDHP*	*Fire CDHP Plan*	*Retiree < 65 Fire CDHP Plan*	*Police CDHP Plan*	*Retiree < 65 Police CDHP Plan*	*Retiree > 65 Medicare Advantage*	*Active PPO Plan*
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	This year we changed the plan design to increase the copay for primary care physician visits, the employee contribution, deductible, and the out-of-pocket maximum. We also included a $350 copay for all ER visits and a $250 fee for non-emergent ER visits, all effective 10/01/2025.	This year we changed the plan design to increase the employee contribution, deductible, and the out-of-pocket maximum. We also included 10% coinsurance once the deductible is met and added a $250 fee for non-emergent ER visits, all effective 10/01/2025.	Increased deductible due to IRS Regulations	Increased deductible due to IRS Regulations	Increased deductible due to IRS Regulations	Increased deductible due to IRS Regulations		*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*		*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Dallas	Dallas	Dickinson	Dickinson	Dickinson	Donna	Edinburg	Edinburg
	Active PCP (HMO) Plan	*Active HDHP Plan*	*BCBS HDHP/HSA*	*BCBS HMO/HRA*	*BCBS PPO/NSH HRA*	*Active Plan - PPO*	*PPO High Plan*	*HMO Low Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Completed	Completed
CONTACTS								
Primary Contact Name	Sandra Ovalles	Sandra Ovalles	Sloane Miranda	Sloane Miranda	Sloane Miranda	David Vasquz	Erica Balli	Erica Balli
Primary Contact Phone	214-671-6947	214-671-6947	281-337-6236	281-337-6236	281-337-6236	956-464-3314, Ext. 1202	956-388-1873	956-388-1873
Primary Contact Email	sandra.ovalles@dallas.gov	sandra.ovalles@dallas.gov	smiranda@dickinsontexas.gov	smiranda@dickinsontexas.gov	smiranda@dickinsontexas.gov	dvasquez@cityofdonna.org	eballi@cityofedinburg.com	eballi@cityofedinburg.com
Secondary Contact Name			Chaise Cary	Chaise Cary	Chaise Cary	Mary Calderon	Laura L. Cerda	Laura L. Cerda
Secondary Contact Phone			281-337-2489	281-337-2489	281-337-2489	956-464-3314, Ext. 1202	956-388-1873 ext 8660	956-388-1873 ext 8660
Secondary Contact Email	hrbenefits@dallas.gov	hrbenefits@dallas.gov	ccary@dickinsontexas.gov	ccary@dickinsontexas.gov	ccary@dickinsontexas.gov	mcalderon@cityofdonna.org	lcerda@cityofedinburg.com	lcerda@cityofedinburg.com
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	HMO	HDHP	HDHP	HMO	PPO	PPO	PPO	HMO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$858.64	$880.60	$608.89	$637.44	$765.69	$569.92	$543.83	$522.62
PREMIUM: Employee Plus Spouse	$1,863.14	$1,651.09	$1,670.53	$1,382.11	$1,870.67	$1,131.61	$1,435.03	$1,375.08
PREMIUM: Employee Plus Child	$0.00	$0.00	$1,140.19	$1,010.11	$1,384.79	$984.37	$922.50	$886.53
PREMIUM: Employee Plus Children	$1,609.07	$1,513.89	$1,140.19	$1,010.11	$1,384.79	$984.37	$922.50	$886.53
PREMIUM: Employee Plus Family	$2,430.09	$2,142.20	$2,202.03	$1,754.91	$2,556.34	$1,633.29	$1,646.43	$1,582.21
EMPLOYEE CONTRIBUTION: Employee Only	$33.08	$34.74	$0.00	$0.00	$65.00	$0.00	$21.21	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$460.85	$483.89	$316.97	$366.78	$425.31	$561.69	$328.65	$308.50
EMPLOYEE CONTRIBUTION: Employee Plus Child	$0.00	$0.00	$158.63	$183.56	$311.43	$301.62	$191.82	$174.57
EMPLOYEE CONTRIBUTION: Employee Plus Children	$144.45	$151.66	$158.63	$183.56	$311.43	$301.62	$191.82	$174.57
EMPLOYEE CONTRIBUTION: Employee Plus Family	$504.97	$530.19	$475.67	$550.40	$738.18	$919.66	$539.09	$508.29
EMPLOYER CONTRIBUTION: Employee Only	$825.56	$845.86	$608.89	$637.44	$700.69	$569.92	$522.62	$522.62
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,402.29	$1,167.21	$1,353.56	$1,015.33	$1,445.36	$569.92	$1,106.38	$1,066.58
EMPLOYER CONTRIBUTION: Employee Plus Child	$0.00	$0.00	$981.56	$826.55	$1,073.36	$682.75	$730.68	$711.96
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,464.62	$1,362.23	$981.56	$826.55	$1,073.36	$682.75	$730.68	$711.96
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,925.13	$1,612.01	$1,726.36	$1,204.51	$1,818.16	$713.63	$1,107.34	$1,073.92
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**2309**	**3408**	**14**	**39**	**57**	**150**	**719**	**273**
Number of Subscribers (Active)	1479	1759	11	27	41	134	464	242
Number of Dependents (Active)	818	1432	3	12	16	16	255	31
Number of Subscribers (Retirees)	10	186	0	0	0	0	0	0
Number of Dependents (Retirees)	2	31	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$145,749,667.00	$145,749,667.00					*No Response Provided*	*No Response Provided*
Medical ASO TPA / Medical Carrier	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas					*No Response Provided*	*No Response Provided*
Medical ASO Fee PEPM (Please remove any rebate offset)	$30.84	$30.84					*No Response Provided*	*No Response Provided*
Pharmacy Benefit Manager	Prime Theraputics	Prime Theraputics					*No Response Provided*	*No Response Provided*
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Individual Stop Loss Insurance Provider	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas					*No Response Provided*	*No Response Provided*
Individual Stop Loss Insurance Deductible	$1,000,000.00	$1,000,000.00					*No Response Provided*	*No Response Provided*
Individual Stop Loss Insurance Fee PEPM	$17.61	$17.61					*No Response Provided*	*No Response Provided*
Aggregate Stop Loss Insurance Provider	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Aggregate Stop Loss Insurance Deductible	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Aggregate Stop Loss Insurance Fee PEPM	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Cost Per Subscriber Per Month	$8,157.02	$6,244.63				$0.00	#VALUE!	$0.00
Cost Per Member Per Month	$5,260.20	$3,563.91				$0.00	#VALUE!	$0.00

2026 BENEFITS SURVEY
January 2026

	Dallas	Dallas	Dickinson	Dickinson	Dickinson	Donna	Edinburg	Edinburg
	Active PCP (HMO) Plan	*Active HDHP Plan*	*BCBS HDHP/HSA*	*BCBS HMO/HRA*	*BCBS PPO/NSH HRA*	*Active Plan - PPO*	*PPO High Plan*	*HMO Low Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	20%	30%	100%	80/20	80/20	80/20
Coverage Percentage Ratio - Out of Network	0/100	0/100	40%	N/A	30%	60/40	50/50	50/50
Deductible - In Network - Individual	$1,500.00	$3,400.00	$3,500.00	$1,250.00	$1,500.00	$1,000.00	$2,000.00	$1,250.00
Deductible - In Network - Family	$3,000.00	$6,800.00	$7,500.00	$3,750.00	$3,000.00	$2,000.00	$4,000.00	$3,750.00
Deductible - Out of Network - Individual	$0.00	$0.00	$7,000.00	N/A	$9,000.00	$5,000.00	$4,000.00	NA
Deductible - Out of Network - Family	$0.00	$0.00	$14,000.00	N/A	$18,000.00	$1,000.00	$8,000.00	NA
Max Out Of Pocket In-Network (Individual)	$6,350.00	$6,350.00	$5,000.00	$3,750.00	$1,500.00	$4,000.00	$6,500.00	$6,500.00
Max Out Of Pocket In-Network (Family)	$12,700.00	$12,700.00	$10,000.00	$11,250.00	$3,000.00	$8,000.00	$13,000.00	$13,000.00
Max Out Of Pocket Out-of-Network (Individual)	$0.00	$0.00	Unlimited	N/A	Unlimited	$11,000.00	$19,500.00	NA
Max Out Of Pocket Out-of-Network (Family)	$0.00	$0.00	Unlimited	N/A	Unlimited	$22,000.00	$39,000.00	NA
Copay/Coshare - Primary Care Office Visit	$25.00	80% after deductible	Deductible	$35.00	$0.00	$20.00	$0.00	$35.00
Copay/Coshare - Specialist Office Visit	$50.00	80% after deductible	Deductible	$70.00	$0.00	$30/$40	$50.00	$50.00
Copay/Coshare - ER Visit	$ 300 copay; plus 20% after deductible	80% after deductible	Deductible	$500.00	$500.00	$250.00	$350.00	$350.00
Copay/Coshare - Urgent Care	$15.00	80% after deductible	Deductible	$75.00	$0.00	$75.00	$100 Copay	$100 Copay
Copay/Coshare - Virtual Visit (Primary Care)	$0.00	$0.00	Deductible	$0.00	$0.00	*No Response Provided*	$35 Copay	$35 Copay
Incentivized design for Copay/Coshare for Office Visits?	None	None					*No Response Provided*	*No Response Provided*
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No					*No Response Provided*	*No Response Provided*
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	N/A	N/A					*No Response Provided*	*No Response Provided*
Infertility Treatment Benefits	N/A	N/A					*No Response Provided*	*No Response Provided*
Bariatric Benefits	N/A	N/A					*No Response Provided*	*No Response Provided*
Hearing Aid Benefits							*No Response Provided*	*No Response Provided*
Any other preferred/incentivized arrangements not mentioned previously?							*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Dallas	Dallas	Dickinson	Dickinson	Dickinson	Donna	Edinburg	Edinburg
	Active PCP (HMO) Plan	***Active HDHP Plan***	***BCBS HDHP/HSA***	***BCBS HMO/HRA***	***BCBS PPO/NSH HRA***	***Active Plan - PPO***	***PPO High Plan***	***HMO Low Plan***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	20% after deductible	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	20% after deductible	5	5	5	3	3	3
Formulary Management (*describe what structure tiers represent*)	*No Response Provided*	*No Response Provided*	Generic, Brand, Specialty (preverred/non preferred)	Generic, Brand, Specialty (preverred/non preferred)	Generic, Brand, Specialty (preverred/non preferred)		No	No
Retail 30 Day Tier 1 Copay/Structure	$15.00	20% after deductible	Deductible, 10%/20%	0-$10	Deductible	$15.00	$15.00	$15.00
Retail 30 Day Tier 2 Copay/Structure	$40.00	20% after deductible	Deductible, 10%/20%	$10-$20	Deductible	$30.00	$35.00	$30.00
Retail 30 Day Tier 3 Copay/Structure	$75.00	20% after deductible	Deductible, 20%/30%	$50-70	Deductible	$65.00	$55.00	$45.00
Retail 30 Day Tier 4 Copay/Structure	N/A	N/A	Deductible, 30%/40%	$100-120	Deductible	N/A	N/A	$60.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	Deductible, 40%/50%	$150-250	Deductible	N/A	N/A	$60.00
Mail/Retail 90 Day Tier 1 Copay/Structure	$15.00	20% after deductible	3x	3x	Deductible	$37.50	$37.50	$37.50
Mail/Retail 90 Day Tier 2 Copay/Structure	$40.00	20% after deductible	3x	3x	Deductible	$75.00	$87.50	$75.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$75.00	20% after deductible	3x	3x	Deductible	$162.50	$137.50	$112.50
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	3x	3x	Deductible	N/A	N/A	$150.00
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	3x	3x	Deductible	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Dallas	Dallas	Dickinson	Dickinson	Dickinson	Donna	Edinburg	Edinburg
	Active PCP (HMO) Plan	***Active HDHP Plan***	***BCBS HDHP/HSA***	***BCBS HMO/HRA***	***BCBS PPO/NSH HRA***	***Active Plan - PPO***	***PPO High Plan***	***HMO Low Plan***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Wellness Screening through Doctor	Wellness Screening through Doctor					***No Response Provided***	***No Response Provided***
Programs - Other Miscellaneous	***No Response Provided***	***No Response Provided***					***No Response Provided***	***No Response Provided***
Notes - Retirees	Wellness Screening through Doctor	Wellness Screening through Doctor	N/A	N/A	N/A	***No Response Provided***	City of Edinburg Active Plan does not cover Retirees. A separate plan exists (see other plan design).	City of Edinburg Active Plan does not cover Retirees. A separate plan exists (see other plan design).
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	$1101.60 Annual HSA contribution	Rates are combined with HRA. Annual contribution of $759	Rates are combined with MERP with $6000/$12,000 first dollar coverage	***No Response Provided***	NA	NA

2026 BENEFITS SURVEY
January 2026

	Dallas	Dallas	Dickinson	Dickinson	Dickinson	Donna	Edinburg	Edinburg
	Active PCP (HMO) Plan	*Active HDHP Plan*	*BCBS HDHP/HSA*	*BCBS HMO/HRA*	*BCBS PPO/NSH HRA*	*Active Plan - PPO*	*PPO High Plan*	*HMO Low Plan*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*					*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Edinburg	Edinburg	Edinburg CISD	El Paso	El Paso	El Paso	El Paso	El Paso
	Retiree < 65	*Retiree < 65*	*Base Plan*	*CDHP - Choice POS II (Open Access)*	*Basic - Choice POS II (Open Access)*	*CDHP*	*Basic*	*Buy Up*
	Completed	Completed	Prior Response	Completed	Completed	Completed	Completed	Completed
CONTACTS								
Primary Contact Name	Erica Balli	Erica Balli	Dustin Garza	Sandra Ascencio	Sandra Ascencio	Sandra Ascencio	Sandra Ascencio	Sandra Ascencio
Primary Contact Phone	956-388-1873	956-388-1873	956-289-2300	915-212-1276	915-212-1276	915-212-1276	915-212-1276	915-212-1276
Primary Contact Email	eballi@cityofedinburg.com	eballi@cityofedinburg.com	dustin.garza@ecisd.us	AscencioSX@elpasotexas.gov	AscencioSX@elpasotexas.gov	AscencioSX@elpasotexas.gov	AscencioSX@elpasotexas.gov	AscencioSX@elpasotexas.gov
Secondary Contact Name	Laura L. Cerda	Laura L. Cerda	Angela Trevino					
Secondary Contact Phone	956-388-1873 ext 8660	956-388-1873 ext 8660	956-289-2300					
Secondary Contact Email	lcerda@cityofedinburg.com	lcerda@cityofedinburg.com	angela.trevino@ecisd.us					
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Retiree Only	Retiree Only	Active Only	Active Only	Active Only	Retiree Only	Retiree Only	Retiree Only
PPO, HMO, EPO, Etc.	PPO	HMO	PPO	PPO	PPO	PPO	PPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$689.23	$650.00	$674.00	$789.18	$1,053.22	$1,678.78	$2,126.84	$2,411.24
PREMIUM: Employee Plus Spouse	$2,337.99	$2,234.44	$1,052.00	$1,665.50	$2,273.82	$3,357.56	$4,253.65	$4,822.54
PREMIUM: Employee Plus Child	$1,389.77	$1,323.21	$936.00	$1,413.60	$1,908.44	$3,357.56	$4,253.65	$4,822.54
PREMIUM: Employee Plus Children	$1,389.77	$1,323.22	$936.00	$1,413.60	$1,908.44	$5,036.28	$6,380.50	$4,334.07
PREMIUM: Employee Plus Family	$2,729.08	$2,610.28	$1,188.00	$2,259.82	$3,102.12	$5,030.28	$6,380.50	$4,334.07
EMPLOYEE CONTRIBUTION: Employee Only	$39.23	$0.00	$60.00	$76.00	$340.04	$501.93	$808.66	$966.57
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,687.99	$1,584.44	$438.00	$416.00	$1,024.32	$1,003.86	$1,617.32	$1,933.14
EMPLOYEE CONTRIBUTION: Employee Plus Child	$739.77	$673.21	$322.00	$244.00	$738.84	$1,003.86	$1,617.32	$1,933.14
EMPLOYEE CONTRIBUTION: Employee Plus Children	$739.77	$673.22	$322.00	$244.00	$738.84	$1,505.79	$2,425.98	$2,899.71
EMPLOYEE CONTRIBUTION: Employee Plus Family	$2,079.08	$1,960.28	$574.00	$648.00	$1,490.30	$1,505.79	$2,425.98	$2,899.71
EMPLOYER CONTRIBUTION: Employee Only	$650.00	$650.00	$614.00	$713.18	$713.18	$1,176.85	$1,318.18	$1,444.67
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$650.00	$650.00	$614.00	$1,249.50	$1,249.50	$2,353.70	$2,636.33	$2,889.40
EMPLOYER CONTRIBUTION: Employee Plus Child	$650.00	$650.00	$614.00	$1,169.60	$1,169.60	$2,353.70	$2,636.33	$2,889.40
EMPLOYER CONTRIBUTION: Employee Plus Children	$650.00	$650.00	$614.00	$1,169.60	$1,169.60	$3,530.49	$3,954.52	$1,434.36
EMPLOYER CONTRIBUTION: Employee Plus Family	$650.00	$650.00	$614.00	$1,611.82	$1,611.82	$3,524.49	$3,954.52	$1,434.36
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**46**	**47**	**7037**	**2381**	**174**	**261**	**33**	**10**
Number of Subscribers (Active)	0	0	4247	2381	174	0	0	0
Number of Dependents (Active)	0	0	2790	*No Response Provided*	*No Response Provided*	0	0	0
Number of Subscribers (Retirees)	46	47	0	0	0	261	33	10
Number of Dependents (Retirees)	0	0	0	0	0	*No Response Provided*	*No Response Provided*	*No Response Provided*
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	*No Response Provided*	*No Response Provided*	$48,000,000.00	*No Response Provided*	*No Response Provided*			
Medical ASO TPA / Medical Carrier	*No Response Provided*	*No Response Provided*	BlueCross BlueShield TX	Aetna	Aetna			
Medical ASO Fee PEPM (Please remove any rebate offset)	*No Response Provided*	*No Response Provided*	$41.59	*No Response Provided*	*No Response Provided*			
Pharmacy Benefit Manager	*No Response Provided*	*No Response Provided*	Prime Therapeutics	Aetna	Aetna			
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	*No Response Provided*	*No Response Provided*	$130.81	*No Response Provided*	*No Response Provided*			
Individual Stop Loss Insurance Provider	*No Response Provided*	*No Response Provided*	Companion Life	*No Response Provided*	*No Response Provided*			
Individual Stop Loss Insurance Deductible	*No Response Provided*	*No Response Provided*	$350,000.00	$400,000.00	$400,000.00			
Individual Stop Loss Insurance Fee PEPM	*No Response Provided*	*No Response Provided*	$25.06 / $60.08	*No Response Provided*	*No Response Provided*			
Aggregate Stop Loss Insurance Provider	*No Response Provided*	*No Response Provided*	Same	*No Response Provided*	*No Response Provided*			
Aggregate Stop Loss Insurance Deductible	*No Response Provided*	*No Response Provided*	$165,000.00	*No Response Provided*	*No Response Provided*			
Aggregate Stop Loss Insurance Fee PEPM	*No Response Provided*	*No Response Provided*	N/A	*No Response Provided*	*No Response Provided*			
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	*No Response Provided*	N/A	*No Response Provided*	*No Response Provided*			
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	*No Response Provided*	Honest Rx	Gallagher	Gallagher			
Cost Per Subscriber Per Month	$0.00	$0.00	$1,004.70	#VALUE!	#VALUE!	$0.00	$0.00	$0.00
Cost Per Member Per Month	$0.00	$0.00	$925.88	#VALUE!	#VALUE!	$0.00	$0.00	$0.00

2026 BENEFITS SURVEY *January 2026*	Edinburg	Edinburg	Edinburg CISD	El Paso	El Paso	El Paso	El Paso	El Paso
	Retiree < 65	*Retiree < 65*	*Base Plan*	*CDHP - Choice POS II (Open Access)*	*Basic - Choice POS II (Open Access)*	*CDHP*	*Basic*	*Buy Up*
	Completed	Completed	Prior Response	Completed	Completed	Completed	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	70/30	100 / 0	80 / 20	100 / 0	80 / 20	90 / 10
Coverage Percentage Ratio - Out of Network	50/50	50/50	50/50	50 / 50	50 / 50	50 / 50	50 / 50	50 / 50
Deductible - In Network - Individual	$2,000.00	$1,250.00	$1,000.00	$3,400.00	$1,500.00	$3,400.00	$1,400.00	$1,000.00
Deductible - In Network - Family	$4,000.00	$3,750.00	$3,000.00	$6,000.00	$3,600.00	$6,000.00	$3,500.00	$2,500.00
Deductible - Out of Network - Individual	$4,000.00	NA	$3,000.00	$8,000.00	$2,900.00	$8,000.00	$4,200.00	$2,500.00
Deductible - Out of Network - Family	$8,000.00	NA	$9,000.00	$16,000.00	$7,100.00	$16,000.00	$10,500.00	$5,000.00
Max Out Of Pocket In-Network (Individual)	$6,500.00	$6,500.00	$5,000.00	$3,300.00	$4,600.00	$3,300.00	$4,500.00	$4,000.00
Max Out Of Pocket In-Network (Family)	$13,000.00	$13,000.00	$14,700.00	$6,000.00	$11,350.00	$6,000.00	$11,250.00	$10,000.00
Max Out Of Pocket Out-of-Network (Individual)	$19,500.00	NA	Unlimited	$16,000.00	$8,100.00	$8,000.00	$10,000.00	$8,000.00
Max Out Of Pocket Out-of-Network (Family)	$39,000.00	NA	Unlimited	$24,000.00	$20,100.00	$16,000.00	$30,000.00	$16,000.00
Copay/Coshare - Primary Care Office Visit	$35.00	$35.00	$30.00	ded then 100%	$30.00	ded then 100%	$30.00	$30.00
Copay/Coshare - Specialist Office Visit	$50.00	$50.00	$30.00	ded then 100%	$40.00	ded then 100%	$40.00	$40.00
Copay/Coshare - ER Visit	$350.00	$350.00	$150 then 70% after Deductible	ded then 100%	$200.00	ded then 100%	$200.00	$200.00
Copay/Coshare - Urgent Care	$100 Copay	$100 Copay	$75.00	ded then 100%	$75.00	ded then 100%	$75.00	$75.00
Copay/Coshare - Virtual Visit (Primary Care)	$35 Copay	$35 Copay	$30 Copay	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Incentivized design for Copay/Coshare for Office Visits?	*No Response Provided*	*No Response Provided*	None	*No Response Provided*	*No Response Provided*			
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	*No Response Provided*	*No Response Provided*	No	*No Response Provided*	*No Response Provided*			
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	*No Response Provided*	*No Response Provided*	No	Yes	Yes			
Infertility Treatment Benefits	*No Response Provided*	*No Response Provided*	Not Covered	Only cover treatment of underlying conditions causing intertility	Only cover treatment of underlying conditions causing intertility			
Bariatric Benefits	*No Response Provided*	*No Response Provided*	Covered Benefit which plan pays as contracted. Memebrs must use a Blue Distinction Center.	1x per lifetime	1x per lifetime			
Hearing Aid Benefits	*No Response Provided*	*No Response Provided*	Covered	No	No			
Any other preferred/incentivized arrangements not mentioned previously?	*No Response Provided*	*No Response Provided*	Contracts for 100 % covered labs	*No Response Provided*	*No Response Provided*			

2026 BENEFITS SURVEY *January 2026*	Edinburg	Edinburg	Edinburg CISD	El Paso	El Paso	El Paso	El Paso	El Paso
	Retiree < 65	***Retiree < 65***	***Base Plan***	***CDHP - Choice POS II (Open Access)***	***Basic - Choice POS II (Open Access)***	***CDHP***	***Basic***	***Buy Up***
	Completed	**Completed**	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	3	3	3	3	3	3	3
Formulary Management (*describe what structure tiers represent*)	No	No	Balanced Formulary	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Retail 30 Day Tier 1 Copay/Structure	$15.00	$15.00	$10.00	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $10 min $20 max	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $10 min $20 max	20% of cost, but $25 min $50 max
Retail 30 Day Tier 2 Copay/Structure	$35.00	$30.00	$45.00	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $30 min $40 max	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $30 min $40 max	20% of cost, but $75 min $100 max
Retail 30 Day Tier 3 Copay/Structure	$55.00	$45.00	$65.00	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $45 min $50 max	Preventative - No copay, all other scripts subject to deductible & OOP Max, then covered at 100%	20% of cost, but $45 min $50 max	20% of cost, but $112.50 min $125 max
Retail 30 Day Tier 4 Copay/Structure	N/A	$60.00	N/A	N/A	N/A	N/A	N/A	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	$60.00	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$37.50	$37.50	$25.00	2.5x Retail 30 Day Copay	2.5x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay
Mail/Retail 90 Day Tier 2 Copay/Structure	$87.50	$75.00	$112.50	2.5x Retail 30 Day Copay	2.5x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay
Mail/Retail 90 Day Tier 3 Copay/Structure	$137.50	$112.50	$162.50	2.5x Retail 30 Day Copay	2.5x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay	2x Retail 30 Day Copay
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	$150.00	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	***No Response Provided***	***No Response Provided***		***No Response Provided***	***No Response Provided***			
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	***No Response Provided***	***No Response Provided***	No	***No Response Provided***	***No Response Provided***			

2026 BENEFITS SURVEY
January 2026

	Edinburg	Edinburg	Edinburg CISD	El Paso	El Paso	El Paso	El Paso	El Paso
	Retiree < 65	*Retiree < 65*	*Base Plan*	*CDHP - Choice POS II (Open Access)*	*Basic - Choice POS II (Open Access)*	*CDHP*	*Basic*	*Buy Up*
	Completed	Completed	Prior Response	Completed	Completed	Completed	Completed	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness	*No Response Provided*	*No Response Provided*	Annual Flu Shots, Monthly Insurance Committee Meetings with Campus Reps.	Shape it Up	Shape it Up			
Programs - Other Miscellaneous	*No Response Provided*	*No Response Provided*	NA	*No Response Provided*	*No Response Provided*			
Notes - Retirees	City covers 100% of the lowest plan available for retiree premiums up to 65 yrs. of age, retirees are responsible for any premiums for dependents. Retirees over 65 yrs. of age are referred to a supplemental plan.	City covers 100% of the lowest plan available for retiree premiums up to 65 yrs. of age, retirees are responsible for any premiums for dependents. Retirees over 65 yrs. of age are referred to a supplemental plan.	NA	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Notes - Other Miscellaneous	NA	NA	No surviving spouse benefits. Eligibility is 1st of month following 30 days. Coverage terms at end of month.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Edinburg	Edinburg	Edinburg CISD	El Paso	El Paso	El Paso	El Paso	El Paso
	Retiree < 65	*Retiree < 65*	*Base Plan*	*CDHP - Choice POS II (Open Access)*	*Basic - Choice POS II (Open Access)*	*CDHP*	*Basic*	*Buy Up*
	Completed	Completed	Prior Response	Completed	Completed	Completed	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	We are looking to items to compliment the health plan and pharmacy plans.					
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	Not at this time					

2026 BENEFITS SURVEY
January 2026

	Fort Bend County	Freeport	Freeport	Freeport	Friendswood	Friendswood	Friendswood	Friendswood
	Boon Chapman	***HDHP***	***HRA PPO Base***	***HRA PPO Buy-Up***	***$1500-PPO***	***$2500-PPO***	***$2500-HMO***	***$1500-PPO***
	Completed	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Wendy Frankie	Donna Fisher	Donna Fisher	Donna Fosjer	***Haley Brown***	***Haley Brown***	***Haley Brown***	***Haley Brown***
Primary Contact Phone	346-481-6148	979-871-0103	979-871-0103	979-871-0103	***281-996-3238***	***281-996-3238***	***281-996-3238***	***281-996-3238***
Primary Contact Email	wendy.frankie@fortbendcountytx.gov	dfisher@freeport.tx.us	dfisher@freeport.tx.us	dfisher@freeport.tx.us	hbrown@friendswood.com	hbrown@friendswood.com	hbrown@friendswood.com	hbrown@friendswood.com
Secondary Contact Name		Genesis Martinez	Genesis Martinez	Genesis Martinez	Elizabeth Graves	Elizabeth Graves	Elizabeth Graves	Elizabeth Graves
Secondary Contact Phone		979-871-0122	979-871-0122	979-871-0122	281-996-3226	281-996-3226	281-996-3226	281-996-3226
Secondary Contact Email		gmartinez@freeporttx.gov	gmartinez@freeporttx.gov	gmartinez@freeporttx.gov	egraves@friendswood.com	egraves@friendswood.com	egraves@friendswood.com	egraves@friendswood.com
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active Only	Active Only	Active Only	Retiree Only
PPO, HMO, EPO, Etc.	PPO	HDHP	PPO	PPO	PPO	PPO	HMO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$1,346.92	$626.36	$770.40	$833.62	$765.69	$723.31	$658.95	$765.69
PREMIUM: Employee Plus Spouse	$1,715.68	$1,457.42	$1,781.18	$1,927.33	$1,694.27	$1,600.51	$1,458.08	$1,694.27
PREMIUM: Employee Plus Child	$1,529.98	$1,180.61	$1,444.50	$1,563.03	$1,410.77	$1,332.71	$1,214.14	$1,410.77
PREMIUM: Employee Plus Children	$1,529.98	$1,180.61	$1,444.50	$1,563.03	$1,410.77	$1,332.71	$1,214.14	$1,410.77
PREMIUM: Employee Plus Family	$1,898.72	$1,694.98	$2,070.06	$2,239.96	$2,451.31	$2,315.60	$2,109.58	$2,451.31
EMPLOYEE CONTRIBUTION: Employee Only	$148.92	$626.36	$770.40	$770.40	$73.50	$69.43	$63.25	$765.69
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$517.68	$1,102.82	$1,174.71	$1,174.71	$487.88	$460.88	$419.87	$1,694.27
EMPLOYEE CONTRIBUTION: Employee Plus Child	$331.98	$992.10	$1,040.04	$1,040.04	$406.25	$383.77	$349.62	$1,410.77
EMPLOYEE CONTRIBUTION: Employee Plus Children	$331.98	$992.10	$1,040.04	$1,040.04	$406.25	$383.77	$349.62	$1,410.77
EMPLOYEE CONTRIBUTION: Employee Plus Family	$700.72	$1,197.85	$1,290.26	$1,290.26	$705.88	$666.80	$607.47	$2,451.31
EMPLOYER CONTRIBUTION: Employee Only	$1,198.00	$0.00	$0.00	$63.22	$692.19	$653.88	$595.70	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,198.00	$354.60	$606.47	$752.62	$1,206.39	$1,139.63	$1,038.21	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,198.00	$188.51	$404.46	$522.99	$1,004.52	$948.94	$864.52	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,198.00	$188.51	$404.46	$522.99	$1,004.52	$948.94	$864.52	$0.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,198.00	$497.13	$779.80	$949.70	$1,745.43	$1,648.80	$1,502.11	$0.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**1510**	**73**	**50**	**42**	**338**	**93**	**19**	**9**
Number of Subscribers (Active)	**586**	49	35	35	175	49	10	
Number of Dependents (Active)	431	22	15	7	163	44	9	
Number of Subscribers (Retirees)	108	1	0	0				7
Number of Dependents (Retirees)	49	1	0	0				2
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	***No Response Provided***							
Medical ASO TPA / Medical Carrier	Boon Chapman							
Medical ASO Fee PEPM (Please remove any rebate offset)	$10.00							
Pharmacy Benefit Manager	SmithRX							
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	***No Response Provided***							
Individual Stop Loss Insurance Provider	Boon Chapman							
Individual Stop Loss Insurance Deductible	$375,000.00							
Individual Stop Loss Insurance Fee PEPM	$75.87							
Aggregate Stop Loss Insurance Provider	***No Response Provided***							
Aggregate Stop Loss Insurance Deductible	***No Response Provided***							
Aggregate Stop Loss Insurance Fee PEPM	***No Response Provided***							
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	***No Response Provided***							
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	***No Response Provided***							
Cost Per Subscriber Per Month	0	$0.00	$0.00	$0.00				
Cost Per Member Per Month	0	$0.00	$0.00	$0.00				

2026 BENEFITS SURVEY
January 2026

	Fort Bend County	Freeport	Freeport	Freeport	Friendswood	Friendswood	Friendswood	Friendswood
	Boon Chapman	***HDHP***	***HRA PPO Base***	***HRA PPO Buy-Up***	***$1500-PPO***	***$2500-PPO***	***$2500-HMO***	***$1500-PPO***
	Completed	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80\20	70 / 30	70 / 30	70 / 30	80/20	80/20	80/20	80/20
Coverage Percentage Ratio - Out of Network	50\50	50 / 50	50 / 50	50 / 50	70/30	70/30	No Coverage	70/30
Deductible - In Network - Individual	$300.00	$3,500.00	$2,000.00	$500.00	$1,500.00	$2,500.00	$2,500.00	$1,500.00
Deductible - In Network - Family	$1,500.00	$7,000.00	$4,000.00	$1,000.00	$4,500.00	$7,500.00	$7,500.00	$4,500.00
Deductible - Out of Network - Individual	$700.00	$6,500.00	$6,700.00	$5,000.00	$3,000.00	$5,000.00	NA	$3,000.00
Deductible - Out of Network - Family	$3,500.00	$13,000.00	$13,400.00	$10,000.00	$9,000.00	$15,000.00	NA	$9,000.00
Max Out Of Pocket In-Network (Individual)	$3,800.00	$7,000.00	$7,000.00	$5,000.00	$4,500.00	$5,500.00	$5,500.00	$4,500.00
Max Out Of Pocket In-Network (Family)	$19,000.00	$14,000.00	$14,000.00	$10,000.00	$10,200.00	$10,200.00	$10,200.00	$10,200.00
Max Out Of Pocket Out-of-Network (Individual)	$10,000.00	$28,000.00	$39,200.00	$28,000.00	$9,000.00	$11,000.00	NA	$9,000.00
Max Out Of Pocket Out-of-Network (Family)	$20,000.00	$56,000.00	$78,400.00	$56,000.00	$27,000.00	$33,000.00	NA	$27,000.00
Copay/Coshare - Primary Care Office Visit	$30.00	30% after deductible	$25.00	$25.00	$30.00	$25.00	$25.00	$30.00
Copay/Coshare - Specialist Office Visit	20%	30% after deductible	$50.00	$50.00	$55.00	$50.00	$50.00	$55.00
Copay/Coshare - ER Visit	20% after Ded met	30% after deductible	30% after deductible	30% after deductible	$100 + 20%	$100 + 20%	$100 + 20%	$100 + 20%
Copay/Coshare - Urgent Care	20% after Ded met	30% after deductible	30% after deductible	30% after deductible	$55.00	$50.00	$50.00	$55.00
Copay/Coshare - Virtual Visit (Primary Care)	$30.00	30% after deductible	$25.00	$25.00	$30.00	$25.00	$25.00	$30.00
Incentivized design for Copay/Coshare for Office Visits?	No							
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	***No Response Provided***							
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	Yes							
Infertility Treatment Benefits	No							
Bariatric Benefits	Yes							
Hearing Aid Benefits	No							
Any other preferred/incentivized arrangements not mentioned previously?	***No Response Provided***							

2026 BENEFITS SURVEY
January 2026

	Fort Bend County	Freeport	Freeport	Freeport	Friendswood	Friendswood	Friendswood	Friendswood
	Boon Chapman	***HDHP***	***HRA PPO Base***	***HRA PPO Buy-Up***	***$1500-PPO***	***$2500-PPO***	***$2500-HMO***	***$1500-PPO***
	Completed	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	No	N/A	N/A	N/A	$1000/$3000	$1000/$3000	$1000/$3000	$1000/$3000
Pharmacy Tier Count (*how many tiers*)	4	3	3	3	3	3	3	3
Formulary Management (*describe what structure tiers represent*)	***No Response Provided***	Generic, Brand Name, Non Formulary	Generic, Brand Name, Non Formulary	Generic, Brand Name, Non Formulary	Generic, Preferred Brand, Non-Preferred Brand	Generic, Preferred Brand, Non-Preferred Brand	Generic, Preferred Brand, Non-Preferred Brand	Generic, Preferred Brand, Non-Preferred Brand
Retail 30 Day Tier 1 Copay/Structure	$12.00	30 percent	$10.00	$10.00	$20.00	$10.00	$10.00	$20.00
Retail 30 Day Tier 2 Copay/Structure	$30.00	30 percent	$40.00	$40.00	$35.00	$40.00	$40.00	$35.00
Retail 30 Day Tier 3 Copay/Structure	$50.00	30 percent	$65.00	$65.00	$50.00	$60.00	$60.00	$50.00
Retail 30 Day Tier 4 Copay/Structure	$125.00	na	na	na				
Retail 30 Day Tier 5 Copay/Structure		na	na	na				
Mail/Retail 90 Day Tier 1 Copay/Structure	$24.00	30 percent	$30.00	$30.00	$20.00	$30.00	$30.00	$20.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$60.00	30 percent	$120.00	$120.00	$35.00	$120.00	$120.00	$35.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$100.00	30 percent	$195.00	$195.00	$50.00	$180.00	$180.00	$50.00
Mail/Retail 90 Day Tier 4 Copay/Structure	$250.00	na	na	na	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure		na	na	na	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)								
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.								

2026 BENEFITS SURVEY
January 2026

	Fort Bend County	Freeport	Freeport	Freeport	Friendswood	Friendswood	Friendswood	Friendswood
	Boon Chapman	***HDHP***	***HRA PPO Base***	***HRA PPO Buy-Up***	***$1500-PPO***	***$2500-PPO***	***$2500-HMO***	***$1500-PPO***
	Completed	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Annual Flu Shot, HRA/Biometrics, Nicotine cessation program, Fitness classes, gyms, Weight loss management, Care Navigation							
Programs - Other Miscellaneous	***No Response Provided***							
Notes - Retirees	***No Response Provided***	City does not pay toward retiree coverage	City does not pay toward retiree coverage	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Fort Bend County	Freeport	Freeport	Freeport	Friendswood	Friendswood	Friendswood	Friendswood
	Boon Chapman	*HDHP*	*HRA PPO Base*	*HRA PPO Buy-Up*	*$1500-PPO*	*$2500-PPO*	*$2500-HMO*	*$1500-PPO*
	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*							
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*							

2026 BENEFITS SURVEY
January 2026

	Friendswood	Friendswood	Garland	Garland	Garland	Garland	Grand Prarie	Grand Prarie
	$2500-PPO	***$2500-HMO***	***Active - Base Plan***	***Active - Premium Plan***	***Retiree Pre 65 - Base Plan***	***Retiree Post 65***	***HDHP***	***EPO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	***Haley Brown***	***Haley Brown***	John Bzura	John Bzura	John Bzura	John Bzura	Michon Wynn	Michon Wynn
Primary Contact Phone	***281-996-3238***	***281-996-3238***	972-205-3840	972-205-3840	972-205-3840	972-205-3840	972-237-8189	972-237-8189
Primary Contact Email	hbrown@friendswood.com	hbrown@friendswood.com	jbzura@garlandtx.gov	jbzura@garlandtx.gov	jbzura@garlandtx.gov	jbzura@garlandtx.gov	mwynn@gptx.org	mwynn@gptx.org
Secondary Contact Name	Elizabeth Graves	Elizabeth Graves	Esmeralda Arellano	Esmeralda Arellano	Esmeralda Arellano	Esmeralda Arellano	Michelle Nguyen	Michelle Nguyen
Secondary Contact Phone	281-996-3226	281-996-3226	972-205-3840	972-205-3840	972-205-3840	972-205-3840	972-237-8196	972-237-8196
Secondary Contact Email	egraves@friendswood.com	egraves@friendswood.com	earellan@garlandtx.gov	earellan@garlandtx.gov	earellan@garlandtx.gov	earellan@garlandtx.gov	mnguyen@gptx.org	mnguyen@gptx.org
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Fully Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Retiree Only	Retiree Only	Active Only	Active Only	Retiree Only	Retiree Only	Active & Retiree	Active & Retiree
PPO, HMO, EPO, Etc.	PPO	HMO	PPO	PPO	PPO	PPO	PPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$723.31	$658.95	$932.20	$1,020.75	$1,180.67	$1,932.12	$600.00	$657.00
PREMIUM: Employee Plus Spouse	$1,600.51	$1,458.08	$2,097.45	$2,296.70	$2,449.02	$3,731.96	$1,321.00	$1,446.00
PREMIUM: Employee Plus Child	$1,332.71	$1,214.14	$1,912.37	$2,174.21	$2,109.31	$3,328.15	$1,201.00	$1,314.00
PREMIUM: Employee Plus Children	$1,332.71	$1,214.14	$1,912.37	$2,174.21	$3,898.86	$5,556.33	$1,201.00	$1,314.00
PREMIUM: Employee Plus Family	$2,315.60	$2,109.58	$2,780.74	$3,092.89	$3,898.86	$5,556.33	$1,921.00	$2,103.00
EMPLOYEE CONTRIBUTION: Employee Only	$723.31	$658.95	$65.21	$132.97	$286.65	$736.71	$35.00	$85.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,600.51	$1,458.08	$345.22	$515.28	$874.88	$1,610.05	$210.00	$340.00
EMPLOYEE CONTRIBUTION: Employee Plus Child	$1,332.71	$1,214.14	$242.93	$430.89	$689.83	$1,360.90	$125.00	$245.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$1,332.71	$1,214.14	$453.90	$698.11	$1,602.00	$2,262.36	$125.00	$245.00
EMPLOYEE CONTRIBUTION: Employee Plus Family	$2,315.60	$2,109.58	$453.90	$698.11	$1,602.00	$2,262.36	$345.00	$485.00
EMPLOYER CONTRIBUTION: Employee Only	$0.00	$0.00	$866.99	$887.78	$894.02	$1,195.41	$565.00	$572.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$0.00	$0.00	$1,752.23	$1,781.42	$1,574.14	$2,121.91	$1,111.00	$1,106.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$0.00	$0.00	$1,669.44	$1,743.32	$1,419.48	$1,967.25	$1,076.00	$1,069.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$0.00	$0.00	$1,458.47	$1,476.10	$2,296.86	$3,293.97	$1,076.00	$1,069.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$0.00	$0.00	$2,326.84	$2,394.78	$2,296.86	$3,293.97	$1,576.00	$1,618.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**1**	**0**	**3211**	**1336**	**384**	**30**	**633**	**2907**
Number of Subscribers (Active)			1399	622	0	0	320	1104
Number of Dependents (Active)			1812	714	0	0	245	1576
Number of Subscribers (Retirees)	1	0	0	0	255	19	44	137
Number of Dependents (Retirees)	0	0	0	0	129	11	24	90
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*							$22,312,659.00	$22,312,659.00
Medical ASO TPA / Medical Carrier			Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas		Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas
Medical ASO Fee PEPM (Please remove any rebate offset)			$55.68	$55.68	$55.68		$45.70	$45.70
Pharmacy Benefit Manager			Prime Therapeutics	Prime Therapeutics	Prime Therapeutics		Prime Therapeutics	Prime Therapeutics
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.			$60.28	$60.28	$60.28		$130.39	$130.39
Individual Stop Loss Insurance Provider			N/A	N/A	N/A		Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas
Individual Stop Loss Insurance Deductible			N/A	N/A	N/A		$3,000,000.00	$3,000,000.00
Individual Stop Loss Insurance Fee PEPM			N/A	N/A	N/A		$4.46	$4.46
Aggregate Stop Loss Insurance Provider			N/A	N/A	N/A		N/A	N/A
Aggregate Stop Loss Insurance Deductible			N/A	N/A	N/A		N/A	N/A
Aggregate Stop Loss Insurance Fee PEPM			N/A	N/A	N/A		N/A	N/A
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:			***No Response Provided***	***No Response Provided***	***No Response Provided***		Lockton Dunning	Lockton Dunning
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:			***No Response Provided***	***No Response Provided***	***No Response Provided***		Lockton Dunning	Lockton Dunning
Cost Per Subscriber Per Month			$0.00	$0.00	$0.00	$0.00	$5,108.21	$1,498.30
Cost Per Member Per Month			$0.00	$0.00	$0.00	$0.00	$2,937.42	$639.62

2026 BENEFITS SURVEY *January 2026*	Friendswood	Friendswood	Garland	Garland	Garland	Garland	Grand Prarie	Grand Prarie
	$2500-PPO	***$2500-HMO***	***Active - Base Plan***	***Active - Premium Plan***	***Retiree Pre 65 - Base Plan***	***Retiree Post 65***	***HDHP***	***EPO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	80/20	80/20	***No Response Provided***	80/20	80/20
Coverage Percentage Ratio - Out of Network	70/30	No Coverage	60/40	60/40	60/40	No Coverage	No Coverage	No Coverage
Deductible - In Network - Individual	$2,500.00	$2,500.00	$2,250.00	$1,200.00	$2,250.00	***No Response Provided***	$3,200.00	$1,500.00
Deductible - In Network - Family	$7,500.00	$7,500.00	$4,500.00	$2,400.00	$4,500.00	***No Response Provided***	$3,400.00	$3,000.00
Deductible - Out of Network - Individual	$5,000.00	NA	$4,500.00	$2,400.00	$4,500.00	***No Response Provided***	Not Covered	Not Covered
Deductible - Out of Network - Family	$15,000.00	NA	$9,000.00	$4,800.00	$9,000.00	***No Response Provided***	Not Covered	Not Covered
Max Out Of Pocket In-Network (Individual)	$5,500.00	$5,500.00	$7,350.00	$7,350.00	$7,350.00	***No Response Provided***	$6,000.00	$6,000.00
Max Out Of Pocket In-Network (Family)	$10,200.00	$10,200.00	$14,700.00	$14,700.00	$14,700.00	***No Response Provided***	$12,000.00	$12,000.00
Max Out Of Pocket Out-of-Network (Individual)	$11,000.00	NA	$14,700.00	$14,700.00	$14,700.00	***No Response Provided***	N/A	N/A
Max Out Of Pocket Out-of-Network (Family)	$33,000.00	NA	$29,400.00	$29,400.00	$29,400.00	***No Response Provided***	N/A	N/A
Copay/Coshare - Primary Care Office Visit	$25.00	$25.00	$45.00	$35.00	$45.00	***No Response Provided***	Deductible & Coinsurance	$35.00
Copay/Coshare - Specialist Office Visit	$50.00	$50.00	$65.00	$55.00	$65.00	***No Response Provided***	Deductible & Coinsurance	$60.00
Copay/Coshare - ER Visit	$100 + 20%	$100 + 20%	$500 + 20%	$500 + 20%	$500 + 20%	***No Response Provided***	Deductible & Coinsurance	$300 copay + ded/coinsurance
Copay/Coshare - Urgent Care	$50.00	$50.00	$100.00	$100.00	$100.00	$100.00	Deductible & Coinsurance	$75.00
Copay/Coshare - Virtual Visit (Primary Care)	$25.00	$25.00	$10.00	$10.00	$10.00	Not Covered	Deductible & Coinsurance	$35.00
Incentivized design for Copay/Coshare for Office Visits?			None	None	None		None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?			***No Response Provided***	***No Response Provided***	***No Response Provided***		N/A	N/A
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?			Yes	Yes	No		N/A	N/A
Infertility Treatment Benefits			Not Covered	Not Covered	Not Covered		Diagnosis of infertility covered	Diagnosis of infertility covered
Bariatric Benefits			10% coinsurance after deductible, at Blue Distinction Facilities only.	10% coinsurance after deductible, at Blue Distinction Facilities only.	10% coinsurance after deductible, at Blue Distinction Facilities only.		Only covered at BDC and BDC+	Only covered at BDC and BDC+
Hearing Aid Benefits			Not Covered	Not Covered	Not Covered		1 Aid per ear per 36-month period	1 Aid per ear per 36-month period
Any other preferred/incentivized arrangements not mentioned previously?			***No Response Provided***	***No Response Provided***	***No Response Provided***		None	None

2026 BENEFITS SURVEY
January 2026

	Friendswood	Friendswood	Garland	Garland	Garland	Garland	Grand Prarie	Grand Prarie
	$2500-PPO	***$2500-HMO***	***Active - Base Plan***	***Active - Premium Plan***	***Retiree Pre 65 - Base Plan***	***Retiree Post 65***	***HDHP***	***EPO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	$1000/$3000	$1000/$3000	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	3	6	6	6	6	4	4
Formulary Management (*describe what structure tiers represent*)	Generic, Preferred Brand, Non-Preferred Brand	Generic, Preferred Brand, Non-Preferred Brand	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Retail 30 Day Tier 1 Copay/Structure	$10.00	$10.00	$10.00	$10.00	$10.00	$0.00	80% of Allowable Amount after Calendar Year Deductible	$10.00
Retail 30 Day Tier 2 Copay/Structure	$40.00	$40.00	$25.00	$25.00	$25.00	$0.00	80% of Allowable Amount after Calendar Year Deductible	$40.00
Retail 30 Day Tier 3 Copay/Structure	$60.00	$60.00	$45.00	$45.00	$45.00	$0.00	80% of Allowable Amount after Calendar Year Deductible	$65.00
Retail 30 Day Tier 4 Copay/Structure			$90.00	$90.00	$90.00	$0.00	80% of Allowable Amount after Calendar Year Deductible	$150.00
Retail 30 Day Tier 5 Copay/Structure						$0.00	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$30.00	$30.00	$25.00	$25.00	$25.00	$0.00	80% of Allowable Amount after Calendar Year Deductible	$30.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$120.00	$120.00	$62.50	$62.50	$62.50	$0.00	80% of Allowable Amount after Calendar Year Deductible	$120.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$180.00	$180.00	$112.50	$112.50	$112.50	$0.00	80% of Allowable Amount after Calendar Year Deductible	$195.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	$225.00	$225.00	$225.00	$0.00	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)			No	No	No		No	No
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.			***No Response Provided***	***No Response Provided***	***No Response Provided***		***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Friendswood	Friendswood	Garland	Garland	Garland	Garland	Grand Prarie	Grand Prarie
	$2500-PPO	*$2500-HMO*	*Active - Base Plan*	*Active - Premium Plan*	*Retiree Pre 65 - Base Plan*	*Retiree Post 65*	*HDHP*	*EPO*
	Completed	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response
PROGRAMS & OTHER NOTES								
Programs - Wellness			COG FY25-26 Wellness Program offers $20-$30 monthly medical premium savings based on level of participation. Employees who choose not to participate recieve the "standard" rate, which equates to an additional $40 per month.	COG FY25-26 Wellness Program offers $20-$30 monthly medical premium savings based on level of participation. Employees who choose not to participate recieve the "standard" rate, which equates to an additional $40 per month.	*No Response Provided*		Livongo (hypertension and diabetes management), Omada (weight management), Hinge Health (musculoskeletal program)	Livongo (hypertension and diabetes management), Omada (weight management), Hinge Health (musculoskeletal program)
Programs - Other Miscellaneous			*No Response Provided*	*No Response Provided*	*No Response Provided*		N/A	N/A
Notes - Retirees	*No Response Provided*	*No Response Provided*	Must be eligible to retiree from TMRS with minimum 5 continuous years of service at the City of Garland.	Must be eligible to retiree from TMRS with minimum 5 continuous years of service at the City of Garland.	Must be eligible to retiree from TMRS with minimum 5 continuous years of service at the City of Garland.	Fully insured through a standard Plan F and pharmacy plan D. Medical is secondary to Medicare and Express Scripts Pharmacy is the Medicare Surround Plan.	We offer pre-65 retiree benefits. Rates are based on retiree's years of service with the City of Grand Prairie. Retirees forced off of medical at age 65.	We offer pre-65 retiree benefits. Rates are based on retiree's years of service with the City of Grand Prairie. Retirees forced off of medical at age 65.
Notes - Other Miscellaneous	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A	N/A

2026 BENEFITS SURVEY *January 2026*	Friendswood	Friendswood	Garland	Garland	Garland	Garland	Grand Prarie	Grand Prarie
	$2500-PPO	*$2500-HMO*	*Active - Base Plan*	*Active - Premium Plan*	*Retiree Pre 65 - Base Plan*	*Retiree Post 65*	*HDHP*	*EPO*
	Completed	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.			*No Response Provided*	*No Response Provided*	*No Response Provided*		*No Response Provided*	*No Response Provided*
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?			*No Response Provided*	*No Response Provided*	*No Response Provided*		*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Harlingen	Harlingen	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Hidalgo	Hidalgo County
	UHC CHOICE DQ5G MOD UHPD with RX 0I0S	*Retiree - UHC CHOICE DQ5G MOD UHPD with RX 0I0S*	*PPO*	*HMO*	*Retiree < 65*	*Retiree > 65*	*Active Plan - PPO*	*Base Plan*
	Prior Response	Prior Response	Completed	Completed	Completed	Completed	Prior Response	Completed
CONTACTS								
Primary Contact Name	Erica A. Balli	Erica A. Balli	Sally Vardy	Sally Vardy	Sally Vardy	Sally Vardy	Mary Alvarez	Iris Castillo
Primary Contact Phone	956-216-5020	956-216-5020	713-957-5679	713-957-5679	713-957-5679	713-957-5679	956-843-2286	956-318-2660
Primary Contact Email	eballi@harlingentx.gov	eballi@harlingentx.gov	svardy@hcad.org	svardy@hcad.org	svardy@hcad.org	svardy@hcad.org	malvarez@cityofhidalgo.net	iris.castillo@co.hidalgo.tx.us
Secondary Contact Name	Claudia Caballero	Claudia Caballero	Jacob Pursley	Jacob Pursley	Jacob Pursley	Jacob Pursley	Ernesto Monita	Ivan Cantu
Secondary Contact Phone	956-216-5027	956-216-5027	713-957-5204	713-957-5204	713-957-5204	713-957-5204	956-843-2286	956-318-2660
Secondary Contact Email	ccaballero@harlingentx.gov	ccaballero@harlingentx.gov	jpursley3535@hcad.org	jpursley3535@hcad.org	jpursley3535@hcad.org	jpursley3535@hcad.org	emonita@cityofhidalgo.net	ivan.cantu@co.hidalgo.tx.us
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Fully Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Retiree Only	Active Only	Active Only	Retiree Only	Retiree Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	EPO	EPO	PPO	HMO	PPO	Other	PPO	EPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$629.92	$629.92	$1,293.00	$1,293.00	$1,293.00	$415.80	$381.10	$878.00
PREMIUM: Employee Plus Spouse	$1,415.99	$1,415.99	$2,715.00	$2,715.00	$2,715.00	$831.60	$703.96	$1,386.00
PREMIUM: Employee Plus Child	$1,328.36	$1,328.36	$2,327.00	$2,327.00	N/A	N/A	$622.72	$1,056.00
PREMIUM: Employee Plus Children	$1,328.36	$1,328.36	$2,327.00	$2,327.00	N/A	N/A	$622.72	$1,056.00
PREMIUM: Employee Plus Family	$2,190.71	$2,190.71	$3,749.00	$3,749.00	N/A	N/A	$964.74	$1,532.00
EMPLOYEE CONTRIBUTION: Employee Only	$0.00	$504.92	$64.00	$64.00	$141.00	$242.48	$0.00	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$289.57	$1,290.99	$291.00	$291.00	$351.00	$484.96	$322.86	$508.00
EMPLOYEE CONTRIBUTION: Employee Plus Child	$257.30	$1,203.36	$202.00	$202.00	N/A	N/A	$241.62	$178.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$257.30	$1,203.36	$202.00	$202.00	N/A	N/A	$241.62	$178.00
EMPLOYEE CONTRIBUTION: Employee Plus Family	$575.06	$2,065.71	$457.00	$457.00	N/A	N/A	$583.64	$654.00
EMPLOYER CONTRIBUTION: Employee Only	$629.92	$125.00	$1,229.00	$1,229.00	$1,152.00	$173.32	$381.10	$878.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,126.42	$125.00	$2,424.00	$2,424.00	$2,364.00	$346.64	$381.10	$878.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,071.06	$125.00	$2,125.00	$2,125.00	#VALUE!	#VALUE!	$381.10	$878.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,071.06	$125.00	$2,125.00	$2,125.00	#VALUE!	#VALUE!	$381.10	$878.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,615.65	$125.00	$3,292.00	$3,292.00	#VALUE!	#VALUE!	$381.10	$878.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**0**	**0**	**1229**	**28**	**27**	**47**	**145**	**5394**
Number of Subscribers (Active)	807	0	620	18	0	0	117	3577
Number of Dependents (Active)	506	0	609	10	0	0	28	1817
Number of Subscribers (Retirees)	0	34	0	0	25	37	0	0
Number of Dependents (Retirees)	0	3	0	0	2	10	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*			$8,228,127.00	$8,228,127.00	$8,228,127.00			$31,555,000.00
Medical ASO TPA / Medical Carrier			BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		Assured Benefits Adminstrators	Aetna CVS Health
Medical ASO Fee PEPM (Please remove any rebate offset)			$42.95	$42.95	$42.95		$17.00	$27.05
Pharmacy Benefit Manager			Navitus	Navitus	Navitus		CVS-Caremark	Aetna CVS Health
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.			117.67 PEPM (for 2025)	117.67 PEPM (for 2025)	117.67 PEPM (for 2025)			$0.00
Individual Stop Loss Insurance Provider			BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		US Fire Ins Co	Aetna CVS Health
Individual Stop Loss Insurance Deductible			$175,000.00	$175,000.00	$175,000.00		$65,000.00	$350,000.00
Individual Stop Loss Insurance Fee PEPM			$315.30	$315.30	$315.30		$7.30	$55.89
Aggregate Stop Loss Insurance Provider			BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX		US Fire Ins Co	N/A
Aggregate Stop Loss Insurance Deductible			125%	125%	125%			N/A
Aggregate Stop Loss Insurance Fee PEPM			$4.15	$4.15	$4.15		$6.68	N/A
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:			N/A	N/A	N/A		*No Response Provided*	*No Response Provided*
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:			N/A	N/A	N/A		*No Response Provided*	*No Response Provided*
Cost Per Subscriber Per Month	#DIV/0!	#DIV/0!	$1,105.93	$38,093.18	$27,427.09	$0.00	$0.00	$735.14
Cost Per Member Per Month	#DIV/0!	#DIV/0!	$557.91	$24,488.47	$25,395.45	$0.00	$0.00	$487.50

2026 BENEFITS SURVEY
January 2026

	Harlingen	Harlingen	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Hidalgo	Hidalgo County
	UHC CHOICE DQ5G MOD UHPD with RX 0I0S	***Retiree - UHC CHOICE DQ5G MOD UHPD with RX 0I0S***	***PPO***	***HMO***	***Retiree < 65***	***Retiree > 65***	***Active Plan - PPO***	***Base Plan***
	Prior Response	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	100/0	80/20	Provider has to accept medicare	90/10	70/30
Coverage Percentage Ratio - Out of Network	0/100	0/100	60/40	100/0	60/40	No Coverage	60/40	Emergency Only
Deductible - In Network - Individual	$1,750.00	$1,750.00	$100.00	$0.00	$100.00	Part A and Part B deductible	$1,000.00	$2,000.00
Deductible - In Network - Family	$3,500.00	$3,500.00	$100.00	$0.00	$100.00	No family coverage	$3,000.00	$4,000.00
Deductible - Out of Network - Individual	Not covered	Not covered	$600.00	$3,100.00	$600.00	N/A	$2,000.00	N/A
Deductible - Out of Network - Family	Not covered	Not covered	$1,800.00	$6,200.00	$1,800.00	N/A	$6,000.00	N/A
Max Out Of Pocket In-Network (Individual)	$4,000.00	$4,000.00	$3,000.00	$3,100.00	$3,000.00	Base on type of care 20% to 100%	$3,000.00	$8,000.00
Max Out Of Pocket In-Network (Family)	$8,000.00	$8,000.00	$6,000.00	$6,200.00	$6,000.00	No family coverage	$9,000.00	$16,000.00
Max Out Of Pocket Out-of-Network (Individual)	Not covered	Not covered	$5,200.00	N/A	$5,200.00	Provider has to accept medicare	$6,000.00	N/A
Max Out Of Pocket Out-of-Network (Family)	Not covered	Not covered	$10,400.00	N/A	$10,400.00	No family coverage	$18,000.00	N/A
Copay/Coshare - Primary Care Office Visit	$25.00	$25.00	$30.00	$30.00	$30.00	Part B deductible	$25.00	$30.00
Copay/Coshare - Specialist Office Visit	$25.00	$25.00	$30.00	$30.00	$30.00	Part B deductible	$25.00	$50.00
Copay/Coshare - ER Visit	$500.00	$500.00	$300.00	$300.00	$300.00	Part A deductible	$100.00	$350.00
Copay/Coshare - Urgent Care	$75.00	$75.00	$30 Copay	$30 Copay	$30 Copay	$0 Copay		$50 Copay
Copay/Coshare - Virtual Visit (Primary Care)	$25.00	$25.00	$0 Copay	$0 Copay	$0 Copay	Not Covered	10% COIINSURANCE/AFTER DEDUC	$0 Copay
Incentivized design for Copay/Coshare for Office Visits?			None	None	None		***No Response Provided***	$0 co-pay for dependents ages 0-18, non-specialist visits
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?			No	No	No		***No Response Provided***	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?			No	No	No		***No Response Provided***	***No Response Provided***
Infertility Treatment Benefits			Not Covered	Not Covered	Not Covered		Not Covered	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.
Bariatric Benefits			Not Covered	Not Covered	Not Covered		Not Covered	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.
Hearing Aid Benefits			$1000 max per 36 months	$1000 max per 36 months	$1000 max per 36 months		***No Response Provided***	80% After Deductible. One new aid per ear every 36 months.
Any other preferred/incentivized arrangements not mentioned previously?			None	None	None		None	None

2026 BENEFITS SURVEY *January 2026*	Harlingen	Harlingen	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Hidalgo	Hidalgo County
	UHC CHOICE DQ5G MOD UHPD with RX 0I0S	***Retiree - UHC CHOICE DQ5G MOD UHPD with RX 0I0S***	***PPO***	***HMO***	***Retiree < 65***	***Retiree > 65***	***Active Plan - PPO***	***Base Plan***
	Prior Response	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	4	4	4	3	3
Formulary Management (*describe what structure tiers represent*)	Tier 1- Lowest Option Tier 2- Mid Range Option Tier 3- Mid Range Option Tier 4- Highest Cost Option	Tier 1- Lowest Option Tier 2- Mid Range Option Tier 3- Mid Range Option Tier 4- Highest Cost Option	Yes	Yes	Yes	Yes	***No Response Provided***	N/A
Retail 30 Day Tier 1 Copay/Structure	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00
Retail 30 Day Tier 2 Copay/Structure	$35.00	$35.00	$45.00	$45.00	$45.00	$15.00	$20.00	$20.00
Retail 30 Day Tier 3 Copay/Structure	$70.00	$70.00	$75.00	$75.00	$75.00	$30.00	$40.00	$35.00
Retail 30 Day Tier 4 Copay/Structure	Not covered	Not covered	$500.00	$500.00	$500.00	$60.00	N/A	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$25.00	$25.00	$20.00	$20.00	$20.00	$20.00	$20.00	$20.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$87.50	$87.50	$90.00	$90.00	$90.00	$30.00	$40.00	$40.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$175.00	$175.00	$150.00	$150.00	$150.00	$60.00	$80.00	$70.00
Mail/Retail 90 Day Tier 4 Copay/Structure	Not covered	Not covered	N/A	N/A	N/A	$120.00	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)			No	No	No		No	
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.			No	No	No			No

2026 BENEFITS SURVEY *January 2026*	Harlingen	Harlingen	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Hidalgo	Hidalgo County
	UHC CHOICE DQ5G MOD UHPD with RX 0I0S	***Retiree - UHC CHOICE DQ5G MOD UHPD with RX 0I0S***	***PPO***	***HMO***	***Retiree < 65***	***Retiree > 65***	***Active Plan - PPO***	***Base Plan***
	Prior Response	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness			Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching	Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching	Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching		***No Response Provided***	Employees only - Internal Wellness Program adminstered by in house
Programs - Other Miscellaneous			Airrosti Physical Therapy Access, MD LIVE Telemedicine, Nurse Line, Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching.	Airrosti Physical Therapy Access, MD LIVE Telemedicine, Nurse Line, Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching.	Airrosti Physical Therapy Access, MD LIVE Telemedicine, Nurse Line, Web MDOne Reward Program, Wellbeing Management, Pain Management, Wellness Coaching.		***No Response Provided***	***No Response Provided***
Notes - Retirees	N/A	N/A	N/A	N/A	5 years at a lower rate, after 5 years on the plan to full rate (EE & ER rate) until 65. Retiree benefits for those under 65 are a continuation of GHP benefits for active employees - only major change is increase in premiums.	Over 65 Retiree Medicare Supplement Plan administeded through the Texas Association of Counties.Cost increases with age in 5 year bands.	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	N/A	N/A	N/A	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY *January 2026*	Harlingen	Harlingen	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Harris Central Appraisal District	Hidalgo	Hidalgo County
	UHC CHOICE DQ5G MOD UHPD with RX 0I0S	***Retiree - UHC CHOICE DQ5G MOD UHPD with RX 0I0S***	***PPO***	***HMO***	***Retiree < 65***	***Retiree > 65***	***Active Plan - PPO***	***Base Plan***
	Prior Response	**Prior Response**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Completed**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.			Emphasis on wellness and illness prevention, and annual check ups to detect costly illnesses early on. Have started incremental plan design changes including slight increase on deductible, copays and OOPM. Also narrowed pharmacy network at the recommendation of TPA, saving ~$150,000 in annual pharmacy costs.	Emphasis on wellness and illness prevention, and annual check ups to detect costly illnesses early on. Have started incremental plan design changes including slight increase on deductible, copays and OOPM. Also narrowed pharmacy network at the recommendation of TPA, saving ~$150,000 in annual pharmacy costs.	N/A		***No Response Provided***	***No Response Provided***
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?			***No Response Provided***	***No Response Provided***	***No Response Provided***		***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Killeen	Killeen	La Joya
	Buy Up Plan	*Retiree < 65 Base*	*Retiree > 65 Base*	*Retiree < 65 Buy up*	*Retiree > 65 Buy up*	*Plan I-HDHP/HSA*	*PLAN II*	*PLAN 1 HMO*
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Prior Response
CONTACTS								
Primary Contact Name	Iris Castillo	Iris Castillo	Iris Castillo	Iris Castillo	Iris Castillo	Lesley Barron	Lesley Barron	Mayra Salinas
Primary Contact Phone	956-318-2660	956-318-2660	956-318-2660	956-318-2660	956-318-2660	254-501-7839	254-501-7839	956-581-7002
Primary Contact Email	iris.castillo@co.hidalgo.tx.us	iris.castillo@co.hidalgo.tx.us	iris.castillo@co.hidalgo.tx.us	iris.castillo@co.hidalgo.tx.us	iris.castillo@co.hidalgo.tx.us	lbarron@killeentexas.gov	lbarron@killeentexas.gov	Mayra.Salinas@lajoyatx.gov
Secondary Contact Name	Ivan Cantu	Ivan Cantu	Ivan Cantu	Ivan Cantu	Ivan Cantu	Kate McDaniel	Kate McDaniel	Rosie Trevino
Secondary Contact Phone	956-318-2660	956-318-2660	956-318-2660	956-318-2660	956-318-2660	254-501-7840	254-501-7840	956-581-7002
Secondary Contact Email	ivan.cantu@co.hidalgo.tx.us	ivan.cantu@co.hidalgo.tx.us	ivan.cantu@co.hidalgo.tx.us	ivan.cantu@co.hidalgo.tx.us	ivan.cantu@co.hidalgo.tx.us	kmcdaniel@killeentexas.gov	kmcdaniel@killeentexas.gov	Rosie.Trevino@lajoyatx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured
Population Served (Active, Retiree or Both)	Active Only	Retiree Only	Retiree Only	Retiree Only	Retiree Only	Active & Retiree	Active & Retiree	Active Only
PPO, HMO, EPO, Etc.	PPO	PPO	PPO	PPO	PPO	EPO	EPO	HMO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$988.00	$700.00	$356.00	$806.00	$460.00	$489.44	$517.66	$433.83
PREMIUM: Employee Plus Spouse	$1,634.00	$1,212.00	$866.00	$1,574.00	$1,228.00	$1,027.84	$1,087.08	$678.06
PREMIUM: Employee Plus Child	$1,180.00	$862.00	$518.00	$1,084.00	$738.00	$948.38	$1,003.04	$700.83
PREMIUM: Employee Plus Children	$1,180.00	$862.00	$518.00	$1,084.00	$738.00	$948.38	$1,003.04	$700.83
PREMIUM: Employee Plus Family	$1,852.00	$1,358.00	$1,012.00	$1,794.00	$1,446.00	$1,579.08	$1,670.10	$1,167.34
EMPLOYEE CONTRIBUTION: Employee Only	$110.00	$700.00	$356.00	$806.00	$460.00	$0.00	$45.00	$57.03
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$756.00	$1,212.00	$866.00	$1,574.00	$1,228.00	$479.38	$635.22	$301.26
EMPLOYEE CONTRIBUTION: Employee Plus Child	$302.00	$862.00	$518.00	$1,084.00	$738.00	$157.12	$240.04	$324.03
EMPLOYEE CONTRIBUTION: Employee Plus Children	$302.00	$862.00	$518.00	$1,084.00	$738.00	$157.12	$240.04	$324.03
EMPLOYEE CONTRIBUTION: Employee Plus Family	$974.00	$1,358.00	$1,012.00	$1,794.00	$1,446.00	$611.14	$803.44	$790.54
EMPLOYER CONTRIBUTION: Employee Only	$878.00	$0.00	$0.00	$0.00	$0.00	$489.44	$472.66	$376.80
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$878.00	$0.00	$0.00	$0.00	$0.00	$548.46	$451.86	$376.80
EMPLOYER CONTRIBUTION: Employee Plus Child	$878.00	$0.00	$0.00	$0.00	$0.00	$791.26	$763.00	$376.80
EMPLOYER CONTRIBUTION: Employee Plus Children	$878.00	$0.00	$0.00	$0.00	$0.00	$791.26	$763.00	$376.80
EMPLOYER CONTRIBUTION: Employee Plus Family	$878.00	$0.00	$0.00	$0.00	$0.00	$967.94	$866.66	$376.80
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**592**	**19**	**9**	**11**	**8**	**920**	**499**	**0**
Number of Subscribers (Active)	303	0	0	0	0	697	339	*No Response Provided*
Number of Dependents (Active)	289	0	0	0	0	210	141	*No Response Provided*
Number of Subscribers (Retirees)	0	10	9	7	7	12	18	*No Response Provided*
Number of Dependents (Retirees)	0	9	0	4	1	1	1	*No Response Provided*
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$31,555,000.00	$31,555,000.00	$31,555,000.00	$31,555,000.00	$31,555,000.00	$7,186,542.00	$7,186,542.00	
Medical ASO TPA / Medical Carrier	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Blue Cross Blue Shield	Blue Coss Blue Shield	
Medical ASO Fee PEPM (Please remove any rebate offset)	$27.05	$27.05	$27.05	$27.05	$27.05	$44.27	$44.27	
Pharmacy Benefit Manager	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Prime Therapeutics	Prime Therapeutics	
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	
Individual Stop Loss Insurance Provider	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	Aetna CVS Health	United Healthcare	United Healthcare	
Individual Stop Loss Insurance Deductible	$350,000.00	$350,000.00	$350,000.00	$350,000.00	$350,000.00	$200,000.00	$200,000.00	
Individual Stop Loss Insurance Fee PEPM	$55.89	$55.89	$55.89	$55.89	$55.89	$55.81	$55.81	
Aggregate Stop Loss Insurance Provider	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A	N/A	
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A	N/A	
Cost Per Subscriber Per Month	$8,678.49	$262,958.33	$292,175.93	$375,654.76	$375,654.76	$844.68	$1,677.53	
Cost Per Member Per Month	$4,441.86	$138,399.12	$292,175.93	$239,053.03	$328,697.92	$650.95	$1,200.16	

2026 BENEFITS SURVEY *January 2026*	Hidalgo County ***Buy Up Plan***	Hidalgo County ***Retiree < 65 Base***	Hidalgo County ***Retiree > 65 Base***	Hidalgo County ***Retiree < 65 Buy up***	Hidalgo County ***Retiree > 65 Buy up***	Killeen ***Plan I-HDHP/HSA***	Killeen ***PLAN II***	La Joya ***PLAN 1 HMO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	70/30	70/30	80/20	80/20	70/30	70/30	***No Response Provided***
Coverage Percentage Ratio - Out of Network	50/50	Emergency Only	Emergency Only	50/50	50/50	0/100	0/100	***No Response Provided***
Deductible - In Network - Individual	$1,000.00	$2,000.00	$2,000.00	$1,000.00	$1,000.00	$3,300.00	$3,500.00	***No Response Provided***
Deductible - In Network - Family	$2,700.00	$4,000.00	$4,000.00	$2,700.00	$2,700.00	$6,600.00	$10,500.00	***No Response Provided***
Deductible - Out of Network - Individual	$2,150.00	N/A	N/A	$2,150.00	$2,150.00	-	-	***No Response Provided***
Deductible - Out of Network - Family	$4,300.00	N/A	N/A	$4,300.00	$4,300.00	-	-	***No Response Provided***
Max Out Of Pocket In-Network (Individual)	$7,600.00	$8,000.00	$8,000.00	$7,600.00	$7,600.00	$6,600.00	$8,150.00	***No Response Provided***
Max Out Of Pocket In-Network (Family)	$15,200.00	$16,000.00	$16,000.00	$15,200.00	$15,200.00	$13,200.00	$16,300.00	***No Response Provided***
Max Out Of Pocket Out-of-Network (Individual)	$11,000.00	N/A	N/A	$11,000.00	$11,000.00	-	-	***No Response Provided***
Max Out Of Pocket Out-of-Network (Family)	$22,000.00	N/A	N/A	$22,000.00	$22,000.00	-	-	***No Response Provided***
Copay/Coshare - Primary Care Office Visit	$25.00	$30.00	$30.00	$25.00	$25.00	Coinsurance until ded is met; then copay	$25.00	***No Response Provided***
Copay/Coshare - Specialist Office Visit	$40.00	$50.00	$50.00	$40.00	$40.00	Coinsurance until ded is met; then copay	$75.00	***No Response Provided***
Copay/Coshare - ER Visit	$350.00	$350.00	$350.00	$350.00	$350.00	Coinsurance	$1000 copay; plus deductible	***No Response Provided***
Copay/Coshare - Urgent Care	$40 Copay	$50 Copay	$50 Copay	$40 Copay	$40 Copay	30% coinsurance	50 per visit; deductible does not apply	***No Response Provided***
Copay/Coshare - Virtual Visit (Primary Care)	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$49 CO-PAY	$0.00	***No Response Provided***
Incentivized design for Copay/Coshare for Office Visits?	$0 co-pay for dependents ages 0-18, non-specialist visits	$0 co-pay for dependents ages 0-18, non-specialist visits	$0 co-pay for dependents ages 0-18, non-specialist visits	$0 co-pay for dependents ages 0-18, non-specialist visits	$0 co-pay for dependents ages 0-18, non-specialist visits	None	None	
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No	No	No	No	
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	No	No	
Infertility Treatment Benefits	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.	Member cost sharing is based on the type of service performed/place where rendered. Comprehensive infertility services and advanced reproductive technology is not covered.	Not Covered	Not Covered	
Bariatric Benefits	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.	Plan covers 80% after $350 copay and member deductible. Maximum benefit is $15,000 and member must have been on plan for 3 years minimum before services.	Not Covered	Not Covered	
Hearing Aid Benefits	80% After Deductible. One new aid per ear every 36 months.	80% After Deductible. One new aid per ear every 36 months.	80% After Deductible. One new aid per ear every 36 months.	80% After Deductible. One new aid per ear every 36 months.	80% After Deductible. One new aid per ear every 36 months.	Covered	Covered	
Any other preferred/incentivized arrangements not mentioned previously?	None	None	None	None	None	None	None	

2026 BENEFITS SURVEY
January 2026

	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Killeen	Killeen	La Joya
	Buy Up Plan	***Retiree < 65 Base***	***Retiree > 65 Base***	***Retiree < 65 Buy up***	***Retiree > 65 Buy up***	***Plan I-HDHP/HSA***	***PLAN II***	***PLAN 1 HMO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	***No Response Provided***
Pharmacy Tier Count (*how many tiers*)	3	3	3	3	3	4	4	***No Response Provided***
Formulary Management (*describe what structure tiers represent*)	N/A	N/A	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***
Retail 30 Day Tier 1 Copay/Structure	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$15.00	***No Response Provided***
Retail 30 Day Tier 2 Copay/Structure	$20.00	$20.00	$20.00	$20.00	$20.00	$35.00	$35.00	***No Response Provided***
Retail 30 Day Tier 3 Copay/Structure	$35.00	$35.00	$35.00	$35.00	$35.00	$60.00	$70.00	***No Response Provided***
Retail 30 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	25% coinsurarnce up to $150 max	25% to a max of $ 150 per script	***No Response Provided***
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	***No Response Provided***
Mail/Retail 90 Day Tier 1 Copay/Structure	$20.00	$20.00	$20.00	$20.00	$20.00	$25.00	$37.50	***No Response Provided***
Mail/Retail 90 Day Tier 2 Copay/Structure	$40.00	$40.00	$40.00	$40.00	$40.00	$87.50	$87.50	***No Response Provided***
Mail/Retail 90 Day Tier 3 Copay/Structure	$70.00	$70.00	$70.00	$70.00	$70.00	$150.00	$175.00	***No Response Provided***
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	***No Response Provided***
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	***No Response Provided***
Mandatory Mail Maintenance Drugs (Yes/No)								
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	No	No	No	No	

2026 BENEFITS SURVEY
January 2026

	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Killeen	Killeen	La Joya
	Buy Up Plan	***Retiree < 65 Base***	***Retiree > 65 Base***	***Retiree < 65 Buy up***	***Retiree > 65 Buy up***	***Plan I-HDHP/HSA***	***PLAN II***	***PLAN 1 HMO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Employees only - Internal Wellness Program adminstered by in house	N/A	N/A	N/A	N/A	Wellness Screening through Doctor	Wellness Screening through Doctor	
Programs - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	
Notes - Retirees	***No Response Provided***	Retirees age 65 and older must submit proof of Medicare A&B enrollment to continue coverage.	Retirees age 65 and older must submit proof of Medicare A&B enrollment to continue coverage.	Retirees age 65 and older must submit proof of Medicare A&B enrollment to continue coverage.	Retirees age 65 and older must submit proof of Medicare A&B enrollment to continue coverage.	We offer to Retirees. Retirees pay the full premium rate for pre-65 retirees. Post 65 retirees are offered a supplemental through AmWINS	We offer to Retirees. Retirees pay the full premium rate for pre-65 retirees. Post 65 retirees are offered a supplemental through AmWINS	***No Response Provided***
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Hidalgo County	Killeen	Killeen	La Joya
	Buy Up Plan	*Retiree < 65 Base*	*Retiree > 65 Base*	*Retiree < 65 Buy up*	*Retiree > 65 Buy up*	*Plan I-HDHP/HSA*	*PLAN II*	*PLAN 1 HMO*
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Prior Response
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	

2026 BENEFITS SURVEY
January 2026

	La Joya	La Joya	Lake Jackson	Lakeway	Lakeway	Laredo	Laredo	Laredo
	PLAN 2 HMO	***PLAN 3 PPO***	***Active Plan***	***BlueCross BlueShield of Texas HDHP***	***BlueCross BlueShield of Texas PPO***	***PPO Traditional***	***HMO Blue Essentials***	***Consumer Driven Health Plan***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**
CONTACTS								
Primary Contact Name	Mayra Salinas	Mayra Salinas	Jose Sanchez	Wendy Askey	Wendy Askey	Alma Alviar	Alma Alviar	Alma Alviar
Primary Contact Phone	956-581-7002	956-581-7002	979-415-2445	512-314-7508	512-314-7508	(956)727-6461	(956)727-6461	(956)727-6461
Primary Contact Email	Mayra.Salinas@lajoyatx.gov	Mayra.Salinas@lajoyatx.gov	jsanchez@lakejacksontx.gov	wendyaskey@lakeway-tx.gov	wendyaskey@lakeway-tx.gov	aalviar@ci.laredo.tx.us	aalviar@ci.laredo.tx.us	aalviar@ci.laredo.tx.us
Secondary Contact Name	Rosie Trevino	Rosie Trevino	Lisa Marshall	Jessica See	Jessica See	Erika Maldonado	Erika Maldonado	Erika Maldonado
Secondary Contact Phone	956-581-7002	956-581-7002	979-415-2440	512-314-7579	512-314-7579	(956)727-6463	(956)727-6463	(956)727-6463
Secondary Contact Email	Rosie.Trevino@lajoyatx.gov	Rosie.Trevino@lajoyatx.gov	lmarshall@lakejacksontx.gov	jessicasee@lakeway-tx.gov	jessicasee@lakeway-tx.gov	emaldonado@ci.laredo.tx.us	emaldonado@ci.laredo.tx.us	emaldonado@ci.laredo.tx.us
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	HMO	PPO	PPO	HDHP	PPO	PPO	HMO	HDHP
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$444.51	$549.77	$700.56	$665.78	$949.56	$675.88	$600.79	$534.03
PREMIUM: Employee Plus Spouse	$1,022.39	$1,264.45	$1,422.14	$1,310.32	$1,886.36	$1,486.92	$1,321.71	$1,174.85
PREMIUM: Employee Plus Child	$1,045.74	$1,293.37	$1,232.98	$1,141.36	$1,640.82	$1,216.62	$1,081.45	$961.27
PREMIUM: Employee Plus Children	$1,045.74	$1,293.37	$1,232.98	$1,141.36	$1,640.82	$1,216.62	$1,081.45	$961.27
PREMIUM: Employee Plus Family	$1,623.61	$2,008.05	$2,066.64	$1,885.98	$2,723.10	$2,274.04	$2,021.37	$1,796.77
EMPLOYEE CONTRIBUTION: Employee Only	$79.83	$172.97	$32.50	$0.00	$0.00	$114.90	$90.12	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$409.68	$887.64	$721.58	$250.00	$800.00	$520.42	$450.58	$320.41
EMPLOYEE CONTRIBUTION: Employee Plus Child	$423.03	$916.54	$532.42	$50.00	$400.00	$385.27	$330.45	$213.62
EMPLOYEE CONTRIBUTION: Employee Plus Children	$423.03	$916.54	$532.42	$50.00	$400.00	$385.27	$330.45	$213.62
EMPLOYEE CONTRIBUTION: Employee Plus Family	$752.00	$1,631.24	$1,366.08	$800.00	$1,600.00	$913.98	$800.41	$631.37
EMPLOYER CONTRIBUTION: Employee Only	$364.68	$376.80	$668.06	$665.78	$949.56	$560.98	$510.67	$534.03
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$612.71	$376.81	$700.56	$1,060.32	$1,086.36	$966.50	$871.13	$854.44
EMPLOYER CONTRIBUTION: Employee Plus Child	$622.71	$376.83	$700.56	$1,091.36	$1,240.82	$831.35	$751.00	$747.65
EMPLOYER CONTRIBUTION: Employee Plus Children	$622.71	$376.83	$700.56	$1,091.36	$1,240.82	$831.35	$751.00	$747.65
EMPLOYER CONTRIBUTION: Employee Plus Family	$871.61	$376.81	$700.56	$1,085.98	$1,123.10	$1,360.06	$1,220.96	$1,165.40
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**0**	**0**	**376**	**97**	**65**	**4522**	**293**	**665**
Number of Subscribers (Active)	***No Response Provided***	***No Response Provided***	229	65	54	2170	219	503
Number of Dependents (Active)	***No Response Provided***	***No Response Provided***	146	32	11	2352	74	162
Number of Subscribers (Retirees)	***No Response Provided***	***No Response Provided***	1	0	0	0	0	0
Number of Dependents (Retirees)	***No Response Provided***	***No Response Provided***	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*						$42,324,573.17	$42,324,573.17	$42,324,573.17
Medical ASO TPA / Medical Carrier						Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas
Medical ASO Fee PEPM (Please remove any rebate offset)						$56.57	$56.57	$56.57
Pharmacy Benefit Manager						Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.						$155.47	$155.47	$155.47
Individual Stop Loss Insurance Provider						Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas
Individual Stop Loss Insurance Deductible						$300,000.00	$300,000.00	$300,000.00
Individual Stop Loss Insurance Fee PEPM						$86.92	$86.92	$86.92
Aggregate Stop Loss Insurance Provider						Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas	Blue Cross Blue Shield Of Texas
Aggregate Stop Loss Insurance Deductible						$1.25	$1.25	$1.25
Aggregate Stop Loss Insurance Fee PEPM						$0.95	$0.95	$0.95
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:						Laurel Insurance & Associates	Laurel Insurance & Associates	Laurel Insurance & Associates
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:						Gallagher Consulting Services	Gallagher Consulting Services	Gallagher Consulting Services
Cost Per Subscriber Per Month			$0.00	$0.00	$0.00	$1,625.37	$16,105.24	$7,012.02
Cost Per Member Per Month			$0.00	$0.00	$0.00	$779.98	$12,037.71	$5,303.83

2026 BENEFITS SURVEY
January 2026

	La Joya	La Joya	Lake Jackson	Lakeway	Lakeway	Laredo	Laredo	Laredo
	PLAN 2 HMO	*PLAN 3 PPO*	*Active Plan*	*BlueCross BlueShield of Texas HDHP*	*BlueCross BlueShield of Texas PPO*	*PPO Traditional*	*HMO Blue Essentials*	*Consumer Driven Health Plan*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Completed	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	*No Response Provided*	*No Response Provided*	80/20	80/20	80/20	80%	70%	100% after deductible
Coverage Percentage Ratio - Out of Network	*No Response Provided*	*No Response Provided*	50/50	50/50	50/50	60%	N/A	60% after deductible
Deductible - In Network - Individual	*No Response Provided*	*No Response Provided*	$750.00	$5,000.00	$2,500.00	$1,000	$1,200.00	$3,300.00
Deductible - In Network - Family	*No Response Provided*	*No Response Provided*	$3,000.00	$10,000.00	$5,000.00	$2,000.00	$2,400.00	$6,600.00
Deductible - Out of Network - Individual	*No Response Provided*	*No Response Provided*	$1,500.00	$10,000.00	$5,000.00	$2,000.00	N/A	$6,600.00
Deductible - Out of Network - Family	*No Response Provided*	*No Response Provided*	$6,000.00	$20,000.00	$10,000.00	$4,000.00	N/A	$13,200.00
Max Out Of Pocket In-Network (Individual)	*No Response Provided*	*No Response Provided*	$4,000.00	$6,900.00	$6,000.00	$8,150.00	$8,150.00	$6,600.00
Max Out Of Pocket In-Network (Family)	*No Response Provided*	*No Response Provided*	$8,000.00	$13,800.00	$12,000.00	$16,300.00	$16,300.00	$13,200.00
Max Out Of Pocket Out-of-Network (Individual)	*No Response Provided*	*No Response Provided*	N/A	Unlimited	Unlimited	$16,300.00	$16,300.00	$6,600.00
Max Out Of Pocket Out-of-Network (Family)	*No Response Provided*	*No Response Provided*	N/A	Unlimited	Unlimited	$32,600.00	$32,600.00	$13,200.00
Copay/Coshare - Primary Care Office Visit	*No Response Provided*	*No Response Provided*	$30.00	20% after deductible	$30 copay	$0.00	$0.00	100% after deductible
Copay/Coshare - Specialist Office Visit	*No Response Provided*	*No Response Provided*	$45.00	20% after deductible	$60 copay	$60.00	$40.00	100% after deductible
Copay/Coshare - ER Visit	*No Response Provided*	*No Response Provided*	$500.00	$500 ER Access fee (waived if admitted) 20% after deductible	$500 ER Access fee (waived if admitted) 20% after deductible	$300.00	$300.00	100% after deductible
Copay/Coshare - Urgent Care	*No Response Provided*	*No Response Provided*	$75.00	20% after deductible	$75 copay	$60.00	$40.00	100% after deductible
Copay/Coshare - Virtual Visit (Primary Care)	*No Response Provided*	*No Response Provided*	$0.00	$48.00	$0.00	$0.00	$0.00	100% after deductible
Incentivized design for Copay/Coshare for Office Visits?						No	No	No
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?						No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?						Yes	Yes	Yes
Infertility Treatment Benefits						No	No	No
Bariatric Benefits						Yes	Yes	Yes
Hearing Aid Benefits						Yes	Yes	Yes
Any other preferred/incentivized arrangements not mentioned previously?						No	No	No

2026 BENEFITS SURVEY
January 2026

	La Joya	La Joya	Lake Jackson	Lakeway	Lakeway	Laredo	Laredo	Laredo
	PLAN 2 HMO	***PLAN 3 PPO***	***Active Plan***	***BlueCross BlueShield of Texas HDHP***	***BlueCross BlueShield of Texas PPO***	***PPO Traditional***	***HMO Blue Essentials***	***Consumer Driven Health Plan***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	***No Response Provided***	***No Response Provided***	N/A	*Must meet medical deductible $5,000	$ -	No	No	No Response Provided
Pharmacy Tier Count (*how many tiers*)	***No Response Provided***	***No Response Provided***	4	5	5	4	4	4
Formulary Management (*describe what structure tiers represent*)	***No Response Provided***	***No Response Provided***	***No Response Provided***	Generic, Preferred, Specialty	Generic, Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty
Retail 30 Day Tier 1 Copay/Structure	***No Response Provided***	***No Response Provided***	$10.00	$10 copay*	$10.00	$15.00	$15.00	$15.00
Retail 30 Day Tier 2 Copay/Structure	***No Response Provided***	***No Response Provided***	$40.00	$45 copay*	$45.00	$40.00	$40.00	$40.00
Retail 30 Day Tier 3 Copay/Structure	***No Response Provided***	***No Response Provided***	$70.00	$90 copay*	$90.00	$60.00	$60.00	$60.00
Retail 30 Day Tier 4 Copay/Structure	***No Response Provided***	***No Response Provided***	$150.00	$150 copay*	$150.00	$150.00	$150.00	$150.00
Retail 30 Day Tier 5 Copay/Structure	***No Response Provided***	***No Response Provided***	N/A	$175 copay*	$175.00	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	***No Response Provided***	***No Response Provided***	$30.00	2x / 3x retail copay + deductible	2x / 3x retail copay	$15.00	$15.00	$15.00
Mail/Retail 90 Day Tier 2 Copay/Structure	***No Response Provided***	***No Response Provided***	$129.00	2x / 3x retail copay + deductible	2x / 3x retail copay	$40.00	$40.00	$40.00
Mail/Retail 90 Day Tier 3 Copay/Structure	***No Response Provided***	***No Response Provided***	$195.00	2x / 3x retail copay + deductible	2x / 3x retail copay	$60.00	$60.00	$60.00
Mail/Retail 90 Day Tier 4 Copay/Structure	***No Response Provided***	***No Response Provided***	$450.00	2x / 3x retail copay + deductible	2x / 3x retail copay	$150.00	$150.00	$150.00
Mail/Retail 90 Day Tier 5 Copay/Structure	***No Response Provided***	***No Response Provided***	N/A	2x / 3x retail copay + deductible	2x / 3x retail copay	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)						Yes	Yes	Yes
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.						No	No	No

2026 BENEFITS SURVEY
January 2026

	La Joya	La Joya	Lake Jackson	Lakeway	Lakeway	Laredo	Laredo	Laredo
	PLAN 2 HMO	***PLAN 3 PPO***	***Active Plan***	***BlueCross BlueShield of Texas HDHP***	***BlueCross BlueShield of Texas PPO***	***PPO Traditional***	***HMO Blue Essentials***	***Consumer Driven Health Plan***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness						Employee Wellness Program	Employee Wellness Program	Employee Wellness Program
Programs - Other Miscellaneous						Employee Assistance Program	Employee Assistance Program	Employee Assistance Program
Notes - Retirees	***No Response Provided***	***No Response Provided***	Pre-65 Retirees are on the same plan as the Actives, no plan design differentials - only premium differentials. Retirees are not covered unless under COBRA.	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	La Joya	La Joya	Lake Jackson	Lakeway	Lakeway	Laredo	Laredo	Laredo
	PLAN 2 HMO	***PLAN 3 PPO***	***Active Plan***	***BlueCross BlueShield of Texas HDHP***	***BlueCross BlueShield of Texas PPO***	***PPO Traditional***	***HMO Blue Essentials***	***Consumer Driven Health Plan***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**	**Completed**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.						***No Response Provided***	***No Response Provided***	***No Response Provided***
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?						Added the Bariatric Surgery	Added the Bariatric Surgery	Added a $750 Incentive on an H.S.A. Bank Card for HDHP subscriber

2026 BENEFITS SURVEY
January 2026

	Laredo	Livingston	Livingston	Livingston	Livingston	Lubbock	Lubbock	Mercedes
	GFR1	*Active*	*Active*	*Active*	*Active*	*Active Plan*	*Retiree Pre-65*	*Active Plan - PPO*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
CONTACTS								
Primary Contact Name	Alma Alviar	Stacy Edwards	Stacy Edwards	Stacy Edwards	Stacy Edwards	Donna Price-English	Donna Price-English	Kristine Longoria
Primary Contact Phone	(956)727-6461	936-327-4311	936-327-4311	936-327-4311	936-327-4311	806-775-2281	806-775-2281	956-565-3114, Ext. 139
Primary Contact Email	aalviar@ci.laredo.tx.us	humanresources@livingstontx.gov	humanresources@livingstontx.gov	humanresources@livingstontx.gov	humanresources@livingstontx.gov	dprice@mylubbock.us	dprice@mylubbock.us	klongoria@cityofmercedes.com
Secondary Contact Name	Erika Maldonado	Ellie Monteaux	Ellie Monteaux	Ellie Monteaux	Ellie Monteaux	Penny Hull	Penny Hull	N/A
Secondary Contact Phone	(956)727-6463	936-327-4311	936-327-4311	936-327-4311	936-327-4311	806-775-2281	806-775-2281	N/A
Secondary Contact Email	emaldonado@ci.laredo.tx.us	citysecretary@livingstontx.gov	citysecretary@livingstontx.gov	citysecretary@livingstontx.gov	citysecretary@livingstontx.gov	phull@mylubbock.us	phull@mylubbock.us	N/A
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Retiree Only	Active Only	Active Only	Active Only	Active Only	Active Only	Retiree Only	Active Only
PPO, HMO, EPO, Etc.	PPO	PPO	PPO	PPO	PPO	EPO	EPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$567.30	$653.47	$750.59	$798.41	$961.51	$688.87	$1,440.11	$525.63
PREMIUM: Employee Plus Spouse	$1,566.46	$1,326.56	$1,523.71	$1,620.77	$1,951.85	$1,442.28	$3,103.36	$1,208.83
PREMIUM: Employee Plus Child	$1,566.46	$1,150.11	$1,321.05	$1,405.20	$1,692.25	$1,116.81	$2,393.88	$945.96
PREMIUM: Employee Plus Children	$1,566.46	$1,150.11	$1,321.05	$1,405.20	$1,692.25	$1,116.81	$2,393.88	$1,629.34
PREMIUM: Employee Plus Family	$1,566.46	$1,929.06	$2,215.76	$2,356.90	$2,838.36	$2,001.88	$4,322.97	$1,631.03
EMPLOYEE CONTRIBUTION: Employee Only	$567.30	$0.00	$0.00	$0.00	$0.00	$24.32	$462.15	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,566.46	$505.09	$605.12	$654.36	$822.34	$402.39	$878.63	$683.20
EMPLOYEE CONTRIBUTION: Employee Plus Child	$1,566.46	$328.64	$402.46	$438.79	$562.74	$315.38	$775.40	$420.33
EMPLOYEE CONTRIBUTION: Employee Plus Children	$1,566.46	$328.64	$402.46	$438.79	$562.74	$315.38	$775.40	$420.33
EMPLOYEE CONTRIBUTION: Employee Plus Family	$1,566.46	$1,107.59	$1,297.17	$1,390.49	$1,708.85	$550.83	$1,054.92	$1,103.71
EMPLOYER CONTRIBUTION: Employee Only	$0.00	$653.47	$750.59	$798.41	$961.51	$664.55	$977.96	$525.63
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$0.00	$821.47	$918.59	$966.41	$1,129.51	$1,039.89	$2,224.73	$525.63
EMPLOYER CONTRIBUTION: Employee Plus Child	$0.00	$821.47	$918.59	$966.41	$1,129.51	$801.43	$1,618.48	$525.63
EMPLOYER CONTRIBUTION: Employee Plus Children	$0.00	$821.47	$918.59	$966.41	$1,129.51	$801.43	$1,618.48	$1,209.01
EMPLOYER CONTRIBUTION: Employee Plus Family	$0.00	$821.47	$918.59	$966.41	$1,129.51	$1,451.05	$3,268.05	$527.32
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**905**	**83**	**83**	**83**	**83**	**2228**	**262**	**132**
Number of Subscribers (Active)	0	83	83	83	83	1068	0	127
Number of Dependents (Active)	0	No Response Provided	No Response Provided	No Response Provided	No Response Provided	1160	0	5
Number of Subscribers (Retirees)	419	0	0	0	0	0	161	0
Number of Dependents (Retirees)	486	0	0	0	0	0	101	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$42,324,573.17							
Medical ASO TPA / Medical Carrier	Blue Cross Blue Shield Of Texas							
Medical ASO Fee PEPM (Please remove any rebate offset)	$56.57							
Pharmacy Benefit Manager	Blue Cross Blue Shield Of Texas							
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$155.47							
Individual Stop Loss Insurance Provider	Blue Cross Blue Shield Of Texas							
Individual Stop Loss Insurance Deductible	$300,000.00							
Individual Stop Loss Insurance Fee PEPM	$86.92							
Aggregate Stop Loss Insurance Provider	Blue Cross Blue Shield Of Texas							
Aggregate Stop Loss Insurance Deductible	$1.25							
Aggregate Stop Loss Insurance Fee PEPM	$0.95							
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	Laurel Insurance & Associates							
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	Gallagher Consulting Services							
Cost Per Subscriber Per Month	$8,417.78	#VALUE!				$0.00	$0.00	$0.00
Cost Per Member Per Month	$3,897.29	#VALUE!				$0.00	$0.00	$0.00

2026 BENEFITS SURVEY
January 2026

	Laredo	Livingston	Livingston	Livingston	Livingston	Lubbock	Lubbock	Mercedes
	GFR1	*Active*	*Active*	*Active*	*Active*	*Active Plan*	*Retiree Pre-65*	*Active Plan - PPO*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80%	80%	100%	80%	80%	80/20	80/20	60/40
Coverage Percentage Ratio - Out of Network	60%	50%	70%	50%	50%	No Coverage	No Coverage	50/50
Deductible - In Network - Individual	$1,000.00	$3,500.00	$4,000.00	$3,000.00	$500.00	$1,000.00	$1,000.00	$2,500.00
Deductible - In Network - Family	$2,000.00	$12,700.00	$8,000.00	$6,000.00	$1,000.00	$2,000.00	$2,000.00	$7,500.00
Deductible - Out of Network - Individual	$2,000.00	$5,000.00	$5,000.00	$7,500.00	$5,000.00	NA	NA	$5,000.00
Deductible - Out of Network - Family	$4,000.00	$10,000.00	$10,000.00	$15,000.00	$10,000.00	NA	NA	$15,000.00
Max Out Of Pocket In-Network (Individual)	$2,500.00	$6,350.00	$4,000.00	$7,150.00	$3,000.00	$4,000.00	$4,000.00	$7,500.00
Max Out Of Pocket In-Network (Family)	$5,000.00	$12,700.00	$8,000.00	$14,300.00	$6,000.00	$8,000.00	$8,000.00	$15,800.00
Max Out Of Pocket Out-of-Network (Individual)	$5,000.00	$10,000.00	$10,000.00	$15,000.00	$10,000.00	NA	NA	Unlimited
Max Out Of Pocket Out-of-Network (Family)	$10,000.00	$20,000.00	$20,000.00	$30,000.00	Unlimited	NA	NA	Unlimited
Copay/Coshare - Primary Care Office Visit	$0.00	100% after deductible	100% after deductible	$10.00	$25.00	$50.00	$50.00	$35.00
Copay/Coshare - Specialist Office Visit	$0.00	100% after deductible	100% after deductible	$40.00	$25.00	$75.00	$75.00	$70.00
Copay/Coshare - ER Visit	$300.00	100% after deductible	100% after deductible	300*	500*	$250.00	$250.00	$500.00
Copay/Coshare - Urgent Care	$60.00	100% after deductible	100% after deductible	$25.00	$50.00	$50.00	$50.00	$75.00
Copay/Coshare - Virtual Visit (Primary Care)	$0.00	100% after deductible	100% after deductible	$0.00	$0.00	None	None	$35.00
Incentivized design for Copay/Coshare for Office Visits?	No	No						
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No						
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	Yes	No						
Infertility Treatment Benefits	No	N/A						
Bariatric Benefits	Yes	N/A						
Hearing Aid Benefits	Yes	N/A						
Any other preferred/incentivized arrangements not mentioned previously?	No	N/A						

2026 BENEFITS SURVEY
January 2026

	Laredo	Livingston	Livingston	Livingston	Livingston	Lubbock	Lubbock	Mercedes
	GFR1	***Active***	***Active***	***Active***	***Active***	***Active Plan***	***Retiree Pre-65***	***Active Plan - PPO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	$4,100.00	$3,500.00	$4,000.00	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	3	3	3	3	4	4	4
Formulary Management (*describe what structure tiers represent*)	Generic, Preferred, Non-Preferred, Specialty	Generic Manditory	Generic Manditory	Generic Manditory	Generic Manditory	***No Response Provided***	***No Response Provided***	***No Response Provided***
Retail 30 Day Tier 1 Copay/Structure	$15.00	**$10 AD**	**$10 AD**	**$15 / $15**	**$15 / $15**	$5.00	$5.00	$10.00
Retail 30 Day Tier 2 Copay/Structure	$40.00	**$35 AD**	**$35 AD**	**$45 / $100**	**$45 / $100**	$35.00	$35.00	$50.00
Retail 30 Day Tier 3 Copay/Structure	$60.00	**$60 AD**	**$60 AD**	**$85 / $300**	**$85 / $300**	$60.00	$60.00	$100.00
Retail 30 Day Tier 4 Copay/Structure	$150.00	**No Tier 4**	**No Tier 4**	**No Tier 4**	**No Tier 4**			$150.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	Lesser of 20% Copay or $300	Lesser of 20% Copay or $300	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$15.00	$25.00	$0 A/D	$37.50	$37.50	$10.00	$10.00	$30.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$40.00	$87.50	$0 A/D	$112.50	$112.50	$70.00	$70.00	$150.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$60.00	$150.00	$0 A/D	$212.50	$212.50	$120.00	$120.00	$300.00
Mail/Retail 90 Day Tier 4 Copay/Structure	$150.00	N/A	N/A	N/A	N/A			N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A			N/A
Mandatory Mail Maintenance Drugs (Yes/No)	Yes	No	No	No	No			
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	No	No			

2026 BENEFITS SURVEY
January 2026

	Laredo	Livingston	Livingston	Livingston	Livingston	Lubbock	Lubbock	Mercedes
	GFR1	***Active***	***Active***	***Active***	***Active***	***Active Plan***	***Retiree Pre-65***	***Active Plan - PPO***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Employee Wellness Program	TML $150 INCENTIVE PROGRAM						
Programs - Other Miscellaneous	Employee Assistance Program	N/A						
Notes - Retirees	***No Response Provided***	N/A	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	***No Response Provided***	N/A	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Laredo	Livingston	Livingston	Livingston	Livingston	Lubbock	Lubbock	Mercedes
	GFR1	*Active*	*Active*	*Active*	*Active*	*Active Plan*	*Retiree Pre-65*	*Active Plan - PPO*
	Completed	Completed	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	N/A						
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	N/A						

2026 BENEFITS SURVEY
January 2026

	Mission	Mission	Mission	Mission CISD	Mission CISD	Mission CISD	New Braunfels	New Braunfels
	Base Plan	*Buy-Up Plan*	*Retiree Plan*	*High Deductible Plan*	*Base Plan*	*High Plan*	*Gold*	*Silver*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
CONTACTS								
Primary Contact Name	Noemi Munguia	Noemi Munguia	Noemi Munguia	Sylvia Cruz	Sylvia Cruz	Sylvia Cruz	Zae Swor	Zae Swor
Primary Contact Phone	956-580-8719	956-580-8719	956-580-8719	956-323-5545	956-323-5545	956-323-5545	830-221-4392	830-221-4392
Primary Contact Email	nmunguia@missiontexas.us	nmunguia@missiontexas.us	nmunguia@missiontexas.us	scruz04@mcisd.org	scruz04@mcisd.org	scruz04@mcisd.org	zswor@newbraunfels.gov	zswor@newbraunfels.gov
Secondary Contact Name	Nereyda Pena	Nereyda Pena	Nereyda Pena	Leonor Garcia	Leonor Garcia	Leonor Garcia	Human Resources	Human Resources
Secondary Contact Phone	956-580-8630	956-580-8630	956-580-8630	956-323-5514	956-323-5514	956-3235514	830-221-4390	830-221-4390
Secondary Contact Email	npena@missiontexas.us	npena@missiontexas.us	npena@missiontexas.us	leonor.garcia@mcisd.org	leonor.garcia@mcisd.org	leonor.garcia@mcisd.org	HumanResources@newbraunfels.gov	HumanResources@newbraunfels.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Retiree Only	Active Only	Active Only	Active Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$665.16	$765.16	$678.46	$761.37	$777.24	$847.70	$891.20	$817.70
PREMIUM: Employee Plus Spouse	$1,283.49	$1,383.49	$0.00	$1,087.60	$1,273.27	$1,421.04	$1,451.90	$1,140.06
PREMIUM: Employee Plus Child	$966.86	$1,066.86	$0.00	$1,039.34	$1,168.60	$1,300.05	$1,231.40	$1,026.66
PREMIUM: Employee Plus Children	$966.86	$1,066.86	$0.00	$1,039.34	$1,168.60	$1,300.05	$1,231.40	$1,026.66
PREMIUM: Employee Plus Family	$1,585.20	$1,685.20	$0.00	$1,232.37	$1,669.19	$1,878.61	$1,601.00	$1,266.06
EMPLOYEE CONTRIBUTION: Employee Only	$20.00	$150.00	$678.46	$28.05	$43.92	$114.38	$98.70	$25.20
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$349.24	$479.24	$0.00	$354.28	$539.95	$687.72	$659.40	$347.56
EMPLOYEE CONTRIBUTION: Employee Plus Child	$270.00	$400.00	$0.00	$306.02	$435.28	$566.73	$438.90	$234.16
EMPLOYEE CONTRIBUTION: Employee Plus Children	$270.00	$400.00	$0.00	$306.02	$435.28	$566.73	$438.90	$234.16
EMPLOYEE CONTRIBUTION: Employee Plus Family	$495.00	$625.00	$0.00	$499.05	$935.87	$1,145.29	$808.50	$473.56
EMPLOYER CONTRIBUTION: Employee Only	$645.16	$615.16	$0.00	$733.32	$733.32	$733.32	$792.50	$792.50
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$934.25	$904.25	$0.00	$733.32	$733.32	$733.32	$792.50	$792.50
EMPLOYER CONTRIBUTION: Employee Plus Child	$696.86	$666.86	$0.00	$733.32	$733.32	$733.32	$792.50	$792.50
EMPLOYER CONTRIBUTION: Employee Plus Children	$696.86	$666.86	$0.00	$733.32	$733.32	$733.32	$792.50	$792.50
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,090.20	$1,060.20	$0.00	$733.32	$733.32	$733.32	$792.50	$792.50
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**855**	**208**	**1**	**1920**	**739**	**362**	**60**	**1036**
Number of Subscribers (Active)	487	25	0	1192	557	264	52	463
Number of Dependents (Active)	366	183	0	728	182	98	8	573
Number of Subscribers (Retirees)	2	0	1	0	0	0	0	0
Number of Dependents (Retirees)	0	0	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$6,320,351.00	$6,320,351.00	$6,320,351.00	$21,615,443.00	$21,615,443.00	$21,615,443.00	$7,100,000.00	$7,100,000.00
Medical ASO TPA / Medical Carrier	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX
Medical ASO Fee PEPM (Please remove any rebate offset)	$49.21	$49.21	$49.21	$52.03	$52.03	$52.03	$58.32	$58.32
Pharmacy Benefit Manager	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	-$82.03	-$82.03	-$82.03	$84.65	$84.65	$84.65	$89.37	$89.37
Individual Stop Loss Insurance Provider	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	Liberty Insurance Underwriters	Liberty Insurance Underwriters	Liberty Insurance Underwriters	BCBSTX	BCBSTX
Individual Stop Loss Insurance Deductible	$160,000.00	$160,000.00	$160,000.00	$250,000.00	$250,000.00	$250,000.00	$175,000.00	$175,000.00
Individual Stop Loss Insurance Fee PEPM	$170.49	$170.49	$170.49	$45.21	$45.21	$45.21	$186.75	$186.75
Aggregate Stop Loss Insurance Provider	N/A	N/A	N/A	Liberty Insurance Underwriters	Liberty Insurance Underwriters	Liberty Insurance Underwriters	BCBSTX	BCBSTX
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	$2.29	$2.29	$2.29		
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	$2.29	$2.29	$2.29	$2.62	$2.62
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	Lone Star Insurance	Lone Star Insurance	Lone Star Insurance	SA Benefits	SA Benefits	SA Benefits	Catto & Catto / HUB	Catto & Catto / HUB
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	N/A	N/A	N/A	NA	NA	NA	Catto & Catto / HUB	Catto & Catto / HUB
Cost Per Subscriber Per Month	$1,077.09	$21,067.84	$526,695.92	$1,511.15	$3,233.91	$6,823.06	$11,378.21	$1,277.90
Cost Per Member Per Month	$616.02	$2,532.19	$526,695.92	$938.17	$2,437.47	$4,975.93	$9,861.11	$571.11

2026 BENEFITS SURVEY
January 2026

	Mission	Mission	Mission	Mission CISD	Mission CISD	Mission CISD	New Braunfels	New Braunfels
	Base Plan	*Buy-Up Plan*	*Retiree Plan*	*High Deductible Plan*	*Base Plan*	*High Plan*	*Gold*	*Silver*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	70/30	80/20	70/30	70/30	80/20	80/20	80/20	80/20
Coverage Percentage Ratio - Out of Network	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50
Deductible - In Network - Individual	$2,000.00	$1,000.00	$2,000.00	$3,000.00	$2,000.00	$750.00	$2,000.00	$3,000.00
Deductible - In Network - Family	$4,000.00	$2,000.00	$4,000.00	$9,000.00	$6,000.00	$2,250.00	$6,000.00	$9,000.00
Deductible - Out of Network - Individual	$4,000.00	$5,000.00	$4,000.00	$9,000.00	$6,000.00	$2,250.00	$10,000.00	$10,000.00
Deductible - Out of Network - Family	$8,000.00	$10,000.00	$8,000.00	$27,000.00	$18,000.00	$6,750.00	$20,000.00	$20,000.00
Max Out Of Pocket In-Network (Individual)	$4,000.00	$3,000.00	$4,000.00	$9,100.00	$8,750.00	$5,000.00	$4,000.00	$6,000.00
Max Out Of Pocket In-Network (Family)	$8,000.00	$8,000.00	$8,000.00	$18,200.00	$17,400.00	$10,000.00	$12,000.00	$13,000.00
Max Out Of Pocket Out-of-Network (Individual)	$8,000.00	$8,000.00	$8,000.00	Unlimited	Unlimited	Unlimited	$20,000.00	$20,000.00
Max Out Of Pocket Out-of-Network (Family)	$16,000.00	$16,000.00	$16,000.00	Unlimited	Unlimited	Unlimited	$40,000.00	$40,000.00
Copay/Coshare - Primary Care Office Visit	$40.00	$30.00	$40.00	$40.00	$30.00	$20.00	$30.00	$40.00
Copay/Coshare - Specialist Office Visit	$55.00	$45.00	$55.00	$60.00	$50.00	$35.00	$70.00	$80.00
Copay/Coshare - ER Visit	$550.00	$425.00	$375.00	80% after deductible	80% after deductible	80% after deductible	20% after $250 copay	20% after $250 copay
Copay/Coshare - Urgent Care	$45 Copay	$45 Copay	$45 Copay	$60 Copay	$50 Copay	$40 Copay	$50.00	$50.00
Copay/Coshare - Virtual Visit (Primary Care)	$40.00	$30.00	$40.00	$40 Copay	$30 Copay	$20 Copay	0 (MD Live)	0 (MD Live)
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None	None	None	None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No	No	No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	No	No	No	No	No	No	Yes	Yes
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Bariatric Benefits	Not Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aid Benefits	Covered - 1 per ear per 36-month period	Covered - 1 per ear per 36-month period	Covered - 1 per ear per 36-month period	1 per ear per 36 month period	1 per ear per 36 month period	1 per ear per 36 month period	Yes	Yes
Any other preferred/incentivized arrangements not mentioned previously?	Airrosti - copay applies as per plan CallADoc - $0 copay	Airrosti - copay applies as per plan CallADoc - $0 copay	Airrosti - copay applies as per plan CallADoc - $0 copay	Preferred Clinic $10 Copays	Preferred Clinic $10 Copays	Preferred Clinic $10 Copays	Airrosti - $30	Airrosti - $40

2026 BENEFITS SURVEY
January 2026

	Mission	Mission	Mission	Mission CISD	Mission CISD	Mission CISD	New Braunfels	New Braunfels
	Base Plan	***Buy-Up Plan***	***Retiree Plan***	***High Deductible Plan***	***Base Plan***	***High Plan***	***Gold***	***Silver***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	4	4	4	4	N/A	N/A
Formulary Management (*describe what structure tiers represent*)	Performamce Drug List, Advantage Network (Excludes CVS)	Performamce Drug List, Advantage Network (Excludes CVS)	Performamce Drug List, Advantage Network (Excludes CVS)	Balanced Drug List, Advantage Network (Excludes CVS)	Balanced Drug List, Advantage Network (Excludes CVS)	Balanced Drug List, Advantage Network (Excludes CVS)	N/A	N/A
Retail 30 Day Tier 1 Copay/Structure	$5 / Generic	$5 / Generic	$5./ Generic	$5/Generic	$5/Generic	$5/Generic	$10.00	$10.00
Retail 30 Day Tier 2 Copay/Structure	$35 / Preferred Brand	$25 / Preferred Brand	$35 / Preferred Brand	$35/Preferred Brand Name	$35/Preferred Brand Name	$35/Preferred Brand Name	$40.00	$40.00
Retail 30 Day Tier 3 Copay/Structure	$60 / Non-Preferred Brand	$40 / Non-Preferred Brand	$60 / Non-Preferred Brand	$55/Non Preferred Brand Name	$55/Non Preferred Brand Name	$55/Non Preferred Brand Name	$70.00	$70.00
Retail 30 Day Tier 4 Copay/Structure	$400 / Specialty Drugs	$150 / Specialty Drugs	$400 / Specialty Drugs	$25% Coins Max of $200/Speciality	$25% Coins Max of $150/Speciality	$25% Coins Max of $100/Speciality	N/A	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$15 / Generic	$15 / Generic	$15 / Generic	N/A	N/A	N/A	$20.00	$20.00
Mail/Retail 90 Day Tier 2 Copay/Structure	$50 / Preferred Brand	$50 / Preferred Brand	$50 / Preferred Brand	N/A	N/A	N/A	$80.00	$80.00
Mail/Retail 90 Day Tier 3 Copay/Structure	$80 / Non-Preferred Brand	$80 / Non-Preferred Brand	$80 / Non-Preferred Brand	N/A	N/A	N/A	$140.00	$140.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	***No Response Provided***	***No Response Provided***	***No Response Provided***	No	No
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	Yes, International RX. Meds are provided at a discounted rate and employees receive a $50 rebate per month for 12 months	Yes, International RX. Meds are provided at a discounted rate and employees receive a $50 rebate per month for 12 months	Yes, International RX. Meds are provided at a discounted rate and employees receive a $50 rebate per month for 12 months	No	No	No	No	No

2026 BENEFITS SURVEY
January 2026

	Mission	Mission	Mission	Mission CISD	Mission CISD	Mission CISD	New Braunfels	New Braunfels
	Base Plan	***Buy-Up Plan***	***Retiree Plan***	***High Deductible Plan***	***Base Plan***	***High Plan***	***Gold***	***Silver***
	Completed	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Completed**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Blue 365, Special Beginnings (Maternity), Wondr, Smoking Cessation, Blue Points,Wellbeing Management, Wellness Coaching, Tournaments, Health Seminars/Luncheons, Financial Seminars and Monthly Communication	Blue 365, Special Beginnings (Maternity),Wondr, Smoking Cessation, Blue Points,Wellbeing Management, Wellness Coaching, Tournaments, Health Seminars/Luncheons, Financial Seminars and Monthly Communication	Blue 365, Special Beginnings (Maternity), Wondr, Smoking Cessation, Blue Points,Wellbeing Management, Wellness Coaching, Tournaments, Health Seminars/Luncheons, Financial Seminars and Monthly Communication	Wellbeing Management, $10,000 Wellness Allowance	Wellbeing Management, $10,000 Wellness Allowance	Wellbeing Management, $10,000 Wellness Allowance	BeWell Rewards - $50 incentive and quarterly drawing for 8 hours of vacation. Health Fair, BCBSTX (i.e. Well onTarget, Ovia, etc.), Free Gym Membership, Onsite screenings & workout classes.	BeWell Rewards - $50 incentive and quarterly drawing for 8 hours of vacation. Health Fair, BCBSTX (i.e. Well onTarget, Ovia, etc.), Free Gym Membership, Onsite screenings & workout classes.
Programs - Other Miscellaneous	Blue Connection for Members, Airrosti, BVA (Benefit Value Advisor), Flex Access and CallADoc	Blue Connection for Members, Airrosti, BVA (Benefit Value Advisor), Flex Access and CallADoc	Blue Connection for Members, Airrosti, BVA (Benefit Value Advisor), Flex Access and CallADoc	MD Live/Virtual Visits, Employee Assistance Program, Miracle Medical Diabetes Management	MD Live/Virtual Visits, Employee Assistance Program, Miracle Medical Diabetes Management	MD Live/Virtual Visits, Employee Assistance Program, Miracle Medical Diabetes Management	***No Response Provided***	***No Response Provided***
Notes - Retirees	N/A	N/A	Retirees with < 25 years of employment w/City are eligible for health benefit coverage at their expense, until age 65 or Medicare eligible.. Retirees with 25 years+ of employment w/City are eligible for health benefits coverage for 12 months City Paid, until age 65 or Medicare eligible. Once the City's contribution ceases the entire cost of retiree continuation coverage shall be paid by the Retiree. Monthly premiums remain the same as Active employees plus 2% Cobra fee.	Retirees are transitioned to TRS for retiree health and not responsible to Mission CISD.	Retirees are transitioned to TRS for retiree health and not responsible to Mission CISD.	Retirees are transitioned to TRS for retiree health and not responsible to Mission CISD.	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	Added Spousal Surcharge of $100.	Added Spousal Surcharge of $100.	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Mission	Mission	Mission	Mission CISD	Mission CISD	Mission CISD	New Braunfels	New Braunfels
	Base Plan	*Buy-Up Plan*	*Retiree Plan*	*High Deductible Plan*	*Base Plan*	*High Plan*	*Gold*	*Silver*
	Completed	Completed	Completed	Prior Response	Prior Response	Prior Response	Completed	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	Cost Savings Initiatives: Medicare Subsidy, tobacco surcharge for EE and spouse, mandatory physical for spouse, HSA, Preferred Pharmacies, RX Split Fill, In-House Clinic, Mandatory Mail Order, Curatiave	Cost Savings Initiatives: Medicare Subsidy, tobacco surcharge for EE and spouse, mandatory physical for spouse, HSA, Preferred Pharmacies, RX Split Fill, In-House Clinic, Mandatory Mail Order, Curatiave	Cost Savings Initiatives: Medicare Subsidy, tobacco surcharge for EE and spouse, mandatory physical for spouse, HSA, Preferred Pharmacies, RX Split Fill, In-House Clinic, Mandatory Mail Order, Curatiave	*No Response Provided*	*No Response Provided*	*No Response Provided*	Considering plan design revisions	Considering plan design revisions
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	About five (6) years ago we implemented a mandatory physical with a penalty surcharge if not completed. We have had several success stories over the years of employees who otherwise would not have been diagnosed with a serious health condition. About two (2) years ago we implemented a mandatory Health Risk Assessment with a penalty surcharge if not completed. We did not make the HRA Mandatory this year.	About five (6) years ago we implemented a mandatory physical with a penalty surcharge if not completed. We have had several success stories over the years of employees who otherwise would not have been diagnosed with a serious health condition. About two (2) years ago we implemented a mandatory Health Risk Assessment with a penalty surcharge if not completed. We did not make the HRA Mandatory this year.	About five (6) years ago we implemented a mandatory physical with a penalty surcharge if not completed. We have had several success stories over the years of employees who otherwise would not have been diagnosed with a serious health condition. About two (2) years ago we implemented a mandatory Health Risk Assessment with a penalty surcharge if not completed. We did not make the HRA Mandatory this year.	*No Response Provided*	*No Response Provided*	*No Response Provided*	We have an in-network dietician onsite monthly, this has been very popular.	We have an in-network dietician onsite monthly, this has been very popular.

2026 BENEFITS SURVEY
January 2026

	New Braunfels	New Braunfels	New Braunfels	New Braunfels	Palmview	Palmview	Palmview	Pasadena
	Bronze	***Gold - Retiree***	***Silver - Retiree***	***Bronze - Retiree***	***Base Plan***	***Mid Plan***	***High Plan***	***Broad Plan/UHC - Plan B***
	Completed	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	Zae Swor	Zae Swor	Zae Swor	Zae Swor	Yvonne Ayala	Yvonne Ayala	Yvonne Ayala	Trena White
Primary Contact Phone	830-221-4392	830-221-4392	830-221-4392	830-221-4392	956-432-0323	956-432-0323	956-432-0323	713-475-5525
Primary Contact Email	zswor@newbraunfels.gov	zswor@newbraunfels.gov	zswor@newbraunfels.gov	zswor@newbraunfels.gov	yayala@cityofpalmviewtx.us	yayala@cityofpalmviewtx.us	yayala@cityofpalmviewtx.us	twhite@pasadenatx.gov
Secondary Contact Name	Human Resources	Human Resources	Human Resources	Human Resources	Leticia Salinas	Leticia Salinas	Leticia Salinas	Terene Sudds-Johnson
Secondary Contact Phone	830-221-4390	830-221-4390	830-221-4390	830-221-4390	956-432-0326	956-432-0326	956-432-0326	713-475-7292
Secondary Contact Email	HumanResources@newbraunfels.gov	HumanResources@newbraunfels.gov	HumanResources@newbraunfels.gov	HumanResources@newbraunfels.gov	lsalinas@cityofpalmviewtx.us	lsalinas@cityofpalmviewtx.us	lsalinas@cityofpalmviewtx.us	trjohnson@pasadenatx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Retiree Only	Retiree Only	Retiree Only	Active Only	Active Only	Active Only	Active & Retiree
PPO, HMO, EPO, Etc.	HDHP	PPO	PPO	HDHP	PPO	PPO	PPO	EPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$807.50	$909.02	$818.72	$823.65	$447.25	$538.67	$570.03	$1,200.00
PREMIUM: Employee Plus Spouse	$937.40	$1,480.94	$1,141.08	$956.15	$942.61	$1,143.73	$1,212.73	$1,355.00
PREMIUM: Employee Plus Child	$890.16	$1,256.03	$1,027.68	$907.96	$819.03	$992.53	$1,052.05	$1,294.00
PREMIUM: Employee Plus Children	$890.16	$1,256.03	$1,027.68	$907.96	$819.03	$992.53	$1,052.05	$1,294.00
PREMIUM: Employee Plus Family	$989.90	$1,633.02	$1,267.08	$1,009.70	$1,355.47	$1,648.01	$1,748.37	$1,448.00
EMPLOYEE CONTRIBUTION: Employee Only	$15.00	$909.02	$818.72	$823.65	$0.00	$91.42	$122.78	$80.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$144.90	$1,480.94	$1,141.08	$956.15	$495.36	$696.48	$765.48	$235.00
EMPLOYEE CONTRIBUTION: Employee Plus Child	$97.66	$1,256.03	$1,027.68	$907.96	$371.78	$545.28	$604.80	$174.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$97.66	$1,256.03	$1,027.68	$907.96	$371.78	$545.28	$604.80	$174.00
EMPLOYEE CONTRIBUTION: Employee Plus Family	$197.40	$1,633.02	$1,267.08	$1,009.70	$908.22	$1,200.76	$1,301.12	$328.00
EMPLOYER CONTRIBUTION: Employee Only	$792.50	$0.00	$0.00	$0.00	$447.25	$447.25	$447.25	$1,120.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$792.50	$0.00	$0.00	$0.00	$447.25	$447.25	$447.25	$1,120.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$792.50	$0.00	$0.00	$0.00	$447.25	$447.25	$447.25	$1,120.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$792.50	$0.00	$0.00	$0.00	$447.25	$447.25	$447.25	$1,120.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$792.50	$0.00	$0.00	$0.00	$447.25	$447.25	$447.25	$1,120.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**404**	**2**	**5**	**3**	**78**	**21**	**6**	**493**
Number of Subscribers (Active)	135	0	0	0	78	21	6	205
Number of Dependents (Active)	269	0	0	0	***No Response Provided***	***No Response Provided***	***No Response Provided***	269
Number of Subscribers (Retirees)	0	2	3	1	***No Response Provided***	***No Response Provided***	***No Response Provided***	7
Number of Dependents (Retirees)	0	0	2	2	***No Response Provided***	***No Response Provided***	***No Response Provided***	12
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$7,100,000.00	$7,100,000.00	$7,100,000.00	$7,100,000.00				$14,660,000.00
Medical ASO TPA / Medical Carrier	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX				UHC
Medical ASO Fee PEPM (Please remove any rebate offset)	$58.32	$58.32	$58.32	$58.32				$38.92
Pharmacy Benefit Manager	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics				Optum Rx
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$89.37	$89.37	$89.37	$89.37				N/A
Individual Stop Loss Insurance Provider	BCBSTX	BCBSTX	BCBSTX	BCBSTX				UHC
Individual Stop Loss Insurance Deductible	$175,000.00	$175,000.00	$175,000.00	$175,000.00				$150,000.00
Individual Stop Loss Insurance Fee PEPM	$186.75	$186.75	$186.75	$186.75				$274.55
Aggregate Stop Loss Insurance Provider	BCBSTX	BCBSTX	BCBSTX	BCBSTX				UHC
Aggregate Stop Loss Insurance Deductible								$15,454,365.00
Aggregate Stop Loss Insurance Fee PEPM	$2.62	$2.62	$2.62	$2.62				$8.23
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	Catto & Catto / HUB	Catto & Catto / HUB	Catto & Catto / HUB	Catto & Catto / HUB				N/A
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	Catto & Catto / HUB	Catto & Catto / HUB	Catto & Catto / HUB	Catto & Catto / HUB				McGriff
Cost Per Subscriber Per Month	$4,382.72	$295,833.33	$197,222.22	$591,666.67	#VALUE!	#VALUE!	#VALUE!	$5,762.58
Cost Per Member Per Month	$1,464.52	$295,833.33	$118,333.33	$197,222.22	$0.00	$0.00	$0.00	$2,478.03

2026 BENEFITS SURVEY *January 2026*	New Braunfels	New Braunfels	New Braunfels	New Braunfels	Palmview	Palmview	Palmview	Pasadena
	Bronze	***Gold - Retiree***	***Silver - Retiree***	***Bronze - Retiree***	***Base Plan***	***Mid Plan***	***High Plan***	***Broad Plan/UHC - Plan B***
	Completed	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	80/20	80/20	90/10	100/0	80/20
Coverage Percentage Ratio - Out of Network	50/50	50/50	50/50	50/50	60/40	70/30	50/50	No Coverage
Deductible - In Network - Individual	$3,200.00	$2,000.00	$3,000.00	$3,200.00	$2,500.00	$750.00	$500.00	$1,500.00
Deductible - In Network - Family	$9,000.00	$6,000.00	$9,000.00	$9,000.00	$7,500.00	$2,250.00	$1,500.00	$3,000.00
Deductible - Out of Network - Individual	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$5,000.00	$10,000.00	$10,000.00	N/A
Deductible - Out of Network - Family	$20,000.00	$20,000.00	$20,000.00	$20,000.00	$15,000.00	$20,000.00	$20,000.00	N/A
Max Out Of Pocket In-Network (Individual)	$6,000.00	$4,000.00	$6,000.00	$6,000.00	$5,500.00	$2,250.00	$1,500.00	$5,750.00
Max Out Of Pocket In-Network (Family)	$13,000.00	$12,000.00	$13,000.00	$13,000.00	$14,700.00	$6,750.00	$4,500.00	$12,500.00
Max Out Of Pocket Out-of-Network (Individual)	$20,000.00	$20,000.00	$20,000.00	$20,000.00	Unlimited	Unlimited	Unlimited	N/A
Max Out Of Pocket Out-of-Network (Family)	$40,000.00	$40,000.00	$40,000.00	$40,000.00	Unlimited	Unlimited	Unlimited	N/A
Copay/Coshare - Primary Care Office Visit	20%*	$30.00	$40.00	20%*	$30.00	$30.00	$30.00	$35.00
Copay/Coshare - Specialist Office Visit	20%*	$70.00	$80.00	20%*	$60.00	$60.00	$60.00	$50.00
Copay/Coshare - ER Visit	20% after deductible	20% after $250 copay	20% after $250 copay	20% after deductible	$500 plus 20% coinsurance	$500 plus 10% coinsurance	$500.00	20% after deductible
Copay/Coshare - Urgent Care	20% after deductible	$50.00	$50.00	20% after deductible	$75.00	$75.00	$75.00	$75 Copay
Copay/Coshare - Virtual Visit (Primary Care)	49 (MD Live)	0 (MD Live)	0 (MD Live)	49 (MD Live)	N/A	N/A	N/A	$0 Copay
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None				None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No				No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	Yes	No	No	No				Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Not Covered				Not Covered
Bariatric Benefits	Not Covered	Not Covered	Not Covered	Not Covered				Not Covered
Hearing Aid Benefits	Yes	Yes	Yes	Yes				Not Covered
Any other preferred/incentivized arrangements not mentioned previously?	Airrosti - 20% after deductible	Airrosti - $30	Airrosti - $40	Airrosti - 20% after deductible				None

2026 BENEFITS SURVEY
January 2026

	New Braunfels	New Braunfels	New Braunfels	New Braunfels	Palmview	Palmview	Palmview	Pasadena
	Bronze	***Gold - Retiree***	***Silver - Retiree***	***Bronze - Retiree***	***Base Plan***	***Mid Plan***	***High Plan***	***Broad Plan/UHC - Plan B***
	Completed	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	N/A	N/A	N/A	N/A	6	6	6	3
Formulary Management (*describe what structure tiers represent*)	N/A	N/A	N/A	N/A	Preferred Generics/Non Preferred Generics/ Preferred Brand/ Non Preferred Brand/ Preferred Specialty/ Non Preferred Specialty	Preferred Generics/Non Preferred Generics/ Preferred Brand/ Non Preferred Brand/ Preferred Specialty/ Non Preferred Specialty	Preferred Generics/Non Preferred Generics/ Preferred Brand/ Non Preferred Brand/ Preferred Specialty/ Non Preferred Specialty	Low/Mid/High Cost
Retail 30 Day Tier 1 Copay/Structure	20% after deductible	$10.00	$10.00	20% after deductible	$10.00	$10.00	$10.00	$5 or 20% Retail/ $25 mail order
Retail 30 Day Tier 2 Copay/Structure	20% after deductible	$40.00	$40.00	20% after deductible	$20.00	$20.00	$20.00	$35 or 20% Retail/ $65 mail order
Retail 30 Day Tier 3 Copay/Structure	20% after deductible	$70.00	$70.00	20% after deductible	$50.00	$50.00	$50.00	$35 or 20% Retail/ $65 mail order
Retail 30 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	$100.00	$100.00	$100.00	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	$150.00	$150.00	$150.00	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	20% after deductible	$20.00	$20.00	20% after deductible	$0.00	$0.00	$0.00	N/A
Mail/Retail 90 Day Tier 2 Copay/Structure	20% after deductible	$80.00	$80.00	20% after deductible	$30.00	$30.00	$30.00	N/A
Mail/Retail 90 Day Tier 3 Copay/Structure	20% after deductible	$140.00	$140.00	20% after deductible	$150.00	$150.00	$150.00	N/A
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	$300.00	$300.00	$300.00	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	No				
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	No				No

2026 BENEFITS SURVEY
January 2026

	New Braunfels	New Braunfels	New Braunfels	New Braunfels	Palmview	Palmview	Palmview	Pasadena
	Bronze	***Gold - Retiree***	***Silver - Retiree***	***Bronze - Retiree***	***Base Plan***	***Mid Plan***	***High Plan***	***Broad Plan/UHC - Plan B***
	Completed	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	BeWell Rewards - $50 incentive and quarterly drawing for 8 hours of vacation. Health Fair, BCBSTX (i.e. Well onTarget, Ovia, etc.), Free Gym Membership, Onsite screenings & workout classes.	N/A	N/A	N/A				YES
Programs - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				Free On-site Clinic w/no copay, with free labs and medication with CareATC. Yearly Completion of PHA (Personal Health Assesment) offered on-site. Employee Assistant Program. Diabetes Management. On-site Fitness Center. Programs available to all covered employees.
Notes - Retirees	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY *January 2026*	New Braunfels	New Braunfels	New Braunfels	New Braunfels	Palmview	Palmview	Palmview	Pasadena
	Bronze	***Gold - Retiree***	***Silver - Retiree***	***Bronze - Retiree***	***Base Plan***	***Mid Plan***	***High Plan***	***Broad Plan/UHC - Plan B***
	Completed	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	Considering plan design revisions	***No Response Provided***	***No Response Provided***	***No Response Provided***				***No Response Provided***
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	We have an in-network dietician onsite monthly, this has been very popular.	***No Response Provided***	***No Response Provided***	***No Response Provided***				***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Pasadena	Pasadena	Pasadena	Pasadena	Pasadena	Pearland	Pearland	Pearland
	Broad Plan/UHC - Plan C	***Memorial & Hermann / Nexus - Plan B***	***Memorial & Hermann / Nexus - Plan C***	***Kelsey/Charter - Plan B***	***Kelsey/Charter - Plan C***	***Kelsey 90%***	***Kelsey 80%***	***H.S.A***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	Trena White	Trena White	Trena White	Trena White	Trena White	Melissa Avila	Melissa Avila	Melissa Avila
Primary Contact Phone	713-475-5525	713-475-5525	713-475-5525	713-475-5525	713-475-5525	281-652-1618	281-652-1618	281-652-1618
Primary Contact Email	twhite@pasadenatx.gov	twhite@pasadenatx.gov	twhite@pasadenatx.gov	twhite@pasadenatx.gov	twhite@pasadenatx.gov	mavila@pearlandtx.gov	mavila@pearlandtx.gov	mavila@pearlandtx.gov
Secondary Contact Name	Terene Sudds-Johnson	Terene Sudds-Johnson	Terene Sudds-Johnson	Terene Sudds-Johnson	Terene Sudds-Johnson	LaRae James	LaRae James	LaRae James
Secondary Contact Phone	713-475-7292	713-475-7292	713-475-7292	713-475-7292	713-475-7292	2816521652	2816521652	2816521652
Secondary Contact Email	trjohnson@pasadenatx.gov	trjohnson@pasadenatx.gov	trjohnson@pasadenatx.gov	trjohnson@pasadenatx.gov	trjohnson@pasadenatx.gov	ljames@pearlandtx.gov	ljames@pearlandtx.gov	ljames@pearlandtx.gov
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree
PPO, HMO, EPO, Etc.	EPO	ACO	ACO	ACO	ACO	HMO	HMO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$1,150.00	$1,175.00	$1,135.00	$1,175.00	$1,135.00	$741.00	$715.00	$713.00
PREMIUM: Employee Plus Spouse	$1,225.00	$1,312.50	$1,173.00	$1,312.50	$1,173.00	$1,557.00	$1,504.00	$1,500.00
PREMIUM: Employee Plus Child	$1,198.00	$1,263.00	$1,159.00	$1,263.00	$1,159.00	$1,334.00	$1,288.00	$1,284.00
PREMIUM: Employee Plus Children	$1,198.00	$1,263.00	$1,159.00	$1,263.00	$1,159.00	$1,334.00	$1,288.00	$1,284.00
PREMIUM: Employee Plus Family	$1,267.00	$1,389.50	$1,194.00	$1,389.50	$1,194.00	$2,077.00	$2,005.00	$1,999.00
EMPLOYEE CONTRIBUTION: Employee Only	$30.00	$55.00	$15.00	$55.00	$15.00	$26.00	$0.00	$39.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$105.00	$192.50	$53.00	$192.50	$53.00	$313.00	$285.00	$326.00
EMPLOYEE CONTRIBUTION: Employee Plus Child	$78.00	$143.00	$39.00	$143.00	$39.00	$288.00	$207.00	$249.00
EMPLOYEE CONTRIBUTION: Employee Plus Children	$78.00	$143.00	$39.00	$143.00	$39.00	$288.00	$207.00	$249.00
EMPLOYEE CONTRIBUTION: Employee Plus Family	$147.00	$269.50	$74.00	$269.50	$74.00	$513.00	$467.00	$506.00
EMPLOYER CONTRIBUTION: Employee Only	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$715.00	$715.00	$674.00
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,244.00	$1,219.00	$1,174.00
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,046.00	$1,081.00	$1,035.00
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,046.00	$1,081.00	$1,035.00
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,120.00	$1,564.00	$1,538.00	$1,493.00
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**214**	**53**	**54**	**88**	**177**	**737**	**684**	**142**
Number of Subscribers (Active)	85	29	23	52	85	334	338	50
Number of Dependents (Active)	88	20	24	35	88	399	336	90
Number of Subscribers (Retirees)	26	1	4	1	3	3	5	1
Number of Dependents (Retirees)	15	3	3	0	1	1	5	1
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$14,660,000.00	$14,660,000.00	$14,660,000.00	$14,660,000.00	$14,660,000.00	$9,549,530.00	$9,549,530.00	$9,549,530.00
Medical ASO TPA / Medical Carrier	UHC	UHC	UHC	UHC	UHC	Cigna	Cigna	Cigna
Medical ASO Fee PEPM (Please remove any rebate offset)	$38.92	$38.92	$38.92	$40.96	$40.96	$36.05	$36.05	$40.00
Pharmacy Benefit Manager	Optum Rx	Optum Rx	Optum Rx	Optum Rx	Optum Rx	Cigna	Cigna	Cigna
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	N/A	N/A	N/A	***No Response Provided***	N/A	N/A	N/A	N/A
Individual Stop Loss Insurance Provider	UHC	UHC	UHC	UHC	UHC	Cigna	Cigna	Cigna
Individual Stop Loss Insurance Deductible	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00
Individual Stop Loss Insurance Fee PEPM	$274.55	$274.55	$274.55	$274.55	$274.55	$157.12	$157.12	$157.12
Aggregate Stop Loss Insurance Provider	UHC	UHC	UHC	UHC	UHC	Cigna	Cigna	Cigna
Aggregate Stop Loss Insurance Deductible	$15,454,365.00	$15,454,365.00	$15,454,365.00	$15,454,365.00	$15,454,365.00	included	included	included
Aggregate Stop Loss Insurance Fee PEPM	$8.23	$8.23	$8.23	$8.23	$8.23	$4.91	$4.91	$4.91
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	N/A	N/A	N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	McGriff	McGriff	McGriff	McGriff	McGriff	***No Response Provided***	***No Response Provided***	***No Response Provided***
Cost Per Subscriber Per Month	$11,006.01	$40,722.22	$45,246.91	$23,050.31	$13,882.58	$2,361.41	$2,320.10	$15,603.81
Cost Per Member Per Month	$5,708.72	$23,050.31	$22,623.46	$13,882.58	$6,902.07	$1,079.77	$1,163.44	$5,604.18

2026 BENEFITS SURVEY
January 2026

	Pasadena	Pasadena	Pasadena	Pasadena	Pasadena	Pearland	Pearland	Pearland
	Broad Plan/UHC - Plan C	***Memorial & Hermann / Nexus - Plan B***	***Memorial & Hermann / Nexus - Plan C***	***Kelsey/Charter - Plan B***	***Kelsey/Charter - Plan C***	***Kelsey 90%***	***Kelsey 80%***	***H.S.A***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	80/20	80/20	90/10	80/20	80/20
Coverage Percentage Ratio - Out of Network	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Deductible - In Network - Individual	$3,000.00	$1,500.00	$3,000.00	$1,500.00	$3,000.00	$0.00	$0.00	$2,800.00
Deductible - In Network - Family	$6,000.00	$3,000.00	$6,000.00	$3,000.00	$6,000.00	$0.00	$0.00	$5,000.00
Deductible - Out of Network - Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$5,000.00
Deductible - Out of Network - Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$10,000.00
Max Out Of Pocket In-Network (Individual)	$5,750.00	$5,000.00	$6,000.00	$5,000.00	$6,000.00	$2,500.00	$3,500.00	$4,500.00
Max Out Of Pocket In-Network (Family)	$12,500.00	$9,000.00	$12,500.00	$9,000.00	$12,500.00	$5,000.00	$7,000.00	$9,000.00
Max Out Of Pocket Out-of-Network (Individual)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$8,000.00
Max Out Of Pocket Out-of-Network (Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$16,000.00
Copay/Coshare - Primary Care Office Visit	$35.00	$35.00	$35.00	$35.00	$35.00	$25.00	$25.00	20% after deductible
Copay/Coshare - Specialist Office Visit	$50.00	$50.00	$50.00	$50.00	$50.00	$50.00	$50.00	20% after deductible
Copay/Coshare - ER Visit	$200 copay + 20% after deductible	20% after deductible	$200 copay + 20% after deductible	20% after deductible	$200 copay + 20% after deductible	$200.00	$200.00	20% after deductible
Copay/Coshare - Urgent Care	$75 Copay	$75 Copay	$75 Copay	$75 Copay	$75 Copay	$50 Copay	$50 Copay	20% after deductible
Copay/Coshare - Virtual Visit (Primary Care)	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$25 Copay	$25 Copay	$25 Copay
Incentivized design for Copay/Coshare for Office Visits?	None	None	None	None	None	None	None	None
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	No	No	No	No	No	No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents	Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents	Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents	Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents	Care ATC Clinic for all employees enrolled in one of the City's medical plans at no cost to employee or enrolled dependents	***No Response Provided***	***No Response Provided***	***No Response Provided***
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Bariatric Benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aid Benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered
Any other preferred/incentivized arrangements not mentioned previously?	None	None	None	None	None	None	None	None

2026 BENEFITS SURVEY *January 2026*	Pasadena	Pasadena	Pasadena	Pasadena	Pasadena	Pearland	Pearland	Pearland
	Broad Plan/UHC - Plan C	***Memorial & Hermann / Nexus - Plan B***	***Memorial & Hermann / Nexus - Plan C***	***Kelsey/Charter - Plan B***	***Kelsey/Charter - Plan C***	***Kelsey 90%***	***Kelsey 80%***	***H.S.A***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	3	3	3	3	4	4	4
Formulary Management (*describe what structure tiers represent*)	Low/Mid/High Cost	Low/Mid/High Cost	Low/Mid/High Cost	Low/Mid/High Cost	Low/Mid/High Cost	Managed Formulary	Managed Formulary	Managed Formulary
Retail 30 Day Tier 1 Copay/Structure	$5 or 20% Retail/ $25 mail order	$5 or 20% Retail/ $25 mail order	$5 or 20% Retail/ $25 mail order	$5 or 20% Retail/ $25 mail order	$5 or 20% Retail/ $25 mail order	$10.00	$10.00	$10.00
Retail 30 Day Tier 2 Copay/Structure	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$40.00	$40.00	$40.00
Retail 30 Day Tier 3 Copay/Structure	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$35 or 20% Retail/ $65 mail order	$80.00	$80.00	$80.00
Retail 30 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$150.00	$150.00	$150.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$20.00	$20.00	$20.00
Mail/Retail 90 Day Tier 2 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$80.00	$80.00	$80.00
Mail/Retail 90 Day Tier 3 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$160.00	$160.00	$160.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$300.00	$300.00	$300.00
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)						***No Response Provided***	***No Response Provided***	***No Response Provided***
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	No	No	No	No	No

2026 BENEFITS SURVEY
January 2026

	Pasadena	Pasadena	Pasadena	Pasadena	Pasadena	Pearland	Pearland	Pearland
	Broad Plan/UHC - Plan C	***Memorial & Hermann / Nexus - Plan B***	***Memorial & Hermann / Nexus - Plan C***	***Kelsey/Charter - Plan B***	***Kelsey/Charter - Plan C***	***Kelsey 90%***	***Kelsey 80%***	***H.S.A***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	YES	YES	YES	YES	YES	Yes	Yes	Yes
Programs - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Retirees	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	City allows Retiree particpation until age 65.	City allows Retiree particpation until age 65.	City allows Retiree particpation until age 65.
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY *January 2026*	Pasadena	Pasadena	Pasadena	Pasadena	Pasadena	Pearland	Pearland	Pearland
	Broad Plan/UHC - Plan C	***Memorial & Hermann / Nexus - Plan B***	***Memorial & Hermann / Nexus - Plan C***	***Kelsey/Charter - Plan B***	***Kelsey/Charter - Plan C***	***Kelsey 90%***	***Kelsey 80%***	***H.S.A***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	Formulary Optimization and Expansion of Preventive Care	Formulary Optimization and Expansion of Preventive Care	Formulary Optimization and Expansion of Preventive Care
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	Implemented KelseyCare ACO Model which has controlled cost over the long term	Implemented KelseyCare ACO Model which has controlled cost over the long term	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Pharr	Pharr	Pharr	Plano	Plano	Rio Grande City	Robstown	Robstown
	EPO PLAN	***PPO PLAN***	***PPO Max Plan***	***Active***	***Retiree < 65***	***Active Plan***	***Base Plan***	***Buy Up Plan I***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	Veronica Ramirez	Veronica Ramirez	Veronica Ramirez	Tracy Stack	Tracy Stack	Valerie Brown-Garza	Jacinda Martinez	Jacinda Martinez
Primary Contact Phone	956-402-2600	956-402-2600	956-402-2600	972-941-7746	972-941-7746	956-487-0672	361-387-4589	361-387-4589
Primary Contact Email	veronica.ramirez@pharr-tx.gov	veronica.ramirez@pharr-tx.gov	veronica.ramirez@pharr-tx.gov	tstack@plano.gov	tstack@plano.gov	vbrown@cityofrgc.com	jmartinez@cityofrobstown.com	jmartinez@cityofrobstown.com
Secondary Contact Name	Ashley Melendez	Ashley Melendez	Ashley Melendez	Julia Cherry	Julia Cherry	N/A	Beatriz Charo	Beatriz Charo
Secondary Contact Phone	956-402-2600	956-402-2600	956-402-2600	972-941-5757	972-941-5757	N/A	361-933-5212	361-933-5212
Secondary Contact Email	ashley.melendez@pharr-tx.gov	ashley.melendez@pharr-tx.gov	ashley.melendez@pharr-tx.gov	jcherry@plano.gov	jcherry@plano.gov	N/A	bcharo@cityofrobstown.com	bcharo@cityofrobstown.com
PLAN TYPE								
Fully Insured or Self Insured	Level Funded	Level Funded	Level Funded	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Both	Both	Both	Active Only	Retiree Only	Active Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	EPO PLAN	PPO PLAN	PPO Max Plan	EPO	EPO	PPO	HMO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$563.08	$640.75	$765.43	$739.00	$713.00	$502.16	$501.88	$564.83
PREMIUM: Employee Plus Spouse	$1,184.11	$1,345.58	$1,607.41	$1,908.00	$1,840.00	$970.71	$1,376.96	$1,549.66
PREMIUM: Employee Plus Child	$958.57	$1,089.28	$1,301.24	$1,361.00	$1,311.00	$931.54	$976.51	$1,098.98
PREMIUM: Employee Plus Children	$958.57	$1,089.28	$1,301.24	$1,361.00	$1,311.00	$931.54	$976.51	$1,098.98
PREMIUM: Employee Plus Family	$1,635.20	$1,858.18	$2,219.76	$2,758.00	$2,657.00	$1,456.25	$1,851.58	$2,083.81
EMPLOYEE CONTRIBUTION: Employee Only	$0.00	$22.06	$23.76	$71.00	$713.00	$0.00	$0.00	$62.95
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$239.62	$311.51	$335.47	$354.00	$1,840.00	$468.55	$875.08	$1,047.78
EMPLOYEE CONTRIBUTION: Employee Plus Child	$221.42	$287.85	$309.99	$222.00	$1,311.00	$429.38	$474.63	$597.10
EMPLOYEE CONTRIBUTION: Employee Plus Children	$221.42	$287.85	$309.99	$222.00	$1,311.00	$429.38	$474.63	$597.10
EMPLOYEE CONTRIBUTION: Employee Plus Family	$458.06	$595.47	$641.27	$558.00	$2,657.00	$954.09	$1,349.70	$1,581.93
EMPLOYER CONTRIBUTION: Employee Only	$563.08	$618.69	$741.67	$668.00	$11/mo/YOS (10-30 YOS), Ret only	$533.66	$501.88	$501.88
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$944.49	$1,034.07	$1,271.94	$1,554.00	$11/mo/YOS (10-30 YOS), Ret only	$0.00	$501.88	$501.88
EMPLOYER CONTRIBUTION: Employee Plus Child	$737.15	$801.43	$991.25	$1,139.00	$11/mo/YOS (10-30 YOS), Ret only	$0.00	$501.88	$501.88
EMPLOYER CONTRIBUTION: Employee Plus Children	$737.15	$801.43	$991.25	$1,139.00	$11/mo/YOS (10-30 YOS), Ret only	$0.00	$501.88	$501.88
EMPLOYER CONTRIBUTION: Employee Plus Family	$1,177.14	$1,262.71	$1,578.49	$2,200.00	$11/mo/YOS (10-30 YOS), Ret only	$0.00	$501.88	$501.88
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**822**	**126**	**41**	**2292**	**114**	**160**	**78**	**10**
Number of Subscribers (Active)	442	83	25	1014	0	164	78	9
Number of Dependents (Active)	329	43	15	1278	0	11	0	1
Number of Subscribers (Retirees)	39	0	1	0	94	0	0	0
Number of Dependents (Retirees)	12	0	0	0	20	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$6,226,023.00	$6,226,023.00	$6,226,023.00	$20,400,000.00	$20,400,000.00			
Medical ASO TPA / Medical Carrier	Curative	Curative	Curative	N/A	N/A			
Medical ASO Fee PEPM (Please remove any rebate offset)	$62.30	$62.30	$62.30	$46.11	$46.11			
Pharmacy Benefit Manager	Curative	Curative	Curative	Livinity Rx	Livinity Rx			
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	***No Response Provided***	***No Response Provided***	***No Response Provided***	Full Rebate Share design; completely pass-through rebate model; no rebate guarantees; rebates do not offset admin fee; no flat rebate amount per EE.	Full Rebate Share design; completely pass-through rebate model; no rebate guarantees; rebates do not offset admin fee; no flat rebate amount per EE.			
Individual Stop Loss Insurance Provider	***No Response Provided***	***No Response Provided***	***No Response Provided***	Lockton/Aetna	Lockton/Aetna			
Individual Stop Loss Insurance Deductible	***No Response Provided***	***No Response Provided***	***No Response Provided***	$250,000.00	$250,000.00			
Individual Stop Loss Insurance Fee PEPM	***No Response Provided***	***No Response Provided***	***No Response Provided***	$178.43	$178.43			
Aggregate Stop Loss Insurance Provider	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A			
Aggregate Stop Loss Insurance Deductible	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A			
Aggregate Stop Loss Insurance Fee PEPM	$743.83	$743.83	$743.83	N/A	N/A			
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	Ruben Garza Lone Star Insurance Services	Ruben Garza Lone Star Insurance Services	Ruben Garza Lone Star Insurance Services	Lockton	Lockton			
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A			
Cost Per Subscriber Per Month	$1,078.66	$6,251.03	$19,955.20	$1,676.53	$18,085.11	$0.00	$0.00	$0.00
Cost Per Member Per Month	$631.19	$4,117.74	$12,654.52	$741.71	$14,912.28	$0.00	$0.00	$0.00

2026 BENEFITS SURVEY
January 2026

	Pharr	Pharr	Pharr	Plano	Plano	Rio Grande City	Robstown	Robstown
	EPO PLAN	***PPO PLAN***	***PPO Max Plan***	***Active***	***Retiree < 65***	***Active Plan***	***Base Plan***	***Buy Up Plan I***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	100%	100%	***No Response Provided***	80/20	80/20	100	70/30	70/30
Coverage Percentage Ratio - Out of Network	No Coverage	0	50	No Coverage	No Coverage	100	No Coverage	50/50
Deductible - In Network - Individual	0.00 (as long as 18 yrs and older complete Baseline visit)	0.00 (as long as 18 yrs and older complete Baseline visit)	0.00 (as long as 18 yrs and older complete Baseline visit)	$1,000.00	$1,000.00	$0.00	$2,500.00	$3,500.00
Deductible - In Network - Family	$0.00	$0.00	$0.00	$2,000.00	$2,000.00	$0.00	$7,500.00	$10,500.00
Deductible - Out of Network - Individual	N/A	$10,000.00	$0.00	N/A	N/A	$0.00	N/A	$10,000.00
Deductible - Out of Network - Family	N/A	20.000.00	$0.00	N/A	N/A	$0.00	N/A	$20,000.00
Max Out Of Pocket In-Network (Individual)	$0.00	$0.00	$0.00	$8,000.00	$8,000.00	$0.00	$5,500.00	$8,150.00
Max Out Of Pocket In-Network (Family)	$0.00	$0.00	$0.00	$16,000.00	$16,000.00	$0.00	$14,700.00	$16,300.00
Max Out Of Pocket Out-of-Network (Individual)	N/A	$30,000.00	$0.00	N/A	N/A	No limit	N/A	Unlimited
Max Out Of Pocket Out-of-Network (Family)	N/A	$30,000.00	$0.00	N/A	N/A	No limit	N/A	Unlimited
Copay/Coshare - Primary Care Office Visit	$0.00	$0.00	$0.00	$25.00	$25.00	$0.00	$35.00	$35.00
Copay/Coshare - Specialist Office Visit	$0.00	$0.00	$0.00	$40.00	$40.00	$0.00	$70.00	$70.00
Copay/Coshare - ER Visit	None	None	None	$200.00 + deductible	$200.00 + deductible	$0.00	$500 + Ded + 30%	$500 + Ded + 30%
Copay/Coshare - Urgent Care	None	None	None	$40.00	$40.00	$0.00	$75 Copay	$75 Copay
Copay/Coshare - Virtual Visit (Primary Care)	None	None	None	$5 Copay	$5 Copay	$0.00	$0 Copay	$0 Copay
Incentivized design for Copay/Coshare for Office Visits?	Not Covered	Not Covered	Not Covered	$5 copay for office visits in Catalyst Health Network and Teledoc	$5 copay for office visits in Catalyst Health Network and Teledoc			
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	Not Covered	Not Covered	Not Covered	No	No			
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	None	None	None	No	No			
Infertility Treatment Benefits	None	None	None	Not Covered	Not Covered			
Bariatric Benefits	$0 (limited to one per lifetime)	$0 (limited to one per lifetime)	$0 (limited to one per lifetime)	Not Covered	Not Covered			
Hearing Aid Benefits	$0 (limited to once every 36 months)	$0 (limited to once every 36 months)	$0 (limited to once every 36 months)	80% After Deductible	80% After Deductible			
Any other preferred/incentivized arrangements not mentioned previously?	None	None	None	Airrosti $15 copays; Green Imaging - $0 out-of-pocket for imaging; Carrum Health - $0 out-of-pocket for specific surgeries	Airrosti $15 copays; Green Imaging - $0 out-of-pocket for imaging; Carrum Health - $0 out-of-pocket for specific surgeries			

2026 BENEFITS SURVEY
January 2026

	Pharr	Pharr	Pharr	Plano	Plano	Rio Grande City	Robstown	Robstown
	EPO PLAN	***PPO PLAN***	***PPO Max Plan***	***Active***	***Retiree < 65***	***Active Plan***	***Base Plan***	***Buy Up Plan I***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	$ -	$ -	$ -	$100	$100	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	3	3	3	3 + specialty	3 + specialty		4	4
Formulary Management (*describe what structure tiers represent*)	Tier 1(preferred): $0 copay Tier 2(non-preferred brand & generic): $50 copay Tier 3(non-preferred specialty): $250 copay	Tier 1(preferred): $0 copay Tier 2(non-preferred brand & generic): $50 copay Tier 3(non-preferred specialty): $250 copay	Tier 1(preferred): $0 copay Tier 2(non-preferred brand & generic): $50 copay Tier 3(non-preferred specialty): $250 copay	Open Formulary	Open Formulary	Preferred Generics/Non Preferred Generics/ Preferred Brand/ Non Preferred Brand/ Preferred Specialty/ Non Preferred Specialty	UNKNOWN	UNKNOWN
Retail 30 Day Tier 1 Copay/Structure	$0.00	$0.00	$0.00	15% coinsurance, no minimum, max of $15 copay	15% coinsurance, no minimum, max of $15 copay	$0.00	$0.00	$0.00
Retail 30 Day Tier 2 Copay/Structure	$50.00	$50.00	$50.00	25% coinsurance, maximum of $45 copay	25% coinsurance, maximum of $45 copay	$0.00	$10.00	$10.00
Retail 30 Day Tier 3 Copay/Structure	$250.00	$250.00	$250.00	40% coinsurance, maximum of $60 copay	40% coinsurance, maximum of $60 copay	$0.00	$100.00	$100.00
Retail 30 Day Tier 4 Copay/Structure	n/a	n/a	n/a	Specialty Tier - $100 copay	Specialty Tier - $100 copay	$0.00	$150.00	$150.00
Retail 30 Day Tier 5 Copay/Structure	n/a	n/a	n/a	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$0.00	$0.00	$0.00	15% coinsurance, maximum of $30 copay	15% coinsurance, maximum of $30 copay	$0.00	N/A	N/A
Mail/Retail 90 Day Tier 2 Copay/Structure	$150.00	$150.00	$150.00	25% coinsurance, maximum of $90 copay	25% coinsurance, maximum of $90 copay	$0.00	N/A	N/A
Mail/Retail 90 Day Tier 3 Copay/Structure	N/A	N/A	N/A	40% coinsurance, maximum of $120 copay	40% coinsurance, maximum of $120 copay	$0.00	N/A	N/A
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	No	No			
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	No	No	No	RX Compass - matches members w/most cost-effecive pathway including patient assistance programs, variable co-pay, telesaver Rx and international mail	RX Compass - matches members w/most cost-effecive pathway including patient assistance programs, variable co-pay, telesaver Rx and international mail			

2026 BENEFITS SURVEY
January 2026

	Pharr	Pharr	Pharr	Plano	Plano	Rio Grande City	Robstown	Robstown
	EPO PLAN	***PPO PLAN***	***PPO Max Plan***	***Active***	***Retiree < 65***	***Active Plan***	***Base Plan***	***Buy Up Plan I***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
PROGRAMS & OTHER NOTES								
Programs - Wellness	Curative offers numerous wellness and condition management programs at no cost	Curative offers numerous wellness and condition management programs at no cost	Curative offers numerous wellness and condition management programs at no cost	Airrosti Injury Assessments, Webinars and In-class workshops Discounted Recreation memberships Flu Shots Tobacco Cessation Counseling	Airrosti Injury Assessments, Webinars and In-class workshops Discounted Recreation memberships Flu Shots Tobacco Cessation Counseling			
Programs - Other Miscellaneous	Health Fair, Lunch & Learns & Vaccine Clinics x 2 a year.	Health Fair, Lunch & Learns & Vaccine Clinics x 2 a year.	Health Fair, Lunch & Learns & Vaccine Clinics x 2 a year.	Green Imaging - $0 OOP for imaging services; Carrum Health - $0 OOP for certain specific surgeries and cancer treatments if use Carrum providers	Green Imaging - $0 OOP for imaging services; Carrum Health - $0 OOP for certain specific surgeries and cancer treatments if use Carrum providers			
Notes - Retirees	City of Pharr Active Plan does cover Retirees with a $563.86 City Contribution applied towards Total Monthly Premium for Retiree only and depending what other covered individuals whichever is less. When the Retiree reaches the age of 65, the city will only pay for the cost of the retiree's Medicare Advantage Plan coverage.	City of Pharr Active Plan does cover Retirees with a $275.00 City Contribution applied towards Total Monthly Premium for Retiree only and depending what other covered individuals whichever is less. When the Retiree reaches the age of 65, the city will only pay for the cost of the retiree's Medicare Advantage Plan coverage.	City of Pharr Active Plan does cover Retirees with a $275.00 City Contribution applied towards Total Monthly Premium for Retiree only and depending what other covered individuals whichever is less. When the Retiree reaches the age of 65, the city will only pay for the cost of the retiree's Medicare Advantage Plan coverage.	City allows Retiree participation until age 65.	Retirees can subsidize Pre-65 Medical and Dental with service credits of $11 per month x years of service (min $110 - max $330); Post 65 Retirees can transition to Medicare Advantage through Aetna or Medicare Supplement through AARP/United Healthcare and apply the same subsidy/service credit amount to monthly premiums.	***No Response Provided***	***No Response Provided***	***No Response Provided***
Notes - Other Miscellaneous	Eligibility is 1st of the month following hire date Coverage terms at end of month No surving spouse benefits	Eligibility is 1st of the month following hire date Coverage terms at end of month No surving spouse benefits	Eligibility is 1st of the month following hire date Coverage terms at end of month No surving spouse benefits	Eligibility is 1st of month following 30 days, Coverage terms at end of month	Eligibility is 1st of month following 30 days, Coverage terms at end of month	Curative Health-effective 10/01/2025 - 09/30/2026	No out of network benefits.	***No Response Provided***

2026 BENEFITS SURVEY *January 2026*	Pharr	Pharr	Pharr	Plano	Plano	Rio Grande City	Robstown	Robstown
	EPO PLAN	***PPO PLAN***	***PPO Max Plan***	***Active***	***Retiree < 65***	***Active Plan***	***Base Plan***	***Buy Up Plan I***
	Completed	**Completed**	**Completed**	**Completed**	**Completed**	**Completed**	**Prior Response**	**Prior Response**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	***No Response Provided***	***No Response Provided***	***No Response Provided***	New in 2026 - Must choose one of two networks - Healthcare Highways or Aetna. Healthcare Highways is the default network. It is a regional, narrow network offering larger discounts. Employee premiums remained the same for this plan. For more provider and hospital options, members can choose the Aetna network, which has higher premiums, deductibles, OOPMs, and cost share of 70/30 vs. 80/20 with Healthcare Highways. Plan design is same.	New in 2026 - Must choose one of two networks - Healthcare Highways or Aetna. Healthcare Highways is the default network. It is a regional, narrow network offering larger discounts. Employee premiums remained the same for this plan. For more provider and hospital options, members can choose the Aetna network, which has higher premiums, deductibles, OOPMs, and cost share of 70/30 vs. 80/20 with Healthcare Highways. Plan design is same.			
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	***No Response Provided***	***No Response Provided***	***No Response Provided***	The partnership with Green Imaging (EE OOP cost of imaging is $0) and Carrum Health (EE OOP cost for certain surgeries is $0) have been successful and fairly easy to administer.	The partnership with Green Imaging (EE OOP cost of imaging is $0) and Carrum Health (EE OOP cost for certain surgeries is $0) have been successful and fairly easy to administer.			

2026 BENEFITS SURVEY
January 2026

	Robstown	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio
	Buy Up Plan II	***Active Plan Consumer Choice PPO***	***Active Plan Blue Essentials HMO***	***Active Plan New Value PPO***	***Active Police CDHP***	***Active Police Value***	***Active Fire CDHP***	***Active Fire Value***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	Jacinda Martinez	Manny Espino	Manny Espino	Manny Espino	Manny Espino	Manny Espino	Manny Espino	Manny Espino
Primary Contact Phone	361-387-4589	210-207-1371	210-207-1371	210-207-1371	210-207-1371	210-207-1371	210-207-1371	210-207-1371
Primary Contact Email	jmartinez@cityofrobstown.com	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov
Secondary Contact Name	Beatriz Charo	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant
Secondary Contact Phone	361-933-5212	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant
Secondary Contact Email	bcharo@cityofrobstown.com	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant	Vacant
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only	Active Only
PPO, HMO, EPO, Etc.	PPO	PPO	HMO	PPO	PPO	PPO	PPO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$597.98	$507.44	$572.74	$725.30	$676.74	$775.10	$620.70	$695.20
PREMIUM: Employee Plus Spouse	$1,640.59	$1,096.58	$1,231.56	$1,546.60	$1,488.84	$1,705.24	$1,365.58	$1,529.44
PREMIUM: Employee Plus Child	$1,163.47	$914.66	$1,026.60	$1,288.00	$1,218.14	$1,395.20	$1,117.26	$1,251.34
PREMIUM: Employee Plus Children	$1,163.47	$914.66	$1,026.60	$1,288.00	$1,218.14	$1,395.20	$1,117.26	$1,251.34
PREMIUM: Employee Plus Family	$2,206.08	$1,648.02	$1,855.18	$2,338.78	$2,233.28	$2,557.88	$2,048.34	$2,034.12
EMPLOYEE CONTRIBUTION: Employee Only	$96.10	$32.40	$61.20	$127.44	$0.00	$0.00	$0.00	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$1,138.71	$150.48	$248.40	$476.64	$0.00	$161.22	$0.00	$161.22
EMPLOYEE CONTRIBUTION: Employee Plus Child	$661.59	$53.28	$127.44	$299.52	$0.00	$108.06	$0.00	$108.06
EMPLOYEE CONTRIBUTION: Employee Plus Children	$661.59	$53.28	$127.44	$299.52	$0.00	$108.06	$0.00	$89.30
EMPLOYEE CONTRIBUTION: Employee Plus Family	$1,704.20	$213.12	$341.28	$639.36	$0.00	$267.50	$0.00	$221.08
EMPLOYER CONTRIBUTION: Employee Only	$501.88	$475.04	$511.54	$597.86	$676.74	$775.10	$620.70	$695.20
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$501.88	$946.10	$983.16	$1,069.96	$1,488.84	$1,544.02	$1,365.58	$1,368.22
EMPLOYER CONTRIBUTION: Employee Plus Child	$501.88	$861.38	$899.16	$988.48	$1,218.14	$1,287.14	$1,117.26	$1,143.28
EMPLOYER CONTRIBUTION: Employee Plus Children	$501.88	$861.38	$899.16	$988.48	$1,218.14	$1,287.14	$1,117.26	$1,162.04
EMPLOYER CONTRIBUTION: Employee Plus Family	$501.88	$1,434.90	$1,513.90	$1,699.42	$2,233.28	$2,290.38	$2,048.34	$1,813.04
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**20**	**4724**	**849**	**1798**	**1816**	**643**	**1543**	**219**
Number of Subscribers (Active)	20	4724	849	1798	1718	655	1506	265
Number of Dependents (Active)	0	0	0	0	0	0	0	0
Number of Subscribers (Retirees)	0	0	0	0	0	0	0	0
Number of Dependents (Retirees)	0	0	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*		$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00
Medical ASO TPA / Medical Carrier		BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX
Medical ASO Fee PEPM (Please remove any rebate offset)		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Pharmacy Benefit Manager		CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Individual Stop Loss Insurance Provider		HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group
Individual Stop Loss Insurance Deductible		$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00
Individual Stop Loss Insurance Fee PEPM		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Aggregate Stop Loss Insurance Provider		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aggregate Stop Loss Insurance Deductible		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aggregate Stop Loss Insurance Fee PEPM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Cost Per Subscriber Per Month	$0.00	$3,084.66	$17,163.67	$8,104.54	$8,481.93	$22,247.26	$9,675.93	$54,988.52
Cost Per Member Per Month	$0.00	$3,084.66	$17,163.67	$8,104.54	$8,024.21	$22,662.45	$9,443.91	$66,538.62

2026 BENEFITS SURVEY
January 2026

	Robstown	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio
	Buy Up Plan II	***Active Plan Consumer Choice PPO***	***Active Plan Blue Essentials HMO***	***Active Plan New Value PPO***	***Active Police CDHP***	***Active Police Value***	***Active Fire CDHP***	***Active Fire Value***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	60/40	80/20	80/20	80/20	100/0	80/20	100/0	80/20
Coverage Percentage Ratio - Out of Network	50/50	60/40	No Coverage	60/40	100/0	60/40	100/0	60/40
Deductible - In Network - Individual	$2,000.00	$2,000.00	$1,500.00	$1,500.00	$3,000.00	$500.00	$3,000.00	$500.00
Deductible - In Network - Family	$6,000.00	$4,000.00	$3,000.00	$3,000.00	$6,000.00	$1,000.00	$6,000.00	$1,000.00
Deductible - Out of Network - Individual	$10,000.00	$4,000.00	N/A	$3,000.00	$4,500.00	$1,500.00	$4,500.00	$1,500.00
Deductible - Out of Network - Family	$20,000.00	$8,000.00	N/A	$6,000.00	$9,000.00	$3,000.00	$9,000.00	$3,000.00
Max Out Of Pocket In-Network (Individual)	$6,000.00	$4,000.00	$3,500.00	$3,500.00	$3,000.00	$1,500.00	$3,000.00	$1,500.00
Max Out Of Pocket In-Network (Family)	$15,800.00	$8,000.00	$7,000.00	$7,000.00	$6,000.00	$3,000.00	$6,000.00	$3,000.00
Max Out Of Pocket Out-of-Network (Individual)	Unlimited	$8,000.00	N/A	$7,000.00	$4,500.00	$3,000.00	$4,500.00	$3,000.00
Max Out Of Pocket Out-of-Network (Family)	Unlimited	$16,000.00	N/A	$14,000.00	$9,000.00	$6,000.00	$9,000.00	$6,000.00
Copay/Coshare - Primary Care Office Visit	$35.00	20% after deductible	$25.00	$30.00	0% once deductible is met	$25.00	0% once deductible is met	$25.00
Copay/Coshare - Specialist Office Visit	$70.00	20% after deductible	$45.00	$50.00	0% once deductible is met	$50.00	0% once deductible is met	$50.00
Copay/Coshare - ER Visit	$500 + Ded + 40%	20% after deductible	$300.00	20% after $300 co-pay	0% once deductible is met	$250 co-pay, then 20% co-insurance,co-pay waived if admitted	0% once deductible is met	$250 co-pay, then 20% co-insurance,co-pay waived if admitted
Copay/Coshare - Urgent Care	$75 Copay	20% after deductible	$75.00	$75.00	0% once deducttible is met	$50.00	0% once deducttible is met	$50.00
Copay/Coshare - Virtual Visit (Primary Care)	$0 Copay	20% after deductible	$25.00	$30.00	Yes	Yes	Yes	Yes
Incentivized design for Copay/Coshare for Office Visits?		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infertility Treatment Benefits		N/A	N/A	N/A	N/A	N/A	Limit 6 attempts per lifetime; artificial insemination is not covered	Limit 6 attempts per lifetime; artificial insemination is not covered
Bariatric Benefits		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hearing Aid Benefits		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Any other preferred/incentivized arrangements not mentioned previously?		N/A	N/A	N/A	N/A	N/A	N/A	N/A

2026 BENEFITS SURVEY
January 2026

	Robstown	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio
	Buy Up Plan II	***Active Plan Consumer Choice PPO***	***Active Plan Blue Essentials HMO***	***Active Plan New Value PPO***	***Active Police CDHP***	***Active Police Value***	***Active Fire CDHP***	***Active Fire Value***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	5	5	5	2	2	2	2
Formulary Management (*describe what structure tiers represent*)	UNKNOWN	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Retail 30 Day Tier 1 Copay/Structure	$0.00	20% after deductible for IRS approved med 20% of the discounted cost	$10 / Diabetes Meds $0	$10 / Diabetes Meds $0	100% Affordable Care Act Preventive Drugs	100% Affordable Care Act Preventive Drugs	100% Affordable Care Act Preventive Drugs	100% Affordable Care Act Preventive Drugs
Retail 30 Day Tier 2 Copay/Structure	$10.00	20% after deductible for IRS approved med 20% of the discounted cost	$35 / Diabetes Meds $10	$35 / Diabetes Meds $10	$10.00	$10.00	$10.00	$10.00
Retail 30 Day Tier 3 Copay/Structure	$100.00	20% after deductible for IRS approved med 20% of the discounted cost	$100.00	$100.00	$25.00	$25.00	$25.00	$25.00
Retail 30 Day Tier 4 Copay/Structure	$150.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	N/A	20% after deductible for IRS approved med 20% of the discounted cost	$20 / Diabetes Meds $0	$20 / Diabetes Meds $0	$20.00	$20.00	$20.00	$20.00
Mail/Retail 90 Day Tier 2 Copay/Structure	N/A	20% after deductible for IRS approved med 20% of the discounted cost	$70 / Diabetes Meds $20	$70 / Diabetes Meds $20	$50.00	$50.00	$50.00	$50.00
Mail/Retail 90 Day Tier 3 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)		No	No	No	No	No	No	No
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.		N/A	N/A	N/A	N/A	N/A	N/A	N/A

2026 BENEFITS SURVEY
January 2026

	Robstown	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio
	Buy Up Plan II	*Active Plan Consumer Choice PPO*	*Active Plan Blue Essentials HMO*	*Active Plan New Value PPO*	*Active Police CDHP*	*Active Police Value*	*Active Fire CDHP*	*Active Fire Value*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response
PROGRAMS & OTHER NOTES								
Programs - Wellness		*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Programs - Other Miscellaneous		*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Notes - Retirees	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*
Notes - Other Miscellaneous	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY
January 2026

	Robstown	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio
	Buy Up Plan II	***Active Plan Consumer Choice PPO***	***Active Plan Blue Essentials HMO***	***Active Plan New Value PPO***	***Active Police CDHP***	***Active Police Value***	***Active Fire CDHP***	***Active Fire Value***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.		Premium Increases to some of our plans	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?		***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Benito	San Juan	South Padre Island
	Retiree > 65 Medicare PPO	*Retiree > 65 Medicare PPO Plus*	*Retiree < 65 Consumer Choice PPO*	*Retiree < 65 Blue Essentials HMO*	*Retiree < 65 New Value PPO*	*PPO - HIGH PLAN*	*Base Plan*	*TML Health Benefits Pool P85-45-25-MacA*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Completed
CONTACTS								
Primary Contact Name	Manny Espino	Manny Espino	Manny Espino	Manny Espino	Manny Espino	Christine Lucio	Jessica Ocana	Wendy Saldana
Primary Contact Phone	210-207-1371	210-207-1371	210-207-1371	210-207-1371	210-207-1371	956-361-3804 ext 227	956-223-2211	956-761-8140
Primary Contact Email	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	manny.espino@sanantonio.gov	clucio@cityofsanbenito.com	jocana@sjtx.us	wsaldana@myspi.org
Secondary Contact Name	Vacant	Vacant	Vacant	Vacant	Vacant	n/a	N/A	Juan Carlos Alejandro
Secondary Contact Phone	Vacant	Vacant	Vacant	Vacant	Vacant	n/a	N/A	956-761-8100
Secondary Contact Email	Vacant	Vacant	Vacant	Vacant	Vacant	n/a	N/A	jcalejandro@myspi.org
PLAN TYPE								
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Retiree Only	Retiree Only	Retiree Only	Retiree Only	Retiree Only	Active Only	Active & Retiree	Active Only
PPO, HMO, EPO, Etc.	PPO	PPO	PPO	HMO	PPO	PPO	HMO	PPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$91.50	$198.40	$1,114.02	$1,227.12	$1,363.47	$444.54	$498.80	$607.72
PREMIUM: Employee Plus Spouse	$183.00	$396.80	$2,228.05	$2,454.24	$2,726.93	$843.93	$852.95	$1,233.68
PREMIUM: Employee Plus Child	$183.00	$396.80	$2,228.05	$2,454.24	$2,726.93	$751.74	$700.82	$1,069.54
PREMIUM: Employee Plus Children	$274.50	$595.20	$2,896.46	$3,190.51	$3,545.01	$751.74	$700.82	$1,069.54
PREMIUM: Employee Plus Family	$274.50	$595.20	$2,896.46	$3,190.51	$3,545.01	$1,246.52	$861.10	$1,792.68
EMPLOYEE CONTRIBUTION: Employee Only	$29.66	$136.56	$166.00	$215.00	$331.00	$0.00	$0.00	$0.00
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$59.66	$273.46	$309.00	$401.00	$617.00	$199.70	$354.15	$615.96
EMPLOYEE CONTRIBUTION: Employee Plus Child	$59.66	$273.46	$309.00	$401.00	$617.00	$153.60	$202.02	$451.82
EMPLOYEE CONTRIBUTION: Employee Plus Children	$89.23	$409.93	$430.00	$559.00	$860.00	$153.60	$202.02	$451.82
EMPLOYEE CONTRIBUTION: Employee Plus Family	$89.23	$409.93	$430.00	$559.00	$860.00	$400.99	$362.30	$1,174.96
EMPLOYER CONTRIBUTION: Employee Only	$61.84	$61.84	$948.02	$1,012.12	$1,032.47	$444.54	$498.80	$607.72
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$123.34	$123.34	$1,919.05	$2,053.24	$2,109.93	$644.23	$498.80	$617.72
EMPLOYER CONTRIBUTION: Employee Plus Child	$123.34	$123.34	$1,919.05	$2,053.24	$2,109.93	$598.14	$498.80	$617.72
EMPLOYER CONTRIBUTION: Employee Plus Children	$185.27	$185.27	$2,466.46	$2,631.51	$2,685.01	$598.14	$498.80	$617.72
EMPLOYER CONTRIBUTION: Employee Plus Family	$185.27	$185.27	$2,466.46	$2,631.51	$2,685.01	$845.53	$498.80	$617.72
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**973**	**216**	**282**	**43**	**130**	**226**	**255**	**218**
Number of Subscribers (Active)	0	0	0	0	0	226	250	165
Number of Dependents (Active)	0	0	0	0	0	*No Response Provided*	5	53
Number of Subscribers (Retirees)	983	196	283	41	147	0	0	0
Number of Dependents (Retirees)	0	0	0	0	0	0	0	0
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00	$174,863,487.00	*No Response Provided*		
Medical ASO TPA / Medical Carrier	Aetna	Aetna	BlueCross BlueShield TX	BlueCross BlueShield TX	BlueCross BlueShield TX	ABA		
Medical ASO Fee PEPM (Please remove any rebate offset)	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*		
Pharmacy Benefit Manager	Aetna	Aetna	CVS/Caremark	CVS/Caremark	CVS/Caremark	Optum		
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*		
Individual Stop Loss Insurance Provider	HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group	HM Insurance Group	*No Response Provided*		
Individual Stop Loss Insurance Deductible	$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00	$1,200,000.00	*No Response Provided*		
Individual Stop Loss Insurance Fee PEPM	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*		
Aggregate Stop Loss Insurance Provider	N/A	N/A	N/A	N/A	N/A	*No Response Provided*		
Aggregate Stop Loss Insurance Deductible	N/A	N/A	N/A	N/A	N/A	*No Response Provided*		
Aggregate Stop Loss Insurance Fee PEPM	N/A	N/A	N/A	N/A	N/A	*No Response Provided*		
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	Lonestar - Medical Only		
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A		
Cost Per Subscriber Per Month	$14,823.96	$74,346.72	$51,491.02	$355,413.59	$99,128.96	#VALUE!	$0.00	$0.00
Cost Per Member Per Month	$14,976.32	$67,462.77	$51,673.61	$338,882.73	$112,091.98	#VALUE!	$0.00	$0.00

2026 BENEFITS SURVEY
January 2026

	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Benito	San Juan	South Padre Island
	Retiree > 65 Medicare PPO	***Retiree > 65 Medicare PPO Plus***	***Retiree < 65 Consumer Choice PPO***	***Retiree < 65 Blue Essentials HMO***	***Retiree < 65 New Value PPO***	***PPO - HIGH PLAN***	***Base Plan***	***TML Health Benefits Pool P85-45-25-MacA***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	***No Response Provided***	***No Response Provided***	80/20	80/20	80/20	80/20	***No Response Provided***	80/20
Coverage Percentage Ratio - Out of Network	***No Response Provided***	***No Response Provided***	60/40	No Coverage	60/40	80/20	***No Response Provided***	50/50
Deductible - In Network - Individual	$0.00	$0.00	$2,000.00	$1,500.00	$1,500.00	$1,500.00	$4,000.00	$750.00
Deductible - In Network - Family	$0.00	$0.00	$4,000.00	$3,000.00	$3,000.00	$3,000.00	$8,000.00	$1,500.00
Deductible - Out of Network - Individual	$0.00	$0.00	$4,000.00	N/A	$3,000.00	$10,000.00	N/A	$1,500.00
Deductible - Out of Network - Family	$0.00	$0.00	$8,000.00	N/A	$6,000.00	$20,000.00	N/A	$3,000.00
Max Out Of Pocket In-Network (Individual)	$2,500.00	$0.00	$4,000.00	$3,500.00	$3,500.00	$3,500.00	$7,000.00	$3,000.00
Max Out Of Pocket In-Network (Family)	$2,500.00	$0.00	$8,000.00	$7,000.00	$7,000.00	$7,000.00	$14,000.00	$6,000.00
Max Out Of Pocket Out-of-Network (Individual)	$2,500.00	$0.00	$8,000.00	N/A	$7,000.00	$19,350.00	N/A	Unlimited
Max Out Of Pocket Out-of-Network (Family)	$2,500.00	$0.00	$16,000.00	N/A	$14,000.00	$38,750.00	N/A	Unlimited
Copay/Coshare - Primary Care Office Visit	$5.00	$0.00	20% after deducttible	$25.00	$30.00	$25.00	$10 ($0 Copay less 19yrs.)	$30.00
Copay/Coshare - Specialist Office Visit	$15.00	$0.00	20% after deductible	$45.00	$50.00	$35.00	$60.00	$60.00
Copay/Coshare - ER Visit	$65.00	$0.00	20% after deductible	$300.00	20% after $300 co-pay	$250.00	$500 + Ded & Colns.	$500 + 20% after deductible
Copay/Coshare - Urgent Care	$15.00	$0.00	20% after deductible	$75.00	$75.00	$25.00	$25.00	$75 Copay
Copay/Coshare - Virtual Visit (Primary Care)	Cost of in-person visit	Cost of in-person visit	20% after deductible	$25.00	$30.00	$0.00	$10 ($0 Copay less 19yrs.)	$0 Copay
Incentivized design for Copay/Coshare for Office Visits?	N/A	N/A	N/A	N/A	N/A	No		
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	N/A	N/A	N/A	N/A	N/A	No		
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	N/A	N/A	N/A	N/A	N/A	No		
Infertility Treatment Benefits	N/A	N/A	N/A	N/A	N/A	No		
Bariatric Benefits	N/A	N/A	N/A	N/A	N/A	No		
Hearing Aid Benefits	$500 reimbursement every 36 months	$500 reimbursement every 36 months	N/A	N/A	N/A	No		
Any other preferred/incentivized arrangements not mentioned previously?	N/A	N/A	N/A	N/A	N/A	No		

2026 BENEFITS SURVEY
January 2026

	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Benito	San Juan	South Padre Island
	Retiree > 65 Medicare PPO	***Retiree > 65 Medicare PPO Plus***	***Retiree < 65 Consumer Choice PPO***	***Retiree < 65 Blue Essentials HMO***	***Retiree < 65 New Value PPO***	***PPO - HIGH PLAN***	***Base Plan***	***TML Health Benefits Pool P85-45-25-MacA***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	4	4	5	5	5	4	3	6
Formulary Management (*describe what structure tiers represent*)	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	***No Response Provided***	Disease Mgmt meds (generic) are covered 100% by plan. Tier 1 - 3 progresses generic to preferred to non-preferred. Tier 4 is specialty and tier 5 is cost share specific drugs.
Retail 30 Day Tier 1 Copay/Structure	$5 preferred retail / $15 standard retal co-pay	$5 preferred retail / $15 standard retal co-pay	20% after deductible for IRS approved med 20% of the discounted cost	$10 / Diabetes Meds $0	$10 / Diabetes Meds $0	$5.00	$10.00	$0 Disease Mgmt $10 Tier 1
Retail 30 Day Tier 2 Copay/Structure	$20.00	$20.00	20% after deductible for IRS approved med 20% of the discounted cost	$35 / Diabetes Meds $10	$35 / Diabetes Meds $10	$43.00	$40.00	$45.00
Retail 30 Day Tier 3 Copay/Structure	$40.00	$40.00	20% after deductible for IRS approved med 20% of the discounted cost	$100.00	$100.00	$65.00	$80.00	$90.00
Retail 30 Day Tier 4 Copay/Structure	25% coinsurance	25% coinsurance	N/A	N/A	N/A	$100.00	N/A	$150.00
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	$175.00
Mail/Retail 90 Day Tier 1 Copay/Structure	Two times retall cost share for a 90 day supply	Two times retall cost share for a 90 day supply	20% after deductible for IRS approved med 20% of the discounted cost	$20 / Diabetes Meds $0	$20 / Diabetes Meds $0	$10.00	$10.00	$0 Disease Mgmt $30 Tier 1
Mail/Retail 90 Day Tier 2 Copay/Structure	N/A	N/A	20% after deductible for IRS approved med 20% of the discounted cost	$70 / Diabetes Meds $20	$70 / Diabetes Meds $20	$86.00	$40.00	$135.00
Mail/Retail 90 Day Tier 3 Copay/Structure	N/A	N/A	N/A	N/A	N/A	$130.00	$80.00	$270.00
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$525.00
Mandatory Mail Maintenance Drugs (Yes/No)	No	No	No	No	No	No		
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	N/A	N/A	N/A	N/A	N/A	N/A		

2026 BENEFITS SURVEY
January 2026

	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Benito	San Juan	South Padre Island
	Retiree > 65 Medicare PPO	*Retiree > 65 Medicare PPO Plus*	*Retiree < 65 Consumer Choice PPO*	*Retiree < 65 Blue Essentials HMO*	*Retiree < 65 New Value PPO*	*PPO - HIGH PLAN*	*Base Plan*	*TML Health Benefits Pool P85-45-25-MacA*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Completed
PROGRAMS & OTHER NOTES								
Programs - Wellness	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	In progress.		
Programs - Other Miscellaneous	Fitness Benefit - In person or virtual workouts through SilversSneakers Transporation - 40 trips with unlimited miles per trip Meal delivery - 14 meals following an inpatient hospital stay	Fitness Benefit - In person or virtual workouts through SilversSneakers Transporation - 40 trips with unlimited miles per trip Meal delivery - 14 meals following an inpatient hospital stay Enhance Podiatry - reduction of nails, including mycotic nails, and the removal of corns and calluses	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*		
Notes - Retirees	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A	*No Response Provided*	The retiree rate is 195% of our regular employee premium for retirees. Coverage is only offered to pre-65 retirees. If an employee has worked for the City of SPI for 20 years the city will pay $10 per year of service toward the monthly premium, up to 30 years. (example: 25 Years x $10 = $250/month).
Notes - Other Miscellaneous	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	N/A	*No Response Provided*	N/A

2026 BENEFITS SURVEY
January 2026

	San Antonio	San Antonio	San Antonio	San Antonio	San Antonio	San Benito	San Juan	South Padre Island
	Retiree > 65 Medicare PPO	*Retiree > 65 Medicare PPO Plus*	*Retiree < 65 Consumer Choice PPO*	*Retiree < 65 Blue Essentials HMO*	*Retiree < 65 New Value PPO*	*PPO - HIGH PLAN*	*Base Plan*	*TML Health Benefits Pool P85-45-25-MacA*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Completed
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	No		
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*	Not at this time.		

2026 BENEFITS SURVEY *January 2026*	Stafford	Stafford	Sugarland	Sugarland	Sugar Land	Tyler	Tyler	Tyler
	PPO Plan	***HDHP Plan***	***HDHP (H.S.A Plan)***	***KelseyCare Gold ACO***	***KelseyCare Blue ACO***	***Rose***	***Azalea***	***BlueBonnet***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
CONTACTS								
Primary Contact Name	Shanell Garcia	Shanell Garcia	Janet Lawrie	Janet Lawrie	Janet Lawrie	Janette Aguilar	Janette Aguilar	Janette Aguilar
Primary Contact Phone	281-261-3929	281-261-3929	281-275-2211	281-275-2211	281-275-2211	903-363-0600	903-363-0600	903-363-0600
Primary Contact Email	sgarcia@staffordtx.gov	sgarcia@staffordtx.gov	jlawrie@sugarlandtx.gov	jlawrie@sugarlandtx.gov	jlawrie@sugarlandtx.gov	jcaguilar@tylertexas.com	jcaguilar@tylertexas.com	jcaguilar@tylertexas.com
Secondary Contact Name	Celina Escobar	Celina Escobar	Paula Kutchka	Paula Kutchka	Paula Kutchka	Yolanda Floyd	Yolanda Floyd	Yolanda Floyd
Secondary Contact Phone	281-261-3909	281-261-3909	281-275-2764	281-275-2764	281-275-2764	903-533-2080	903-533-2080	903-533-2080
Secondary Contact Email	cescobar@staffordtx.gov	cescobar@staffordtx.gov	pkutchka@sugarlandtx.gov	pkutchka@sugarlandtx.gov	pkutchka@sugarlandtx.gov	yfloyd@tylertexas.com	yfloyd@tylertexas.com	yfloyd@tylertexas.com
PLAN TYPE								
Fully Insured or Self Insured	Fully Insured	Fully Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Self Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree	Active & Retiree
PPO, HMO, EPO, Etc.	PPO	HDHP	HDHP	ACO	ACO	EPO	EPO	EPO
CURRENT MONTHLY PREMIUMS								
PREMIUM: Employee Only	$852.29	$753.27	$942.72	$771.36	$725.08	$835.53	$686.93	$648.98
PREMIUM: Employee Plus Spouse	$1,960.29	$1,732.54	$2,188.85	$1,765.98	$1,660.02	$1,685.37	$1,388.42	$1,312.54
PREMIUM: Employee Plus Child	$1,534.14	$1,355.89	$1,776.81	$1,459.92	$1,372.33	$1,512.44	$1,249.18	$1,180.89
PREMIUM: Employee Plus Children	$1,534.14	$1,355.89	$1,776.81	$1,459.92	$1,372.33	$1,557.06	$1,284.06	$1,213.87
PREMIUM: Employee Plus Family	$2,642.11	$2,335.16	$2,752.71	$2,224.98	$2,091.49	$2,357.91	$1,943.40	$1,837.16
EMPLOYEE CONTRIBUTION: Employee Only	$25.00	$0.00	$206.88	$40.94	$0.00	$117.84	$55.00	$17.05
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$202.65	$193.00	$706.92	$302.52	$201.90	$392.92	$270.28	$194.40
EMPLOYEE CONTRIBUTION: Employee Plus Child	$175.35	$167.00	$525.20	$222.02	$139.78	$305.34	$238.85	$170.56
EMPLOYEE CONTRIBUTION: Employee Plus Children	$175.35	$167.00	$525.20	$222.02	$139.78	$342.49	$247.50	$177.31
EMPLOYEE CONTRIBUTION: Employee Plus Family	$246.75	$235.00	$926.76	$423.22	$295.08	$532.46	$373.99	$267.75
EMPLOYER CONTRIBUTION: Employee Only	$827.29	$753.27	$735.84	$730.42	$725.08	$717.69	$631.93	$631.93
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$1,757.64	$1,539.54	$1,481.93	$1,463.46	$1,458.12	$1,292.45	$1,118.14	$1,118.14
EMPLOYER CONTRIBUTION: Employee Plus Child	$1,358.79	$1,188.89	$1,251.61	$1,237.90	$1,232.55	$1,207.10	$1,010.33	$1,010.33
EMPLOYER CONTRIBUTION: Employee Plus Children	$1,358.79	$1,188.89	$1,251.61	$1,237.90	$1,232.55	$1,214.57	$1,036.56	$1,036.56
EMPLOYER CONTRIBUTION: Employee Plus Family	$2,395.36	$2,100.16	$1,825.95	$1,801.76	$1,796.41	$1,825.45	$1,569.41	$1,569.41
MEMBERSHIP								
Total Members Covered Under Plan (Subscribers & Dependents)	**298**	**51**	**124**	**1293**	**447**	**1394**	**551**	**79**
Number of Subscribers (Active)	133	24	59	567	217	523	226	38
Number of Dependents (Active)	165	27	61	714	227	716	315	37
Number of Subscribers (Retirees)			3	9	2	96	8	2
Number of Dependents (Retirees)			1	3	1	59	2	2
ADMINISTRATION								
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*			$15,289,817	$15,289,817	$15,289,817	$13,150,105.00	$1,470,003.00	$79,401.00
Medical ASO TPA / Medical Carrier			Cigna	Cigna/Kelsey Seybold	Cigna/Kelsey Seybold	UMR/ UHC	UMR/ UHC	UMR/ UHC
Medical ASO Fee PEPM (Please remove any rebate offset)			$41.49	$34.69	$34.69	36.55 Active/ 40.80 Retiree	36.55 Active/ 40.80 Retiree	36.55 Active/ 40.80 Retiree
Pharmacy Benefit Manager			Cigna	Cigna	Cigna	CerpassRx	CerpassRx	CerpassRx
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.			Cigna passes 100% of rebates to the City with minimum guarantees for Brand Retail, Brand 90 Day and Specialty Drugs. They payout is one lump sum within 90 days of the end of the plan year.	Cigna passes 100% of rebates to the City with minimum guarantees for Brand Retail, Brand 90 Day and Specialty Drugs. They payout is one lump sum within 90 days of the end of the plan year.	Cigna passes 100% of rebates to the City with minimum guarantees for Brand Retail, Brand 90 Day and Specialty Drugs. They payout is one lump sum within 90 days of the end of the plan year.	N/A	N/A	N/A
Individual Stop Loss Insurance Provider			Cigna	Cigna	Cigna	Berkley Life	Berkley Life	Berkley Life
Individual Stop Loss Insurance Deductible			175,000	175,000	175,000	$375,000.00	$375,000.00	$375,000.00
Individual Stop Loss Insurance Fee PEPM			175.84	175.84	175.84	$40.67 EE Only/$122.96 EE+1 or more	$40.67 EE Only/$122.96 EE+1 or more	$40.67 EE Only/$122.96 EE+1 or more
Aggregate Stop Loss Insurance Provider			Cigna	Cigna	Cigna	Berkley Life	Berkley Life	Berkley Life
Aggregate Stop Loss Insurance Deductible			120%	120%	120%	$1,000,000.00	$1,000,000.00	$1,000,000.00
Aggregate Stop Loss Insurance Fee PEPM			8.84	8.84	8.84	$3.60	$3.60	$3.60
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:			N/A	N/A	N/A	McGriff	McGriff	McGriff
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:			HUB International	HUB International	HUB International	McGriff	McGriff	McGriff
Cost Per Subscriber Per Month	0	0	$20,550.83	$2,212.07	$5,818.04	1770.342623	523.5053419	165.41875
Cost Per Member Per Month	0	0	$10,275.41	$985.42	$2,850.45	786.1134027	222.3235027	83.75632911

2026 BENEFITS SURVEY *January 2026*	Stafford	Stafford	Sugarland	Sugarland	Sugar Land	Tyler	Tyler	Tyler
	PPO Plan	***HDHP Plan***	***HDHP (H.S.A Plan)***	***KelseyCare Gold ACO***	***KelseyCare Blue ACO***	***Rose***	***Azalea***	***BlueBonnet***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	100/0	80/20	100/0	100/0	80/20	80/20	80/20
Coverage Percentage Ratio - Out of Network	60/40	70/30	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Deductible - In Network - Individual	$1,000.00	$3,100.00	$3,300.00	N/A	N/A	$1,000.00	$3,000.00	$3,200.00
Deductible - In Network - Family	$3,000.00	$6,200.00	$6,000.00	N/A	N/A	$3,000.00	$6,000.00	$6,000.00
Deductible - Out of Network - Individual	$2,000.00	$6,200.00	N/A	N/A	N/A	No Coverage	No Coverage	No Coverage
Deductible - Out of Network - Family	$6,000.00	$12,400.00	N/A	N/A	N/A	No Coverage	No Coverage	No Coverage
Max Out Of Pocket In-Network (Individual)	$4,000.00	$3,100.00	$5,000.00	$3,500.00	$5,000.00	$6,350.00	$7,350.00	$7,350.00
Max Out Of Pocket In-Network (Family)	$12,000.00	$6,200.00	$10,000.00	$7,000.00	$10,000.00	$12,700.00	$13,700.00	$13,700.00
Max Out Of Pocket Out-of-Network (Individual)	Unlimited	Unlimited	N/A	N/A	N/A	No Coverage	No Coverage	No Coverage
Max Out Of Pocket Out-of-Network (Family)	Unlimited	Unlimited	N/A	N/A	N/A	No Coverage	No Coverage	No Coverage
Copay/Coshare - Primary Care Office Visit	$30.00	Deductible	Deductible/20%	$25.00	$35.00	$30.00	$40.00	N/A
Copay/Coshare - Specialist Office Visit	$60.00	Deductible	Deductible/20%	$50 for all services except Behavioral $10	$60 for all services except Behavioral $10	$30.00	$40.00	N/A
Copay/Coshare - ER Visit	$500 + 20%	Deductible	Deductible/20%	$250.00	$250.00	$250.00	$350.00	N/A
Copay/Coshare - Urgent Care	$75.00	Deductible	Deductible/20%	$75.00 copay	$75.00 copay	$30.00	$40.00	N/A
Copay/Coshare - Virtual Visit (Primary Care)	$30.00	Deductible	Deductible/20%	$25 primary / $50 specialty	$35 primary / $60 specialty	$0.00	$0.00	$54.00
Incentivized design for Copay/Coshare for Office Visits?			N/A	N/A	N/A	***No Response Provided***	***No Response Provided***	***No Response Provided***
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?			N/A	N/A	N/A	No	No	No
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?			N/A	N/A	N/A	No	No	No
Infertility Treatment Benefits			Not Covered	Not Covered	Not Covered	No	No	No
Bariatric Benefits			Not Covered	Not Covered	Not Covered	No	No	No
Hearing Aid Benefits			Covered through age 17 at 20%	Covered through age 17 at 100%	Covered through age 17 at 100%	Yes	Yes	Yes
Any other preferred/incentivized arrangements not mentioned previously?			***No Response Provided***	***No Response Provided***	***No Response Provided***	N/A	N/A	N/A

2026 BENEFITS SURVEY *January 2026*	Stafford	Stafford	Sugarland	Sugarland	Sugar Land	Tyler	Tyler	Tyler
	PPO Plan	***HDHP Plan***	***HDHP (H.S.A Plan)***	***KelseyCare Gold ACO***	***KelseyCare Blue ACO***	***Rose***	***Azalea***	***BlueBonnet***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	$3,300 Individual (combined medical/pharmacy)	$100 (pharmacy only)	$ 100 (pharmacy only)	N/A	N/A	N/A
Pharmacy Tier Count (*how many tiers*)	6	N/A	4	4	4	4	4	4
Formulary Management (*describe what structure tiers represent*)	Preferred & Non-Preffered	N/A	Tier 1 - Generics; Tier 2 - Preferred Brand; Tier 3 - Non-preferred Brand; Tier 4 - Specialty	Tier 1 - Generics; Tier 2 - Preferred Brand; Tier 3 - Non-preferred Brand; Tier 4 - Specialty	Tier 1 - Generics; Tier 2 - Preferred Brand; Tier 3 - Non-preferred Brand; Tier 4 - Specialty	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty	Generic, Preferred, Non-Preferred, Specialty
Retail 30 Day Tier 1 Copay/Structure	$0 / $10	Deductible	Deductible/$5	$5.00	$5.00	$15.00	$25.00	$25.00 after deductible
Retail 30 Day Tier 2 Copay/Structure	$10 / $20	Deductible	Deductible/$40	$35.00	$40.00	$60.00	$75.00	$75.00 after deductible
Retail 30 Day Tier 3 Copay/Structure	$50 / $70	Deductible	Deductible/$80	$70.00	$80.00	$100.00	$125.00	$125.00 after deductible
Retail 30 Day Tier 4 Copay/Structure	$100 / $120	Deductible	Deductible/$200	$150.00	$200.00	$125.00	$125.00 - $250.00	20% after deductible
Retail 30 Day Tier 5 Copay/Structure	$150 / $250	Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Mail/Retail 90 Day Tier 1 Copay/Structure	$0.00	Deductible	Deductible+$10 (mail) / Ded + $15 (retail)	$10 (mail) / $15 (retail)	$10 (mail) / $15 (retail)	$37.50	$62.50	$62.50 after deductible
Mail/Retail 90 Day Tier 2 Copay/Structure	$30.00	Deductible	Deductible+$80 (mail) / Ded + $120 (retail)	$70 (mail) / $105 (retail)	$80 (mail) / $120 (retail)	$150.00	$187.50	$187.50 after deductible
Mail/Retail 90 Day Tier 3 Copay/Structure	$150.00	Deductible	Deductible+$160 (mail) / Ded + $240 (retail)	$140 (mail) / $210 (retail)	$160 (mail) / $240 (retail)	$250.00	$312.50	$312.50 after deductible
Mail/Retail 90 Day Tier 4 Copay/Structure	$300.00	Deductible	Limited to 30-day supply	Limited to 30-day supply	Limited to 30-day supply	Not Covered	Not Covered	Not Covered
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Mandatory Mail Maintenance Drugs (Yes/No)			No	No	No	No	No	No
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.			No	No	No	No	No	No

2026 BENEFITS SURVEY
January 2026

	Stafford	Stafford	Sugarland	Sugarland	Sugar Land	Tyler	Tyler	Tyler
	PPO Plan	*HDHP Plan*	*HDHP (H.S.A Plan)*	*KelseyCare Gold ACO*	*KelseyCare Blue ACO*	*Rose*	*Azalea*	*BlueBonnet*
	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response	Prior Response
PROGRAMS & OTHER NOTES								
Programs - Wellness			Internal Program administered on/offsite that includes: free workouts, Lunch & Learns, subsidized activities and Annual Wellness Expo; Mobile Flu Shot Clinics, Mammograms & Physicals provided at City locations.	Internal Program administered on/offsite that includes: free workouts, Lunch & Learns, subsidized activities and Annual Wellness Expo; Mobile Flu Shot Clinics, Mammograms & Physicals provided at City locations.	Internal Program administered on/offsite that includes: free workouts, Lunch & Learns, subsidized activities and Annual Wellness Expo; Mobile Flu Shot Clinics, Mammograms & Physicals provided at City locations.	*No Response Provided*	*No Response Provided*	*No Response Provided*
Programs - Other Miscellaneous			No employee cost for colonoscopies AND mammograms - both preventive and diagnostic	No employee cost for colonoscopies AND mammograms - both preventive and diagnostic	No employee cost for colonoscopies AND mammograms - both preventive and diagnostic	*No Response Provided*	*No Response Provided*	*No Response Provided*
Notes - Retirees	Not Covered	Not Covered	Retirees may continue their coverage at retirement paying the full FIPE (100% of premiums) and they may also continue to cover their eligible dependents until they leave the plan or are deceased. The surviving spouse can continue the coverage as the employee going forward. Retirees may not add dependents. Most retirees transition to Medicare when they become eligible because of premium costs.	Retirees may continue their coverage at retirement paying the full FIPE (100% of premiums) and they may also continue to cover their eligible dependents until they leave the plan or are deceased. The surviving spouse can continue the coverage as the employee going forward. Retirees may not add dependents. Most retirees transition to Medicare when they become eligible because of premium costs.	Retirees may continue their coverage at retirement paying the full FIPE (100% of premiums) and they may also continue to cover their eligible dependents until they leave the plan or are deceased. The surviving spouse can continue the coverage as the employee going forward. Retirees may not add dependents. Most retirees transition to Medicare when they become eligible because of premium costs.	*No Response Provided*	*No Response Provided*	*No Response Provided*
Notes - Other Miscellaneous	N/A	City Contributes $1100 Single / $1200 Family ot the H.S.A.	Eligibility is date of hire. Coverage terms at end of month.	Eligibility is date of hire. Coverage terms at end of month.	Eligibility is date of hire. Coverage terms at end of month.	*No Response Provided*	*No Response Provided*	*No Response Provided*

2026 BENEFITS SURVEY *January 2026*	Stafford	Stafford	Sugarland	Sugarland	Sugar Land	Tyler	Tyler	Tyler
	PPO Plan	***HDHP Plan***	***HDHP (H.S.A Plan)***	***KelseyCare Gold ACO***	***KelseyCare Blue ACO***	***Rose***	***Azalea***	***BlueBonnet***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**	**Prior Response**
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.			We will begin our renewal meetings in April.	We will begin our renewal meetings in April.	We will begin our renewal meetings in April.	***No Response Provided***	***No Response Provided***	***No Response Provided***
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?			***No Response Provided***	***No Response Provided***		***No Response Provided***	***No Response Provided***	***No Response Provided***

2026 BENEFITS SURVEY
January 2026

	Waco	Waco	Waco	Waco	Webster	Weslaco	Weslaco
	EPO Plan - Wellness Participation	***EPO Plan- Non Wellness Participation***	***Retiree - EPO Plan***	***Retiree - Catastrophic Plan***	***PPO Plan***	***Active & Retiree BASIC Plan***	***Active BUY UP Plan***
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Prior Response**	**Prior Response**
CONTACTS							
Primary Contact Name	Mari-Jaimes Hernandez	Lynzee Clark	Lynzee Clark	Lynzee Clark	Brenda Miller-Fergerson	Luz Galindo	Luz Galindo
Primary Contact Phone	254-750-5740	254-750-7045	254-750-7045	254-750-7045	281-316-4104	956-968-3181	956-968-3181
Primary Contact Email	mariksah@wacotx.gov	mariksah@wacotx.gov	mariksah@wacotx.gov	mariksah@wacotx.gov	bfergerson@cityofwebster.com	lgalindo@weslacotx.gov	lgalindo@weslacotx.gov
Secondary Contact Name					Chandra Jobb	Diana Fuentes	Diana Fuentes
Secondary Contact Phone					281-316-4104	956-968-3181 ext. 1418	956-968-3181 ext. 1418
Secondary Contact Email	benefits@wacotx.gov	benefits@wacotx.gov	benefits@wacotx.gov	benefits@wacotx.gov	cjobb@cityofwebster.com	dfuentes@weslacotx.gov	dfuentes@weslacotx.gov
PLAN TYPE							
Fully Insured or Self Insured	Self Insured	Self Insured	Self Insured	Self Insured	Fully Insured	Fully Insured	Fully Insured
Population Served (Active, Retiree or Both)	Active Only	Active Only	Retiree Only	Retiree Only	Active & Retiree	Active & Retiree	Active & Retiree
PPO, HMO, EPO, Etc.	EPO	EPO	EPO	EPO	PPO	HMO	PPO
CURRENT MONTHLY PREMIUMS							
PREMIUM: Employee Only	$676.42	$751.42	$1,071.42	$516.76	$678.74	$463.01	$470.16
PREMIUM: Employee Plus Spouse	$1,037.12	$1,112.12	$2,142.89	$1,033.50	$1,494.59	$892.43	$906.12
PREMIUM: Employee Plus Child	$876.42	$951.42	$1,928.57	$930.16	$1,255.67	$856.30	$869.53
PREMIUM: Employee Plus Children	$876.42	$951.42	$1,928.57	$930.16	$1,255.67	$856.30	$869.53
PREMIUM: Employee Plus Family	$1,155.28	$1,230.28	$2,785.74	$1,343.56	$2,172.64	$1,322.06	$1,342.48
EMPLOYEE CONTRIBUTION: Employee Only	$35.00	$110.00	$1,071.42	$516.76	$67.87	$0.00	$7.15
EMPLOYEE CONTRIBUTION: Employee Plus Spouse	$395.70	$470.70	$2,142.89	$1,033.50	$149.46	$429.42	$443.21
EMPLOYEE CONTRIBUTION: Employee Plus Child	$235.00	$310.00	$1,928.57	$930.16	$125.57	$393.29	$406.52
EMPLOYEE CONTRIBUTION: Employee Plus Children	$235.00	$310.00	$1,928.57	$930.16	$125.57	$393.29	$406.52
EMPLOYEE CONTRIBUTION: Employee Plus Family	$513.86	$588.86	$2,785.74	$1,343.56	$217.26	$859.05	$879.47
EMPLOYER CONTRIBUTION: Employee Only	$641.42	$641.42	$0.00	$0.00	$610.87	$463.01	$463.01
EMPLOYER CONTRIBUTION: Employee Plus Spouse	$641.42	$641.42	$0.00	$0.00	$1,345.13	$463.01	$462.91
EMPLOYER CONTRIBUTION: Employee Plus Child	$641.42	$641.42	$0.00	$0.00	$1,130.10	$463.01	$463.01
EMPLOYER CONTRIBUTION: Employee Plus Children	$641.42	$641.42	$0.00	$0.00	$1,130.10	$463.01	$463.01
EMPLOYER CONTRIBUTION: Employee Plus Family	$641.42	$641.42	$0.00	$0.00	$1,955.38	$463.01	$463.01
MEMBERSHIP							
Total Members Covered Under Plan (Subscribers & Dependents)	**0**	**0**	**0**	**0**	**523**	**200**	**160**
Number of Subscribers (Active)	0	0	0	0	211	199	112
Number of Dependents (Active)	0	0	0	0	309	0	45
Number of Subscribers (Retirees)	0	0	0	0	2	1	1
Number of Dependents (Retirees)	0	0	0	0	1	0	2
ADMINISTRATION							
Total Medical & Pharmacy Anticipated Claims Current Year This should be the number that is in your budget for health plan expenses, unless you have an updated estimate that differs from budget. All respondents have a applicable number to populate. (Number should be combined a*cross all plans together, not inclusive of administrative fees)*	$0	$0	$0	$0			
Medical ASO TPA / Medical Carrier	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas			
Medical ASO Fee PEPM (Please remove any rebate offset)	$38.53	$38.53	$38.53	$38.53			
Pharmacy Benefit Manager	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics			
Pharmacy Rebate Credit PEPM (if established as fixed amount) This would be either the amount established to offset admin fees or paid directly as a fixed PEPM. If you have another rebate structure, please identify specifics.	$335.44	$335.44	$335.44	$335.44			
Individual Stop Loss Insurance Provider	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Individual Stop Loss Insurance Deductible	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Individual Stop Loss Insurance Fee PEPM	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Aggregate Stop Loss Insurance Provider	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Aggregate Stop Loss Insurance Deductible	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Aggregate Stop Loss Insurance Fee PEPM	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
If you use a Broker (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Brokers here:	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	Gallagher		
If you use a Consultant (or more than one across Medical, Pharmacy & Stop Loss Plans) please list all Consultants here:	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***			
Cost Per Subscriber Per Month	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00
Cost Per Member Per Month	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00

2026 BENEFITS SURVEY *January 2026*	Waco ***EPO Plan - Wellness Participation***	Waco ***EPO Plan- Non Wellness Participation***	Waco ***Retiree - EPO Plan***	Waco ***Retiree - Catastrophic Plan***	Webster ***PPO Plan***	Weslaco ***Active & Retiree BASIC Plan***	Weslaco ***Active BUY UP Plan***	
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Prior Response**	**Prior Response**	
MEDICAL PLAN								
Coverage Percentage Ratio - In Network	80/20	80/20	80/20	100/0	100% after deductible	80/20	80/20	
Coverage Percentage Ratio - Out of Network	No Coverage	No Coverage	No Coverage	No Coverage	50% after deductible	Emeregency Only 80/20	Emeregency Only 80/20	
Deductible - In Network - Individual	$1,500.00	$1,500.00	$1,500.00	$7,500.00	$2,750.00	$1,500.00	$2,500.00	
Deductible - In Network - Family	$3,000.00	$3,000.00	$3,000.00	$22,500.00	$8,250.00	$3,000.00	$5,000.00	
Deductible - Out of Network - Individual	N/A	N/A	N/A	N/A	$10,000.00	N/A	$5,000.00	
Deductible - Out of Network - Family	N/A	N/A	N/A	N/A	$20,000.00	N/A	$10,000.00	
Max Out Of Pocket In-Network (Individual)	$4,500.00	$4,500.00	$4,500.00	$7,500.00	$8,250.00	$4,500.00	$5,500.00	
Max Out Of Pocket In-Network (Family)	$9,000.00	$9,000.00	$9,000.00	$22,500.00	$16,500.00	$9,000.00	$11,000.00	
Max Out Of Pocket Out-of-Network (Individual)	N/A	N/A	N/A	N/A	Unlimited	N/A	$15,000.00	
Max Out Of Pocket Out-of-Network (Family)	N/A	N/A	N/A	N/A	Unlimited	N/A	$30,000.00	
Copay/Coshare - Primary Care Office Visit	$0 - BS&W Providers / $50 Other Network Providers	$0 - BS&W Providers / $50 Other Network Providers	$0 - BS&W Providers / $50 Other Network Providers	N/A	$40.00	$20.00	$25.00	
Copay/Coshare - Specialist Office Visit	$75.00	$75.00	$75.00	N/A	$80.00	$45.00	$50.00	
Copay/Coshare - ER Visit	$250.00	$250.00	$250.00	N/A	$500.00	20% Coinsurance	$50.00	
Copay/Coshare - Urgent Care	$75 Copay	$75 Copay	$75 Copay	$75 Copay	$75.00	$50.00	$75.00	
Copay/Coshare - Virtual Visit (Primary Care)	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0.00	$20.00	$25.00	
Incentivized design for Copay/Coshare for Office Visits?	Airrosti Visit $15.00	Airrosti Visit $15.00	***No Response Provided***	***No Response Provided***				
Do you have a Direct Primary Care program with fixed enrollment membership fees and no claims fee-for-service expenses?	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				
Do you have an onsite/nearsite clinic (other than Direct Primary Care as described above) with no cost share for members?	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				
Infertility Treatment Benefits	Not Covered	Not Covered	Not Covered	Not Covered				
Bariatric Benefits	Not Covered	Not Covered	Not Covered	Not Covered				
Hearing Aid Benefits	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				
Any other preferred/incentivized arrangements not mentioned previously?	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				

2026 BENEFITS SURVEY *January 2026*	Waco ***EPO Plan - Wellness Participation***	Waco ***EPO Plan- Non Wellness Participation***	Waco ***Retiree - EPO Plan***	Waco ***Retiree - Catastrophic Plan***	Webster ***PPO Plan***	Weslaco ***Active & Retiree BASIC Plan***	Weslaco ***Active BUY UP Plan***	
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Prior Response**	**Prior Response**	
PHARMACY PLAN								
Pharmacy Deductible - Individual (*if applicable*)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Pharmacy Tier Count (*how many tiers*)	4	4	4	4	3	3	3	
Formulary Management (*describe what structure tiers represent*)	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	Generic/Brand/Specialty (Peferred, Non-Preferred/Out of Network)	***No Response Provided***	***No Response Provided***	
Retail 30 Day Tier 1 Copay/Structure	$0 generics	$0 generics	$0 generics	$0 generics	$10/$20/$20 + 50% additional	$10.00	$15.00	
Retail 30 Day Tier 2 Copay/Structure	$30.00	$30.00	$30.00	$30.00	$70/$120/$120 + 50% additional	$35.00	$35.00	
Retail 30 Day Tier 3 Copay/Structure	$75.00	$75.00	$75.00	$75.00	$150/$250/$250 + 50% additional	$60.00	$60.00	
Retail 30 Day Tier 4 Copay/Structure	25% of actual cost up to $175 maximum	25% of actual cost up to $175 maximum	25% of actual cost up to $175 maximum	25% of actual cost up to $175 maximum	N/A	N/A	N/A	
Retail 30 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mail/Retail 90 Day Tier 1 Copay/Structure	$0.00	$0.00	$0.00	$0.00	$0/$30	N/A	N/A	
Mail/Retail 90 Day Tier 2 Copay/Structure	$60.00	$60.00	$60.00	$60.00	$150/$300	N/A	N/A	
Mail/Retail 90 Day Tier 3 Copay/Structure	$150.00	$150.00	$150.00	$150.00	N/A	N/A	N/A	
Mail/Retail 90 Day Tier 4 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mail/Retail 90 Day Tier 5 Copay/Structure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mandatory Mail Maintenance Drugs (Yes/No)	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				
Do you utilize any international pharmacy program either within your PBM or a program outside of your PBM? If so, please advise how it works with your members.	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				

2026 BENEFITS SURVEY
January 2026

	Waco	Waco	Waco	Waco	Webster	Weslaco	Weslaco	
	EPO Plan - Wellness Participation	***EPO Plan- Non Wellness Participation***	***Retiree - EPO Plan***	***Retiree - Catastrophic Plan***	***PPO Plan***	***Active & Retiree BASIC Plan***	***Active BUY UP Plan***	
	Prior Response	**Prior Response**	**Prior Response**	**Prior Response**	**Completed**	**Prior Response**	**Prior Response**	
PROGRAMS & OTHER NOTES								
Programs - Wellness	$75 discount per month on health plan for employees that complete an annual physical exam. Employees who do not complete an annual physical exam pay full health insurance premiums. Additionally, all employees have access to two on-site employee fitness rooms at no cost. The City of Waco has an online wellness portal. Wellness challenges throughout year.	$75 discount per month on health plan for employees that complete an annual physical exam. Employees who do not complete an annual physical exam pay full health insurance premiums. Additionally, all employees have access to two on-site employee fitness rooms at no cost. The City of Waco has an online wellness portal. Wellness challenges throughout year.	***No Response Provided***	***No Response Provided***				
Programs - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***				
Notes - Retirees	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	Must have 10 years of service with the City of Webster and 20 years of service with TMRS to be eligible to keep the coverage they currently have at time of retirement at the full premium cost.	City of Weslaco Active HMO Plan is available for Retirees - Retiree pays full premium. Once Medicare Part A & B eligible retiree will be advise no longer qualified for the City's group insurance.	City of Weslaco Active HMO Plan is available for Retirees - Retiree pays full premium. Once Medicare Part A & B eligible retiree will be advise no longer qualified for the City's group insurance.	
Notes - Other Miscellaneous	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	***No Response Provided***	

2026 BENEFITS SURVEY
January 2026

	Waco	Waco	Waco	Waco	Webster	Weslaco	Weslaco	
	EPO Plan - Wellness Participation	*EPO Plan- Non Wellness Participation*	*Retiree - EPO Plan*	*Retiree - Catastrophic Plan*	*PPO Plan*	*Active & Retiree BASIC Plan*	*Active BUY UP Plan*	
	Prior Response	Prior Response	Prior Response	Prior Response	Completed	Prior Response	Prior Response	
FORWARD LOOKING								
What are you planning (or is in possible discussion) for the coming year to help combat expenses? Are you looking at possible design changes? Premium increases? Cost sharing strategies? Tell us anything you are possibly working on to help reduce expenses.	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*				
Anything that your entity has recently done that you want to highlight for peers to know about (either a success or failure) that we can learn from or be inspired by?	*No Response Provided*	*No Response Provided*	*No Response Provided*	*No Response Provided*				

Please Select
Self Insured
Fully Insured
Level Funded

Included in PEPM
Included at Extra Cost
Not Applicable

Please Select
Active Only
Retiree Only
Active & Retiree

Not Applicable for Fully Insured

Not Applicable for Retiree Only Plan

Not Applicable for Active Employee Plan

Survey Status
Invited/No Response
Prior Response
In Progress
Completed
Non Responsive / Old Data
Declined

Please Select
ACO
EPO
HMO
HDHP
PPO
RBP
Other

Conditional Format for Fully Insured
Text field =C14="Fully Insured"
Use Grey as format option
Must replace "C" with the column of the field.

Cells Locked Include:
Employer Contribution Fields
Total Members Field

PEPM Field
PMPM Field

Passcode: COM2024!

Ensure all No's are No vs. NO or Yes is Yes vs. YES, etc.
Ensure No Response Provided for empty boxes, non-greyed out
Ensure Prior Response is status for those that did not respond to survey this year.
Enter condition if box says "No Response Provided" that it shades light red.
Ensure page is not password protected anymore.
Double check network ratio boxes are text fields and that the ratios have been corrected
Make sure total membership is autocalculated from enrollment numbers
Make sure premiums are autocalculated for employer portion
Enter condition if box says "Fully Insured"