City of Azle
Regular Meeting Agenda
City Council

505 W. Main Street
Azle, Texas 76020

November 11, 2024 | **6:00 PM** | **Council Chambers**

Pursuant to Section 551.071 of the Texas Government Code, the Council may convene into Executive Session(s) from time to time as deemed necessary during the meeting for any posted agenda item and may receive advice from its attorney as permitted by law.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

PUBLIC PARTICIPATION

This is an opportunity for the public to address the City Council on posted agenda items or non-agenda items. In order to address the Council, please complete a Speaker's Request Form and submit to the City Secretary prior to the start of the council meeting. All comments must be directed to the Presiding Officer, rather than an individual council member or city staff. All speakers must refrain from personal attacks toward any individual. Comments are limited to three (3) minutes and must pertain to the subject matter listed on the Speaker's Request Form. Speakers requiring the assistance of a translator shall be provided four (4) minutes. Council may not comment publicly on non-agenda items, but may direct the City Manager to resolve the matter or request the matter be placed on a future agenda. Public comments regarding non-agenda items shall not include any "deliberation" as defined by Chapter 551 of the Government Code, as now or hereafter amended. If you have a subject that may require City Council action, you may obtain a form from the City Secretary and request the item be placed on a future agenda.

ACTION ITEMS

1. Consider any action authorizing the City Manager to execute an agreement with Blue Cross Blue Shield of Texas for Health Insurance Benefits for calendar year 2025
   Cat Schlueter, HR Manager

EXECUTIVE SESSION

- **551.087 – DELIBERATION REGARDING ECONOMIC NEGOTIATIONS**
  Discuss or deliberate regarding commercial or financial information that the governmental body has received from a business prospect that the governmental body seeks to have locate, stay, or expand in or near the territory of the governmental body and with which the governmental body is conducting economic development negotiations for properties located at 700-804 Boyd Road (east side of the road).

2. Take any action pursuant to the Executive Session.

ADJOURNMENT

I, the undersigned authority, do hereby certify the above Agenda was posted at City Hall on 11-08-2024, at the City's official bulletin board and is readily accessible to the public at all times in accordance with V.T.C.A. Chapter 551, Texas Government Code.

Yael Hoffman, TRMC, CMC
City Secretary

This facility is wheelchair accessible and handicapped parking spaces are available. Auxiliary aids and services are available to a person when necessary to afford an equal opportunity to participate in city functions and activities. Auxiliary aids and services or accommodations should be requested forty-eight hours prior to the scheduled starting time by calling the City Secretary's Office at 817-444-7101. Complete City Council agenda packet is available for review at the City Secretary's Office and on our website www.cityofazle.org.

Presenter:	**Cat Schlueter, HR Manager**
Agenda Item:	**Consider any action authorizing the City Manager to execute an agreement with Blue Cross Blue Shield of Texas for Health Insurance Benefits for calendar year 2025**

Background and Explanation:

Presently, the City contracts with United Healthcare to provide health insurance for each full-time employee. The City currently pays premiums of $649.32 per employee per month for health insurance. Notice of a proposed renewal reflecting a 19.9% increase in the premium rates was recently received which would take effect for the new plan year beginning January 1, 2025. Vendors contacted to provide competitive quotes included Blue Cross Blue Shield (BCBS), TML Health, Cigna, and Aetna. Cigna's proposal exceeded an increase of 30%; while TML Health, and Aetna declined to quote.

Staff reviewed United Healthcare proposed rates, including their alternate plan designs; along with more cost effective proposals from BlueCross BlueShield of Texas which offer similar, and even richer benefits than those which are currently offered.

Under the proposed renewal, the revised monthly premium rate paid by the City on each employee's behalf would decrease to $587.59, which represents a 9.5% decrease over the current premium rate. This plan offers a lower deductible than the current plan. Additionally, this option embeds the co-pays. This option is a traditional PPO plan, and would become the base plan.

The HSA premium would increase by 7.24% and would continue to be available to the employees. As with the current insurance offerings, employees could elect the HSA High Deductible Health Plan instead of the base plan. The City contributes the difference between the employee only cost of the Base Plan and the HSA premium to the employee's HSA account; or the employee may use those dollars to help offset the cost of dependent coverage on the HSA plans; and Staff recommends continuing this practice. For the plan year commencing January 1, 2025, the monthly difference between the base plan premium and HSA premium would be $57.19 per month, for a total annual City contribution of $686.28 for each employee participating in the HSA plan.

Board/Commission/Committee Recommendation:

N/A.

Staff Recommendation:

Staff recommends approval of benefits plan design as recommended.

Attachments:

1. 2025 Benefits Proposal 11_11_2024CC

Group Benefits Proposal
Prepared For
City of Azle
Effective Date January 1, 2025

CLARK | ADAMSON INSURANCE

Claims versus Premiums
Prepared For
City of Azle
Reporting Dates January 2022 - August 2024

2022 (TML)

Month	Membership	Premiums	Claims	Loss Ratio
Jan-22	123	$85,629	$50,323	59%
Feb-22	122	$82,455	$46,833	57%
Mar-22	124	$84,558	$52,999	63%
Apr-22	127	$86,778	$84,338	97%
May-22	125	$85,533	$40,474	47%
Jun-22	125	$86,417	$84,544	98%
Jul-22	119	$82,527	$70,645	86%
Aug-22	122	$84,866	$138,423	163%
Sep-22	122	$85,610	$146,488	171%
Oct-22	124	$86,977	$82,189	94%
Nov-22	121	$84,968	$86,166	101%
Dec-22	123	$85,616	$97,722	114%
		$1,021,934	$981,144	96%

2023 (TML)

Month	Membership	Premiums	Claims	Loss Ratio
Jan-23	127	$84,143	$131,861	157%
Feb-23	127	$83,517	$61,027	73%
Mar-23	129	$85,090	$59,256	70%
Apr-23	127	$83,851	$66,120	79%
May-23	129	$84,892	$81,453	96%
Jun-23	128	$83,929	$92,814	111%
Jul-23	130	$85,805	$111,648	130%
Aug-23	130	$85,471	$76,288	89%
Sep-23	127	$82,982	$71,691	86%
Oct-23	129	$84,279	$44,943	53%
Nov-23	129	$83,821	$99,457	119%
Dec-23	130	$84,800	$57,042	67%
		$1,012,579	$953,602	94%

2024 (UHC)

Month	Membership	Premiums	Claims	Loss Ratio
Jan-24	127	$89,794	$16,752	19%
Feb-24	127	$89,359	$70,199	79%
Mar-24	128	$90,811	$67,832	75%
Apr-24	127	$89,294	$113,278	127%
May-24	123	$87,131	$51,106	59%
Jun-24	126	$89,409	$98,402	110%
Jul-24	126	$89,566	$77,757	87%
Aug-24	129	$91,357	$109,000	119%
Sep-24				
Oct-24				
Nov-24				
Dec-24				
		$716,721	$604,326	84%

Plan Year	Billed Premium	Claims Paid	Loss Ratio
2022 (TML)	$1,021,934	$981,144	96%
2023 (TML)	$1,012,579	$953,602	94%
2024 (UHC)	$716,721	$604,326	84%
Total	$2,751,234	$2,539,071	92%

CLARK | ADAMSON INSURANCE

Group Medical Proposal
Prepared for
City of Azle
Effective Date January 1, 2025

Renewing as EABL **Renewing as DQ36**

INSURANCE COMPANY			UnitedHealthcare			UnitedHealthcare	BlueCross BlueShield of Texas	BlueCross BlueShield of Texas
			Current			Current	Proposed	Proposed
In-Network Benefits								
Type of Plan - Plan Name			DDYY - Rx 2V - PPO HDHP HSA QUALIFIED			BCYH - Rx QF - PPO	MTBCP005H - PPO HDHP - HSA QUALIFIED	MTBCB028 - PPO
Network			Choice Plus			Choice Plus	Blue Choice	Blue Choice
Deductible			In Network	Out of Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual			$4,000	$5,000		$3,000	$5,000	$3,500	$7,000	$3,000	$10,000
Family			$8,000	$10,000		$6,000	$10,000	$7,000	$14,000	$9,000	$20,000
Coinsurance Percentage			80%	50%		80%	50%	80%	60%	80%	60%
Maximum Out of Pocket											
Individual			$6,350	$10,000		$6,000	$10,000	$5,000	Unlimited	$8,150	Unlimited
Family			$12,700	$20,000		$12,000	$20,000	$10,000	Unlimited	$16,300	Unlimited
Office Visit											
Preventive Care			Covered 100%			Covered 100%	Covered 100%	Covered 100%
Primary Care Physician			Ded. + 20%			Under age 19: No Copay Age 19 or above: $30 Copay	Ded. + 20%	$35 Copay
Specialist			Ded. + 20%			Designated: $30 Copay Network: $60 Copay	Ded. + 20%	$70 Copay
Virtual Visits			No Copay			No Copay	Ded. + 20%	No Copay
Urgent Care Facility Copay			Ded. + 20%			$75 Copay	Ded. + 20%	$75 Copay
Lab & Xray			Ded. + 20%			No Copay	Ded. + 20%	Ded. + 20%
Imaging - CT/PET scans, MRI			Ded. + 20%			Ded. + 20%	Ded. + 20%	Ded. + 20%
Mental Health Outpaitent			Ded. + 20%			$30 Copay Outpatient: Ded. + 20%	Ded. + 20%	OV: $35 Copay Outpatient: Ded. + 20%
Hospital & Emergency Room								
Inpatient Hospital Expenses			Ded. + 20%			Ded. + 20%	Ded. + 20%	Ded. + 20%
Outpatient Surgery Facility			Ded. + 20%			Ded. + 20%	Ded. + 20%	Ded. + 20%
Emergency Room Facility			Ded. + 20%			$250 Copay + Ded. + 20%	Ded. + 20%	$500 Copay + Ded. + 20%
Prescription Drugs							Preferred / Participating	Preferred / Participating
Prescription Deductible			Included with Medical			Not Applicable	Included with Medical	Not Applicable
Tier 1			$10 after Ded.			$15	Ded. + (10% / 20%)	$0 / $10
Tier 2			$35 after Ded.			$45	Ded. + (10% / 20%)	$10 / $20
Tier 3			$60 after Ded.			$85	Ded. + (20% / 30%)	$50 / $70
Tier 4			Not Applicable			Not Applicable	Ded. + (30% / 40%)	$100 / $120
Specialty Drugs			Not Applicable			Not Applicable	Ded. + (Tier 4: 40% / Tier 5: 50%)	Tier 5: $150 / Tier 6: $250
Mail Oder (90 Day Supply)			($25 / $87.50 / $150) after Ded.			$37.50 / $112.50 / $212.50	Ded. + (10% / 10% / 20% / 30%)	$0 / $30 / $150 / $300
Monthly Premiums			Current	Renewal		Current	Renewal	Proposed	Proposed
Employee Only	100	43	$491.99	$589.90	57	$649.32	$778.53	$530.40	$587.59
Employee & Spouse	4	1	$998.72	$1,197.47	3	$1,318.10	$1,580.39	$1,235.46	$1,368.68
Employee & Child(ren)	16	7	$865.88	$1,038.20	9	$1,142.78	$1,370.18	$1,063.81	$1,178.53
Employee & Family	6	3	$1,451.32	$1,740.14	3	$1,915.43	$2,296.59	$1,768.87	$1,959.61
	126	54			72				
Total Monthly Premium			$32,569.41	$39,050.99		$56,996.85	$68,338.77	$36,795.94	$54,084.27
Total Annual Premium			$390,832.92	$468,611.88		$683,962.20	$820,065.24	$441,551.28	$649,011.24
Rate Adjustment			19.90%			19.90%		12.98%	-5.11%
Combined Annual Premium			Current $1,074,795.12			Renewal $1,288,677.12		Proposed $1,090,562.52	
Total Rate Adjustment			19.90%					1.47%	
Total Annual Premium Adjustment			$213,882.00					$15,767.40	

****Renewal Credit - 50% off February Premiums**
Estimated $54K

TX Health Benefits Pool & Aetna DTQ

State law prohibits EPO plans in the following states: Alabama, Arizona, Arkansas, Hawaii, Mississippi, Montana, New Mexico, North Carolina, North Dakota, and Oklahoma

Group Medical Proposal
Prepared for
City of Azle
Effective Date January 1, 2025

			Renewing as EABL			Renewing as DQ36		Rates if everyone switches to 1 plan. $50K Transition Credit
INSURANCE COMPANY			UnitedHealthcare			UnitedHealthcare		curative
			Current			Current		Proposed
In-Network Benefits								
Type of Plan - Plan Name			DDYY - Rx 2V - PPO HDHP HSA QUALIFIED			BCYH - Rx QF - PPO		PPO Plan
Network			Choice Plus			Choice Plus		Curative
Deductible			In Network	Out of Network		In Network	Out of Network	In Network / Out of Network
Individual			$4,000	$5,000		$3,000	$5,000	$5,000 / $10,000
Family			$8,000	$10,000		$6,000	$10,000	$10,000 / $20,000
Coinsurance Percentage			80%	50%		80%	50%	80% Medical, 75% Pharmacy / 50%
Maximum Out of Pocket								
Individual			$6,350	$10,000		$6,000	$10,000	$7,500 / $15,000
Family			$12,700	$20,000		$12,000	$20,000	$15,000 / $30,000
Office Visit								
Preventive Care			Covered 100%			Covered 100%		Covered 100%
Primary Care Physician			Ded. + 20%			Under age 19: No Copay Age 19 or above: $30 Copay		$25 Copay after Ded. *
Specialist			Ded. + 20%			Designated: $30 Copay Network: $60 Copay		$50 Copay after Ded. *
Virtual Visits			No Copay			No Copay		PCP: $25 Copay after Ded. * Specialist: $50 Copay after Ded. * Telemedicine: $0 Copay
Urgent Care Facility Copay			Ded. + 20%			$75 Copay		Ded. + 20% *
Lab & Xray			Ded. + 20%			No Copay		Ded. + 20% *
Imaging - CT/PET scans, MRI			Ded. + 20%			Ded. + 20%		Ded. + 20% *
Mental Health Outpaitent			Ded. + 20%			$30 Copay Outpatient: Ded. + 20%		Ded. + 20% *
Hospital & Emergency Room								
Inpatient Hospital Expenses			Ded. + 20%			Ded. + 20%		Ded. + 20% *
Outpatient Surgery Facility			Ded. + 20%			Ded. + 20%		Ded. + 20% *
Emergency Room Facility			Ded. + 20%			$250 Copay + Ded. + 20%		Ded. + 20% *
Prescription Drugs								Preferred / Non-Preferred **
Prescription Deductible			Included with Medical			Not Applicable		Included with Medical
Tier 1			$10 after Ded.			$15		($50 / $100) Copay after Ded. *
Tier 2			$35 after Ded.			$45		($50 / $100) Copay after Ded. *
Tier 3			$60 after Ded.			$85		($50 / $100) Copay after Ded. *
Tier 4			Not Applicable			Not Applicable		($50 / $100) Copay after Ded. *
Specialty Drugs			Not Applicable			Not Applicable		($50 / 25%) Copay after Ded. *
Mail Oder (90 Day Supply)			($25 / $87.50 / $150) after Ded.			$37.50 / $112.50 / $212.50		($50 / $100) Copay after Ded. *
Monthly Premiums			Current	Renewal		Current	Renewal	Proposed
Employee Only	100	43	$491.99	$589.90	57	$649.32	$778.53	$671.82
Employee & Spouse	4	1	$998.72	$1,197.47	3	$1,318.10	$1,580.39	$1,363.78
Employee & Child(ren)	16	7	$865.88	$1,038.20	9	$1,142.78	$1,370.18	$1,182.38
Employee & Family	6	3	$1,451.32	$1,740.14	3	$1,915.43	$2,296.59	$1,981.82
	126	54			72			
Total Monthly Premium			$32,569.41	$39,050.99		$56,996.85	$68,338.77	$103,446.12
Total Annual Premium			$390,832.92	$468,611.88		$683,962.20	$820,065.24	$1,241,353.44
Rate Adjustment			19.90%			19.90%		15.50%
Combined Annual Premium			Current	$1,074,795.12		Renewal	$1,288,677.12	Proposed $1,241,353.44
Total Rate Adjustment			19.90%					15.50%
Total Annual Premium Adjustment			$213,882.00					$166,558.32

TX Health Benefits Pool & Aetna DTQ

****Renewal Credit - 50% off February Premiums**
Estimated $54K

*Curative In-Network, when compliant with Baseline Visit, is covered at $0

State law prohibits EPO plans in the following states: Alabama, Arizona, Arkansas, Hawaii, Mississippi, Montana, New Mexico, North Carolina, North Dakota, and Oklahoma

****Non-Preferred Drugs are $50/$250 when compliant with Baseline Visit**

Group Medical Proposal
Prepared for
City of Azle
Effective Date January 1, 2025

Renewing as EABL **Renewing as DQ36**

INSURANCE COMPANY			UnitedHealthcare			UnitedHealthcare		Cigna		Cigna	
			Current			Current		Proposed		Proposed	
In-Network Benefits											
Type of Plan - Plan Name			DDYY - Rx 2V - PPO HDHP HSA QUALIFIED			BCYH - Rx QF - PPO		HSA Base Plan		OAP Buy Up Plan	
Network			Choice Plus			Choice Plus		HSA Open Access Plus		Open Access Plus	
Deductible			In Network	Out of Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual			$4,000	$5,000		$3,000	$5,000	$4,000	$5,000	$3,000	$5,000
Family			$8,000	$10,000		$6,000	$10,000	$8,000	$10,000	$6,000	$10,000
Coinsurance Percentage			80%	50%		80%	50%	80%	50%	80%	50%
Maximum Out of Pocket											
Individual			$6,350	$10,000		$6,000	$10,000	$6,350	$10,000	$6,000	$10,000
Family			$12,700	$20,000		$12,000	$20,000	$12,700	$20,000	$12,000	$20,000
Office Visit											
Preventive Care			Covered 100%			Covered 100%		Covered 100%		Covered 100%	
Primary Care Physician			Ded. + 20%			Under age 19: No Copay Age 19 or above: $30 Copay		Ded. + 20%		$30 Copay	
Specialist			Ded. + 20%			Designated: $30 Copay Network: $60 Copay		Ded. + 20%		$60 Copay	
Virtual Visits			No Copay			No Copay		Ded. + 20%		PCP: $30 Copay Specialist: $60 Copay	
Urgent Care Facility Copay			Ded. + 20%			$75 Copay		Ded. + 20%		$75 Copay	
Lab & Xray			Ded. + 20%			No Copay		Ded. + 20%		Included in OV	
Imaging - CT/PET scans, MRI			Ded. + 20%			Ded. + 20%		Ded. + 20%		Ded. + 20%	
Mental Health Outpaitent			Ded. + 20%			$30 Copay Outpatient: Ded. + 20%		Ded. + 20%		OV: $30 Copay Outpatient: Ded. + 20%	
Hospital & Emergency Room											
Inpatient Hospital Expenses			Ded. + 20%			Ded. + 20%		Ded. + 20%		Ded. + 20%	
Outpatient Surgery Facility			Ded. + 20%			Ded. + 20%		Ded. + 20%		Ded. + 20%	
Emergency Room Facility			Ded. + 20%			$250 Copay + Ded. + 20%		Ded. + 20%		$250 Copay + Ded. + 20%	
Prescription Drugs											
Prescription Deductible			Included with Medical			Not Applicable		Included with Medical		Not Applicable	
Tier 1			$10 after Ded.			$15		$10 after Ded.		$15	
Tier 2			$35 after Ded.			$45		$35 after Ded.		$45	
Tier 3			$60 after Ded.			$85		$60 after Ded.		$85	
Tier 4			Not Applicable			Not Applicable		Not Applicable		Not Applicable	
Specialty Drugs			Not Applicable			Not Applicable		Not Applicable		Not Applicable	
Mail Oder (90 Day Supply)			($25 / $87.50 / $150) after Ded.			$37.50 / $112.50 / $212.50		($25 / $88 / $150) after Ded.		$38 / $113 / $213	
Monthly Premiums			Current	Renewal		Current	Renewal	Proposed		Proposed	
Employee Only	100	43	$491.99	$589.90	57	$649.32	$778.53	$574.76		$971.77	
Employee & Spouse	4	1	$998.72	$1,197.47	3	$1,318.10	$1,580.39	$1,166.76		$1,607.30	
Employee & Child(ren)	16	7	$865.88	$1,038.20	9	$1,142.78	$1,370.18	$1,011.57		$1,393.52	
Employee & Family	6	3	$1,451.32	$1,740.14	3	$1,915.43	$2,296.59	$1,695.52		$2,335.72	
	126	54			72						
Total Monthly Premium			$32,569.41	$39,050.99		$56,996.85	$68,338.77	$38,048.99		$79,761.63	
Total Annual Premium			$390,832.92	$468,611.88		$683,962.20	$820,065.24	$456,587.88		$957,139.56	
Rate Adjustment			19.90%			19.90%		16.82%		39.94%	
Combined Annual Premium			Current $1,074,795.12			Renewal $1,288,677.12		Proposed $1,413,727.44			
Total Rate Adjustment			19.90%					31.53%			
Total Annual Premium Adjustment			$213,882.00					$338,932.32			

TX Health Benefits Pool & Aetna DTQ

****Renewal Credit - 50% off February Premiums**
Estimated $54K

State law prohibits EPO plans in the following states: Alabama, Arizona, Arkansas, Hawaii, Mississippi, Montana, New Mexico, North Carolina, North Dakota, and Oklahoma

October 9, 2024

Mitchell Rose
Clark Adamson
3603 FM 51
Gainesville, TX 76240

RE: Request for Proposal – City of Azle

Dear Mr. Rose:

TML MultiState Intergovernmental Employee Benefits Pool *dba* TX Health Benefits Pool (TXHB) appreciates the opportunity to submit a proposal for the group health benefits and related services for the City of Azle.

Upon receipt of a Request for Proposal (RFP), we review the bid specifications to determine the feasibility of issuing a proposal within the parameters of TX Health Benefits Pool's business criteria. This review may include analysis of the employee census and group demographics, claims data, proposal requirements and unique requests of the bidder.

After a thorough review of the information received in the RFP for the City of Azle, TXHB has elected to not provide a quote for their group health benefits and related services.

Again, TXHB appreciates the opportunity to consider this proposal and regrets that we are not able to respond to this proposal at this time.

TXHB requests we remain on your bid list for all future Employee Benefit proposal opportunities.

Should you have any questions or concerns, please feel free to contact Joe Malinowski at (512) 719-8348 or Joe Sanchez, TX Health Benefits Pool Sales Executive at (512) 719-6765.

Best regards,

Kristie Castro
Director of Underwriting

cc: Joe Sanchez, Sales Executive

151 Farmington Avenue, F265,
Hartford CT 06156

Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of CITY OF AZLE's request for a quote of group health coverage (the "Request") and determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should CITY OF AZLE continue to be interested in the information.

If it is still CITY OF AZLE's position to have Aetna provide a quote for group health coverage, please

a) Furnish the information indicated below that has not already been provided (where available), and
b) Sign and return this notification to Aetna as indicated below.

In order for Aetna to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
  - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24 month period.
    - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred if a completion factor has been applied) and provide the information broken down for each unique plan offering.
    - Please identify if any of the plans are capitated and if so, whether capitations are included/excluded from the claim information.
    - Large claim information for individual claims in excess of $25,000 based on the same time period as the claims data provided.
    - **For Hospital or Health Systems only**: Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
    - **Individual Medical Questionnaires (IMQ)** (Where allowed by state) – will be required if/when monthly claim data is not available
  - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
- 5 year carrier history
- Large Claim Data: including diagnosis and claimant status information and should identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
- Current commission level
- A recent utilization report from the current carrier to include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services as well as identification of the top utilized facilities
- Please provide information/reason on any required data noted as not available

CITY OF AZLE Certification:

I understand Aetna's position on its product offerings' alignment with our Request, but CITY OF AZLE requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature Title Date

Please send this form back c/o Harrison S Schulman via email schulmanh@aetna.com or at via fax.

Proposal Information and Assumptions

Grandfathered Status:
Plans that relinquish grandfathered status must immediately implement the following changes:

- **Have an expanded internal and external claims/appeals process**
- **Federally mandated preventive care must be covered at no cost sharing in-network**
- **Implement patient protections (any in-network PCP, ER paid in-network, no referral/authorization to in-network OB/GYN or pediatrician)**
- **In-network out of pocket maximum is restricted**
- **Include clinical trials coverage**
- **Small employer plans to include the essential health benefits package (unless retaining a transitional plan)**
- **Fully insured plans are guarantee issue and renewable**
- **Fully insured plans may not discriminate in favor of highly compensated individuals (on hold until regulations are released)**

The information provided herein is a summary description of coverage terms and is intended for informational, illustrative and comparison purposes only. It is not intended to alter or expand rights or liabilities set forth in the official plan documents/contracts. It is not an offer to contract nor are there any express or implied guarantees. This information may be amended or withdrawn by the carrier or TPA in the event of a change in any item upon which it is based and where such change could affect the risk to be assumed. Final terms and conditions shall be based upon information provided in the application including but not limited to final enrollment, contribution levels and condition disclosure information.

This document is not intended to be taken as advice regarding any individual situation and should not be relied upon as such. ClarkAdamson LLC shall have no obligation to update this publication and shall have no liability to you or any other party arising out of this publication or any matter contained herein. Any statements concerning actuarial, tax, accounting, or legal matters are based solely on our experience as consultants and are not to be relied on as actuarial, accounting, tax or legal advice for which you should consult your own professional advisors. Any modeling analytics or projections are subject to inherent uncertainty and the analysis could be materially affective if any underlying assumptions, conditions, information or factors are inaccurate or incomplete or should change.

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ClarkAdamson LLC Compensation Disclosure

You are a valued client, and we take pride in providing you with exceptional service. As an independent broker, we offer you superior service and competitive pricing by searching for and identifying the coverage from the insurer that best meets your needs.

Commission: Our firm does not charge a fee for placing your policy. We are paid a commission by the insurer that is part of, not added to, your premiums. The amount of commission earned is according to standard commission scheduled established by each insurer we work with.

Our firm may also receive additional incentive compensation or bonuses for various reasons from an insurer. Incentive commission amount and type may vary but does not affect the price of your premiums.

Client Fees: We do not charge you any fee for placement of your policy, and we are compensated by the insurer in the manner described generally above. However, we may charge fees, previously disclosed to you, for certain professional services not including the placement of your policy.

Scope of Services: Our firm works with a number of competing insurers, and we will attempt to obtain quotes from the insurers that we believe to be suitable based on the preferences and needs that you have communicated to us. However, we cannot obtain quotes from all insurers with products suiting your needs. We will attempt to answer any questions you may have regarding the quotes, insurers or policies that we obtain, but be aware that you make the final decision on which insurance product and coverage amount you need and will purchase.

Additional Information: For more information, specific details or answers to any questions about our service, fees, or compensation please contact us at 940-600-1307 or www.ClarkAdamson.com .

Thank you for choosing us to assist you with your insurance needs. We value your trust and appreciate your business. Please let us know if there is anything we can do to serve you better.

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