


17,602

FILED FOR RECORD
at 10:30 o'clock a M

JUL 18 2022

BECKY LANDRUM
County Clerk, Hunt County, Tex.
By 



THE
NITSCHÉ
GROUP



Self-Funded Employee Benefit Plan

Prepared for

Hunt County

October 1, 2022

40,000 yr

Rates

Current	
Employee Only	\$1,023.86
Employee + Spouse	\$2,163.56
Employee + Child	\$1,257.32
Employee + Children	\$1,509.88
Family	\$2,200.44

Renewal	
Employee Only	\$1,085.28
Employee + Spouse	\$2,293.36
Employee + Child	\$1,332.76
Employee + Children	\$1,600.46
Family	\$2,332.46

1208.08
247.48
515.18
1247.18

* The Nitsche Group - 125,000

Option 1	
Employee Only	\$1,075.08
Employee + Spouse	\$2,271.80
Employee + Child	\$1,320.22
Employee + Children	\$1,585.42
Family	\$2,310.52

1196.72
245.14
510.34
1235.44

4.3

The Nitsche Group - 150,000

Option 2	
Employee Only	\$1,063.46
Employee + Spouse	\$2,247.23
Employee + Child	\$1,305.95
Employee + Children	\$1,568.27
Family	\$2,285.54

2.9

1183.77
242.49
504.81
1222.08



Hunt County

Effective Date: October 1, 2022

Marketing Carrier Specific	Current		Group A			Group B	
	Renewal	Quote 1	Quote 2	Quote 3	Quote A	Quote B	
	TAC	TAC	Stealth Captive Solutions HCC Tokio Marine \$125,000 90% Funding Level	Stealth Captive Solutions HCC Tokio Marine \$125,000 Expected Funding Level	Stealth Captive Solutions HCC Tokio Marine \$125,000 110% Funding Level	Stealth Captive Solutions HCC Tokio Marine \$150,000 90% Funding Level	Stealth Captive Solutions HCC Tokio Marine \$150,000 Expected Funding Level
Apprenticeship Fee							
Employee Only	\$1,023.86	\$1,085.29	\$995.10	\$1,081.86	\$1,168.62	\$981.59	\$1,070.45
Employee & Spouse	\$2,163.56	\$2,293.37	\$2,170.86	\$2,354.19	\$2,537.53	\$2,136.39	\$2,324.18
Employee & Child	\$1,257.32	\$1,332.76	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Employee & Children	\$1,509.88	\$1,600.47	\$1,496.49	\$1,624.44	\$1,752.38	\$1,474.05	\$1,605.10
Employee & Family	\$2,200.44	\$2,332.47	\$2,208.90	\$2,395.36	\$2,395.36	\$2,173.76	\$2,364.75
Employee Enrollment	Five Tier	Five Tier	Four Tier	Four Tier	Four Tier	Four Tier	Four Tier
Employee Only	305	305	305	305	305	305	305
Employee & Spouse	6	6	6	6	6	6	6
Employee & Child	0	0	0	0	0	0	0
Employee and Children	37	37	37	37	37	37	37
Employee and Family	4	4	4	4	4	4	4
Total Admin	352	352	352	352	352	352	352
Employee Only	\$312,277.30	\$331,013.45	\$303,505.50	\$329,967.30	\$356,429.10	\$299,384.95	\$326,487.25
Employee & Spouse	\$12,981.36	\$13,760.22	\$13,025.16	\$14,125.14	\$15,225.18	\$12,818.34	\$13,945.08
Employee & Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$55,865.56	\$59,217.39	\$55,370.13	\$60,104.28	\$64,838.06	\$54,539.85	\$59,388.70
Employee & Family	\$8,801.76	\$9,329.88	\$8,835.60	\$9,581.44	\$9,581.44	\$8,695.04	\$9,459.00
Total Agency	\$389,928.98	\$413,320.94	\$380,736.39	\$413,778.14	\$446,073.78	\$375,458.18	\$409,280.03
Annualized Costs	\$4,679,111.76	\$4,959,851.28	\$4,568,836.68	\$4,965,337.92	\$5,352,885.36	\$4,505,258.16	\$4,911,360.36
Annualized Cost Over Renewal		\$280,739.52	-\$391,014.60	\$286,226.16	\$393,034.08	-\$173,853.60	-\$48,490.92

Selection

Signature _____

Date _____

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Dental Renewal

Carrier Type of Plan	Current Contributory TAC Dental Plan II In/Out Network	Renewal Contributory TAC Dental Plan II	Quote 1 Contributory MET Life	Quote 2 Contributory PRINCIPAL
Benefit Highlights:				
Deductible Individual Family	50/\$150	50/\$150	50/\$150	50/\$150
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Type A - Diagnostic & Preventative	Deductible Waived			
Routine Oral Exams	100%	100%	100%	100%
Cleanings - 2 x yearly- every six months	100%	100%	100%	100%
Fluoride Treatments (up to age 19)	100%	100%	100%	100%
X-Rays	100%	100%	100%	100%
Sealants (up to age 14)	100%	100%	100%	100% to age 19
Type B - Basic Services				
Space Maintainers (up to age 14)	80%	80%	80%	80% to age 19
Restorative Amalgams	80%	80%	80%	80%
Restorative Composites	80%	80%	80%	80%
Simple Extractions	80%	80%	80%	80%
General Anesthesia	80%	80%	80%	80%
Type C - Major Services				
Inlays, Onlays, Crowns	50%	50%	50%	50%
Prosthetics (Bridges, Dentures)	50%	50%	50%	50%
Endodontics (Nonsurgical)	50%	50%	80%	80%
Endodontics (Surgical - Root Canal)	50%	50%	80%	80%
Periodontics (Nonsurgical-Gum)	50%	50%	80%	80%
Periodontics (Surgical-Gum)	50%	50%	80%	80%
Complex Oral Surgery	50%	50%	80%	80%
Type D - Orthodontics				
Appliances and Related Services	50%	50%	50%	50%
Lifetime Maximum (Dep't to age 19)	\$1,500	\$1,500	\$1,500	\$1,500
Out-of-Network Reimbursement Percentile	Not Provided	Not Provided	90th percentile	90th percentile
Waiting Periods	None	None	None	None
Dependent Eligibility	to age 26	to age 26	to age 26	to age 26
Participation Requirements				
Notes	Missing Tooth Clause 24 Months	Missing Tooth Clause 24 Months	Rate cap guaranteed no more than 4% each year for renewal 2023 and 2024	
Rate Employee Count by Tier	Current	Renewal (estimated 50%)	Quote 1	Quote 2
Employee Only	197	\$28.90	\$29.07	\$35.08
Family	225	\$78.04	\$78.51	\$59.66
Estimated Total Monthly Premium	\$23,252.30	\$23,391.54	\$20,334.26	\$22,273.84
Estimated Total Annual Premium	\$279,027.60	\$280,698.48	\$244,011.12	\$267,286.08
Annual % Change	-	\$0.01	-\$0.13	-\$0.04
Annual \$ Change	-	\$1,670.88	-\$35,016.48	-\$11,741.52
Rate Guaranteed Period				

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Hunt County contributes 100% of employee cost of Dental

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Vision Renewal & Marketing

	Current/Renewal Contributory BCBS EyeMed		Quote 1 Contributory MET Life Davis Vision Active EEs and Eligible Retirees		Quote 2 Contributory Principal VSP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Highlights						
Eye Exam						
Routine/Comprehensive Exam	\$10 copay	up to \$30	\$10 copay	\$0-copay / \$45 Allowance	\$10 copay	\$45
Standard Contact Lens Fit/Follow Up	\$40 copay	N/A	standard or prem fit 15% discount	applied to the lens allowance	\$60 copay fitting and evaluation	not addressed
Eye Glass Lenses						
Single	\$25 copay	up to \$25	\$25 copay	up to \$30	\$25 copay	up to \$30
Bifocal	\$25 copay	up to \$40	\$25 copay	up to \$50	\$25 copay	up to \$50
Trifocal	\$25 copay	up to \$55	\$25 copay	up to \$65	\$25 copay	up to \$65
Lenticular	\$25 copay	up to \$55	\$25 copay	up to \$100	\$25 copay	up to \$100
Progressive Lenses (Standard)	\$75 copay	up to \$40	\$55 copay	up to \$50	zero copay	up to \$50
Contact Lenses						
Medically Necessary	No copay	up to \$210	No copay	up to \$210	\$25 copay	up to \$210
Conventional Elective	up to \$105	up to \$100	*\$130 allowance	up to \$105	\$60 copay \$130 allowance	up to \$105
Frames						
	zero copay up to \$130	up to \$104	zero copay up to \$130	up to \$70	zero copay up to \$130	up to \$70
Service Frequencies						
Exam	12 Months		12 Months		12 Months	
Lens	12 Months; option to purchase either 1 pair of eyeglass lenses -or- 1 order of contact lenses		12 Months; option to purchase either 1 pair of eyeglass lenses -or- 1 order of contact lenses		12 Months; option to purchase either 1 pair of eyeglass lenses -or- 1 order of contact lenses	
Frames	24 Months		24 Months		24 Months	
Notes						
Participation Requirements			Expected 70%		Expected 50%	
Enrollment/Rates by Tier						
	Count	Current	Renewal	Quote 1	Quote 2	
Employee Only	125	\$6.20	\$6.20	\$4.75	\$6.25	
Employee + Spouse	29	\$11.80	\$11.80	\$9.04	\$12.08	
Employee + Child(ren)	57	\$12.43	\$12.43	\$9.52	\$13.28	
Family	92	\$18.28	\$18.28	\$14.01	\$20.53	
Estimated Total Monthly Premium		\$3,507.47	\$3,507.47	\$2,687.47	\$3,777.29	
Estimated Total Annual Premium		\$42,089.64	\$42,089.64	\$32,249.64	\$45,327.48	
Annual % Change		\$0.00	\$0.00	-23%	8%	
Annual \$ Change		\$0.00	\$0.00	-\$9,840.00	\$3,237.84	
Rate Guarantee Period:		Renewal Rate Hold Assumption		Rate Guarantee to: October 1, 2026		Rate Guarantee to: October 1, 2025

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This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.