


City of Tahlequah
November 2021 Employee Benefits Presentation

PRESENTED BY:
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Buy-Up Plan (Blue Preferred Network)



| Medical PPO - Buy-Up Plan November 1, 2021 | Blue Cross Blue Shield of OK Current MOBPF0040 | | Blue Cross Blue Shield of OK Renewal MOBPF0040 | |
|---|--|-------------------------------|--|-------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Network | Blue Preferred | N/A | Blue Preferred | N/A |
| Overall Limits | | | | |
| Deductible - Individual | \$1,000 | \$1,500 | \$1,000 | \$1,500 |
| Deductible - Family | \$3,000 | \$4,500 | \$3,000 | \$4,500 |
| Out-of-Pocket Maximum - Individual | \$3,000 | \$9,000 | \$3,000 | \$9,000 |
| Out-of-Pocket Maximum - Family | \$9,000 | \$27,000 | \$9,000 | \$27,000 |
| Services | | | | |
| Physician Office Visit Copay | \$20 | 30% after ded | \$20 | 30% after ded |
| Specialist Office Visit Copay | \$20 | 30% after ded | \$20 | 30% after ded |
| Preventive Care | No charge | 30% after ded | No charge | 30% after ded |
| Lab and X-Ray | No charge | 30% after ded | No charge | 30% after ded |
| Imaging (CT, MRI, PET scans) | 20% after ded | 40% after ded | 20% after ded | 40% after ded |
| Inpatient Hospitalization | 20% after ded | \$300 + 40% after ded | 20% after ded | \$300 + 40% after ded |
| Outpatient Surgery | 20% after ded | 40% after ded | 20% after ded | 40% after ded |
| Emergency Room | \$100 + 20% after ded | | \$100 + 20% after ded | |
| Urgent Care | \$20 | 40% after ded | \$20 | 40% after ded |
| Prescription Drugs | | | | |
| Rx Deductible | None | None | None | None |
| Retail - 30/31-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply |
| Preferred Generic | No charge / \$10 | \$10 + 50% additional charge | No charge / \$10 | \$10 + 50% additional charge |
| Non-Preferred Generic | \$10 / \$20 | \$20 + 50% additional charge | \$10 / \$20 | \$20 + 50% additional charge |
| Preferred Brand | \$35 / \$55 | \$55 + 50% additional charge | \$35 / \$55 | \$55 + 50% additional charge |
| Non-Preferred Brand | \$75 / \$95 | \$95 + 50% additional charge | \$75 / \$95 | \$95 + 50% additional charge |
| Specialty - 30/31-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply |
| Preferred Specialty | \$150 | \$150 + 50% additional charge | \$150 | \$150 + 50% additional charge |
| Non-Preferred Specialty | \$250 | \$250 + 50% additional charge | \$250 | \$250 + 50% additional charge |

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Buy-Up Plan (Blue Preferred Network)



| Medical PPO - Buy-Up Plan November 1, 2021 | Blue Cross Blue Shield of OK Current MOBPF0040 | Blue Cross Blue Shield of OK Renewal MOBPF0040 |
|---|--|--|
| Monthly Rates | | |
| Employee Only | \$691.46 | \$709.74 |
| Employee + Spouse | \$1,652.01 | \$1,695.64 |
| Employee + Child(ren) | \$1,218.13 | \$1,250.28 |
| Employee + Family | \$2,178.69 | \$2,236.25 |
| | 89 | |
| Monthly Premium | \$64,514 | \$66,220 |
| Annual Premium | \$774,173 | \$794,638 |
| Annual \$ Change | | \$20,465 |
| Annual % Change | | 2.6% |
| | | \$64,545 |
| | | \$774,540 |
| | | \$367 |
| | | 0.0% |

Base Plan (Blue Advantage Network)



| Medical PPO - Base Plan November 1, 2021 | Blue Cross Blue Shield of OK Current | | Blue Cross Blue Shield of OK Renewal | | Blue Cross Blue Shield of OK Option 1 | |
|---|---|-------------------------------|---|-------------------------------|--|-------------------------------|
| | MOBAP0030 | | MOBAP0030 | | MOBAP0081 | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| | Blue Advantage | N/A | Blue Advantage | N/A | Blue Advantage | N/A |
| Overall Limits | | | | | | |
| Deductible - Individual | \$2,200 | \$4,000 | \$2,500 | \$4,000 | \$1,000 | \$1,500 |
| Deductible - Family | \$7,500 | \$12,000 | \$7,500 | \$12,000 | \$3,000 | \$4,500 |
| Out-of-Pocket Maximum - Individual | \$6,000 | \$18,000 | \$6,000 | \$18,000 | \$3,000 | \$9,000 |
| Out-of-Pocket Maximum - Family | \$12,000 | \$36,000 | \$12,000 | \$36,000 | \$9,000 | \$27,000 |
| Services | | | | | | |
| Physician Office Visit Copay | \$30 | 30% after ded | \$30 | 30% after ded | \$20 | 30% after ded |
| Specialist Office Visit Copay | \$50 | 30% after ded | \$50 | 30% after ded | \$20 | 30% after ded |
| Preventative Care | No charge | 30% after ded | No charge | 30% after ded | No charge | 30% after ded |
| Lab and X-Ray | No charge | 30% after ded | No charge | 30% after ded | No charge | 30% after ded |
| Imaging (CT, MRI, PET scans) | 20% after ded | 40% after ded | 20% after ded | 40% after ded | 20% after ded | 40% after ded |
| Inpatient Hospitalization | \$750 + 20% after ded | \$750 + 40% after ded | \$750 + 20% after ded | \$750 + 40% after ded | \$750 + 20% after ded | \$750 + 40% after ded |
| Outpatient Surgery | \$250 + 20% after ded | \$250 + 40% after ded | \$250 + 20% after ded | \$250 + 40% after ded | 20% after ded | 40% after ded |
| Emergency Room | \$200 + 20% after ded | | \$200 + 20% after ded | | \$100 + 20% after ded | |
| Urgent Care | \$30 PCP / \$50 Specialist | 40% after ded | \$30 PCP / \$50 Specialist | 40% after ded | \$20 | 40% after ded |
| Prescription Drugs | | | | | | |
| Rx Deductible | None | None | None | None | None | None |
| Retail - 30/31-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply |
| Preferred Generic | No charge / \$10 | \$10 + 50% additional charge | No charge / \$10 | \$10 + 50% additional charge | No charge / \$10 | \$10 + 50% additional charge |
| Non-Preferred Generic | \$10 / \$20 | \$20 + 50% additional charge | \$10 / \$20 | \$20 + 50% additional charge | \$10 / \$20 | \$20 + 50% additional charge |
| Preferred Brand | \$50 / \$70 | \$70 + 50% additional charge | \$50 / \$70 | \$70 + 50% additional charge | \$35 / \$55 | \$55 + 50% additional charge |
| Non-Preferred Brand | \$100 / \$120 | \$120 + 50% additional charge | \$100 / \$120 | \$120 + 50% additional charge | \$75 / \$95 | \$95 + 50% additional charge |
| Specialty - 30/31-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply | 30-day supply |
| Preferred Specialty | \$150 | \$150 + 50% additional charge | \$150 | \$150 + 50% additional charge | \$150 | \$150 + 50% additional charge |
| Non-Preferred Specialty | \$250 | \$250 + 50% additional charge | \$250 | \$250 + 50% additional charge | \$250 | \$250 + 50% additional charge |

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Base Plan (Blue Advantage Network)



| Medical PPO - Base Plan November 1, 2021 | | Blue Cross Blue Shield of OK Current | Blue Cross Blue Shield of OK Renewal | Blue Cross Blue Shield of OK Option 1 |
|---|--------------|---|---|--|
| | | MOBAP0030 | MOBAP0030 | MOBAP0081 |
| Monthly Rates | Lives | Current | Renewal | Negotiated |
| Employee Only | 14 | \$510.28 | \$522.60 | \$509.37 |
| Employee + Spouse | 2 | \$1,219.14 | \$1,248.56 | \$1,216.98 |
| Employee + Child(ren) | 1 | \$898.94 | \$920.63 | \$897.34 |
| Employee + Family | 4 | \$1,607.81 | \$1,646.64 | \$1,604.97 |
| | 21 | | | |
| Monthly Premium | | \$16,912 | \$17,321 | \$16,882 |
| Annual Premium | | \$202,949 | \$207,849 | \$202,588 |
| Annual \$ Change | | | \$4,900 | -\$360 |
| Annual % Change | | | 2.4% | -0.2% |
| | | | | \$20,479 |
| | | | | 10.1% |



Renewal Changes - Medical

- Change Base Plan to Option 1
 - Exact same plan benefits as the Buy-Up plan, using Advantage Network
 - Offers better benefits to employees than previous Base Plan.
- Network Differences
 - 96% of paid claims, providers are on Advantage Network
 - Of the 437 providers listed with paid claims, only 49 were not on the Advantage plan, 29 were all from Tulsa Diagnostic Imaging.
 - This yields extremely low provider disruption.
- Default all employees to Base Plan for 2021-2022.
 - Must enroll in Buy-Up plan to change from Base Plan
 - If 90% of employees remain on the Base Plan, and 10% opt to buy up, the City would realize savings of over \$91,000.



Dental Plan

| Dental PPO November 1, 2021 | | Blue Cross Blue Shield of OK Current / Renewal DOMM14 | |
|---|----------|--|----------------|
| Networks | | In-Network | Out-of-Network |
| Calendar Year Maximum | | Blue Cross | OK |
| Calendar Year Deductible | | \$1,500 | \$1,000 |
| Individual | \$50 | \$50 | \$50 |
| Family | \$150 | \$150 | \$150 |
| Diagnostic and Preventive | | No charge | 20% |
| • Oral Exam | | No charge | 20% |
| • Bleeding X-Rays | | No charge | 20% |
| • Full Mouth X-Rays | | No charge | 20% |
| • Teeth Cleaning | | No charge | 20% |
| • fluoride Treatment | | No charge | 20% |
| • Sealants | | No charge | 20% |
| Basic Services | | 20% | 40% |
| • Filling | | 20% | 40% |
| • Anesthesia | | 20% | 40% |
| • Periodontics (Gum disease) | | 20% | 40% |
| • Endodontics (Root Canal) | | 20% | 40% |
| • Simple & Surgical Extractions | | 20% | 40% |
| Major Services | | 50% | 60% |
| • Waxes, Onlays, Crowns | | Not covered | Not covered |
| • Dental Implants | | 50% | 60% |
| • Prosthodontics (Bridges & Dentures) | | 50% | 60% |
| • Repair & Maintenance of Bridgework & Dentures | | Not covered | Not covered |
| Other Services | | Not covered | Not covered |
| • Benefit Percentage | | Not covered | Not covered |
| • Lifetime Maximum | | Not covered | Not covered |
| Out-of-Network Reimbursement | | Amount exceeding allowable charge | |
| Rate Guarantee | | Until 11/1/2022 | |
| Monthly Rates | | Current | Renewal |
| Employee Only | \$26.48 | \$26.48 | \$26.48 |
| Employee + Spouse | \$102.81 | \$62.88 | \$62.88 |
| Employee + Children | \$97.54 | \$67.24 | \$67.24 |
| Employee + Family | \$103.09 | \$103.09 | \$103.09 |
| Monthly Premium | \$2,821 | \$2,821 | \$2,821 |
| Annual Premium | \$33,854 | \$33,854 | \$33,854 |
| Annual % Change | \$0 | \$0 | \$0 |
| Annual % Change | 0.0% | 0.0% | 0.0% |

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Vision Plan



| Vision November 1, 2021 | | VSP Current / Renewal Vision PPO | |
|------------------------------|----|--|------------------------------------|
| Network | | In-Network Copay | Out-of-Network Plan pays up to: |
| | | VSP Choice | N/A |
| Exam | | \$20 | \$45 |
| Lenses | | | |
| Single | | \$30 | \$30 |
| Bifocal | | \$20 | \$50 |
| Trifocal | | \$20 | \$65 |
| Lenticular | | \$20 | \$100 |
| Contact Lenses* | | | |
| Medical Necessary | | \$20 | \$210 |
| Elective | | \$130 allowance | \$105 |
| Frames | | | |
| | | \$150 allowance | \$70 |
| Frequency of Services | | | |
| Eye Examination | | 12 months | 12 months |
| Lenses | | 12 months | 12 months |
| Frames | | 12 months | 12 months |
| Contact Lenses* | | 12 months | 12 months |
| *in lieu of eyeglasses | | | |
| Rate Guarantees | | Until 11/1/2022 | |
| Monthly Rates | | Current | Renewal |
| Employee Only | 56 | \$9.07 | \$9.07 |
| Employee + Spouse | 11 | \$14.51 | \$14.51 |
| Employee + Child(ren) | 2 | \$14.81 | \$14.81 |
| Employee + Family | 9 | \$23.88 | \$23.88 |
| | 77 | | |
| Monthly Premium | | \$903 | \$903 |
| Annual Premium | | \$10,836 | \$10,836 |
| Annual \$ Change | | \$0 | \$0 |
| Annual % Change | | 0.0% | 0.0% |

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Basic Life



| Basic Life and AD&D November 1, 2021 | | Dearborn Current / Renewal | |
|---|--|--------------------------------|---------|
| Eligibility: | | All active full-time employees | |
| Benefit Amount | | | |
| Life Benefits | | \$10,000 | |
| AD&D Benefits | | \$10,000 | |
| Maximum Benefits | | \$10,000 | |
| Guarantee Issue Amount | | \$10,000 | |
| Benefit Reduction Schedule | | | |
| At Age 65 | | 35% | |
| At Age 70 | | 50% | |
| Benefits Highlights | | | |
| Accelerated Death Benefit | | 75% up to \$250,000 | |
| Waiver of Premium | | Included | |
| Conversion | | Included | |
| Seat Belt Provision (AD&D) | | Included | |
| Air Bag Provision (AD&D) | | Included | |
| Repatiation Benefit | | Included | |
| Monthly Rates | | Current | Renewal |
| Rate Guarantee | | Until 11/1/2022 | |
| Estimated Volume | | \$1,333,000 | |
| Basic Life Rate per \$1,000 | | \$0.310 | \$0.310 |
| Basic AD&D Rate per \$1,000 | | \$0.030 | \$0.030 |
| Combined Rate | | \$0.340 | \$0.340 |
| Monthly Premium | | \$463 | \$463 |
| Annual Premium | | \$5,439 | \$5,439 |
| Annual \$ Change | | \$0 | \$0 |
| Annual % Change | | 0.0% | 0.0% |

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NEW – Voluntary Life



| Voluntary Life November 1, 2021 | Dearborn Option 1 |
|--|---|
| Eligibility | All active full-time employees |
| Employee Life Benefit | |
| Increments of | \$10,000 |
| Minimum | \$10,000 |
| Maximum | \$500,000 |
| Guarantee Issue Amount | \$150,000 |
| Spouse Life Benefit | |
| Increments of | \$5,000 |
| Minimum | \$5,000 |
| Maximum | \$150,000 not to exceed 50% of ee's amount |
| Guarantee Issue Amount | \$25,000 |
| Dependent Child(ren) Life Benefit | |
| Increments of | 15 days - 6 months: \$100; 6 months+ : \$10,000 |
| Minimum | 15 days - 6 months: \$100; 6 months+ : \$10,000 |
| Maximum | \$10,000 |
| Guarantee Issue Amount | \$10,000 |
| Benefit Reduction Schedule | |
| % of Original Benefits | |
| At Age 65 | 35% |
| At Age 70 | 50% |
| Benefit Highlights | |
| Waiver of Premium | Included |
| AD&D Benefit | Matches Life benefits |
| Conversion | Included |
| Portability | Included |

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