

City of Mesquite
Vision Bid List
Effective: 1/1/2026

Vendor	AM Best	Financial Size	Comment
Vision			
BCBS	A (Excellent)	XV (\$2 Billion or greater)	<i>Quoted</i>
Community Eye Care	NR	NR	<i>Quoted</i>
EyeMed	A (Excellent)	XV (\$2 Billion or greater)	<i>Incumbent</i>
Eyetopia	NR	NR	<i>Quoted</i>
MetLife	A+ (Superior)	XV (\$2 Billion or Greater)	<i>Quoted</i>
NVA	NR	NR	<i>Quoted</i>
Surency	NR	NR	<i>Quoted</i>
The Standard	A (Excellent)	XV (\$2 Billion or greater)	<i>Quoted</i>
UnitedHealth Care	A+ (Superior)	XV (\$2 Billion or Greater)	<i>Quoted</i>

City of Mesquite

Vision Renewal Analysis

Effective Date: 1/1/2026

	Current Eyemed		Renewal Eyemed		Proposed BCBS	
	In-Sight Network		In-Sight Network		EyeMed Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams	Once every 12 months		Once every 12 months		Once every 12 months	
Exam	\$10 copay	Up to \$42	\$10 copay	Up to \$42	\$10 copay	Up to \$32
Retinal Imaging	Up to \$39 copay	N/A	Up to \$39 copay	N/A	Up to \$39 copay	N/A
Lenses: Standard	Once every 12 months		Once every 12 months		Once every 12 months	
Single Vision	\$10 copay	Up to \$32	\$10 copay	Up to \$32	\$10 copay	Up to \$32
Bifocal	\$10 copay	Up to \$46	\$10 copay	Up to \$46	\$10 copay	Up to \$46
Trifocal	\$10 copay	Up to \$61	\$10 copay	Up to \$61	\$10 copay	Up to \$61
Progressive (standard)	\$60 copay	Up to \$46	\$60 copay	Up to \$46	\$60 copay	Up to \$46
Frame	Once every 24 months		Once every 24 months		Once every 24 months	
	\$130 retail allowance + 20% off amount above allowance	Up to \$68	\$130 retail allowance + 20% off amount above allowance	Up to \$68	\$130 retail allowance + 20% off amount above allowance	Up to \$68
Contacts (in lieu of glasses)	Once every 12 months		Once every 12 months		Once every 12 months	
Fitting and Evaluation	Up to \$40 copay - Standard 10% off retail - Premium	N/A	Up to \$40 copay - Standard 10% off retail - Premium	N/A	Up to \$40 - Standard 10% off retail - Premium	N/A
Elective Contact Lenses	\$150 allowance +15% off balance for conventional and 100% off balance for disposable	Up to \$120	\$150 allowance +15% off balance for conventional and 100% off balance for disposable	Up to \$120	Conventional - 15% off balance over \$150 allowance Disposable - \$150 allowance	Up to \$120
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210	Covered in full	Up to \$210
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A
Participation Requirements	None		None		None	
Rate Guarantee	Under Rate Guarantee		5 yr Rate Guarantee - Until 1/1/2031		2 yr Rate Guarantee - Until 1/1/2028	
Rates	Current Rates		Proposed Rates		Proposed Rates	
Employee Only 794	\$3.99		\$3.99		\$4.75	
Employee + Spouse 245	\$10.41		\$10.41		\$10.44	
Employee + Child 159	\$10.87		\$10.87		\$10.92	
Employee + Family 263	\$15.70		\$15.70		\$15.91	
Monthly Total 1,461	\$11,575.94		\$11,575.94		\$12,249.91	
Annual Total	\$138,911.28		\$138,911.28		\$146,998.92	
Difference in Premium	-		\$0.00		\$8,087.64	
% Difference	-		0%		6%	

Notes:

•30-50% discount on contact lens exam
 •Healthy eyes wellness program (make sure to double check rate sheet on this one)
 •Up to 64% off hearing aids
 •40% add'l complete pair of prescription glasses
 •20% off non covered items (non-prescription sunglasses)

•Missing lenticular lens benefit for in/out of network
 •Add hearing benefit & additional pair benefit
 •Conventional 15% off balance over \$150
 •Disposable \$150 allowance

Disclaimer:

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage or policy for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern. Rates shown are not final until final underwriting is approved by the carrier.

City of Mesquite

Vision Renewal Analysis

Effective Date: 1/1/2026

	Current		Proposed		Proposed		Proposed		Proposed	
	Eyemed In-Sight Network		Community Eye Care VSP Network		Eyetopia 130/150 (Standard Plan) GEO Network		Eyetopia 180/300H (Gold Plan) GEO Network		MetLife Davis Vision Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Exam	\$10 copay	Up to \$42	\$10 copay or \$0 copay at Visionworks	Up to \$50	\$10 copay	Up to \$45	\$5 copay	Up to \$45	\$10 copay	Up to \$45
Retinal Imaging	Up to \$39 copay	N/A	Up to \$39 copay	N/A	N/A	N/A	N/A	N/A	Up to \$39 copay	N/A
Lenses: Standard	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Single Vision	\$10 copay	Up to \$32	Covered under the \$175 allowance	100% up to \$175 allowance	Covered in full	Up to \$27.03	Covered in full	Up to \$27.03	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$46			Covered in full	Up to \$43.24	Covered in full	Up to \$43.24	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$61			Covered in full	Up to \$57.43	Covered in full	Up to \$57.43	\$10 copay	Up to \$65
Progressive (standard)	\$60 copay	Up to \$46			\$200 allowance	Up to \$87.50	\$220 allowance	Up to \$87.50	\$50 copay	Up to \$50
Frame	Once every 24 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
	\$130 retail allowance + 20% off amount above allowance	Up to \$68	Covered under the \$175 allowance	Up to \$175 allowance	\$130 allowance	Up to \$60.65	\$180 allowance	Up to \$82.50	\$150 retail allowance + 20% off amount above allowance (except Costco, Walmart/Sam's)	\$70 allowance
Contacts (in lieu of glasses)	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Fitting and Evaluation	Up to \$40 copay - Standard 10% off retail - Premium	N/A	\$40 copay or \$0 copay at Visionworks	Up to \$48	Included in allowance	Up to \$123.20	Included in allowance	Up to \$246.40	15% discount	Applied to the contact lense allowance
Elective Contact Lenses	\$150 allowance +15% off balance for conventional and 100% off balance for disposable	Up to \$120	Covered under the \$175 allowance	100% up to \$175 allowance	\$150 allowance	Up to \$126	\$300 allowance	Up to \$252.00	\$150 allowance	\$105 allowance
Medically Necessary	Covered in full	Up to \$210	Covered under the \$175 allowance	100% up to \$175 allowance	\$550 allowance	Up to \$252	\$700 allowance	Up to \$252.00	Covered in full	\$210 allowance
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A	Up to 35% off retail price	N/A	\$350 eye-contract \$75 non-contract	N/A	\$500 eye-contract \$150 per eye non- contract	N/A	20-35% off retail price	N/A
Participation Requirements	None		None		None		None		100%	
Rate Guarantee	Under Rate Guarantee		4 yr Rate Guarantee - Until 1/1/2030		3 yr Rate Guarantee - Until 1/1/2029		3yr Rate Guarantee - Until 1/1/2029		3 yr Rate Guarantee - Until 1/1/2029	
Rates	Current Rates		Proposed Rates		Proposed Rates		Proposed Rates		Proposed Rates	
Employee Only	794	\$3.99	\$4.47		\$6.00		\$16.00		\$4.37	
Employee + Spouse	245	\$10.41	\$8.94		\$11.00		\$24.00		\$9.62	
Employee + Child	159	\$10.87	\$9.89		\$14.00		\$34.00		\$10.06	
Employee + Family	263	\$15.70	\$15.29		\$18.00		\$38.00		\$14.65	
Monthly Total	1,461	\$11,575.94	\$11,333.26		\$14,419.00		\$33,984.00		\$11,279.17	
Annual Total		\$138,911.28	\$135,999.12		\$173,028.00		\$407,808.00		\$135,350.04	
Difference in Premium		-	(\$2,912.16)		\$34,116.72		\$268,896.72		(\$2,561.24)	
% Difference		-	-2%		25%		194%		-3%	

Notes:

- 20% discount coverage for glasses
- 10% overage for contacts
- 20% off add'l glasses w/in 12 months last exam
- Hearing discount
- Enchroma 20% off
- \$0 copay at vision works (exams,contacts,eyewear)
- Eye wear allowance flexibility applies to frames, lenses, contacts, non-prescription, specialty lens, safety glasses or any combo of these categories

- Material option \$45 allowance
- Material copay (glasses) \$20
- Vision screening at health fair

- Materials option \$65 allowance
- Materials copay(glasses) none
- Hearing benefit increase yearly 1year \$750 2nd year \$1,600 3rd year \$2,550

- Additional pairs
- 50% off complete pairs at Vision works (sunglasses & eyeglasses)
- 30% off at other participating providers
- 20% off UCR & 20% on contact lenses
- 20% off any amt over frame allowance
- 45% off any amt over contact allowance & 15% discount on add'l contacts
- Up to 40% off name brand hearing aids

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City of Mesquite
Vision Renewal Analysis
Effective Date: 1/1/2026

	Current Eyemed		Proposed NVA		Proposed Surency		Proposed The Standard EyeMed Network		Proposed United Health Care UHC Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Exam	\$10 copay	Up to \$42	\$10 copay	Up to \$42	\$10 copay	Up to \$42	\$10 copay	Up to \$35	\$10 copay	N/A
Retinal Imaging	Up to \$39 copay	N/A	Up to \$39 copay	N/A	Up to \$39 copay	N/A	N/A	N/A	Up to \$39 copay	N/A
Lenses: Standard	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Single Vision	\$10 copay	Up to \$32	\$10 copay	Up to \$32	\$10 copay	Up to \$32	\$10 copay	Up to \$25	Covered in full	Up to \$40
Bifocal	\$10 copay	Up to \$46	\$10 copay	Up to \$46	\$10 copay	Up to \$46	\$10 copay	Up to \$40	Covered in full	Up to \$60
Trifocal	\$10 copay	Up to \$61	\$10 copay	Up to \$61	\$10 copay	Up to \$61	\$10 copay	Up to \$55	Covered in full	Up to \$80
Progressive (standard)	\$60 copay	Up to \$46	Member cost- up to \$70	N/A	\$65 copay	Up to \$46	\$65 + Leans deductible	N/A	\$65 + Leans deductible	N/A
Frame	Once every 24 months		Once every 24 months		Once every 12 months		Once every 24 months		Once every 24 months	
	\$130 retail allowance + 20% off amount above allowance	Up to \$68	\$125 allowance	Up to \$68	\$150 retail allowance + 20% off amount above allowance	Up to \$68	\$125 allowance	Up to \$75	\$130 allowance + 30% off amount above allowance	Up to \$45
Contacts (in lieu of glasses)	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Fitting and Evaluation	Up to \$40 copay - Standard 10% off retail - Premium	N/A	\$50 allowance	Up to \$50	Up to \$40 copay - Standard 10% off retail - Premium	N/A	Up to \$40 allowance	N/A	Up to \$40 allowance	\$0
Elective Contact Lenses	\$150 allowance +15% off balance for conventional and 100% off balance for disposable	Up to \$120	\$150 allowance	Up to \$120	Conventional - 15% off balance over \$150 allowance Disposable - \$150 allowance	Up to \$120	\$150 allowance	Up to \$120	\$150 allowance	Up to \$125
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210	Covered in full	Up to \$210	Covered in full	Up to \$200	Covered in full	Up to \$210
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A	Discounts at participating LASIK Providers	N/A	15% off retail price	N/A	15% off retail price or 5% off promotional price	N/A	Up to 35% off retail price	N/A
Participation Requirements	None		10 Enrollees		50%		60%		75%	
Rate Guarantee	Under Rate Guarantee		4 yr Rate Guarantee - Until 1/1/2030		3 yr Rate Guarantee - Until 1/1/2029		2 yr Rate Guarantee - Until 1/1/2028		3 yr Rate Guarantee - Until 1/1/2029	
Rates	Current Rates		Proposed Rates		Proposed Rates		Proposed Rates		Proposed Rates	
Employee Only 794	\$3.99		\$3.75		\$4.85		\$5.22		\$6.57	
Employee + Spouse 245	\$10.41		\$8.24		\$10.82		\$11.48		\$14.45	
Employee + Child 159	\$10.87		\$8.62		\$11.32		\$12.00		\$14.94	
Employee + Family 263	\$15.70		\$12.56		\$16.48		\$17.48		\$22.01	
Monthly Total 1,461	\$11,575.94		\$9,670.16		\$12,635.92		\$13,462.52		\$16,920.92	
Annual Total	\$138,911.28		\$116,041.92		\$151,631.04		\$161,550.24		\$203,051.04	
Difference in Premium	-		(\$22,869.36)		\$12,719.76		\$22,638.96		\$64,139.76	
% Difference	-		-16%		9%		16%		46%	

Notes:

*Contact Fit & Follow Up completely update: IN Daily Wear \$20/ Extended Wear \$30/ Specialty Wear \$50
 OON Up to \$20/Up to \$30/Up to \$50
 *Contact lens up to \$105 allowance at Walmart & Sam's Club
 *NVA eye essential discount plan
 *Frame \$50 walmart/Sam's
 *Up to 60% savings

*Frames 20% off balance over \$150 allowance
 *Conventional 15% off balance over \$150 allowance
 *Disposable \$150 allowance
 *40% off add'l eyeglasses/sunglasses, 20% off non covered items (cleaning cloths/solution)
 *20% off remaining balance beyond plan coverage
 *40% off hearing discount & 20% off discount on GoodYear Tires

*Standard Contact Up to \$40
 *Premium Contact 10% off retail (Updated Contact Lens & Fit)
 *Discounts 15% off remaining excess balance on conventional lenses
 *20% off remaining excess balance on frame allowance
 *40% off complete pair of glasses after exhausted benefit
 *15% off conventional contact lenses after exhausted benefit

*Other lens option 20-60% off retail pricing
 *Children 0-18 replacement eye glasses

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MARSH & MCLENNAN AGENCY: COMPENSATION GUIDE FOR CLIENTS

3/15/24 Ed:

Marsh & McLennan Agency LLC ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: <https://mma.marshmma.com/non-us-affiliates>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf.

MMA receives compensation through one or a combination of the following methods:

Retail Commissions – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client. If MMA places business through an affiliated wholesale broker or managing general agent, MMA will advise the client of this at or prior to placement.

Client Fees – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.

Contingent Commissions – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.



- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.
- **Medallion Program and Sponsorships** – Pursuant to MMA's Medallion Program, participating carriers sponsor educational programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.
- **Other Compensation & Sponsorships** – From time to time, MMA may be compensated by insurers for providing administrative services on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events. MMA may also have arrangements with vendors who compensate MMA for referring clients for vendor services.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <https://www.marshmma.com/us/compensation-guide.html>.

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law. McGriff.com

Broker Compensation Disclosure Requirements

Section 202 of the Consolidated Appropriations Act, 2021 (“CAA”), requires entities providing brokerage and consulting services (referred to collectively as “covered service providers”), including their affiliates and subcontractors, who expect to receive \$1,000 or more in direct or indirect compensation, to provide plan fiduciaries with a written disclosure “reasonably in advance of” when the contract is entered, extended, or renewed. The effective date of the requirement is December 27, 2021 and applies to contracts executed on or after December 27, 2021.

Disclosures are required to include:

- A description of the services to be provided to the covered plan pursuant to the contract.
- Where applicable, a statement that the covered service provider (or their affiliate or subcontractor) will provide, or reasonably expects to provide, services pursuant to the contract directly to the covered plan as a fiduciary.
- A description of all direct compensation, either in the aggregate or by service, the covered service provider (or their affiliate or subcontractor) reasonably expects to receive from the covered plan in connection with services provided under the contract.
- A description of all indirect compensation, including compensation from a vendor to a brokerage firm based on a structure of incentives not solely related to the contract with the covered plan that the covered service provider reasonably expects to receive in connection with services provided under the contract. Indirect compensation excludes any compensation received by an employee from an employer. Further compensation from the covered service provider (or their affiliate), the covered plan, or the plan sponsor is not indirect compensation.

In addition to the above, for any indirect compensation, the disclosure must also include:

- A description of the arrangement between the payer and covered service provider (or their affiliate or subcontractor) pursuant to which indirect compensation is paid;
- Identification of the services for which the indirect compensation will be received, if applicable; and
- Identification of the payer of indirect compensation.
- A description of any compensation provided on a transaction basis (such as commissions, finder’s fees, or other similar incentive compensation based on business placed or retained) that will be paid among the covered service provider (or their affiliate or subcontractor) in connection with the services provided under the contract. This should include an identification of the services for which such compensation will be paid and identification of the payers and recipients of such compensation as well as the status of a payer or recipient as an affiliate or a subcontractor, regardless of whether such compensation also is disclosed pursuant to any other provision.
- A description of any compensation that the covered service provider (or their affiliate or subcontractor) reasonably expects to receive in connection with termination of the contract or arrangement, and how any prepaid amounts will be calculated and refunded upon such termination.
- A description of the manner in which such direct or indirect compensation will be received.

Compensation may be expressed in a monetary amount, formula, or per capita charge based on enrollment counts, or another reasonable method if it cannot reasonably be expressed in one of the other manners. If additional compensation can be earned, but it is not calculable at the time of the contract, then the disclosure must include a description of the circumstances under which the additional compensation may be earned and a reasonable, good faith estimate if the covered service provider cannot readily describe compensation or cost and explains the methodology or assumptions used to prepare their estimate. Disclosure of compensation in ranges may be reasonable in circumstances when the occurrence of future events or other features of the service arrangement could result in the covered service provider’s compensation varying within a projected range.

In addition to the above, the covered service provider must update its disclosures:

- Within 60 days of being informed of a change to the information already disclosed (or as soon as practicable if disclosure is precluded due to circumstances beyond the covered service provider’s control)
- To correct any inadvertent errors or omissions within 30 days of discovering the error or omission

Further, covered service providers must provide its disclosure within 90 days of a written request by the plan fiduciary.

Broker Compensation Disclosure Form

McGriff (the Company) is committed to helping our clients make informed financial decisions. To honor our commitment, we strive to provide information that is clear, relevant, and accurate to help clients select services that best meet their needs. Our goal is to build a better future for our clients and communities and we are committed to full transparency in all aspects of our client relationships.

Our principal remuneration for the placement and service of your Employee Benefit Programs will be by commission (a proportion of the premium paid that is allowed to us by the insurance company(ies)) and/or a mutually agreed fee. You should be aware that we may receive additional income from the following sources:

Tier II / Supplemental Compensation is related to the placement of Employee Benefits coverage(s) and the placement of Employee Benefits insurance. Tier II / Supplemental Compensation requires certain conditions to be met in order to achieve that compensation. Tier II Supplemental compensation may be earned based on measurable aspects of new business and/or persistency of existing business. It can also be earned based on enrollment, number of clients, premium volume, addition of lines of coverage, certain scaled thresholds or other quantifiable action related to Employee Benefits business. This might include compensation from any of the below referenced insurers, vendors, or other third parties. As such, it is possible that no Tier II / Supplemental Compensation will be paid if the Company does not meet performance requirements. Due its variable nature, Tier II / Supplemental Compensation cannot be calculated as of the time this disclosure is made to you, or prior to the date the Company's executed, extended, or renewed contract with you is effective. In accordance with applicable guidance, however, we have provided you reasonable ranges for potential Tier II/Supplemental Compensation based on a percentage of total premium. The ranges provided for Tier II / Supplemental Compensation were based on a range between no Tier II/Supplemental Compensation being earned and the maximum Tier II/Supplemental Compensation being earned as provided in any agreement between the insurer, vendor or other third party and the Company.

Further details of Tier II / Supplemental Compensation structures are available upon request. Compensation may be in the form of additional commissions, bonuses, or benefits ("compensation").

The Company may also receive **non-cash compensation** from certain insurers, vendors, or other third parties that is not in connection with any particular client. This compensation includes such items as gifts valued at less than \$100 annually, entertainment, or reimbursement in connection with educational meetings, client workshops or events, or marketing or advertising initiatives, including services for identifying prospective clients. The Company may also receive corporate sponsorships for meetings, training, or other programming we provide for you and other clients, or for our own internal purposes. Like Tier II/Supplemental Compensation, potential non-cash compensation cannot be calculated at the time this disclosure is made to you but, in accordance with applicable guidance, we have provided you a reasonable range of the potential non-cash compensation as a percentage of total premium.

The following constitutes McGriff's disclosure of direct and indirect compensation the Company will receive or reasonably expects to receive for the period of **January 1, 2025 through December 31, 2025** in connection with the below referenced services it provides to **City of Mesquite**. (the "Client" or "you"), and as outlined in your Fee Agreement, Employee Benefits Broker Service Agreement or other arrangement/contract for services with McGriff.

We provide brokerage services for the **selection of** the following products or services as well as consulting services for the **development and implementation** of those products or services :

- insurance products (including vision and dental),
- recordkeeping services,
- medical management services and vendors,
- benefits administration (including vision and dental),
- stop-loss insurance,
- pharmacy benefit management services,
- wellness services (including design and management),
- transparency tools and vendors,
- group purchasing organizations
- preferred vendor panels,
- disease management vendors and products,
- compliance services,
- employee assistance programs,
- third party administration services

We also provide consulting services with respect to development and implementation of plan design.

The Fee Agreement \$35,000 annual and Employee Benefits Broker Service Agreement between the Company and the Client are hereby incorporated by reference, if applicable .

The Company does not provide the above-referenced services to the Client in the capacity as a plan fiduciary under ERISA.



Compensation

Compensation received by the Company directly from the Client is outlined in the above-referenced Fee Agreement. The Company reasonably expects to receive compensation from sources other than the Client related to the lines of coverage and/or services listed below. In the event the Client is referred by Company and/or works directly with affiliates of the Company, such affiliates are under the same disclosure obligations as the Company and will separately disclose the required

Payer Category	Payer Name	Base Compensation / Commission	Tier II / Supplemental Comp or Commission	Non-cash Comp
Medical & Rx	BCBS TX	\$1.68 PEPM	0%-1.71%	<1%
Dental	Cigna	N/A	0% to 4.17%	<1%
Vision	Eyemed	N/A	0% to 4.1%	<1%
StopLoss	Voya	N/A	0% to 4.1%	<1%

Compensation among the Company its Affiliates and Subcontractors

There is no compensation provided on a transaction basis (such as commissions, finder's fees, or other similar incentive compensation based on business placed or retained) that will be paid among the Company and its affiliates or subcontractors in connection with the services provided in this disclosure. [If this statement is not accurate provide: (i) the services for which such compensation will be paid. (ii) the payers and recipients of such compensation including the status of the payer or recipient as an affiliate or subcontractor) and iii) a description of the manner in which the compensation will be received.]

Termination Compensation

The Company will not receive any special compensation in connection with the termination of the services described in this disclosure. [If this statement is inaccurate provide a description of any termination compensation (early or otherwise) that will be paid by the Client to McGriff an affiliate or any subcontractor. If this statement is accurate you have the option of deleting this Termination Compensation section]

Confidentiality

This disclosure and its contents, including the fees arrangement we have reached, is confidential, as is any advice that I provide to you. To that end, by signing below, you agree not to disclose the contents of this letter to third parties unless you are required to do so by law.

Other Party's Disclosures

This disclosure document includes the disclosures the Company is required to make in accordance with ERISA Section 408(b)(2) and applicable State laws. Any other plan service provider that is subject to the 408(b)(2) disclosure requirements is required to make its own independent 408(b)(2) disclosure and any such disclosures are not included in this disclosure.

Should you have any questions about any of the above information or require additional information, please don't hesitate to contact Cynthia Lopez at cynthia.lopez@mcgriff.com.

The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

Date: June 30, 2025

Scott Gibbs

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Provider Security Standards

McGriff

The following is a brief summary of the measures that we have taken as your agent/broker to review and objectively report to you the financial security of your insuring companies. Information is included from A.M. Best Company, our primary security rating source, and the internal policies and standards, which we have established to address this important issue for our clients.

Market Security Review

McGriff has established and continues to maintain an internal "Market Security Review Group" composed of senior management representatives from the Finance, Marketing, Wholesale, and Administrative Divisions of the company. This Group's purpose is to develop and implement a policy, procedure, and standard for the review of financial security of all insurers, intermediaries, and associations used by McGriff.

This Group meets periodically to review the current listing of all companies, intermediaries, and associations that are actively used by McGriff. It will also act on any pending requests received from an agency to have new providers activated, and to inactivate any providers that do not meet current McGriff standards.

Provider Classifications

"Approved Provider" – A.M. Best Secured Rating with a minimum rating of A-, Demotech Financial Stability Rating of A, Exceptional or ALIRT score of 35 with five (5) or fewer flags. For foreign insurers whose rating is not tracked by A.M. Best, other internationally recognized rating organizations will be used.

"Exception Provider" – Any provider whose Best's rating is below "A-". The A.M. Best's rating of an "exception" provider will be included on all McGriff proposals delivered to clients or prospects. In addition, these providers which have been reviewed by the Market Security Review Group and the client may be considered an exception security based on other factors. The client may be required to sign a form of disclaimer or acknowledgement of receipt of this information.

"Prohibited Provider" – All other providers not mentioned in one of the paragraphs above. These providers will not be set up for active use in the McGriff agency management system(s) at any time, for any reason.

History – A.M. Best Company was incorporated in 1899 as the first rating agency in the world to offer reliable information on the financial condition of U.S. insurance companies. The **Best's Rating Guide** was first published in 1900, and has since become a cornerstone of the security review process by continuously evaluating the financial integrity of over 4,100 insurance companies. In 1984, the first edition of the **Best's International Rating Guide** was published, reporting on the claims-paying ability of over 950 international insurers.

The information used by Best's to rate insurance carriers is provided by the companies themselves as a part of their normal filings with the National Association of Insurance Commissioners, those states in which the company is licensed, the SEC and/or with its shareholders. Rating reviews are performed annually on each insurance company and on an interim basis as conditions dictate.

Best's Rating System – The Best's rating system is designed to evaluate a wide range of objective and subjective factors that affect the overall performance of an insurance company (not applicable to associations or intermediaries). These factors deal with the company's financial strength, its operational performance, and its ability to meet its financial obligations to policyholders, as follows:

- Profitability
- Spread of Risk
- Quality of Reinsurance Program
- Leverage/Capitalization
- Quality and Diversification of Assets
- Liquidity
- Adequacy of Policy Loss Reserves
- Adequacy of Policyholder's Surplus
- Capital Structure
- Management Experience and Objectives

A.M. Best's Ratings

Assigned to insurers which meet Best's standards for the quantitative and qualitative analysis of the company's financial condition and operating performance. For further information, see the Best's Guide to Ratings – www.ambest.com



Non-Admitted Carriers

An insurance company not licensed to do business in a given state. These insurers are not subject to the financial solvency and enforcement regulations that are required for admitted carriers. These insurers do not participate in any of the insurance guarantee funds. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

Insurer	Coverage	A.M. Best Rating

Payment Terms

When policies are billed directly by a carrier, clients may contact us for assistance, however, McGriff is not permitted to notify clients of late payments or pending cancellation.

Premium paid to carriers must be received by the carrier on or before the due date.

When policies are directly billed by McGriff:

Invoices are due on the effective date or transaction date, whichever is later

Payments should be made from invoice as no statement will be issued.

Payments must be received no later than the 28th day after the due date to avoid cancellation.

Managing Eligibility of Group Plans

Enrollments, Terminations and changes of Employee information under Group plans must be made in accordance with insurance carrier specific requirements. McGriff recommends Employers review insurance carrier bills each month to ensure employees are added, termed, or that necessary changes have been made. In addition, we request reporting any discrepancies promptly to McGriff or directly to the insurance carrier in order for the discrepancy to be addressed immediately.

Confidentiality Statement

Confidentiality of Client Information is critically important to McGriff. All client information provided to McGriff will be shared only to the extent needed within our firm and with the appropriate insurance carriers, wholesale brokers and intermediaries. No information will be divulged to any other source without our clients prior written consent, except as required by law.

Furthermore, all information provided by McGriff is considered proprietary information and should not be shared with anyone without our prior written consent.

Disclaimer

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage or policy for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern. Rates shown are not final until final underwriting is approved by the carrier.

Client References

As another way to further protect the confidentiality of our clients' information, references will be provided to you on request.



Third Party Referral Disclaimer

From time to time, McGriff may share opinions or content regarding third parties, or make referrals to third party products and services ("Third Party Services"). Any Third-Party Services, or links to third party sites shared or posted on McGriff website or social media sites do not constitute an endorsement of any individual, organization, service, or product by McGriff, nor does such activity indicate an affiliation with or sponsorship of the third party by McGriff. Any third-party claims regarding their products or services contained in their written materials or on the third-party websites are those of the respective authors and do not reflect the affirmation, concurrence or agreement, of McGriff, its employees, directors, officers, parents, or affiliates that those claims are accurate. MCGRIFF IS NOT LIABLE FOR ANY THIRD-PARTY SERVICES OR THE STORAGE OR BREACH OF YOUR CONFIDENTIAL INFORMATION RELATED TO SUCH THIRD-PARTY SERVICES. WE ARE NOT RESPONSIBLE

FOR AND DO NOT OFFER ANY WARRANTY REGARDING THE QUALITY, ACCURACY, TIMELINESS, RELIABILITY OR ANY OTHER ASPECTS OF PRODUCTS OR SERVICES FROM THIRD PARTIES. YOU RELEASE US FROM ANY DAMAGES THAT YOU INCUR, AND AGREE NOT TO ASSERT ANY CLAIMS AGAINST US ARISING FROM YOUR USE OF PRODUCTS OR SERVICES FROM THIRD PARTIES.