

**City of Mesquite
Dental Marketing Analysis
Effective: 1/1/2025**

Vendor	AM Best	Financial Size	Comment
Dental			
Aetna	A (Excellent)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Ameritas	A+ (Excellent)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
BCBTX	A (Excellent)	XV (\$2 Billion or greater)	<i>Quoted</i>
CIGNA	A (Excellent)	XV (\$2 Billion or greater)	<i>Current Vendor</i>
Delta Dental	A (Excellent)	XV (\$2 Billion or greater)	<i>Quoted</i>
Guardian	A++ (Superior)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Humana	A (Excellent)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Metlife	A+ (Superior)	XV (\$2 Billion or greater)	<i>Quoted</i>
Mutual of Omaha	A+ (Superior)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Standard	A (Excellent)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Sunlife	A+ (Superior)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Reliance	A++ (Superior)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
Renaissance	A (Excellent)	XV (\$2 Billion or greater)	<i>Declined to Quote</i>
United Concordia	A (Excellent)	IX (\$250 Million to less than \$500 Million)	<i>Declined to Quote</i>

This is not an insurance contract: This proposal is for comparison purposes only. Please refer to certificate booklet or proposal for additional details, including limitations and exclusions.

Final rates and benefits will be determined by actual enrollment and plan selection.

**City of Mesquite
 DPPO Non-Executive
 Dental Marketing Analysis
 Effective Date:
 1/1/2025**

Benefits	Current	Renewal	Proposed	Proposed-Plan A Opt 1	Proposed
	Cigna DPPO - Non Executive	Cigna DPPO - Non Executive	BCBSTX DPPO-Mid Plan	Delta Dental DPPO	MetLife DPPO Choice
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Ded Waived for Preventive	Yes	Yes	Yes	Yes	Yes
Preventive	100% No Deductible	100% No Deductible	100%	100%	100%
Basic	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	80%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%
Major	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	50%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%
Coverage for Eligible Children and Adults	50%, No Ortho Deductible	50%, No Ortho Deductible	50%, No Ortho Deductible (age 19)	50%, No Ortho Deductible	50%, No Ortho Deductible
Ortho Coverage	50%	50%	50%	50%	50%
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
R&C Percentage	90% - Submitted	90% - Submitted	90%	90%	90%
Waiting Period	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	None	50% on Class 3 and 4 for 24 months	will match your current contract.
Progression	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	N/A	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	Criteria: 1 exam and cleaning in prior year. Increase coinsurance percentage for Type B and Type C by 5% the following year; subject to a total coinsurance increase of 15%.
Rate Guarantee	1 year - until 12/31/2024	2 Years- until 12/31/2026	1 year - until 12/31/2025	3 Years - until 12/31/2027	1 Year - until 12/31/2025
Rates	Enr.	Current Rates	Renewal Rates	Proposed Rates	Proposed Rates
Employee Only	272	\$40.43	\$40.43	\$45.93	\$40.43
Employee+ Spouse	101	\$91.00	\$91.00	\$103.38	\$91.00
Employee+Child(ren)	77	\$85.53	\$85.53	\$93.75	\$82.53
Employee+ Family	108	\$133.11	\$133.11	\$151.21	\$133.11
Monthly Total	558	\$41,149.65	\$41,149.65	\$46,483.77	\$40,918.65
Annual Total		\$493,795.80	\$493,795.80	\$557,805.24	\$491,023.80
\$ Over Current			\$0.00	\$64,009.44	-\$2,772.00
% Over Current			0.00%	12.96%	-0.56%

Note:

Rate pass
 5% cap for year 3 & 4
 Live Customer service 24/7/365,
 virtual dental consultant, smart
 scan screening

\$100,000 medical credit,
 \$50,000 dental, \$1.00 PEPM
 Discount to medical = \$13,200
 credit

Pregnancy benefit: 1 oral eval & 1
 additional prophylaxis or 1 periodontal
 scaling/root planning procedure
 Smile Way Enhanced Benefits

Rate cap of 7% for years 2& 3
 MetLife mobile app

Disclaimer:

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**City of Mesquite
 DPPO Executive
 Dental Marketing Analysis
 Effective Date:
 1/1/2025**

Benefits	Current	Renewal	Proposed	Proposed-Plan A Opt 2	Proposed	
	Cigna DPPO - Executive	Cigna DPPO - Executive	BCBSTX DPPO- High Plan	Delta Dental DPPO	MetLife DPPO Choice Enhanced	
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	
Calendar Year Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
Ded Waived for Preventive	Yes	Yes	Yes	Yes	Yes	
Preventive	100% No Deductible	100% No Deductible	100%	100% No Deductible	100%	
Basic	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	80%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	Progressive, After Deductible Yr. 1: 80%; Yr. 2: 85%; Yr. 3: 90%; Yr. 4:95%	
Major	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	50%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	Progressive, After Deductible Yr. 1: 50%; Yr. 2: 55%; Yr. 3: 60%; Yr. 4:65%	
Coverage for Eligible Children and Adults	50%, No Ortho Deductible	50%, No Ortho Deductible	50%, No Ortho Deductible (age 19)	50%, No Ortho Deductible	50%, No Ortho Deductible	
Ortho Coverage	50%	50%	50%	50%	50%	
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
R&C Percentage	90% - Submitted	90% - Submitted	90%	90%	90%	
Waiting Period	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	None	50% on Class 3 and 4 for 24 months	will match your current contract.	
Progression	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	N/A	Member benefits progress to the next level by utilizing Class 1 services in the prior year,	Criteria: 1 exam and cleaning in prior year. Increase coinsurance percentage for Type B and Type C by 5% the following year; subject to a total coinsurance increase of 15%.	
Rate Guarantee	1 year - until 12/31/2024	2 Years- until 12/31/2026	1 year - until 12/31/2025	3 Years - until 12/31/2027	1 Year - until 12/31/2025	
Rates	Enr.	Current Rates	Renewal Rates	Proposed Rates	Proposed Rates	Proposed Rates
Employee Only	176	\$42.42	\$42.42	\$48.19	\$42.42	\$42.42
Employee+ Spouse	69	\$95.46	\$95.46	\$108.44	\$95.46	\$95.46
Employee+Child(ren)	56	\$86.58	\$86.58	\$98.35	\$86.58	\$86.58
Employee+ Family	110	\$139.64	\$139.64	\$158.63	\$139.64	\$139.64
Monthly Total	411	\$34,261.54	\$34,261.54	\$38,920.70	\$34,261.54	\$34,261.54
Annual Total		\$411,138.48	\$411,138.48	\$467,048.40	\$411,138.48	\$411,138.48
\$ Over Current			\$0.00	\$55,909.92	\$0.00	\$0.00
% Over Current			0.00%	13.60%	0.00%	0.00%

Note:

Rate pass
 5% cap for year 3 &4
 Live Customer service
 24/7/365, virtual dental
 consultant, smart scan
 screening

\$100,000 medical credit,
 \$50,000 dental, \$1.00 PEPM
 Discount to medical = \$13,200
 credit

Pregnancy benefit: 1 oral eval
 & 1 additional prophylaxis or 1
 periodontal scaling/root
 planning procedure
 Smile Way Enhanced Benefits

Rate cap of 7% for years 2& 3
 MetLife mobile app

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City of Mesquite DHMO Marketing Analysis

Effective Date: 1/1/2025

Benefits	Current	Renewal	Proposed	Proposed	Proposed
	Cigna DHMO	Cigna DHMO	BCBSTX Low Plan	Delta Dental USA Plan 16B	MetLife DHMO
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
Deductible	N/A	N/A	\$50 Individual \$150 Family	N/A	N/A
Calendar Year Maximum	None	None	\$750	None	None
Diagnostic/Preventative					
Office Visit Copay	\$5	\$5	100%	\$5	\$5
Oral Exam	Periodic Oral Evaluation \$0	Periodic Oral Evaluation \$0		Periodic Oral Evaluation \$0	Periodic Oral Evaluation \$0
Routine Cleanings	Bitewing Complete Series \$0	Bitewing Complete Series \$0		Prophylaxis Child /Adult \$0	Bitewings - Four Radiographic
Fluoride Applications	Panoramic Film \$0	Panoramic Film \$0		Fluoride Topical \$0	Panoramic Film \$0
Sealants	Prophylaxis child/adult \$0	Prophylaxis child/adult \$0		Sealant -per tooth\$12	Sealant - Per Tooth \$0
Space Maintainers	Sealant per tooth \$17	Sealant per tooth \$17		Space Maintainer \$110-\$180	Space Maintainers - \$25
Basic Restorative Care					
Basic	Amalgam 1-4 +surfaces	Amalgam 1-4 +surfaces	50%	Amalgam 1-4 +surfaces \$0	Amalgam 1-4+ Surfaces =
Fillings	\$23-\$40	\$23-\$40		\$0-\$88	\$12-\$25, Resin-based
Full Mouth X-Ray	Resin-based composite	Resin-based composite		X-Ray \$0	Full Mouth X-Ray \$0
Bitewing X Ray	\$47-\$115	\$47-\$115		Bitewing \$0	Bitewing X-Ray \$0
Panoramic X Ray	Endodontic Therapy (root	Endodontic Therapy (root		Panoramic X-Ray \$0	Panoramic X-Ray \$0
Root Canal Therapy	\$595	\$595		\$210-\$335	\$265 - \$375
Oral Surgery-Simple Extraction	Periodontal Maintenance \$93	Periodontal Maintenance \$93	Simple extraction \$12	Extraction - \$5 - \$50	
Major Restorative Care					
Major Restorative	Inlay-metallic -3 surfaces=\$435	Inlay-metallic -3 surfaces=\$435	25%		Inlay/Onlay-Metallic Crown - \$210
Crowns	Crown Titanium \$490	Crown Titanium \$490		Crown Titanium \$460	Inlay/Onlay - Porcelain/ceramic
Dentures	Immediate denture \$75	Immediate denture \$75		Immediate denture \$680	Immediate denture - \$505
Endodontics and Periodontics	See Charge Schedule	See Charge Schedule		See Charge Schedule	Please see Schedule of Benefits
Orthodontia					
Treatment Fee	24 Month Treatment Fee	24 Month Treatment Fee	Not covered	24 Month Treatment Fee	Benefits cover 24 months of usual & customary
Children	\$2,472	\$2,472		\$1,530.00	Limited Orthodontic Treatment \$1,260; Comprehensive Orthodontic Treatment - \$2,410
Adult	\$3,384	\$3,384		\$1,730.00	
R&C Percentage	90% - Submitted	90% - Submitted	MAC	N/A	N/A
Rate Guarantee	1 year - until 12/31/2024	2 Years - until 12/31/2026	1 year-until 12/31/2025	3 Years - until 12/31/2027	2 Years-until 12/31/2026
Dental Enrollment & Rates	DHMO	Current Rates	Renewal Rates	Proposed Rates	Proposed Rates
Employee Only	226	\$10.95	\$10.95	\$17.45	\$10.95
Employee + Spouse	66	\$21.98	\$21.98	\$39.28	\$21.98
Employee + Child(ren)	35	\$24.15	\$24.15	\$35.63	\$24.15
Employee + Family	65	\$35.70	\$35.70	\$57.46	\$35.70
Monthly Total	392	\$7,091.13	\$7,091.13	\$11,518.13	\$7,091.13
Annual Total		\$85,093.56	\$85,093.56	\$138,217.56	\$85,093.56
Annual Diff Over Current		\$0.00	\$0.00	\$53,124.00	\$0.00
Percent Diff Over Current		0.00%	0.00%	62.43%	0.00%

Note: Rates include rate cap of 4.5% on 1/1/25 renewal increase (excl. PPACA fee changes)

Rate pass 5% cap for year 3 & 4
Live Customer service 24/7/365, virtual dental consultant, smart scan screening

BCBSTX is not offering a DHMO. Only Low MAC Plan \$100,000 medical credit, \$50,000 dental, \$1.00 PEPM Discount to medical = \$13,200 credit

MetLife mobile app

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DHMO Charge Schedule

Description of Benefit	Code	Cigna	Delta Dental	MetLife
		DHMO	DHMO	DHMO
		Member Pays	Member Pays	Member Pays
Office Visit Copay	--			
Comprehensive Oral Evaluation	D0150	\$0.00	\$0.00	\$0.00
Prophylaxis Cleaning	D1110	\$0.00	\$0.00	\$5.00
Sealant	D1351	\$17.00	\$12.00	\$0.00
Amalgam - one surface, primary or permanent	D2140	\$23.00	\$0.00	\$12.00
Resin Based Composite - one surface, anterior	D2390	\$140.00	\$88.00	\$30.00
Inlay - Metallic - three surfaces	D2530	\$435.00	\$340.00	\$310.00
Crown - porcelain/ceramic substrate	D2740	\$520.00	\$490.00	\$360.00
- full cast high noble metal	D2790	\$490.00	\$460.00	\$335.00
Recement inlay	D2910	\$43.00	\$43.00	\$0.00
Recement Crown	D2920	\$43.00	\$43.00	\$0.00
Root Canal - anterior	D3310	\$375.00	\$210.00	\$130.00
- molar	D3330	\$595.00	\$335.00	
Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	D4260	\$640.00	\$400.00	\$330.00
Complete denture - maxillary	D5110	\$675.00	\$625.00	\$505.00
Maxillary Partial Denture - Resin base including any conventional clasps, Rests and Teeth	D5211	\$510.00	\$525.00	\$405.00
Removal of Impacted Tooth				
- Soft Tissue	D7220	\$165.00	\$46.00	\$60.00
- Partial Bony	D7230	\$225.00	\$91.00	\$65.00
- Completely Bony	D7240	\$300.00	\$115.00	\$135.00
Comprehensive Orthodontic Treatment		\$515.00		
Treatment of Adolescent Dentition (to age 19)	D8080	\$515.00	\$1,530.00	\$2,410.00
Treatment of Adult Dentition (over age 19)	D8090	\$515.00	\$1,730.00	\$2,410.00



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 2023 through December 31, 2023 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 of \$35,000 for the 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 compensation.

Payer Category	Payer Name	Base Compensation / Commission	Tier II / Supplemental Comp or Commission	Non-cash Comp
Medical & Rx	BCBS	\$1.68 PEPM	N/A	N/A
Dental	Cigna	N/A	N/A	N/A
Vision	Eyemed	N/A	N/A	N/A

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.

Termination Compensation

The Company will not receive any special compensation in connection with the termination of the services described in this disclosure.

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: July 12, 2024

Scott Gibbs