City of Mesquite Bid of Response Post 65 Retiree Marketing Analysis Effective: 1/1/2023

Vendor	AM Best	Financial Size	Comment									
Medicare Supplement / Advantage												
Bay Bridge / Cigna	A (Excellent)	XV (\$2 Billion or greater)	Quoted - Medicare Advantage Only									
Bay Bridge / The Hartford	A (Excellent)	XV (\$2 Billion or greater)	Current Vendor - On the Spreadsheet									
BCBS	A (Excellent)	XV (\$2 Billion or greater)	Quoted - Both Medicare Supplemental &									
0000	A (Excellent)		Advantage									
UHC	A (Excellent)	XV (\$2 Billion or greater)	Quoted - Medicare Advantage Only									

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 Medicare Supplement Marketing Analysis Effective: 1/1/2023

		Bay Bridg	e Current		E	Bay Bridge Re	enewal (BAF	O)	Bay Bridge Proposed Alternate				
		Hartford	d w/ ESI			Hartfor	d w/ ESI			Hartfor	d w/ ESI		
	High Plan (H36)		Low Pl	an (H86)	High P	lan (H36)	Low P	lan (H86)	High Plan (H36)		Low Plan (H86)		
Plan Provision:	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	
Network Deductible	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	
Combined In- & Non-net	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	
Member Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Out-of-Pocket Max (incl. ded.)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0	Unlimited	\$0	
Combined OOP Max (incl. ded.)	\$	60	\$	0	9	50	S	60	9	60	\$0		
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
PCP/Specialist OV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Emergency Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Hospital, Inpatient (up to 150th													
day)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital, Outpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Skilled Nursing (max 100 days/pd)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Home Health	\$0	\$0	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0	\$0	\$0 \$0	\$0	
Outpatient Rehab	\$0	\$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0 \$0	\$10	\$0	\$0	\$0	
Chiropractic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0	\$25	\$0	\$25	\$0	
DME/Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	
Complex Imaging	\$0	\$0 \$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0	\$10	\$0 \$0	\$0	\$0	
Podiatry	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0	
RX Deductible		φ0 50	\$0 \$0		\$0 \$0		\$0 \$0		\$0		\$0		
1 or Boudolible	Retail	Mail (90)	Retail	Mail (90)	+- +-			Mail (90)	Retail	Mail (90)	Retail Mail (90)		
Tier 1 Preferred Generic	\$5	\$8	\$5	\$8	\$5	\$8	\$5	\$8	\$5	\$8	\$5	\$8	
Tier 2 Non-Preferred Generic	\$10	\$15	\$10	\$15	\$10	\$15	\$10	\$15	\$10	\$15	\$10	\$15	
Tier 3 Preferred Brand	\$25	\$56	\$25	\$56	\$25	\$56	\$25	\$56	\$25	\$56	\$25	\$56	
Tier 4 Non-Preferred Brand	\$60	\$165	\$60	\$165	\$60	\$165	\$60	\$165	\$60	\$165	\$60	\$165	
Tier 5 Specialty	\$200	\$600	\$200	\$600	\$200	\$600	\$200	\$600	\$200	\$600	\$200	\$600	
		share after	2022-Cost share after \$6,550		2023-Cost share after \$7,400		2023-Cost share after			share after	2023-Cost share after \$7,400		
	\$6,	,550					\$7	\$7,400		,400			
Generic	> of \$3.	70 or 5%	> of \$3.	70 or 5%	> of \$4.	15 or 5%	> of \$4.15 or 5%		> of \$4.15 or 5%		> of \$4.15 or 5%		
All others	> of \$9.	20 or 5%	> of \$9.20 or 5%		> of \$10	.35 or 5%	> of \$10.35 or 5%		> of \$10.35 or 5%		> of \$10.35 or 5%		
90-Day Retail	3 ti	mes	3 times		3 times		3 times		3 times		3 times		
Medical	\$19	1.60	\$14	9.00	\$2´	16.51	\$16	\$168.37		9.14	\$17	71.35	
PDP	\$185.80			5.80		33.15		\$183.15		\$183.15		33.15	
Total	\$37	7.40	\$334.80		\$399.66		\$351.52		\$382.29		\$354.50		
Rate Guarantee	-				1 Year - Unt	il 12/31/2023		1 Year - Until 12/31/2023					
Monthly Total	\$89,0	066.40	\$10,713.60		\$94,	319.76	\$11,248.64		\$90,220.44		\$11,	344.00	
Annual Total	\$1,068	8,796.80		563.20	\$1,131,837.12		\$134,983.68		\$1,082,645.28		\$136,128.00		
Combined Total Annual		\$1,197	360.00		\$1,266,820.80					\$1,218	,773.28		
\$ Difference Over Current	-			\$69,460.80				\$21,413.28					
% Difference Over Current							30%				′ 9%		
Notes: Based off of 251 enrolled in						0.0	/ •		1.1370				

Notes: Based off of 251 enrolled in high and 26 in low.

City of Mesquite Medicare Supplement Marketing Analysis Effective: 1/1/2023

		Bay Bridg	e Current			BCBS P	roposed		BCBS BAFO						
		Hartfor	d w/ ESI			BC	BS		BCBS						
	High Plan (H36)		Low Pla	an (H86)	High	n Plan	Low	Plan	High Plan		Low	Plan			
Plan Provision:	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net			
Network Deductible	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A			
Combined In- & Non-net	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0			
Member Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Out-of-Pocket Max (incl. ded.)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Combined OOP Max (incl. ded.)	\$	60	\$	0		60		\$0 \$0		\$0					
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
PCP/Specialist OV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Emergency Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Hospital, Inpatient (up to 150th															
day)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Hospital, Outpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Skilled Nursing (max 100 days/pd)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Outpatient Rehab	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0			
Chiropractic	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0			
DME/Prosthetic Devices	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0	\$0 \$0			
Complex Imaging	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0			
Podiatry	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	۵0 N/A	۵0 N/A	۵۵ N/A	φ0 N/A			۵0 N/A	φ0 N/A			
RX Deductible	÷ -		+ -	<u> </u>	10/A 10/A \$0		\$0		\$0		\$0				
	Retail	Mail (90)	Retail	Mail (90)	, Retail	Mail (90)	Retail Mail (90)		Retail Mail (90)		Retail	Mail (90)			
Tier 1 Preferred Generic	\$5	\$8	\$5	\$8	\$3/\$5	\$8/\$15	\$3/\$5	\$8/\$15	\$3/\$5	\$8/\$15	\$3/\$5	\$8/\$15			
Tier 2 Non-Preferred Generic	\$10	\$15	\$10	\$15	\$5/\$10	\$15/\$30	\$5/\$10	\$15/\$30	\$5/\$10	\$15/\$30	\$5/\$10	\$15/\$30			
Tier 3 Preferred Brand	\$25	\$56	\$25	\$56	\$11/\$22	\$56/\$75	\$11/\$22	\$56/\$75	\$11/\$22	\$56/\$75	\$11/\$22	\$56/\$75			
Tier 4 Non-Preferred Brand	\$60	\$165	\$60	\$165	\$53/\$106	\$165/\$180	\$53/\$106	\$165/\$180	\$53/\$106	\$165/\$180	\$53/\$106	\$165/\$180			
Tier 5 Specialty	\$200	\$600	\$200	\$600	\$193/\$386		\$193/\$386	\$579/\$600	\$193/\$386	\$579/\$600	\$193/\$386				
	2022-Cost share after		2022-Cost share after		2023-Cost share after		2023-Cost share after		2023-Cost share after		2023-Cost share after				
	\$6,550		\$6,550		\$7,400		\$7,400		\$7,400		\$7,400				
Generic		70 or 5%		70 or 5%		15 or 5%		15 or 5%		15 or 5%		15 or 5%			
All others	> of \$9.	20 or 5%	> of \$9.	20 or 5%	> of \$10.35 or 5%		> of \$10.35 or 5%		> of \$10.35 or 5%		> of \$10.35 or 5%				
90-Day Retail		mes		mes	3 times 3 times					mes	3 times				
Medical	\$10	91.60	\$14	9.00	\$25	57.19	\$257.19		\$257.19		\$257.19				
PDP	\$185.80			5.80			\$137.90		\$136.90		\$127.90				
Total		\$377.40 \$334.80			\$146.90 \$137.90 \$404.09 \$395.09			\$130.90		\$127.90					
Rate Guarantee	¥ -	-													
	.		- • () -	40.00	1 Year - Until 12/31/2023			.		til 12/31/2023					
Monthly Total	\$89,066.40		\$10,713.60		. ,	365.24	\$12,642.88		\$93,005.24		\$12,322.88				
Annual Total	\$1,068,796.80 \$128,563.20		563.20	\$1,144,382.88 \$151,714.56			\$1,116,062.88 \$147,874.56								
Combined Total Annual	\$1,197,360.00			\$1,296,097.44						,937.44					
\$ Difference Over Current			-		\$98,737.44						577.44				
% Difference Over Current			-			8	%			6	%				
Notes: Based off of 251 enrolled in	Based off of 251 enrolled in							Note: Preferred drugs have a reduced copay				Note: Preferred drugs have a reduced copay			

Notes: Based off of 251 enrolled in high and 26 in low.

Note: Preferred drugs have a reduced copay Includes BCBS Wellness Programs Note: Preferred drugs have a reduced copay Includes BCBS Wellness Programs



City of Mesquite Medicare Advantage Marketing Analysis Effective: 1/1/2023

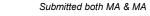
		Bay Bridg	ge Current			Bay Bridg	e Proposa	I	Bay Bridge BAFO				
		Hartfor			Cigna	w/ ESI		Cigna w/ ESI					
	High Plan (H36)		Low PI	an (H86)	High	n Plan	Low	Plan	High Plan		Low Plan		
Plan Provision:	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	
Network Deductible	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	
Combined In- & Non-net	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	
Member Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Out-of-Pocket Max (incl. ded.)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Combined OOP Max (incl. ded.)		0		60	\$	60		60	\$	0	\$0		
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
PCP/Specialist OV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Emergency Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital, Inpatient (up to 150th													
day)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital, Outpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
· · ·	1												
Skilled Nursing (max 100 days/pd)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Outpatient Rehab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Chiropractic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DME/Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Complex Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Podiatry	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
RX Deductible		0	÷ -	50		50		50		0	,	50	
	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	
Tier 1 Preferred Generic	\$5	\$8	\$5	\$8	\$5	\$8	\$3	\$8	\$5	\$8	\$3	\$8	
Tier 2 Non-Preferred Generic	\$10	\$15	\$10	\$15	\$10	\$15	\$5	\$15	\$10	\$15	\$5	\$15	
Tier 3 Preferred Brand	\$25	\$56	\$25	\$56	\$25	\$56	\$11	\$56	\$25	\$56	\$11	\$56	
Tier 4 Non-Preferred Brand	\$60	\$165	\$60	\$165	\$60	\$165	\$53	\$165	\$60	\$165	\$53	\$165	
Tier 5 Specialty	\$200	\$600	\$200	\$600	\$200	\$579	\$193	\$579	\$200	\$579	\$193	\$579	
	<i>↓⊥00</i>	<i>\</i>	<i>4</i> 200	<i>Q</i> O O O	4-00	4010	<i></i>	<i>Q</i> OIO	<i>4</i> 200	<i>Q</i> 0 .0	<i>ψ</i>	,	
		share after		share after						share after			
		550		,550		,400		,400	. ,	400	\$7,400		
Generic		70 or 5%	÷ -	70 or 5%	•	15 or 5%	> of \$4.15 or 5%		> of \$4.15 or 5%		> of \$4.15 or 5%		
All others		20 or 5%		20 or 5%		.35 or 5%	> of \$10.35 or 5%			.35 or 5%	> of \$10.35 or 5%		
90-Day Retail	3 ti	mes	3 ti	mes	3 times		3 ti	mes	3 ti	mes	3 times		
Medical	¢10	1 60	¢1/	9.00	¢1/	4.54	¢O	6 20	¢7(0.78	¢၁	4.97	
PDP	\$191.60 \$185.80			19.00 35.80		3.15	\$96.20 \$183.15			3.15		4.97 33.15	
Total	\$185.80 \$377.40			33.80 34.80	-	27.69		9.35		3.93	+)8.12	
	φ37	1.40	φ33	00	φ3Ζ	.1.08	<i>φ</i> 21	9.00	φΖΟ	0.30	φΖι	0.12	
Rate Guarantee	-		-			1 Year - Unt		til 12/31/2023		1 Year - Un		til 12/31/2023	
Monthly Total	\$89,0	066.40	\$10,	713.60	\$77,3	334.84	\$8,939.20		\$59,9	927.48	\$6,6	59.84	
Annual Total	\$1,068	,796.80		563.20	\$928,	018.08	\$107,270.40		\$719,129.76		\$79,9	918.08	
Combined Total Annual		\$1,197	,360.00			\$1,035	,288.48)47.84		
\$ Difference Over Current		. ,	-				071.52				312.16		
% Difference Over Current	Ī		-				54%				27%		
Notes: Based off of 251 enrolled in						10.	U 17V		Note: Inc	ludes \$10,00		tation fund	

Notes: Based off of 251 enrolled in high and 26 in low.

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City of Mesquite Medicare Advantage Marketing Analysis Effective: 1/1/2023

		Bay Bridg	ge Current			BCBS F	Proposal		UHC Proposal				
		Hartfor	d w/ ESI			BC	BS		UHC				
	High Pl	an (H36)	Low Pl	an (H86)	High	Plan	Low	Plan	High	n Plan	Low	Plan	
Plan Provision:	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	In-Net	Non-Net	
Network Deductible	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	\$0	N/A	\$500	N/A	
Combined In- & Non-net	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	
Member Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Out-of-Pocket Max (incl. ded.)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Combined OOP Max (incl. ded.)	\$	0	97	60	\$	0	\$	0		60	\$0		
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
PCP/Specialist OV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Emergency Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital, Inpatient (up to 150th													
day)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital, Outpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
· ·													
Skilled Nursing (max 100 days/pd)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Outpatient Rehab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Chiropractic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DME/Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Complex Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Podiatry	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A	\$0	\$0	\$0	\$0	
RX Deductible	\$0		\$0		\$0		\$0		\$0		\$0		
	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	Retail	Mail (90)	
Tier 1 Preferred Generic	\$5	\$8	\$5	\$8	\$3/\$5	\$8/\$15	\$3/\$5	\$8/\$15	\$5	\$8	\$5	\$8	
Tier 2 Non-Preferred Generic	\$10	\$15	\$10	\$15	\$5/\$10	\$15/\$30	\$5/\$10	\$15/\$30	\$10	\$15	\$10	\$15	
Tier 3 Preferred Brand	\$25	\$56	\$25	\$56	\$11/\$22	\$56/\$75	\$11/\$22	\$56/\$75	\$25	\$56	\$25	\$56	
Tier 4 Non-Preferred Brand	\$60	\$165	\$60	\$165		\$165/\$180		\$165/\$180	\$60	\$165	\$60	\$165	
Tier 5 Specialty	\$200	\$600	\$200	\$600		\$579/\$600		\$579/\$600		\$300	\$200	\$300	
	2022-Cost share after 2022-Cost share after		share after		share after	2023-Cost	share after	2023-Cost	share after	2023-Cost	share after		
	\$6,	550	\$6	,550	\$7,	400	\$7,	400	\$7	,400	\$7,400		
Generic	> of \$3.	70 or 5%	> of \$3.	70 or 5%	> of \$4.	15 or 5%	> of \$4.15 or 5%		> of \$4.15 or 5%		> of \$4.15 or 5%		
All others	> of \$9.	20 or 5%	> of \$9.	20 or 5%	> of \$10.35 or 5%		> of \$10.35 or 5%		> of \$10.35 or 5%		> of \$10.35 or 5%		
90-Day Retail		mes		imes	3 times		3 times		3 times		3 times		
Medical		1.60		19.00	\$38.60		\$0.00		-		-		
PDP	\$185.80			35.80		6.90	\$134.00			-		-	
Total	\$37	7.40	\$33	34.80	\$18	5.50	\$13	4.00	\$21	3.00	\$17	73.00	
Rate Guarantee					1	Year - Unt	il 12/31/202	23	1	1 Year - Unt	il 12/31/20 [.]	23	
	-	00.46	-	740.00									
Monthly Total	. ,	066.40		713.60		78.00	\$4,288.00			268.00		36.00	
Annual Total	\$1,068,796.80 \$128,563.20			563.20	\$525,336.00 \$51,456.00				\$603,	216.00		432.00	
Combined Total Annual	\$1,197,360.00				\$576,792.00				ļ	\$669,0			
\$ Difference Over Current	L		-		ļ		568.00				712.00		
% Difference Over Current			-		-51.83%						07%		
Notes: Based off of 251 enrolled in high and 26 in low.	Note: Preferred drugs have a reduced copay Includes UH								s UHC Wellne Only Submitt				





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.

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.

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.

CLIENT REFERENCES

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

MCGRIFF COMPENSATION STATEMENT

Our principal remuneration for the placement and service of your insurance policy(ies) 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:

*Interest or Investment Income earned on insurance premiums.

*Expense Allowances or Reimbursements from insurance companies and other vendors for (a) educational and professional development programs; (b) managing and administering certain binding authorities and other similar facilities, including claims which may arise; and (c) attendance at insurance company meetings and events; all of which we believe enable us to provide more efficient service and competitive terms to those clients for whom we consider the use of such facilities appropriate.

*Tier II Commission is exclusive to the placement of employee benefits insurance and is based on premium volume of new business and/or premium retention.

*Contingent Commission may be based on profitability, premium volume, premium retention, and/or growth.

* Administrative and Services Fees may be paid for limited services we provide to the insurance company as part of the placement process for insurance policies placed with a particular company, including but not limited to premium billing, collection, remittance and credit control, policy document compilation, and record retention or for consulting and data analytic services.

If you have questions or desire additional information about remuneration and other income, please contact your Agent who will put you in touch with our Chief Risk Manager for assistance. If any part of your insurance program is placed through any Truist-owned companies (including retail insurance broker McGriff Insurance Services, Inc.; wholesale insurance brokers CRC Insurance Services, Inc. and Crump Life Insurance Services, Inc.; wholesale insurance underwriter AmRisc, LLC; insurance premium finance companies Prime Rate Premium Finance Corporation, Inc., AFCO Credit Corporation, AFCO Acceptance Corporation, CAFO Holdings Company, and CAFO Inc.; or affiliates; or MBT, Ltd.) disclosure of that income will also be included.

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 **the 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:

• Services as outlined in your Fee Agreement or employee Benefits Broker Service Agreement, including but not limited to the following: Providing placement and service of your Employee Benefit Programs.

The Fee Agreement and Employee Benefits Broker Service Agreement between the Company and the Client are hereby incorporated by reference. The Company does not provide the above-referenced services to the Client in the capacity as a plan fiduciary under ERISA.

TERMINATION COMPENSATION

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

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, or agreement, 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.

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.

AM BEST

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

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Financial Size Categories I

I	Under \$1,000,000	VIII	100,000,000 - 250,000,000
п	1,000,000 - 2,000,000	IX	250,000,000 - 500,000,000
ш	2,000,000 - 5,000,000	х	500,000,000 - 750,000,000
IV	5,000,000 - 10,000,000	XI	750,000,000 - 1,000,000,000
v	10,000,000 - 25,000,000	XII	1,000,000,000 - 1,250,000,000
VI	25,000,000 - 50,000,000	XIII	1,250,000,000 - 1,500,000,000
VII	50,000,000 - 100,000,000	XIV	1,500,000,000 - 2,000,000,000
		XV	Over 2,000,000,000

Source: Best's Key Rating Guide - 2016 Edition