



BRADY
THE CITY OF
TEXAS

CITY OF BRADY
EMPLOYEE BENEFITS TRUST MEETING
AUGUST 5, 2025, 5:00 P.M.

NOTICE is hereby given of a meeting of the City of Brady Employee Benefits Trust, McCulloch County, State of Texas, to be held at 5:00 p.m. August 5, 2025, at the City of Brady Municipal Court Building located at 207 S. Elm St., Brady, Texas, for the purpose of considering the following items. **The City Council of the City of Brady, Texas, reserves the right to meet in closed session on any of the items listed below should the need arise and if applicable pursuant to authorization by Title 5, Chapter 551, of the Texas Government Code.**

CHAIRMAN

Tony Groves

TRUSTEES

Terry Phillips

Aaron Garcia

Curtis Owens

Felix Gomez, Jr.

Gabe Moreno

1. CALL TO ORDER, ROLL CALL & CERTIFICATION OF A QUORUM

2. DISCUSSION ITEMS

- a. Employee Benefits review and approval

3. ADJOURNMENT

I certify that this is a true and correct copy of the City of Brady City Council Meeting Agenda and that this notice as posted on the designated bulletin board at Brady City Hall, 201 E. Main St., Brady, Texas 76825; a place convenient and readily accessible to the public at all times, and said notice was posted on _____ by _____ a.m. / p.m.. and will remain posted continuously for 72 hours prior to the scheduled meeting pursuant to Chapter 551 of the Texas Government Code.

Tina Keys, City Secretary

James Stewart
City Manager

Tina Keys
City Secretary

Sharon Hicks
City Attorney

In the very Heart of Texas, the City of Brady is dedicated to fostering a tight-knit community rooted in tradition, resilience, and rural pride. We strive to provide a welcoming, safe, and thriving environment where families flourish, local businesses prosper, and the spirit of the Lone Star State shines through our commitment to sustainable growth, preserving our heritage, and embracing the values of hard work, faith, and neighborly support.

EMPLOYEES BENEFIT TRUST

City of Brady, Texas

Agenda Action Form

AGENDA DATE:	8-5-2025	AGENDA ITEM						
AGENDA SUBJECT: Discussion, consideration and possible action regarding the City's employee insurance benefits package for FY 2026.								
PREPARED BY:	Lisa McElrath	Date Submitted:						
EXHIBITS:	Insurance Recommendations prepared by the Leavitt Group							
BUDGETARY IMPACT: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Required Appropriation:</td> <td style="width: 75%; padding: 5px; text-align: right;">\$1,025,251</td> </tr> <tr> <td style="padding: 5px;">Amount Budgeted FY 26:</td> <td style="padding: 5px; text-align: right;">\$1,092,960</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>		Required Appropriation:	\$1,025,251	Amount Budgeted FY 26:	\$1,092,960			
Required Appropriation:	\$1,025,251							
Amount Budgeted FY 26:	\$1,092,960							
CITY MANAGER APPROVAL:								
SUMMARY:								
<p>The City's insurance broker obtained insurance pricing from the city's current provider, United Healthcare, in July. The plan rates and options were delivered to staff on July 23. Several meetings / discussions followed with the City's broker, Ms. Stuart, City Council and Cano HR. In addition, Ms. Stuart continued rate negotiations throughout with several insurance companies as well.</p> <p>The renewal rate for the City's current medical plan came in at 9.7% / \$78 more per month per employee. Although the proposed FY 26 budget is adequately funded to meet this renewal cost, Ms. Stuart was able to negotiate a better rate and increase employee benefits from several other insurance plans.</p> <p>After reviewing several other plan options, 3 plan finalists were considered with Curative (a Texas based company) Insurance plan being the preferred medical plan.</p> <p>Curative Medical plan is effectively offering a 1.4% or \$11 rate increase per employee - providing \$0 out of pocket costs for the employee. The insurance industry is introducing the concept: preventive medicine is the better route to good medical care and ultimately will be less expensive to support over critical care resulting from poor preventive care. Curative is also a level funded insurance unlike the traditional companies which will refund premiums if loss ratios are low.</p> <p>Total medical insurance allocation represents \$967,011 at 100% staffed.</p> <p>Mutual of Omaha is the preferred carrier for the employee's Dental, Vision and Basic Life at \$33.45 per month per employee and represents \$39,740 of the annual budgeted insurance allocation and is similar in cost compared to the FY 24 budget year. Dental and Vision care provide cost sharing benefits to the employee and Basic Life provides a \$15,000 benefit should the employee pass while employed by the city.</p>								

Curative is offering a \$10,000 transition credit as well. Staff would like to reallocate this credit to LT Disability care for the employee should a long-term disability occur while employed by the city. Budgeted cost to the city would be \$14,000. The city would incur no further costs should a claim occur.

The city has supported mental health, and staff recommends to continue this service with Workers Assistance Program at a \$4,500 annual fee for confidential counseling services that are offered at no cost to all employees. Our emergency personnel have especially benefited from this service.

RECOMMENDED ACTION:

Approve Curative for the employee's Medical Plan, Mutual of Omaha for Dental, Vision, Basic Life and LT Disability plans and Workers Assistance Program for the FY 26 budget cycle.



October 2025 Renewal

City of Brady, TX

Comparison of Benefits



Risk Services of Louisiana

Jennifer Stuart & Tara Williams

Comparison of Benefits

Medical



City of Brady, TX
Medical Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase	Annual Increase to City
UnitedHealthcare	Current	Fully Insured	\$69,133.15	\$829,597.80			
UnitedHealthcare	Renewal	Fully Insured	\$75,839.00	\$910,068.00	\$80,470.20	9.70%	\$79,600.80
Aetna	Alt Option	Level Funded	\$75,068.45	\$900,821.40	\$71,223.60	8.59%	\$73,848.00
Angle	Alt Option	Level Funded	\$73,979.15	\$887,749.80	\$58,152.00	7.01%	\$44,655.60
Curative*	Alt Option	Level Funded	\$71,622.25	\$859,467.00	\$29,869.20	3.60%	\$19,308.60
				\$10,000 transition credit			\$9,308.60

Declined To Quote: Due to Risk

- Baylor Scott & White
- Gravie

Non-Finalists

- Texicare
- Roundstone
- Trinity
- Verdegard

Reason Eliminated

- no out of network; first year in the market
- cost
- cost
- cost

1.51%
14.21%
22.77%
11.30%

City of Brady

Medical Renewal 2025 - Base Plan Finalists

	UHC Current		UHC Renewal		Curative		Aetna Option		Angle Option		
	DQ68		EL1J		EPO Option		AFA CPOSII 1500 80/50 \$0LXR CY V25		ANG TRAD 2000 4000		
Medical Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	With Baseline	Without Baseline	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible (individual / family)	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$0 / \$0	\$5,000 / \$10,000	\$1,500 / 3,000	\$3,000 / \$9,000	\$2,000 / \$4,000	\$5,000 / \$10,000	
Out of Pocket Maximum	\$7,150 / \$14,300	\$15,000 / \$30,000	\$7,150 / \$14,300	\$15,000 / \$30,000	\$0 / \$0	\$7,500 / \$15,000	\$5,500 / \$11,000	\$13,000 / \$39,000	\$4,000 / \$8,000	\$10,000 / \$20,000	
Coinsurance	80%	50%	80%	50%	N/A	80%	80%	50%	80%	50%	
Professional Services											
Office Visits	Primary Care Physicians	\$10	50% after deductible	\$10	50% after deductible	\$0	\$25 after deductible	\$25	50% after deductible	\$20	50% after deductible
	Specialists	\$40/\$80	50% after deductible	\$40/\$80	50% after deductible	\$0	\$50 after deductible	\$75	50% after deductible	\$50	50% after deductible
	Urgent Care	\$25	50% after deductible	\$25	50% after deductible	\$0	20% after deductible	\$75	50% after deductible	\$75	50% after deductible
Emergency Room	\$300/visit + Deductible then 20%		\$300/visit + Deductible then 20%		\$0	20% after deductible	\$300/visit + Deductible then 20%		\$250/visit + deductible		
Minor Lab / X-Ray	\$40 / \$40	50% after deductible	\$40 / \$40	50% after deductible	\$0	20% after deductible	No Charge	50% after deductible	20% after deductible	50% after deductible	
Major Lab / X-Ray	\$500	50% after deductible	\$500	50% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	
Hospital Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	
Preventive Care	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	No Charge	No Charge	50% after deductible	No Charge	50% after deductible	
Inpatient Services											
Inp Hospital / Physicians	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	
Prescription Drugs (In-Network)											
Tier 1		\$10		\$10	\$0	\$50 after deductible	\$3-\$10	50% after deductible		\$20	
Tier 2		\$35		\$35	\$50	\$100 after deductible	\$45	50% after deductible		\$60	
Tier 3		\$85		\$85	\$250	25% after deductible	\$75	50% after deductible		\$85	
Specialty	\$10 / \$150 / \$500		\$10 / \$150 / \$500		20%	not covered			20% after deductible		
	CURRENT		RENEWAL								
	Choice Plus Network		Choice Plus Network		EPO Option		Aetna Network		Aetna Network		
Monthly Rates											
Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	
Employee	70	\$803.47	70	\$881.51	70	\$822.40	70	\$875.87	70	\$847.25	
Employee + Spouse	0	\$1,628.69	0	\$1,786.88	0	\$1,667.06	0	\$2,334.65	0	\$1,717.18	
Employee + Child(ren)	0	\$1,773.96	0	\$1,946.26	0	\$1,815.75	0	\$1,843.90	0	\$1,871.05	
Family	0	\$2,599.28	0	\$2,851.74	0	\$2,660.50	0	\$3,241.26	0	\$2,741.97	
Total By Plan	\$56,242.90		\$61,705.70		\$57,568.00		\$61,310.90		\$59,307.50		
Annual Premium	\$674,914.80		\$740,468.40		\$690,816.00		\$735,730.80		\$711,690.00		
Annual Difference			\$65,553.60		\$15,901.20		\$60,816.00		\$36,775.20		
Percent of Increase			9.71%		2.36%		9.01%		5.45%		

Cost to City per Month	\$68,294.95	\$74,928.35	\$69,904.00	\$74,448.95	\$72,016.25
Cost to City Annually	\$819,539.40	\$899,140.20	\$838,848.00	\$893,387.40	\$864,195.00
Increase / Decrease		\$79,600.80	\$19,308.60	\$73,848.00	\$44,655.60
Percentage Change		10%	2%	9%	5%

City of Brady

Medical Renewal 2025 - Buy-Up Plan Finalists

	UHC Current		UHC Renewal		Curative		Aetna Option		Angle Option		
	DQ66	Out-of-Network	EL1H	Out-of-Network	PPO Option	With Baseline	Without Baseline	AFA OAAS 500 80% \$0LXR CY V25	ANG TRAD 500 1500		
Medical Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network							
Deductible (individual / family)	\$1,000 / \$2,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$0 / \$0	\$5,000 / \$10,000	\$500 / \$1,000	not covered	\$500 / \$1,000	\$5,000 / \$10,000	
Out of Pocket Maximum	\$7,150 / \$14,300	\$10,000 / \$20,000	\$7,150 / \$14,300	\$10,000 / \$20,000	\$0 / \$0	\$7,500 / \$15,000	\$4,500 / \$9,000	not covered	\$1,500 / \$3,000	\$10,000 / \$20,000	
Coinsurance	80%	50%	80%	50%	N/A	80%	80%	not covered	80%	50%	
Professional Services											
Office Visits	Primary Care Physicians	\$10	50% after deductible	\$10	50% after deductible	\$0	20% after deductible	\$25	not covered	\$10	50% after deductible
	Specialists	\$40 / \$80	50% after deductible	\$40 / \$80	50% after deductible	\$0	20% after deductible	\$75	not covered	\$30	50% after deductible
	Urgent Care	\$25	50% after deductible	\$25	50% after deductible	\$0	20% after deductible	\$75	not covered	\$50	50% after deductible
	Emergency Room	\$300/visit + Deductible then 20%		\$300/visit + Deductible then 20%		\$0	20% after deductible	\$300/visit + Deductible then 20%		\$200/visit + deductible	
	Minor Lab / X-Ray	\$40 / \$40	50% after deductible	\$40 / \$40	50% after deductible	\$0	20% after deductible	No Charge	not covered	20% after Deductible	50% after deductible
	Major Lab / X-Ray	\$500	50% after deductible	\$500	50% after deductible	\$0	20% after deductible	20% after Deductible	not covered	20% after Deductible	50% after deductible
	Hospital Outpatient Surgery	20% after Deductible	50% after deductible	20% after Deductible	50% after deductible	\$0	20% after deductible	20% after Deductible	not covered	20% after Deductible	50% after deductible
	Preventive Care	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	20% after deductible	No Charge	not covered	No Charge	50% after deductible
Inpatient Services											
	Inp Hospital / Physicians	20% after Deductible	50% after deductible	20% after Deductible	50% after deductible	\$0	20% after deductible	20% after Deductible	not covered	20% after Deductible	50% after deductible
Prescription Drugs (In-Network)											
	Tier 1	\$10		\$10		\$0	\$50 after deductible	\$3-\$10	not covered	\$10	
	Tier 2	\$35		\$35		\$50	\$100 after deductible	\$45	not covered	\$30	
	Tier 3	\$85		\$85		\$250	25% after deductible	\$75	not covered	\$60	
	Specialty	\$10 / \$150 / \$500		\$10 / \$150 / \$500				20%	not covered	20% after Deductible	
	CURRENT		RENEWAL								
	Choice Plus Network		Choice Plus Network		PPO Option		OAAS		Aetna Network		
Monthly Rates	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	
Enrollment Tier											
Employee	15	\$859.35	15	\$942.22	15	\$936.95	15	\$917.17	15	\$978.11	
Employee + Spouse	0	\$1,741.97	0	\$1,909.95	0	\$1,899.26	0	\$2,446.38	0	\$1,982.41	
Employee + Child(ren)	0	\$1,897.33	0	\$2,080.30	0	\$2,068.66	0	\$1,931.92	0	\$2,160.04	
Family	0	\$2,780.05	0	\$3,048.15	0	\$3,031.08	0	\$3,396.73	0	\$3,165.47	
Total By Plan	\$12,890.25		\$14,133.30		\$14,054.25		\$13,757.55		\$14,671.65		
Annual Premium	\$154,683.00		\$169,599.60		\$168,651.00		\$165,090.60		\$176,059.80		
Annual Difference			\$14,916.60		\$13,968.00		\$10,407.60		\$21,376.80		
Percent of Increase			9.64%		9.03%		6.73%		13.82%		

Comparison of Benefits
Dental



City of Brady, TX

Dental Comparison

Dental Benefits	UHC		UHC		Aetna		Equitable		Mutual of Omaha	
	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network
Deductible	\$50 / \$150		\$50 / \$150		\$50 / \$150		\$50 / \$150		\$50 / \$150	
Annual Maximum	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Out-of-Network	90% UCR		90% UCR		90% UCR		90% UCR		90% UCR	
Preventive / Diagnostic	100%		100%		100%		100%		100%	
Basic	80%		80%		80%		80%		80%	
Major	50%		50%		50%		50%		50%	
Oral Surgery	50%		50%		50%		50%		50%	
Periodontics	80%		80%		80%		80%		80%	
Endodontics	80%		80%		80%		80%		80%	
OON Benefit	MAC		MAC		MAC		MAC		MAC	
Orthodontics										
Lifetime Maximum	50% up to \$1,500		50% up to \$1,500		50% up to \$1,000		50% up to \$1,500		50% up to \$1,500	
Child (under 19)	covered		covered		covered		covered		covered	
Adult	covered		covered		covered		covered		covered	
Waiting Periods										
Preventive	None		None		None		None		None	
Basic	None		None		None		None		None	
Major	None		None		None		None		None	
Orthodontics	None		None		None		None		None	
Voluntary / Employer Paid Participation Requirements										
Rate Guarantee	Voluntary NA 1 Year		Voluntary NA 1 Year		Voluntary 75% 1 Year		Voluntary Greater than 10 1 Year		Voluntary 97% 1 Year	
Monthly Rates										
Subs	CURRENT		RENEWAL							
Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
Employee	67	\$24.14	67	\$25.35	67	\$23.90	67	\$23.59	67	\$25.35
Employee + Spouse	8	\$48.28	8	\$50.69	8	\$45.80	8	\$48.19	8	\$50.69
Employee + Child(ren)	5	\$63.13	5	\$66.29	5	\$60.60	5	\$62.98	5	\$66.29
Family	11	\$92.47	11	\$97.09	11	\$82.50	11	\$91.74	11	\$97.09
	\$3,336.44		\$3,503.41		\$3,178.20		\$3,290.09		\$3,503.41	
	\$40,037.28		\$42,040.92		\$38,138.40		\$39,481.08		\$42,040.92	
	\$2,003.64		-\$1,898.88		-\$556.20		\$2,003.64			
Percent of Increase	5.00%		-4.74%		-1.39%		5.00%			

Declined to Quote:
SunLife

*Guardian - provided quotes for dental and vision only

Comparison of Benefits
Vision



City of Brady, TX

Vision Comparison

	UHC		Aetna E130		Equitable VSP		Mutual of Omaha Eyemed									
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network								
Network																
Eye Examination	\$10	\$40	\$10	\$40	\$10	\$40	\$10	\$40								
Material Copay	\$25	Varies	\$25	Varies	\$25	Varies	\$25	Varies								
Standard Plastic Lenses																
Single Vision	\$25	\$40	\$25	\$40	\$25	\$40	\$25	\$40								
Bifocal	\$25	\$60	\$25	\$60	\$25	\$60	\$25	\$60								
Trifocal	\$25	\$80	\$25	\$80	\$25	\$80	\$25	\$80								
Lenticular	\$25	\$80	\$25	\$80	\$25	\$80	\$25	\$80								
Frames*	\$130	\$45	\$130	\$45	\$130-\$150	\$45	\$130	\$45								
Contact Lenses*																
Conventional	\$125	\$125	\$125	\$125	\$130	\$125	\$130	\$125								
*Either Frames -or- Contact Lenses																
Frequency																
Exams	12 Months		12 Months		12 Months		12 Months									
Lenses	12 Months		12 Months		12 Months		12 Months									
Frames	12 Months		12 Months		12 Months		12 Months									
Contacts																
Voluntary / Employer Paid																
Participation Requirements	Voluntary		Voluntary		Voluntary		Voluntary									
Rate Guarantee	NA		NA		75%		NA									
	1 Year		1 Year		2 Year		2 Year									
CURRENT / RENEWAL																
Monthly Rates																
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate							
	Employee	71	\$6.88	71	\$7.66	71	\$5.85	71	\$5.00							
	Employee + Spouse	8	\$13.05	8	\$14.56	8	\$11.75	8	\$13.00							
	Employee + Child(ren)	3	\$15.31	3	\$15.33	3	\$13.78	3	\$15.00							
	Family	9	\$21.55	9	\$22.53	9	\$19.40	9	\$21.00							
Total By Plan		\$832.76		\$909.10		\$725.29		\$693.00								
Annual Premium		\$9,993.12		\$10,909.20		\$8,703.48		\$8,316.00								
Annual Difference				\$916.08		-\$1,289.64		-\$1,677.12								
Percent of Increase				9.17%		-12.91%		-16.78%								

Declined to Quote:
SunLife

\$626.08
\$7,512.96

*Guardian - provided quotes for dental and vision only

Comparison of Benefits
Life, AD&D, and Dependent Life



City of Brady, TX

Basic Life, AD&D Comparison

	UnitedHealthcare		Equitable	Mutual of Omaha
	CURRENT	RENEWAL	Option 1	Option 2
Number of Eligible Employees	88		88	88
Rate Guarantee	2 Year		2 Year	2 Year
Benefit				
Life Amount	\$15,000		\$15,000	\$15,000
AD&D Amount	\$15,000		\$15,000	\$15,000
Benefit Reduction	40% age 70, 60% age 75, 70% age 80		40% age 70, 60% age 75, 70% age 80	35% at Age 65 50% at Age 73
Max Benefit Amount	\$15,000		\$15,000	\$15,000
Guarantee Issue Amount	\$15,000		\$15,000	\$15,000
Conversion	Included		Included	Included up to age 70
Portability	Included		Included	Included up to age 70
Monthly Rates	CURRENT	RENEWAL		
Basic Life (per \$1,000)	\$0.320	\$0.32	\$0.26	\$0.32
AD&D (per \$1,000)	\$0.020	\$0.02	\$0.02	\$0.02
Total By Plan	\$448.80	\$448.80	\$369.60	\$448.80
Annual Premium	\$5,385.60	\$5,385.60	\$4,435.20	\$5,385.60
Annual Difference			-\$950.40	\$0
Percent of Increase		0.0%	-17.6%	0.0%

Declined to Quote:

SunLife

Guardian

City of Brady, TX

Supplemental Life

	UnitedHealthcare	Equitable	Mutual of Omaha			
Employee Benefit						
Increments	\$10,000	\$10,000	\$5,000			
Minimum Benefit	\$10,000	\$10,000	\$10,000			
Maximum Benefit	\$300,000	\$300,000	\$300,000 (Up to 5 x Annual Slary)			
Spouse Benefit						
Increments	\$5,000	\$5,000	\$5,000			
Minimum Benefit	\$5,000	\$5,000	\$5,000			
Maximum Benefit	\$150,000 (Up to 50% of EE Amount)	\$150,000 (Up to 50% of EE Amount)	\$150,000 (Up to 100% of EE Amount)			
Child Benefit						
Increments	\$2,500	\$2,500				
Maximum Benefit	\$10,000	\$10,000	\$10,000			
Guarantee Issue						
Employee	\$100,000	\$100,000	\$100,000			
Spouse	\$25,000	\$25,000	\$35,000			
Additional Benefits						
Waiver of Premium	Included	Included	Included			
Conversion	Yes	Yes	Yes			
Portability	Yes	Yes	Yes			
Participation Required	NA	4 enrolled or 23%	25%			
Rate Guarantee	2yrs	2yrs	2yrs			
Rates Per \$1,000	CURRENT / RENEWAL					
<25	Employee \$0.060	Spouse \$0.060	Employee \$0.060	Spouse \$0.060	Employee \$0.06	Spouse \$0.06
25-29	\$0.060	\$0.060	\$0.060	\$0.060	\$0.06	\$0.06
30-34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.07	\$0.07
35-39	\$0.100	\$0.100	\$0.100	\$0.100	\$0.10	\$0.10
40-44	\$0.130	\$0.130	\$0.130	\$0.130	\$0.13	\$0.13
45-49	\$0.200	\$0.200	\$0.200	\$0.200	\$0.20	\$0.20
50-54	\$0.330	\$0.330	\$0.330	\$0.330	\$0.33	\$0.33
55-59	\$0.590	\$0.590	\$0.590	\$0.590	\$0.59	\$0.59
60-64	\$0.910	\$0.910	\$0.910	\$0.910	\$0.91	\$0.91
65-69	\$1.510	\$1.510	\$1.510	\$1.510	\$1.51	\$1.51
70-74	\$2.430	\$2.430	\$2.430	\$2.430	\$2.43	\$2.43
75+	\$2.430	\$2.430	\$2.430	\$2.430	\$2.43	\$2.43
Dependent Rates	\$0.29		\$0.29		\$0.29	
Voluntary AD&D						
Employee	\$0.036		\$0.040		\$0.036	
Spouse	\$0.036		\$0.040		\$0.036	
Child	\$0.04		\$0.040		\$0.036	

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**Highlighted rates above indicate the Vol Life Rates Straddle Table I (Imputed Income) – please contact your Tax Professional as this has implications with IRC Section 79

Comparison of Benefits
Disability



City of Brady, TX

Voluntary Long Term Disability

	UnitedHealthcare	Equitable	Mutual of Omaha
Number of Eligible Employees	88	88	88
Monthly Covered Payroll			
Benefit			
Elimination Period	90 days	90 days	90 days
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$6,000	\$5,000	\$5,000
Duration of Benefit	2yr own Occ/SSNRA	2yr own Occ/SSNRA	2yr own Occ/SSNRA
Employer Contribution	Voluntary	Voluntary	Voluntary
Participation Required	25%	4 or 20%	25%
Rate Guarantee	2 yrs	2yrs	2yrs
Rates	CURRENT	RENEWAL	
Per \$100 of Covered Payroll			
<25	\$0.099	\$0.099	\$0.099
25-29	\$0.166	\$0.166	\$0.166
30-34	\$0.262	\$0.262	\$0.262
35-39	\$0.391	\$0.391	\$0.391
40-44	\$0.650	\$0.650	\$0.650
45-49	\$0.923	\$0.923	\$0.923
50-54	\$1.294	\$1.294	\$1.294
55-59	\$1.637	\$1.637	\$1.637
60-64	\$1.243	\$1.243	\$1.243
65-69	\$1.780	\$1.780	\$1.780
70-74	\$1.780	\$1.780	\$1.780
75+	\$1.780	\$1.780	\$1.780

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City of Brady, TX

Long Term Disability

	Equitable	Mutual of Omaha	Mutual of Omaha
Number of Eligible Employees	88	88	88
Monthly Covered Payroll	\$358,876	\$358,876	\$358,876
Benefit			
Elimination Period	180 days	90 days	180 days
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000
Pre-Existing Condition	3 / 12	12 / 12	12 / 12
Duration of Benefit	2yr own occ/SSNRA	2yr own occ/SSNRA	2yr own occ/SSNRA
Employer Contribution	100%	100%	100%
Participation Required	100%	100%	100%
Rate Guarantee	2yr	2yr	2yr
Rates			
Per \$100 of Covered Payroll	\$0.43	\$0.42	\$0.32
Total By Plan	\$1,543.17	\$1,507.28	\$1,148.40
Annual Premium	\$18,518.00	\$18,087.35	\$13,780.84

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City of Brady, TX

Voluntary Short Term Disability

	Equitable	Equitable	Mutual of Omaha	Mutual of Omaha
Number of Eligible Employees	88	88	88	88
Benefit				
Elimination Period				
Injury	8th day	15th day	15th day	15th day
Illness	8th day	15th day	15th day	15th day
Benefit Percentage	60%	60%	60%	60%
Weekly Benefit				
Minimum	\$25	\$25	\$25	\$25
Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Duration of Benefits	12 Weeks	24 Weeks	11 Weeks	24 Weeks
Participation Required	4 or 20%	4 or 20%	15%	15%
Rate Guarantee	2 Year	2 Year	2 Year	2 Year
Rates				
per \$10 of Weekly Benefit				
<25	\$0.337	\$0.423	\$0.420	\$0.630
25-29	\$0.348	\$0.438	\$0.420	\$0.630
30-34	\$0.394	\$0.495	\$0.420	\$0.630
35-39	\$0.372	\$0.467	\$0.420	\$0.630
40-44	\$0.383	\$0.481	\$0.420	\$0.630
45-49	\$0.456	\$0.573	\$0.420	\$0.630
50-54	\$0.587	\$0.737	\$0.420	\$0.630
55-59	\$0.766	\$0.963	\$0.420	\$0.630
60-64	\$0.929	\$1.168	\$0.420	\$0.630
65-69	\$1.015	\$1.275	\$0.420	\$0.630
70-74	\$1.015	\$1.275	\$0.420	\$0.630
75+	\$1.015	\$1.275	\$0.420	\$0.630

Declined to Quote:

SunLife
Guardian

City of Brady, TX

Worksite Cost Summary

	Worksite Coverages Offered		
	CURRENT Aflac	Colonial	Mutual of Omaha
Voluntary Accident	X	X	X
Voluntary Hospital	X	X	X
Voluntary Critical Illness	X	X	X
Voluntary Cancer	X	X	
Voluntary Whole Life	X	X	
Voluntary Term Life	X	X	