Freeport Employee Benefit Trust
Regular Meeting Agenda

This meeting will be live streamed via YouTube Live and may be accessed on the City of Freeport Facebook page: https://www.facebook.com/freeporttexas or by visiting https://www.youtube.com/@cityoffreeporttx8375/streams

Monday, August 17, 2026, 6:00 PM | Council Chamber | 430 North Brazosport Blvd. , Freeport, Texas 77541

1: Call to Order:

1A. Call to Order - Jerry Cain, Mayor

1B. Invocation - Councilman

1C. Pledges - Pledge of Allegiance to the United States; Pledge of Allegiance to the State of Texas.

1D. Audience Participation – Anyone who has registered to speak prior to the meeting being called to order and desires to address the City Council will be heard at this time, or during the discussion of an item listed on the agenda. These forms are located by the City Secretary. After completing the form, give it to the City Secretary. She will give it to the Mayor. The Mayor will call on you when that item is presented, once a motion has been made by Council then public participation will not be allowed. You will have four (4) minutes to make your comments regardless of the number of agenda items to be addressed.

2: Business

2A. Consideration and possible action approving minutes from August 18, 2025.(Clarisa Fernandez)

2B. Consideration and possible action on the approval of employee medical insurance and dental insurance; and HRA, HSA and FSA administration annual renewals.(Clifton Beck)

3: Adjournment

3A. Adjournment – Jerry Cain, Mayor

Items not necessarily discussed in the order they appear on the agenda. The Council at its discretion may take action on any or all of the items as listed. This notice is posted pursuant to the Texas Open Meeting Act. (Chapter 551, Government Code).

The City Council reserves the right to adjourn into executive session at any time during the course of this meeting to consult with the city attorney or discuss any of the matters listed above, as authorized by Texas Government Code Sections 551.071 (Consultation with Attorney), but cannot vote or take action on any item unless it is set forth above in this agenda. 551.072 (Deliberations about Real Property), 551.073 (Deliberations about Gifts and Donations), 551.074 (Personnel Matters), 551.076 (Deliberations about Security Devices) and 551.087 (Economic Development).

CERTIFICATE I certify the foregoing notice was posted in the official glass case at the front door of the City Hall, with 24 hours a day public access, 1201 North Avenue H., Freeport Texas, before 6:00 p.m. in accordance with Open Meetings Act.

Clarisa Fernandez,
City Secretary, City of Freeport, Texas

State of Texas

County of Brazoria

City of Freeport

BE IT REMEMBERED, that the Freeport Employee Benefit Trust, Texas met on Monday, August 18, 2025 at 6:00 p.m. at the Freeport Police Department, Municipal Court Room, 430 North Brazosport Boulevard, Freeport Texas for the purpose of considering the following agenda items:

City Council:	Mayor Jerry Cain Councilman Jarvis Davis Councilman Jeff Pena Councilman George Matamoros Councilman Winston Rossow
Staff:	Dan Pennington, Interim City Manager Christopher Duncan, Interim City Attorney Ashlee Hurst, Finance Director Lily Celedon, Staff Accountant Toby Cohen, IT Director Donna Fisher, Human Resources Director Jennifer Howell, Police chief Laura Cramer, GIS/Property Manager Robert Johnson, EDC Director Christopher Motley, Fire Chief

Visitors:	Greg Thompson	Kenneth Hayes
	Edith Fischer	Linda Marshall
	Melanie Oldham	Carol Parker
	Ana Tapia	Mark Parker
	Debora Beres	Pamela Dancy

Call to order:

Mayor Cain called the Employee Benefit Trust meeting to order at 6:04P.M.

Consent Agenda:

Action regarding Minutes, July 15, 2024-Clarisa Fernandez, City Secretary

Annual review and adoption of an Investment Policy and a list of qualified brokers that are authorized to engage in investment transactions with the City of Freeport Employee Benefit Trust-Ashlee Hurst, Finance Director

Designating and Authorizing the Annual Auditors for the City of Freeport to conduct an audit for the City of Freeport Employee Benefit Trust at such time as the audit for the City of Freeport is conducted-Ashlee Hurst, Finance Director

A motion was made by Councilman Pena to approve Items 2A and 2B, seconded by Councilman Rossow, with all present and voting "Aye" 5-0. The Council unanimously approved the motion.

A motion was made by Councilman Matamoros to approve Item 2C, seconded by Councilman Rossow with all present and voting “Aye” 4-1. The Council approved the motion. Councilman Pena voted “Nay”.

Business:

Consideration and possible action approving proposals for employee medical insurance, dental insurance, vision insurance, and HRA, HSA, and FSA Administration.

A motion was made by Councilman Matamoros to approve proposals for employee medical insurance, dental insurance, vision insurance, and HRA, HSA, and FSA Administration, seconded by Councilman Davis with all present and voting “Aye” 5-0. The council unanimously approved the motion.

Adjourn

A motion was made by Councilman Rossow to adjourn the meeting, seconded by Councilman Davis, with all present voting “Aye” 5-0. Mayor Cain adjourned the meeting at 6:36 P.M.

_____
Mayor, Jerry Cain
City of Freeport, Texas

_____
City Secretary, Clarisa Fernandez
City of Freeport, Texas

979.233.3526 Fax 979.233.8867 1201 North Avenue H. Freeport, TX 77541

Freeport Employee Benefit Trust Agenda Item #[2.B]

Title: Consideration and possible action on the approval of employee medical insurance and dental insurance; and HRA, HSA and FSA administration annual renewals.

Date: August 17, 2026

From: Clifton Beck, HR Director

Staff Recommendation:
Staff is recommending acceptance and approval of the employee medical insurance and dental insurance renewal proposal from Blue Cross Blue Shield (BCBS) of Texas.

Item Summary:
The City of Freeport received the annual insurance renewal from Blue Cross Blue Shield of Texas. The medical proposal is an increase of 18.4% in premiums from last year due to high medical claims and prescription utilization. This 18.4% increase in premiums is much lower than the original proposed increase of 25.5%. Blue Cross Blue Shield is also proposing to renew the dental coverage for an increase of 3% in premiums from last year.

The Blue Cross Blue Shield renewal and overall plan design for the next plan year are very similar when compared to the current plans, with the exception of a mandatory change (increase) in the HDHP/HSA plan, increasing the Out-of-Pocket maximum to $5,500 for Individual and $11,000 for family; and requiring an increase to the Emergency Room co-payment from $500 to $750 on the HRA Base and HRA Buy-up Plans.

The Vision plan with VSP will be renewed with no additional charge (no change).

The group Life AD&D, Voluntary Life AD&D, and Long-Term Disability will be renewed with no additional charge (no change).

The FSA, HRA, HSA and COBRA administration through Surency will be renewed with no additional charge (no change). The City will continue the HRA contribution of $1,200 and the HSA contribution of $2,600 for employees.

The voluntary Accident, Critical Illness and Hospital Indemnity plans with CIGNA will be renewed with no additional charge (no change).

Moreover, the City will continue to promote to our employees the need to focus on the Preventative Benefits of the plans to get ahead of future risks which could adversely impact claims experience.

Background Information:
The City of Freeport went out for bids (RFP) for medical insurance coverage and, with ongoing

large claims over the past two (2) years, the Blue Cross Blue Shield renewal was the best; with United Health Insurance Company submitting a bid that would have increased cost by over 35.5% and both Aetna Insurance Company and Cigna Insurance Company declining to submit bids for coverage.

Special Considerations:

The City of Freeport — Human Resources Department will continue to do everything it can to mitigate the rising cost of health insurance coverage, including bringing forth plan alternatives and design changes, and begin to focus on Wellness and Prevention, which will positively impact our risk.

Financial Impact:

There is an 18.4% increase in medical insurance premiums and 3% increase in dental insurance premiums. Staff had already budgeted for an assumed 15% increase in medical premiums from last year, so the additional 3.4% in the medical was not too difficult to absorb.

Board or 3rd Party Recommendation:

All proposals were reviewed in detail by our benefits' administration team at HUB International, along with the City's Human Resources Director, Finance Director and City Manager.

Supporting Documentation:

1. BCBS Annual Benefits Renewal Info-2026-2027

BlueCross BlueShield of Texas

City Of Freeport Ebt
1201 North Ave H.
Freeport, TX 77541-3967

Account Number: 397245
Renewal Effective Date: 10/01/2026

Dear Group Administrator:

We have evaluated your 10/01/2026 group insurance coverage renewal. Your Blue Cross and Blue Shield of Texas (BCBSTX) current and renewal plans are enclosed.

Your next steps:

- Please review your renewal information carefully, including the changes that have been made to your plans for the upcoming year.
- If you want to make changes, please submit your BPS/BPA (Benefit Plan Selection/Benefit Program Application) Form and any other necessary documents before your effective date.
- If your plans are eligible to stay Grandfathered, important information and instructions about renewing your grandfathered status are enclosed.

Thank you for doing business with us. We appreciate your continued trust. If you have any questions, please reach out to your broker or account representative, our team is ready to help.

Sincerely,

CHARLENE G HOKE
Blue Cross and Blue Shield of Texas
Charlene_Hoke@bcbstx.com

BlueCross BlueShield of Texas

City Of Freeport Ebt
Account # 397245
Renewal Effective:10/1/2026
Executive Summary

Account Detail

- **Current Medical Plans:** MTBCB519 (Blue Choice PPO), MTBCP005H (Blue Choice PPO), MTBCP011 (Blue Choice PPO)
- **Renewing Medical Plans:** MTBCB619 (Blue Choice PPO), MTBCP605H (Blue Choice PPO), MTBCP611 (Blue Choice PPO)
- **Current Dental Plans:** DTNHR50
- **Renewing Dental Plans:** DTNHR50

The bolded renewal plan(s) that is/are being offered has/have been mapped from the current plan(s) due to regulatory changes, BCBSTX system requirements, product strategy or plan discontinuance.

Demographics

Contract Enrollment:	PPO	HMO	Total
2025	125	0	125
2026	128	0	128

Rate Development

Health Renewal Premium Change Components

a. Account/Benefit Program Adjustment (incl. Trend):	10.8%
b. Demographic Adjustment:	2.6%
c. Pricing Adjustment:	4.2%
Total Health Rate Action*:	**18.4%**

The total health renewal premium change percentage is calculated by multiplying each of the components in the above table.
This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.

Change Components Definitions
a. Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
b. Demographic Adjustment is the pricing change for age, group size and dependent composition differences.
c. Pricing Adjustment is the pricing change resulting from BCBSTX's analysis of medical conditions, experience and other adjustments.

Current High Cost Claimants

Following is the large claim detail identified during the renewal evaluation : $50,000+ (More than 50 Contracts Enrolled)

	Claim Dollars	Status
Claimant 1	$129,583.36	Active
Claimant 2	$125,064.69	Active
Claimant 3	$70,300.99	Active
Claimant 4	$59,973.02	Cancelled
Claimant 5	$57,441.20	Active
Claimant 6	$50,828.66	Cancelled

BlueCross BlueShield of Texas

City Of Freeport Ebt Account # 397245 Renewal Effective: 10/1/2026 Rate Development						
Renewing Plan Name	**MAPPED PLAN - MTBCB619**		**MAPPED PLAN - MTBCP605H**		**MAPPED PLAN - MTBCP611**	
Network	Blue Choice PPO		Blue Choice PPO		Blue Choice PPO	
Product	Blue Choice PPO		Blue Choice PPO		Blue Choice PPO	
	In	Out	In	Out	In	Out
Deductible (Individual/Family)	$2,000/$6,000	$4,000/$12,000	$3,500/$7,000	$7,000/$14,000	$1,000/$3,000	$2,000/$6,000
Coinsurance	80%	60%	80%	60%	80%	60%
Out of Pocket (Individual/Family)	$6,000/$15,700	UNLIMITED	$5,500/$11,000	UNLIMITED	$4,000/$12,000	UNLIMITED
Office Visit Copay/ Specialist Copay	$35/$70	DC/DC	DC/DC	DC/DC	$30/$60	DC/DC
Inpatient Copay	NA	NA	NA	NA	NA	NA
Emergency Room	$750	$750/POD	NA	NA	$750	$750/POD
In-network Preferred Pharmacy	$0/$10/$50/$100/$150/$250		90%/90%/80%/70%/60%/50%		$0/$10/$50/$100/$150/$250	
In-network Non-Preferred Pharmacy	$10/$20/$70/$120/$150/$250		80%/80%/70%/60%/60%/50%		$10/$20/$70/$120/$150/$250	
BCBSTX Contracts						
Single	48		46		15	
Single + Spouse	4		1		0	
Single + Child(ren)	6		7		0	
Family	0		1		0	
BCBSTX Rates	**Current**	**Renewal**	**Current**	**Renewal**	**Current**	**Renewal**
Single	$756.02	$891.40	$632.45	$749.07	$863.11	$1,035.45
Single + Spouse	$1,842.13	$2,171.98	$1,541.04	$1,825.18	$2,103.07	$2,522.98
Single + Child(ren)	$1,562.33	$1,842.08	$1,306.96	$1,547.95	$1,783.63	$2,139.77
Family	$2,648.49	$3,122.75	$2,215.61	$2,624.14	$3,023.65	$3,627.40
Monthly Premium at Current Rates	**$53,031.46**		**$41,998.07**		**$12,946.65**	
Monthly Requested Premium at Renewal Rates	**$62,527.60**		**$49,742.19**		**$15,531.75**	
Rate Action By Plan	**17.9%**		**18.4%**		**20.0%**	
Overall Rate Action	**18.4%**					

Commission Level: $0.00 PCPM

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Conditions and Caveats

Notwithstanding anything in the renewal or proposal to the contrary, BCBSTX reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSTX to pay, submit or forward, on its own behalf or on the Employer Group's behalf any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts). BCBSTX also reserves the right to change the premium rates it charges the Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSTX's expenses or cost of plan administration.

Unless otherwise stated, this renewal offer is made on the assumption the benefit program is for a plan that is not considered a "grandfathered health plans" as defined under the Affordable Care Act and related regulations. If you have questions about grandfathered health plans, please consult your legal counsel.

This renewal is being provided for the effective date indicated above.

The health and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with BCBSTX current regulatory status and the existing benefit program.

This renewal assumes the contract will be issued in TX. This renewal offer assumes BCBSTX will remain the exclusive carrier providing coverage to the employer group's employees.

We reserve the right to revise or withdraw our offer if, at any time during the projected coverage period:
- The actual number of enrolled contracts (by product, or by benefit plan), the Single/Family mix varies by +/- 10% from our projections.
- The information upon which our projections were based (benefit levels, census/demographics, commissions, etc.) becomes outdated or inaccurate.

Standard BCBSTX Managed Care programs with standard membership, eligibility, administration, claims processing and standard network.

Upon inquiry from employer groups, BCBSTX will provide information to the employer group regarding commissions and other compensation paid to the employer's agent by BCBSTX in connection with the employer's policy or contract with BCBSTX.

City Of Freeport Ebt Account # 397245 Renewal Effective: 10/1/2026 Lowest Cost Option by Network				
	Alternate #1		**Alternate #2**	
Plan Name	**MTBCP301H**		**MTBEE568**	
Network	Blue Choice		Blue Essentials	
Product	Blue Choice PPO		Blue Essentials	
	In	**Out**	**In**	**Out**
Deductible (Individual/Family)	$7,500/$15,000	$15,000/$30,000	$7,000/$14,000	NA/NA
Coinsurance	100%	70%	80%	NA
Out of Pocket (Individual/Family)	$7,500/$15,000	UNLIMITED	$9,200/$18,400	NA/NA
Office Visit Copay/ Specialist Copay	DC/DC	DC	$40/$60	NA/NA
Inpatient Copay	NA	NA	NA	NA
Emergency Room	NA	NA	$750	$750/POD
In-network Preferred Pharmacy	100%		$0/$10/$50/$100/$150/$250	
In-network Non-Preferred Pharmacy	100%		$10/$20/$70/$120/$150/$250	
BCBSTX Contracts & Rates	**Renewal**		**Renewal**	
109 Single	$643.77		$520.62	
5 Single + Spouse	$1,568.61		$1,268.54	
13 Single + Child(ren)	$1,330.35		$1,075.84	
1 Family	$2,255.28		$1,823.82	
Total Monthly Cost	**$97,563.81**		**$78,900.02**	
Change from Current Total Monthly Cost	**-9.6%**		**-26.9%**	

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							109	5	13	1	
Blue Choice PPO Plans											
100	MTBCP670	$50/$80/$750	$0/$0	100%/70%	$3500/$10500	90%/90%/80%/70%/60%/50%	$1,083.39	$2,639.78	$2,238.81	$3,795.31	$164,188.25
101	MTBCP671	$25/$45/$750	$0/$0	100%/70%	$5000/$15000	$5/$15/$50/$100/$250/$350	$1,145.91	$2,792.11	$2,368.01	$4,014.35	$173,663.22
102	MTBCP250	$40/$80/$500	$0/$0	80%/50%	$6300/$12600	$0/$10/$50/$100/$150/$250	$1,060.27	$2,583.47	$2,191.07	$3,714.36	$160,685.05
103	MTBCP062	$30/$60/$750	$500/$1500	100%/50%	$1500/$4500	$0/$10/$50/$100/$150/$250	$1,141.99	$2,782.59	$2,359.94	$4,000.64	$173,069.72
104	MTBCP566	$35/$70/$750	$500/$1500	80%/60%	$3500/$10500	$0/$10/$50/$100/$150/$250	$1,060.72	$2,584.58	$2,192.00	$3,715.96	$160,753.34
105	MTBCP651	$30/$60/$750	$750/$2250	90%/70%	$2250/$6750	$0/$10/$50/$100/$150/$250	$1,092.35	$2,661.63	$2,257.35	$3,826.74	$165,546.59
106	MTBCP611	$30/$60/$750	$1000/$3000	80%/60%	$4000/$12000	$0/$10/$50/$100/$150/$250	$1,035.45	$2,522.98	$2,139.77	$3,627.40	$156,923.36
107	MTBCP567	$35/$70/$750	$1250/$3750	100%/50%	$3750/$11250	$0/$10/$50/$100/$150/$250	$1,091.21	$2,658.87	$2,255.00	$3,822.76	$165,374.00
108	MTBCP569	$35/$70/$750	$1250/$3750	70%/50%	$3750/$11250	$0/$10/$50/$100/$150/$250	$1,025.81	$2,499.51	$2,119.86	$3,593.66	$155,462.68
109	MTBCP614	$40/$80/$750	$1500/$4500	80%/60%	$6000/$18000	$0/$10/$50/$100/$150/$250	$987.40	$2,405.89	$2,040.46	$3,459.06	$149,641.09
110	MTBCP615	$40/$80/$750	$1500/$4500	70%/50%	$6500/$16000	$0/$10/$50/$100/$150/$250	$948.52	$2,311.17	$1,960.13	$3,322.86	$143,749.08
111	MTBCP612	$35/$70/$750	$1750/$5250	100%/50%	$5250/$15750	$0/$10/$50/$100/$150/$250	$1,059.94	$2,582.65	$2,190.37	$3,713.17	$160,634.69
112	MTBCP619	$35/$70/$750	$2000/$6000	80%/60%	$6000/$15700	$0/$10/$50/$100/$150/$250	$971.75	$2,367.79	$2,008.13	$3,404.27	$147,269.66
113	MTBCP616	$40/$80/$750	$2250/$6750	100%/50%	$6750/$15800	$0/$10/$50/$100/$150/$250	$1,025.47	$2,498.69	$2,119.16	$3,592.47	$155,411.23
114	MTBCP618	$40/$80/$750	$2250/$6750	60%/50%	$6750/$15800	$0/$10/$50/$100/$150/$250	$917.12	$2,234.67	$1,895.25	$3,212.88	$138,990.56
115	MTBCP623	$35/$70/$750	$2500/$7500	80%/60%	$7500/$15000	$0/$10/$50/$100/$150/$250	$952.82	$2,321.67	$1,969.02	$3,337.96	$144,400.95
116	MTBCP624	$40/$80/$750	$2500/$7500	70%/50%	$7500/$15000	$0/$10/$50/$100/$150/$250	$930.94	$2,268.37	$1,923.81	$3,261.33	$141,085.17
117	MTBCP620	$40/$80/$750	$2750/$8250	100%/50%	$8250/$16500	$0/$10/$50/$100/$150/$250	$997.26	$2,429.93	$2,060.84	$3,493.61	$151,135.52
118	MTBCP622	$40/$80/$750	$2750/$8250	60%/50%	$8250/$16500	$0/$10/$50/$100/$150/$250	$893.43	$2,176.96	$1,846.29	$3,129.90	$135,400.34
119	MTBCP625	$40/$80/$750	$3000/$9000	100%/70%	$4500/$13500	$0/$10/$50/$100/$150/$250	$1,012.89	$2,468.03	$2,093.16	$3,548.39	$153,504.63
120	MTBCP627	$40/$80/$750	$3000/$9000	100%/50%	$9000/$18000	$0/$10/$50/$100/$150/$250	$978.33	$2,383.79	$2,021.72	$3,427.30	$148,266.58
121	MTBCP628	$40/$80/$750	$3000/$9000	80%/60%	$9000/$18000	$0/$10/$50/$100/$150/$250	$893.43	$2,176.96	$1,846.29	$3,129.90	$135,400.34
122	MTBCP626	$55/$110/$750	$3000/$9000	70%/50%	$9000/$18000	$0/$10/$50/$100/$150/$250	$879.61	$2,143.25	$1,817.72	$3,081.46	$133,305.56
123	MTBCP629	$40/$80/$750	$3250/$9750	60%/50%	$9200/$18400	$0/$10/$50/$100/$150/$250	$862.60	$2,101.84	$1,782.58	$3,021.91	$130,728.05
124	MTBCP631	$40/$80/$750	$3500/$10500	80%/50%	$8750/$17500	$0/$10/$50/$100/$150/$250	$893.20	$2,176.41	$1,845.83	$3,129.10	$135,365.74
125	MTBCP632	$40/$80/$750	$3750/$11250	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$882.90	$2,151.27	$1,824.52	$3,092.97	$133,804.18
126	MTBCP633	$40/$80/$750	$3750/$11250	60%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$879.61	$2,143.25	$1,817.72	$3,081.46	$133,305.56
127	MTBCP636	$40/$80/$750	$4000/$12000	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$880.18	$2,144.64	$1,818.89	$3,083.44	$133,391.83
128	MTBCP634	$40/$80/$750	$4250/$12750	100%/50%	$8500/$17000	$0/$10/$50/$100/$150/$250	$940.82	$2,292.39	$1,944.19	$3,295.87	$142,581.67
129	MTBCP635	$40/$80/$750	$4250/$12750	80%/50%	$8500/$17000	$0/$10/$50/$100/$150/$250	$881.43	$2,147.68	$1,821.46	$3,087.82	$133,581.07
130	MTBCP639	$45/$90/$750	$5000/$15000	100%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$917.12	$2,234.67	$1,895.25	$3,212.88	$138,990.56
131	MTBCP640	$45/$90/$750	$5000/$15000	80%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$866.39	$2,111.07	$1,790.42	$3,035.17	$131,302.49
132	MTBCP642	$50/$100/$750	$5250/$15750	80%/60%	$7500/$16300	$0/$10/$50/$100/$150/$250	$879.72	$2,143.54	$1,817.96	$3,081.86	$133,322.52
133	MTBCP653	$20/$110/$750	$5250/$15750	80%/60%	$8400/$16800	$0/$10/$50/$100/$150/$250	$884.14	$2,154.32	$1,827.09	$3,097.35	$133,992.38
134	MTBCP638	$50/$100/$750	$5250/$15750	70%/50%	$5850/$17550	$0/$10/$50/$100/$150/$250	$905.79	$2,207.06	$1,871.82	$3,173.17	$137,273.24
135	MTBCP643	$45/$90/$750	$6000/$18000	100%/50%	$8000/$18000	$0/$10/$50/$100/$150/$250	$888.22	$2,164.25	$1,835.52	$3,111.64	$134,610.63
136	MTBCP644	$45/$90/$750	$6250/$18400	80%/50%	$8400/$18400	$0/$10/$50/$100/$150/$250	$855.01	$2,083.34	$1,766.89	$2,995.30	$129,577.66
137	MTBCP645	$45/$90/$750	$6250/$18400	70%/50%	$8150/$18400	$0/$10/$50/$100/$150/$250	$864.31	$2,105.98	$1,786.10	$3,027.87	$130,986.86
138	MTBCP568	$40/$60/$750	$7000/$14000	80%/50%	$9200/$18400	$0/$10/$50/$100/$150/$250	$844.02	$2,056.54	$1,744.17	$2,956.78	$127,911.87
139	MTBCP649	$35/$70/$750	$7000/$15800	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$877.80	$2,138.85	$1,813.96	$3,075.11	$133,031.04
140	MTBCP547	$45/$90/$500	$7250/$18400	100%/50%	$8150/$18400	$0/$10/$50/$100/$150/$250	$871.33	$2,123.10	$1,800.63	$3,052.47	$132,051.13

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.
Virtual Visits are available from a participating provider for certain non-emergency services.
ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
* When using a Non-Preferred Pharmacy, amounts may be higher.

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							109	5	13	1	
Blue Choice Basic PPO Plans											
141	MTBCB250	$40/$80/$500	$0/$0	80%/50%	$6300/$12600	$0/$10/$50/$100/$150/$250	$1,007.00	$2,453.67	$2,080.98	$3,527.75	$152,611.84
142	MTBCB062	$30/$60/$750	$500/$1500	100%/50%	$1500/$4500	$0/$10/$50/$100/$150/$250	$1,117.52	$2,722.93	$2,309.34	$3,914.88	$169,360.63
143	MTBCB651	$30/$60/$750	$750/$2250	90%/70%	$2250/$6750	$0/$10/$50/$100/$150/$250	$1,049.51	$2,557.24	$2,168.81	$3,676.65	$159,053.97
144	MTBCB611	$30/$60/$750	$1000/$3000	80%/60%	$4000/$12000	$0/$10/$50/$100/$150/$250	$978.44	$2,384.08	$2,021.96	$3,427.69	$148,283.53
145	MTBCB614	$40/$80/$750	$1500/$4500	80%/60%	$6000/$18000	$0/$10/$50/$100/$150/$250	$914.63	$2,228.59	$1,890.08	$3,204.15	$138,612.81
146	MTBCB619	$35/$70/$750	$2000/$6000	80%/60%	$6000/$15700	$0/$10/$50/$100/$150/$250	$891.40	$2,171.98	$1,842.08	$3,122.75	$135,092.29
147	MTBCB672	$40/$80/$750	$2500/$7500	100%/70%	$5000/$15000	$5/$15/$50/$100/$250/$350	$922.59	$2,248.01	$1,906.55	$3,232.05	$139,819.56
148	MTBCB623	$35/$70/$750	$2500/$7500	80%/60%	$7500/$15000	$0/$10/$50/$100/$150/$250	$866.23	$2,110.68	$1,790.07	$3,034.61	$131,277.99
149	MTBCB624	$40/$80/$750	$2500/$7500	70%/50%	$7500/$15000	$0/$10/$50/$100/$150/$250	$843.68	$2,055.72	$1,743.47	$2,955.60	$127,860.43
150	MTBCB625	$40/$80/$750	$3000/$9000	100%/70%	$4500/$13500	$0/$10/$50/$100/$150/$250	$935.94	$2,280.52	$1,934.13	$3,278.80	$141,842.55
151	MTBCB628	$40/$80/$750	$3000/$9000	80%/60%	$9000/$18000	$0/$10/$50/$100/$150/$250	$810.81	$1,975.63	$1,675.55	$2,840.44	$122,879.03
152	MTBCB626	$55/$110/$750	$3000/$9000	70%/50%	$9000/$18000	$0/$10/$50/$100/$150/$250	$786.78	$1,917.08	$1,625.90	$2,756.27	$119,237.39
153	MTBCB673	$40/$80/$750	$3500/$10500	100%/70%	$6000/$18000	$5/$15/$50/$100/$250/$350	$853.30	$2,079.15	$1,763.35	$2,989.28	$129,318.28
154	MTBCB631	$40/$80/$750	$3500/$10500	80%/50%	$8750/$17500	$0/$10/$50/$100/$150/$250	$800.73	$1,951.05	$1,654.70	$2,805.11	$121,351.03
155	MTBCB632	$40/$80/$750	$3750/$11250	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$789.95	$1,924.81	$1,632.46	$2,767.38	$119,717.96
156	MTBCB674	$40/$80/$750	$4000/$12000	100%/70%	$6500/$19500	$5/$15/$50/$100/$250/$350	$834.86	$2,034.23	$1,725.26	$2,924.69	$126,523.96
157	MTBCB636	$40/$80/$750	$4000/$12000	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$789.39	$1,923.43	$1,631.28	$2,765.41	$119,632.71
158	MTBCB635	$40/$80/$750	$4250/$12750	80%/50%	$8500/$17000	$0/$10/$50/$100/$150/$250	$789.49	$1,923.71	$1,631.52	$2,765.80	$119,648.52
159	MTBCB639	$45/$90/$750	$5000/$15000	100%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$823.96	$2,007.67	$1,702.72	$2,886.50	$124,871.85
160	MTBCB640	$45/$90/$750	$5000/$15000	80%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$785.28	$1,913.42	$1,622.78	$2,751.01	$119,009.77
161	MTBCB642	$50/$100/$750	$5250/$15750	80%/60%	$7500/$16300	$0/$10/$50/$100/$150/$250	$787.58	$1,919.02	$1,627.53	$2,759.05	$119,358.26
162	MTBCB638	$50/$100/$750	$5250/$15750	70%/50%	$5850/$17550	$0/$10/$50/$100/$150/$250	$839.37	$2,045.23	$1,734.57	$2,940.50	$127,207.39
163	MTBCB675	$40/$80/$750	$6250/$18400	100%/70%	$8150/$21200	$5/$15/$50/$100/$250/$350	$774.93	$1,888.18	$1,601.38	$2,714.72	$117,440.93
164	MTBCB644	$45/$90/$750	$6250/$18400	80%/50%	$8400/$18400	$0/$10/$50/$100/$150/$250	$763.89	$1,861.30	$1,578.58	$2,676.07	$115,768.12
165	MTBCB645	$45/$90/$750	$6250/$18400	70%/50%	$8150/$18400	$0/$10/$50/$100/$150/$250	$766.04	$1,866.55	$1,583.03	$2,683.61	$116,094.11
166	MTBCB649	$35/$70/$750	$7000/$15800	70%/50%	$8150/$16300	$0/$10/$50/$100/$150/$250	$778.39	$1,896.64	$1,608.57	$2,726.90	$117,966.02

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.
Basic PPO plans cover lab and x-ray services under the deductible and coinsurance.
Virtual Visits are available from a participating provider for certain non-emergency services.
ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
* When using a Non-Preferred Pharmacy, amounts may be higher.

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	*Coinsurance In/Out	Medical OOP Max Indv/Fam	**Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							**109**	**5**	**13**	**1**	
Blue Choice HSA Plans / PPO											
Aggregate Plans											
167	MTBCP620H	DC/DC/DC	$3000/$9000	100%/70%	$3000/$9000	100%	$899.18	$2,190.94	$1,858.16	$3,150.01	$136,271.41
168	MTBCP621H	DC/DC/DC	$4000/$10600	100%/70%	$4000/$10600	100%	$730.66	$1,780.33	$1,509.91	$2,559.65	$110,732.07
169	MTBCP622H	DC/DC/DC	$5000/$10600	100%/70%	$5000/$10600	100%	$699.99	$1,705.60	$1,446.52	$2,452.21	$106,083.88
170	MTBCP623H	DC/DC/DC	$6000/$10600	100%/70%	$6000/$10600	100%	$664.06	$1,618.06	$1,372.29	$2,326.35	$100,638.96
Embedded Plans											
171	MTBCP004H	DC/DC/DC	$3500/$7000	100%/70%	$3500/$7000	100%	$893.35	$2,176.73	$1,846.11	$3,129.59	$135,387.82
172	MTBCP605H	DC/DC/DC	$3500/$7000	80%/60%	$5500/$11000	90%/90%/80%/70%/60%/50%	$749.07	$1,825.18	$1,547.95	$2,624.14	$113,522.02
173	MTBCP006H	DC/DC/DC	$4000/$8000	100%/70%	$4000/$8000	100%	$824.90	$2,009.94	$1,704.64	$2,889.77	$125,013.89
174	MTBCP617H*2	$30/$60/DC	$4500/$9000	80%/60%	$7500/$15000	$5/$15/$50/$100/$250/$350	$672.79	$1,639.32	$1,390.32	$2,356.92	$101,961.79
175	MTBCP610H	DC/DC/DC	$4500/$9000	80%/60%	$7500/$15000	90%/90%/80%/70%/60%/50%	$681.74	$1,661.13	$1,408.82	$2,388.29	$103,318.26
176	MTBCP007H	DC/DC/DC	$5000/$10000	100%/70%	$5000/$10000	100%	$724.14	$1,764.42	$1,496.42	$2,536.78	$109,743.60
177	MTBCP014H*1	DC/DC/DC	$5000/$10000	100%/70%	$5000/$10000	100%	$733.09	$1,786.24	$1,514.92	$2,568.16	$111,100.13
178	MTBCP612H	DC/DC/DC	$5000/$10000	80%/60%	$7500/$15000	90%/90%/80%/70%/60%/50%	$678.34	$1,652.86	$1,401.80	$2,376.37	$102,803.13
179	MTBCP626H*2	$30/$60/DC	$5500/$11000	80%/60%	$7500/$15000	$5/$15/$50/$100/$250/$350	$659.87	$1,607.84	$1,363.62	$2,311.66	$100,003.75
180	MTBCP611H	DC/DC/DC	$5500/$11000	80%/60%	$7500/$15000	90%/90%/80%/70%/60%/50%	$660.44	$1,609.22	$1,364.80	$2,313.64	$100,090.10
181	MTBCP008H	DC/DC/DC	$6000/$12000	100%/70%	$6000/$12000	100%	$682.99	$1,664.17	$1,411.40	$2,392.66	$103,507.62
182	MTBCP015H*1	DC/DC/DC	$6000/$12000	100%/70%	$6000/$12000	100%	$691.38	$1,684.61	$1,428.74	$2,422.03	$104,779.12
183	MTBCP609H	DC/DC/DC	$6800/$13600	100%/50%	$6800/$13600	100%	$661.00	$1,610.60	$1,365.96	$2,315.62	$100,175.10
184	MTBCP613H	DC/DC/DC	$7000/$14000	100%/70%	$7000/$14000	100%	$660.67	$1,609.77	$1,365.26	$2,314.43	$100,124.69
185	MTBCP301H	DC/DC/DC	$7500/$15000	100%/70%	$7500/$15000	100%	$643.77	$1,568.61	$1,330.35	$2,255.28	$97,563.81

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.
Virtual Visits are available from a participating provider for certain non-emergency services.
RX Section: Pharmacy benefits are subject to deductible and coinsurance.
An aggregate deductible is a single deductible amount that a family must meet for all medical expenses combined before the health insurance plan begins to pay for services. This can be met by one family member or through the combined costs of multiple family members. It is different from an embedded deductible, where each individual family member has their own deductible to meet.
** When using a Non-Preferred Pharmacy, amounts may be higher. A lower coinsurance may apply for preferred pharmacy plans.
* Coinsurance applies after deductible has been met.
*1 Select preventive categories of prescription drugs will be covered with no member cost share.
*2 Copays are applied only after deductible is met.

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							109	5	13	1	
Blue Essentials Plans - HMO / PCP Selection Required											
186	MTBEE001	$20/$20/$750	$0/$0	100%/NA	$1500/$3000	$0/$10/$50/$100/$150/$250	$809.71	$1,972.95	$1,673.28	$2,836.58	$122,712.36
187	MTBEE250	$40/$80/$500	$0/$0	80%/NA	$6300/$12600	$0/$10/$50/$100/$150/$250	$697.80	$1,700.28	$1,442.02	$2,444.56	$105,752.42
188	MTBEE062	$30/$60/$750	$500/$1500	100%/NA	$1500/$4500	$0/$10/$50/$100/$150/$250	$757.72	$1,846.24	$1,565.81	$2,654.42	$114,832.63
189	MTBEE566	$35/$70/$750	$500/$1500	80%/NA	$3500/$10500	$0/$10/$50/$100/$150/$250	$697.74	$1,700.11	$1,441.87	$2,444.31	$105,742.83
190	MTBEE611	$30/$60/$750	$1000/$3000	80%/NA	$4000/$12000	$0/$10/$50/$100/$150/$250	$669.44	$1,631.16	$1,383.39	$2,345.16	$101,453.99
191	MTBEE567	$35/$70/$750	$1250/$3750	100%/NA	$3750/$11250	$0/$10/$50/$100/$150/$250	$708.37	$1,726.01	$1,463.84	$2,481.54	$107,353.84
192	MTBEE569	$35/$70/$750	$1250/$3750	70%/NA	$3750/$11250	$0/$10/$50/$100/$150/$250	$671.95	$1,637.29	$1,388.59	$2,353.97	$101,834.64
193	MTBEE614	$40/$80/$750	$1500/$4500	80%/NA	$6000/$18000	$0/$10/$50/$100/$150/$250	$618.52	$1,507.07	$1,278.16	$2,166.77	$93,736.88
194	MTBEE612	$35/$70/$750	$1750/$5250	100%/NA	$5250/$15750	$0/$10/$50/$100/$150/$250	$678.42	$1,653.03	$1,401.94	$2,376.62	$102,814.77
195	MTBEE619	$35/$70/$750	$2000/$6000	80%/NA	$6000/$15700	$0/$10/$50/$100/$150/$250	$603.57	$1,470.67	$1,247.27	$2,114.44	$91,471.43
196	MTBEE616	$40/$80/$750	$2250/$6750	100%/NA	$6750/$15800	$0/$10/$50/$100/$150/$250	$651.84	$1,588.28	$1,347.03	$2,283.52	$98,786.87
197	MTBEE617	$40/$80/$750	$2250/$6750	80%/NA	$6750/$15800	$0/$10/$50/$100/$150/$250	$594.10	$1,447.57	$1,227.70	$2,081.22	$90,036.07
198	MTBEE623	$35/$70/$750	$2500/$7500	80%/NA	$7500/$15000	$0/$10/$50/$100/$150/$250	$590.14	$1,437.96	$1,219.52	$2,067.38	$89,436.20
199	MTBEE624	$40/$80/$750	$2500/$7500	70%/NA	$7500/$15000	$0/$10/$50/$100/$150/$250	$574.13	$1,398.92	$1,186.43	$2,011.27	$87,009.63
200	MTBEE621	$40/$80/$750	$2750/$8250	80%/NA	$8250/$16500	$0/$10/$50/$100/$150/$250	$574.70	$1,400.32	$1,187.62	$2,013.28	$87,096.24
201	MTBEE625	$40/$80/$750	$3000/$9000	100%/NA	$4500/$13500	$0/$10/$50/$100/$150/$250	$631.38	$1,538.41	$1,304.73	$2,211.82	$95,685.78
202	MTBEE627	$40/$80/$750	$3000/$9000	100%/NA	$9000/$18000	$0/$10/$50/$100/$150/$250	$613.98	$1,496.05	$1,268.81	$2,150.91	$93,049.51
203	MTBEE628	$40/$80/$750	$3000/$9000	80%/NA	$9000/$18000	$0/$10/$50/$100/$150/$250	$550.43	$1,341.16	$1,137.45	$1,928.24	$83,417.76
204	MTBEE626	$55/$110/$750	$3000/$9000	70%/NA	$9000/$18000	$0/$10/$50/$100/$150/$250	$537.49	$1,309.66	$1,110.73	$1,882.95	$81,457.15
205	MTBEE631	$40/$80/$750	$3500/$10500	80%/NA	$8750/$17500	$0/$10/$50/$100/$150/$250	$544.75	$1,327.34	$1,125.72	$1,908.36	$82,557.17
206	MTBEE632	$40/$80/$750	$3750/$11250	70%/NA	$8150/$16300	$0/$10/$50/$100/$150/$250	$532.53	$1,297.59	$1,100.49	$1,865.59	$80,705.68
207	MTBEE636	$40/$80/$750	$4000/$12000	70%/NA	$8150/$16300	$0/$10/$50/$100/$150/$250	$529.66	$1,290.59	$1,094.55	$1,855.52	$80,270.56
208	MTBEE634	$40/$80/$750	$4250/$12750	100%/NA	$8500/$17000	$0/$10/$50/$100/$150/$250	$582.31	$1,418.86	$1,203.35	$2,039.96	$88,249.60
209	MTBEE635	$40/$80/$750	$4250/$12750	80%/NA	$8500/$17000	$0/$10/$50/$100/$150/$250	$540.80	$1,317.71	$1,117.56	$1,894.52	$81,958.55
210	MTBEE639	$45/$90/$750	$5000/$15000	100%/NA	$8150/$16300	$0/$10/$50/$100/$150/$250	$577.28	$1,406.62	$1,192.95	$2,022.34	$87,487.31
211	MTBEE640	$45/$90/$750	$5000/$15000	80%/NA	$8150/$16300	$0/$10/$50/$100/$150/$250	$536.57	$1,307.39	$1,108.81	$1,879.69	$81,317.30
212	MTBEE642	$50/$100/$750	$5250/$15750	80%/NA	$7500/$16300	$0/$10/$50/$100/$150/$250	$545.11	$1,328.21	$1,126.47	$1,909.62	$82,611.77
213	MTBEE638	$50/$100/$750	$5250/$15750	70%/NA	$5850/$17550	$0/$10/$50/$100/$150/$250	$573.55	$1,397.52	$1,185.24	$2,009.26	$86,921.93
214	MTBEE643	$40/$80/$750	$6000/$18000	100%/NA	$8000/$18000	$0/$10/$50/$100/$150/$250	$541.87	$1,320.34	$1,119.78	$1,898.29	$82,120.96
215	MTBEE644	$45/$90/$750	$6250/$18400	80%/NA	$8400/$18400	$0/$10/$50/$100/$150/$250	$526.43	$1,282.71	$1,087.88	$1,844.20	$79,781.06
216	MTBEE645	$45/$90/$750	$6250/$18400	70%/NA	$8150/$18400	$0/$10/$50/$100/$150/$250	$528.65	$1,288.13	$1,092.48	$1,851.99	$80,117.73
217	MTBEE568	$40/$60/$750	$7000/$14000	80%/NA	$9200/$18400	$0/$10/$50/$100/$150/$250	$520.62	$1,268.54	$1,075.84	$1,823.82	$78,900.02
218	MTBEE649	$40/$80/$750	$7000/$15800	70%/NA	$7900/$15800	$0/$10/$50/$100/$150/$250	$525.86	$1,281.31	$1,086.69	$1,842.17	$79,694.43
219	MTBEE547	$45/$90/$500	$7250/$18400	100%/NA	$8150/$18400	$0/$10/$50/$100/$150/$250	$544.32	$1,326.30	$1,124.84	$1,906.85	$82,492.15

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.
Virtual Visits are available from a participating provider for certain non-emergency services.
ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.
When pairing an HMO product to be dual or triple option a PPO or PPO HSA plan must be included. It is not available as a standalone product.
* When using a Non-Preferred Pharmacy, amounts may be higher.

Option	Benefit	EO	ES	EC	EF	Total Monthly Cost
PPOIVFM	In-vitro Fertilization Rider	$213.98	$521.37	$442.18	$749.60	$32,428.61

City Of Freeport Ebt Account # 397245 Renewal Effective: 10/1/2026 Dental Rate Development		
Plan Name	**DTNHR50**	
Plan Type	High Allocation Passive	
Deductible In/Out	$50 /$50	
Annual Benefit Max	$1,500	
Out-of-Network Reimb.	90th R&C	
In Network Coinsurance	100%/80%/50%/N/A	
Out of Network Coinsurance	100%/80%/50%/N/A	
Orthodontia Lifetime Max	N/A	
Contract Enrollment		
Single	96	
Single + Spouse	12	
Single + Child(ren)	12	
Family	6	
Dental Premium	**Current**	**Renewal**
Single	$27.11	$27.92
Single + Spouse	$54.23	$55.86
Single + Child(ren)	$72.69	$74.87
Family	$110.02	$113.32
Monthly Premium at Current Rates	**$4,785.72**	
Monthly Requested Premium at Renewal Rates	**$4,929.00**	
Rate Action	**3.0%**	

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Alternate Dental Plans

Plan ID	Plan Type	Deductible In/Out*1	Annual Benefit Max	Out-of-Network Reimb.	In Network	Out of Network	Orthodontia Lifetime Max	EO	ES	EC	EF	Total Dental Monthly Cost
Contributory Group												
High Allocation												
DTNHR30*4*5	Passive	$25/$25	$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$2000	$37.87	$75.75	$86.03	$134.95	$6,386.58
DTNHR31*4*5	Passive	$25/$25	$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$2000	$35.37	$70.73	$83.36	$129.73	$6,022.98
DTNHR32*4*5	Passive	$50/$50	$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$2000	$32.93	$65.87	$80.07	$123.82	$5,655.48
DTNHR33*4*5	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1500	$29.84	$59.66	$73.20	$112.99	$5,136.90
DTNHR34*4*5	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$27.49	$54.98	$68.44	$105.31	$4,751.94
DTNHM39*4	Passive	$50/$50	$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	$21.87	$43.70	$52.30	$81.16	$3,738.48
DTNHM41*2*4	Passive	$25/$25	$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	$9.63	$19.26	$28.74	$42.75	$1,756.98
DTNHR50*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$27.92	$55.86	$74.87	$113.32	$4,929.00
DTNHM57*4*5	Passive	$50/$50	$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	$1500	$29.84	$59.66	$73.20	$112.99	$5,136.90
DTNHR61*4	Passive	$50/$50	$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$30.38	$60.75	$73.86	$114.20	$5,217.00
Low Allocation												
DTNLR35*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$26.48	$52.94	$60.35	$94.57	$4,468.98
DTNLR36*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$24.28	$48.56	$57.00	$88.80	$4,130.40
DTNLM38*4	Passive	$50/$50	$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$20.38	$40.72	$52.37	$80.03	$3,553.74
DTNLM40*4	Passive	$75/$75	$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA	$15.79	$31.57	$38.64	$59.66	$2,716.32
DTNLM44*4	Passive	$50/$50	$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	$18.34	$36.66	$44.95	$69.40	$3,156.36
DTNLR58*3*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$25.46	$50.88	$63.79	$98.01	$4,408.26
DTNLR62*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$27.76	$55.47	$66.97	$102.91	$4,751.70
Voluntary Group												
High Allocation												
DTNHR42*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1500	$31.21	$62.42	$78.81	$120.94	$5,416.56
DTNHM43*4	Passive	$50/$50	$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	$23.45	$46.92	$56.86	$87.99	$4,024.50
DTNHM45*2*4	Passive	$25/$25	$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	$10.61	$21.18	$31.62	$47.03	$1,934.34
DTNHR52*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$31.26	$62.56	$72.60	$113.34	$5,302.92
DTNHM59*4	Passive	$50/$50	$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	$1500	$31.21	$62.42	$78.81	$120.94	$5,416.56
Low Allocation												
DTNLR46*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$28.93	$57.87	$71.10	$109.69	$4,983.06
DTNLR47*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$29.92	$59.79	$68.51	$105.27	$5,043.54
DTNLR48*4	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1500	$29.05	$58.12	$72.23	$111.21	$5,020.26
DTNLM49*4	Passive	$50/$50	$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	$19.52	$39.03	$47.28	$73.16	$3,348.60
DTNLR53*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	$26.11	$52.21	$62.06	$96.42	$4,456.32
DTNLM54*4	Passive	$50/$50	$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$20.15	$40.28	$54.25	$82.20	$3,561.96
DTNLR60*3*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000	$27.36	$54.75	$69.47	$106.53	$4,756.38

Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).
Coinsurance Type - II: Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).
Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).
Coinsurance Type - IV: Ortho (both High & Low Coverage). Adult Coverage and dependent children to age 19.
R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.
Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).
A Passive dental plan has the same coinsurance percentage in and out of network. An Active dental plan has different coinsurance in and out of network.
*1 Waived Deductible applies to all Class I services and Class IV Orthodontic services.
*2 Only Basic Restorative Services are covered under Class II.
*3 Prev/Diag svcs do not count toward annual max.
*4 Plans have the same benefits In and Out of Network.
*5 Implants are covered at the same percentage as prosthodontics.

City Of Freeport Ebt
Account # 397245
Renewal Effective: 10/1/2026
Product and Purchasing Guidelines

Dual Option Guidelines

	Contributory Group High Option	Contributory Group Low Option			Voluntary Group High Option	Voluntary Group Low Option		
Groups (10+)	DTNHR30 DTNHR31 DTNHR32 DTNHR33 DTNHR34 DTNHM39 DTNHM41 DTNHR50 DTNHM57 DTNHR61	DTNLR35 DTNLR36 DTNLM38 DTNLM40 DTNLM44 DTNLR58 DTNLR62	Any of the Contributory Group High Option plans can be paired with Contributory Group Low Option plans.	DTNHM41 can be freely paired with any Contributory High/Low Plan Option.	DTNHR42 DTNHM43 DTNHM45 DTNHR52 DTNHM59	DTNLR46 DTNLR47 DTNLR48 DTNLM49 DTNLR53 DTNLM54 DTNLR60	Any of the Voluntary Group High Option plans can be paired with Voluntary Group Low Option plans.	DTNHM45 can be freely paired with any Voluntary High/Low Plan Option.
			Two High Contributory plans that can be be paired: DTNHM57 and DTNHR33				Two High Voluntary plans that can be paired: DTNHM59 and DTNHR42	

Participation Requirements for TX

Contributory Group
- >75% participation
- >50% employer contribution

Voluntary
- >25% participation
- <50% employer contribution

The BlueCare Dental Advantage

As a full service carrier, Blue Cross and Blue Shield of Texas offers a variety of dental plans to enhance employers' benefit packages. Our experience speaks for itself:

Simplicity
- ✓ Ease of administration
- ✓ One point of contact for Medical and Dental
- ✓ Coordination of coverage with Medical

Value
- ✓ Experienced Dental Carrier
- ✓ Competitive products and rates
- ✓ Large National Network of over 79,000 providers
- ✓ Excellent Service with a local touch
- ✓ Integrated Carrier approach

One Stop Shopping

Dental coverage though BCBSTX lessens your administrative burdens and helps you manage overall benefit costs. You will have one team for all your needs and one bill to pay. Administrative ease, superior service and flexible, cost-effective plan designs are just a few reasons why more employers are choosing BlueCare Dental.

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:

For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

BlueCross BlueShield of Texas

Summary of Benefits and Coverage Tool Steps

No Login Requirements

Use the link on the right or continue to use
Blue Access for Employers[SM] or **Blue Access for Producers**[SM].

CLICK HERE for the SBC Tool Link

Steps to use the SBC Tool		
STEP 1:	Click **Customize** to begin.	**TIP** — Use the **Standard Plan SBC Tool** to order SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.
STEP 2:	• For Small Group SBCs, enter the Plan ID in the Plan ID field. • For Mid-Market SBCs, enter the Plan ID in the MPI field. • For Blue Balance Funded[SM], enter the Plan ID in the MPI field. • Identify the plan year and state. Other search fields are optional. • Select English or Spanish. • Click **Search.**	**TIPS** • Blue Balance Funded is a separate Market Segment drop-down option. • DD/MM/YY is the date format for **Spanish SBCs.**
STEP 3:	• Available SBCs will appear in the **Results** section. • If the Plan ID or MPI were not included in the search, a full list of benefit plans will appear in the **Results** drop-down tab. • Select your requested SBC and click **Next**.	
STEP 4:	**Choose** the required plan effective dates. "Coverage for" will default to Individual/Family. Click **Next**.	
STEP 5:	**Review the proof carefully.** Check to make sure the correct period and coverage are populated on page 1 of the PDF in the upper right corner. Click the **View PDF Proof** to download, save or print the SBC.	
STEP 6:	Close the PDF pop-up window to complete your order.	

Technical Help

If an SBC is missing or additional assistance is needed, please reach out to **SBCRequests@bcbsil.com.**