

## City of Cole Camp Marketing Results Summary

MEDICAL	RESULT	PREMIUM	% CHANGE	NOTES
Blue Cross Blue Shield of Kansas City	Current	\$67,804.56		Traditional PCB Silver PPO
Blue Cross Blue Shield of Kansas City	Renewal	\$81,817.32	20.67%	Traditional PCB Silver PPO
Blue Cross Blue Shield of Kansas City	H.S.A. Alternative	\$76,176.00	12.35%	Saver Value PCB Bronze
Blue Cross Blue Shield of Kansas City	Composite Rating	\$81,658.80	20.43%	PCB PPO \$4000 (OOPM \$4000)
Blue Cross Blue Shield of Kansas City	Composite Rating	\$70,704.00	4.28%	PCB PPO \$4000 (OOPM \$9100)
Blue Cross Blue Shield of Kansas City	Composite Rating	\$70,704.00	4.28%	PCB BlueSaver PPO H.S.A. \$5000
DENTAL	RESULT	PREMIUM	% CHANGE	NOTES
Principal	Current	\$1,435.56		
Principal	Renewal	\$1,478.52	2.99%	
VISION	RESULT	PREMIUM	% CHANGE	NOTES
Principal	Current	\$1,086.12		
Principal	Renewal	\$1,086.12	0.00%	
LIFE AND AD&D	RESULT	PREMIUM	% CHANGE	NOTES
Principal	Current	\$1,167.60		
Principal	Renewal	\$1,167.60	0.00%	

### City of Cole Camp

Effective Date: 06/01/2026

MEDICAL BENEFITS (In Network Only)	Blue Cross Blue Shield of Kansas City Traditional PCB Silver PPO Current	Blue Cross Blue Shield of Kansas City Traditional PCB Silver PPO Renewal	Blue Cross Blue Shield of Kansas City Saver Value PCB Bronze H.S.A. Alternative
<b>NETWORK</b>	<b>Preferred Care Blue</b>	<b>Preferred Care Blue</b>	<b>Preferred Care Blue</b>
<b>DEDUCTIBLE</b>			
Individual	\$3,500	\$3,500	\$6,000
Family	\$7,000	\$7,000	\$12,000
<b>COINSURANCE</b>			
In / Out of Network	70% 50%	70% 50%	50% 40%
<b>INCLUSIVE OOP MAX</b>			
Individual	\$8,150	\$8,150	\$7,500
Family	\$16,300	\$16,300	\$15,000
<b>OFFICE VISIT</b>	\$60	\$60	Deductible then 50% Coinsurance
<b>SPECIALIST</b>	\$100	\$100	Deductible then 50% Coinsurance
<b>URGENT CARE</b>	\$100	\$100	Deductible then 50% Coinsurance
<b>BLUE KC VIRTUAL CARE</b>	No Member Cost Share	No Member Cost Share	No Member Cost Share
<b>EMERGENCY ROOM</b>	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>INPATIENT HOSPITAL</b>	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>OUTPATIENT SURGERY</b>	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>OUTPATIENT RADIOLOGY</b>	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>PRESCRIPTION DRUGS</b>			
Preferred Generic	Up to \$20	Up to \$20	Deductible then 50% Coinsurance
Preferred Brand	\$75	\$75	Deductible then 50% Coinsurance
Non-Preferred	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
Preferred Specialty	Deductible then 35% Coinsurance	Deductible then 35% Coinsurance	Deductible then 50% Coinsurance
<b>RATES</b>			
Employee Only	6	6	6
Employee + Spouse			
Employee + Child(ren)			
Family			
Based on Age; See Attached			
<b>MONTHLY ANNUAL PREMIUM</b>	<b>\$5,650.38</b>	<b>\$6,818.11</b>	<b>\$6,348.00</b>
<b>% CHANGE</b>	<b>\$67,804.56</b>	<b>\$81,817.32</b>	<b>\$76,176.00</b>
		<b>20.67%</b>	<b>12.35%</b>

## Monthly premium comparison

Effective Date: 06/01/2026



Name	Age	Current	Renewal	H.S.A.
Donald Ebert	52	\$910.01	\$1,123.21	\$1,045.77
Dana Hayes	39	\$607.98	\$726.18	\$676.10
Randall Koenke	58	\$1,189.12	\$1,466.16	\$1,365.07
Dawn Paul	59	\$1,243.28	\$1,497.81	\$1,394.53
Jeromy Sash	45	\$704.59	\$830.90	\$773.61
John Snyder	53	\$995.40	\$1,173.85	\$1,092.92
<b>Total</b>		<b>\$5,650.38</b>	<b>\$6,818.11</b>	<b>\$6,348.00</b>

### City of Cole Camp

Effective Date: 06/01/2026

MEDICAL BENEFITS (In Network Only)	Blue Cross Blue Shield of Kansas City PCB PPO \$4000 (OOPM \$4000)	Blue Cross Blue Shield of Kansas City PCB PPO \$4000 (OOPM \$9100)	Blue Cross Blue Shield of Kansas City PCB BlueSaver PPO H.S.A. \$5000
<b>NETWORK</b>	<b>Preferred Care Blue</b>	<b>Preferred Care Blue</b>	<b>Preferred Care Blue</b>
<b>DEDUCTIBLE</b>			
Individual	\$4,000	\$4,000	\$5,000
Family	\$8,000	\$8,000	\$10,000
<b>COINSURANCE</b>			
In / Out of Network	100%                      80%	50%                              50%	90%                              70%
<b>INCLUSIVE OOP MAX</b>			
Individual	\$4,000	\$9,100	\$6,450
Family	\$8,000	\$18,200	\$12,900
<b>OFFICE VISIT</b>	\$35	\$35	Deductible then 10% Coinsurance
<b>SPECIALIST</b>	\$70	\$70	Deductible then 10% Coinsurance
<b>URGENT CARE</b>	\$70	\$70	Deductible then 10% Coinsurance
<b>BLUE KC VIRTUAL CARE</b>	No Member Cost Share	No Member Cost Share	No Member Cost Share
<b>EMERGENCY ROOM</b>	Deductible	\$100 Copay then Deductible then 50% Coinsurance	Deductible then 10% Coinsurance
<b>INPATIENT HOSPITAL</b>	Deductible	Deductible then 50% Coinsurance	Deductible then 10% Coinsurance
<b>OUTPATIENT SURGERY</b>	Deductible	Deductible then 50% Coinsurance	Deductible then 10% Coinsurance
<b>OUTPATIENT RADIOLOGY</b>	Deductible	Deductible then 50% Coinsurance	Deductible then 10% Coinsurance
<b>PRESCRIPTION DRUGS</b>			
Preferred Generic	\$15	\$15	Deductible then 10% Coinsurance
Preferred Brand	\$70	\$70	Deductible then 10% Coinsurance
Non-Preferred	\$110	\$110	Deductible then 10% Coinsurance
Preferred Specialty	Up to \$110	Up to \$110	Deductible then 10% Coinsurance
Employee Only	6	6	6
Employee + Spouse	0	0	0
Employee + Child(ren)	0	0	0
Family	0	0	0
<b>RATES</b>			
Employee Only	\$1,134.15	\$982.00	\$982.00
Employee + Spouse	\$2,858.06	\$2,474.64	\$2,474.64
Employee + Child(ren)	\$2,188.91	\$1,895.26	\$1,895.26
Family	\$3,243.67	\$2,808.52	\$2,808.52
<b>MONTHLY</b>	<b>\$6,804.90</b>	<b>\$5,892.00</b>	<b>\$5,892.00</b>
<b>ANNUAL PREMIUM</b>	<b>\$81,658.80</b>	<b>\$70,704.00</b>	<b>\$70,704.00</b>
<b>% CHANGE</b>	<b>20.43%</b>	<b>4.28%</b>	<b>4.28%</b>

# City of Cole Camp

Effective Date: 06/01/2026



DENTAL BENEFITS	Principal 100/80/50/50 \$1,000 Current	Principal 100/80/50/50 \$1,000 Renewal
<b>NETWORK</b>	<b>Principal Dental PPO</b>	<b>Principal Dental PPO</b>
<b>COINSURANCE</b>		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	50%	50%
<b>DEDUCTIBLE</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>ANNUAL PLAN MAXIMUM</b>		
Preventive, Basic & Major	\$1,000	\$1,000
Orthodontia	\$1,000	\$1,000
<b>COVERED SERVICES</b>		
Endodontics	Major Service	Major Service
Periodontics	Basic Service	Basic Service
Composite Fillings	Basic Service for Posterior Teeth	Basic Service for Posterior Teeth
Oral Surgery	Basic for Simple; Major for Complex	Basic for Simple; Major for Complex
<b>RATES</b>		
Employee Only	1	1
Employee + Spouse	1	1
Employee + Child(ren)	0	0
Family	0	0
Employee Only	\$39.08	\$40.25
Employee + Spouse	\$80.55	\$82.96
Employee + Child(ren)	\$111.22	\$114.55
Family	\$161.31	\$166.15
<b>TOTAL MONTHLY PREMIUM</b>	<b>\$119.63</b>	<b>\$123.21</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$1,435.56</b>	<b>\$1,478.52</b>
<b>% CHANGE</b>		<b>2.99%</b>

This spreadsheet is for illustrative purposes only and does not include all contract provisions. Refer to the carrier summary for detailed information and out of network benefits.

# City of Cole Camp

Effective Date: 06/01/2026



VISION BENEFITS	Principal	Principal
	Current	Renewal
<b>NETWORK</b>	<b>VSP Choice Network</b>	<b>VSP Choice Network</b>
<b>COPAY</b>		
Examination	\$10	\$10
<b>LENSES</b>		
Single Vision / Bifocal / Trifocal	\$25	\$25
<b>FRAME ALLOWANCE</b>	\$150 Allowance	\$150 Allowance
<b>CONTACT LENSES</b>		
Medically Necessary	\$25 Copay	\$25 Copay
Elective	\$150 Allowance	\$150 Allowance
Fitting & Evaluation	Up to \$60 Copay	Up to \$60 Copay
<b>FREQUENCY</b>		
Exam	Every 12 Months	Every 12 Months
Lenses	Every 12 Months	Every 12 Months
Frames	Every 24 Months	Every 24 Months
Employee Only	4	4
Employee + Spouse	1	1
Employee + Child(ren)	0	0
Family	1	1
<b>RATES</b>		
Employee Only	\$9.23	\$9.23
Employee + Spouse	\$19.20	\$19.20
Employee + Child(ren)	\$21.88	\$21.88
Family	\$34.39	\$34.39
<b>TOTAL MONTHLY PREMIUM</b>	<b>\$90.51</b>	<b>\$90.51</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$1,086.12</b>	<b>\$1,086.12</b>
<b>% CHANGE</b>		<b>0.00%</b>

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## City of Cole Camp

Effective Date: 06/01/2026

<b>LIFE AND AD&amp;D BENEFITS</b>	<b>Principal Current</b>	<b>Principal Renewal</b>
<b>BENEFIT</b>		
Employee	\$25,000	\$25,000
<b>REDUCTION OF BENEFITS</b>		
Age 65-69	35%	35%
Age 70+	50%	50%
<b>RATE PER \$1000</b>		
Life	\$0.527	\$0.527
AD&D	\$0.029	\$0.029
<b>TOTAL VOLUME</b>	\$175,000	\$175,000
<b>NUMBER OF LIVES</b>	7	7
<b>TOTAL MONTHLY PREMIUM</b>	<b>\$97.30</b>	<b>\$97.30</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$1,167.60</b>	<b>\$1,167.60</b>
<b>% CHANGE</b>		<b>0.00%</b>

## Disclaimer / Disclosures

This proposal is intended for illustrative purposes only and should not be considered all inclusive of policy provisions and limitations. For additional details, see the carrier proposal and plan summary.

This illustration is based on census data provided by the group. Actual costs are dependent upon final enrollment and member elections for the requested effective date.

Recommendations are based on several criteria: Carrier Network, Cost, Benefit Funding Capabilities, Services, Etc., which best fit each client's needs. Mike Keith Insurance receives standard commissions from carriers which may include additional administrative fees and bonuses.

Do not terminate existing coverage until replacement coverage has been confirmed in writing by the insurance carrier.

### **The Affordable Care Act - Summary of Changes to Medical Plans:**

- 1) Unlimited Lifetime Benefit Maximum
- 2) Preventive Care Covered 100% In-Network
- 3) Dependent Children are eligible for coverage up to age 26
- 4) Waiting Period: Groups may not have a waiting period that exceeds 90 days
- 5) 2014/ACA Plans - Guarantee Issue
- 6) Out of Pocket Maximum - Limitations and Rules:

Beginning January 1, 2026, the out of pocket maximum must not exceed \$10,150 for individuals and \$20,300 for families for plans other than HDHPs with HSAs. The out of pocket maximum must not exceed \$8,500 for individuals and \$17,000 for families for plans that are HDHPs with HSAs. The rule requires that all member cost sharing (including deductibles, coinsurance, and copays) apply to these limits.

Compliance with the rules can be accomplished one of two ways:

  - I. Integrated medical and pharmacy out of pocket maximum
  - II. Separate medical and pharmacy out of pocket maximums; when combined do not exceed the 2026 limits.
- 7) Essential Health Benefits: Beginning Jan. 1, 2014, the following categories will be included in Ambulatory Patient Services, Emergency Services, Hospitalization, Maternity and Newborn Care, Mental Health and Substance Abuse Services, Prescription Drugs, Rehabilitative and Habilitative Services and Devices, Laboratory Services, Preventive and Wellness Services and Chronic Disease Management; and Pediatric Dental and Pediatric Vision.