



REQUEST FOR PROPOSALS NO.: 26-100011/ EXP-2026-EB-01

Employee Benefits Broker Services

DATE ISSUED: JUNE 18, 2026

RESPONSES MUST BE RECEIVED **NO LATER THAN**

5:00 PM CENTRAL TIME, JULY 9, 2026

Responses shall be submitted online only using an online portal:

<https://www.bidnetdirect.com/texas/princetontx>

Interested Respondents shall register to use the online portal BidNet Direct by SOVRA. Registration is free. Contact SOVRA's Support Team at 800-835-4603, option 2 for assistance or by email at support@bidnet.com

Pre-Submittal Conference: None.

Questions can be submitted using the online portal BidNet Direct no later than 5:00 pm CT, on July 1, 2026. Answers shall be provided in writing and posted on BidNet Direct.

Information about this solicitation can be addressed to the following Staff Person:

Maggie Metzner
Purchasing Officer
2000 E Princeton Dr.
Princeton, Texas 75407
Office Phone 972-217-4162

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INSTRUCTIONS FOR RESPONDENTS

Submissions of Statements

Proposals shall be submitted online following the instructions on the Cover Page. NO RESPONSES SHALL BE ACCEPTED BY EMAIL, MAIL, OR IN-PERSON. Respondent shall submit its response online on or before the due date stated on the Cover Page. All times stated herein are Central Time. Any documents submitted after the posted deadline shall be rejected. Any modification sent after the posted deadline stated on the Cover Page shall be rejected.

Modified Submissions

Respondents can modify a submission that has been received prior to the due date stated on the Cover Page through the online portal.

Preparation for Submissions

Any ambiguity in the submission as a result of omission, error, unintelligible or illegible wording shall be construed in the favor of the City.

Correct Legal Name

This submission may be rejected if Respondent is found to have incorrectly or incompletely stated the name of the entity providing this submission. Respondent shall list both its correct legal name and its assumed name (i.e., doing business as name of d/b/a).

Withdrawal of Submission

Respondents who have submitted a proposal may withdraw from consideration prior to the submission due date. Respondents may also choose not to move forward with a contract award when notified.

Prohibited Financial Interest

Respondent warrants and certifies its submission does not include a City Officer or employee, his or her spouse, sibling, parent, child, or other family member within one degree of consanguinity or affinity that has more than 10% financial interest in a subsequently awarded contract. The Texas Ethics Commission Questionnaire (Form CIQ) shall be completed in the event of an award: <https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>.

RESTRICTIONS ON COMMUNICATION

Respondents are prohibited from communicating with City employees from the time the RFP has been released until a contract is awarded. These restrictions extend to “thank you” letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFP and/or offer submitted by Respondent. Violation of this provision by the Respondent and/or its agent may lead to disqualification of the offer from consideration. Exceptions to the restrictions on communication with City employees include:

- Respondents may submit written questions, or objections to specifications concerning this solicitation on BidNet Direct on or before the date listed on page 1. Questions received after the stated deadline will not be answered.
- Respondents may provide responses to questions asked of them by the Staff Contact Person after responses are received. The Staff Contact Person may request clarification

to assist in evaluating the Respondent's response. The information provided is not intended to change the offer response in any fashion. Such additional information must be provided within two business days from City's request, when requested in writing. Selected Respondents may attend telephone or in-person interviews at the request of the City, in an attempt to determine the best qualified Respondent.

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SPECIFICATIONS / SCOPE OF WORK

1. Introduction and Intent

The City of Princeton (“City”) is seeking competitive proposals from a qualified broker to provide fixed-fee services or per employee per month relative to its group medical (for both active employees and eligible retirees), dental (indemnity and managed care plans), long-term disability, term life/accidental death and dismemberment (both standard and voluntary life/AD&D plans) Short Term Disability, Vision, HRA, HSA and/or some variations of these insurance coverages. The City intends to select the solution(s) that deliver the best overall value and sustainable long-term cost management. The City intends to contract with Selected Respondent(s) for a minimum of one-base year and up to three one-year renewals.

The selected Respondent shall be the Broker/Consultant of Record and will serve as the City’s strategic advisor and market representative. The City expects proactive guidance, transparent compensation, and strong municipal/public-sector experience.

The City currently has approximately 220 employees, both public safety (sworn) and civilian. There are no collective bargaining agreements or employee unions in place that impact the level of coverage. The City participates in a pooled program today; however, the City is open to pooled, fully insured, and self-funded/Administrative Services Only (ASO) strategies if proposed solutions are financially sound and operationally feasible.

The City currently pays 100% of the cost for employees and 50% for dependents. This may change depending on the proposals received. Actual rates charged for dependent coverage shall be determined by the City. The City currently offers both low- and high-deductible insurance coverage options.

The waiting period for new enrollees is the first of each month following the date of on-boarding.

Retiree Medical Benefits shall include a group plan for pre-65 . A Tri-Care medical supplement shall be proposed where available, but not required.

The City intends to pursue a 4-tier rate bases: Employee Only, Employee & Spouse, Employee & Child(ren), and Employee & Family.

COBRA coverage shall be offered on a “no loss/no gain” basis for participants and covered dependents. In fulfilling the continuity of coverage requirements, full credit must be allowed for all or any part of the major medical deductibles, coinsurance and pre-existing conditions under the current program. COBRA participants typically see benefit expiration at 90 days.

2. Program Priorities

Respondents shall be currently licensed by the Texas Department of Insurance as a general lines agent authorized to sell health, dental, vision, and life/AD&D insurance in Texas. Insurance Brokers are required to have one or more staff members with at least five continuous years of in-depth experience in actively, responsively, and successfully representing municipalities following the scope herein, with 150 or more insured people with insurance encompassing at minimum,

group health, dental, vision, long-term disability, and life plans. Respondents shall be entirely free of any disciplinary actions (past, present, and/or pending) taken by the Texas Department of Insurance or any other regulatory body. Selected Respondent shall be required to negotiate, on behalf of the City, with insurance carriers that have a general policy rating of “A-” or better published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or “Pool” in accordance with the Texas Local Government Code Chapter 172. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company shall be submitted.

The City seeks partners that can improve the Employee Experience Department, streamline administration, strengthen wellness and behavioral health resources, and manage costs responsibly. The City values transparent pricing, measurable performance, responsive service, and proactive compliance support.

Key priorities include:

- **Member access and experience:** rapid access to plan information and identification cards, responsive member services, and simple escalation paths.
- **Operational efficiency:** streamlined open enrollment, eligibility management, and reliable data feeds to payroll and Employee Experience Department systems (Incode 10 hosted by Tyler Technologies).
- **Wellness and behavioral health:** meaningful programs that are measurable and supported with clear reporting and engagement strategy.
- **Compliance and risk management:** ACA employer reporting, HIPAA privacy and security, COBRA administration for a governmental plan, and distribution of required federal and state notices.
- **Reporting and transparency:** recurring financial and utilization reports, renewal projections, benchmarking, and actionable recommendations.

2.1 Employee Population and Eligibility Overview

Respondents should assume the City has multiple employee classes (civilian and public safety) and may include elected officials or eligible dependents as identified by City policy.

2.2 Retiree Benefits Overview

The City currently provides benefit options for eligible retirees. Retiree benefit administration may include enrollment support, premium billing and collection, plan communications, customer service, and coordination with Medicare-eligible participants. The City will provide retiree census information and plan details to shortlisted Respondents under appropriate confidentiality. Respondents must describe experience serving public-sector retiree populations and clearly outline how retiree benefits would be supported, including billing, payment options, customer service, and reporting.

2.3 Current Insurance Providers

See Attachment K for current providers.

3. Minimum Requirements

- 3.1 The selected vendor shall, at a minimum, represent the best interests of the City – both the individual employees and the organization overall - in providing these services and work products in conjunction with insurance services. Currently these are City’s group medical (for active employees, their dependents, and retirees), dental, life, accidental death and dismemberment, and long-term disability insurance, short- term disability voluntary insurance, voluntary vision insurance, voluntary long- term care insurance, HSA administration and Employee Experience Administration.
- 3.2 For City budgeting purposes, furnish written recommendations projections, by or before July 1st of each year, as to how much and/or what percentage increase/decrease CITY should budget for the next following fiscal year. CITY’s fiscal year begins on October 1 of each calendar year and ends on September 30 of the next calendar year.
- 3.3 Keep the City informed of such changes in the relevant insurance sector as might affect and influence City insurance costs and benefit plans; Provide information on product trends and new benefits options within the insurance industry.
- 3.4 Provide periodic reports of the most recent and available claims experience and other pertinent data from other City insurance providers other than the Texas Association of Counties medical offerings. This information will include the dental, vision, life insurance products, short term disability and long-Term disability insurance whose coverage contracts.
- 3.5 This data should include, but is not limited to, plan costs vs. premiums paid, utilization review, plan trends, and like data and information. This information will subsequently be incorporated into City’s request for insurance proposals. This reporting should be not less frequent than once each calendar quarter.
- 3.6 Selected Respondent shall annually provide insurance provider alternatives with cost impact of benefit plan changes, review and evaluate carrier projections and other relevant comparisons, negotiate with one or more insurance providers regarding premium rates, benefits plans, and other elements of their proposals, all in an effort to arrive at “best and final” proposals for recommendation by City’s administrative staff to City Council.
- 3.7 Review and assist City administrative staff in the preparation of formal written insurance contract award recommendations for presentation to, and consideration by, City Council.
- 3.8 If requested, attend and participate in meeting(s) during which consideration of insurance contract awards are scheduled to occur. Clearly spell out any changes in the plans, the effects, and costs.
- 3.9 Assist City administrative staff by finalizing group applications and contractual arrangements with the Council-approved insurance providers, including, but not limited to, participation agreements, plan benefits and related benefits summaries, insurance booklets and/or certificates, premium and co-pay rates, etc;
- 3.10 Organize and participate in City employee open enrollment sessions. These sessions may take one or more full business days. Provide printed open enrollment materials for all City

employees and future new hires. Coordinate with carriers to attend in-person open enrollment meetings, as necessary. Provide insurance carriers timely open enrollment employee updates to ensure accurate enrollment within the carrier portals.

- 3.11 When requested, assist with implementation and management of City wellness program. Coordinate annual biometric screen and preventive shot clinic. Keep City up to date of new industry wellness trends.
- 3.12 Assist City in annually reviewing and analyzing alternative approaches to its overall benefits program, including health reimbursement accounts, health savings accounts, cafeteria plans, self-funded plans, cooperative arrangements with other public entities, and others. Provide general information and guidance to assist with compliance with ERISA, FMLA, USERRA, Medicare Notices and other federal legislation that directly affects the administration and plan benefits. Provide guidance and support and help filing compliance notices, certificates of creditable coverage, and enrollment forms as reasonably requested by City. Provide legislative updates that affect City; review and evaluation of COBRA and HIPAA compliance procedures.
- 3.13 Respond to, and keep City abreast of, inquiries from insurance companies and other parties who might be prospective insurance providers for City and who should be reviewed and considered as a benefit vendor.
- 3.14 Assist with the transition between insurance providers when such changes occur.
- 3.15 When requested and/or referred by City administrative staff, assist with resolving billing problems, employee and retiree benefits questions and issues, and other insurance-related problems and questions.
- 3.16 When requested by City administrative staff, assist in organizing and participating in annual day-long “health fair” events to inform and educate City employees and retirees regarding fitness/exercise, weight loss/proper dieting, healthy eating, smoking cessation, and similar topics.

4. City’s Expectations

4.1 Account Management, Service Model, and Advocacy – The City is expecting to have a dedicated account team with named roles, escalation path, and documented service level agreements (SLAs) for response and resolution. This support should be year-round employee advocacy for claims and benefit issues, including escalation support with carriers and vendors. There should be regular touchpoints with the Employee Experience Department, including scheduled status calls and quarterly stewardship reviews.

4.2 Open Enrollment and Employee Communications – The City is expecting an open enrollment project plan with milestones, roles, and deliverables. The Selected Respondent should help provide an employee communications suite in plain language (email templates, flyers, guides, videos, and FAQs). The Selected Respondent shall help coordinate employee open enrollment meetings (preferably in-person) for direct service with providers. If digital enrollment is provided, then employee confirmation statements and a documented audit trail shall be provided.

4.3 Benefits Administration Technology – There should be a Unified portal for Employee Experience Department and employees (web and mobile). A single sign-on (SSO) capability, role-based access, audit logs, and secure document delivery is preferred. There should be eligibility management, life-event workflows, and configurable approvals. The Electronic Data Interchange (EDI) feeds to carriers and to payroll, including testing, reconciliation, and ongoing monitoring. There shall be standard reports and ad hoc reporting tools, including open enrollment metrics, eligibility audits, contributions, cost reporting, and compliance reporting support.

4.4 Financial, Utilization, and Renewal Reporting – The City is expecting financial and utilization reporting with plan performance narrative and recommendations. There shall be renewal projections with key drivers (medical, pharmacy, large claims, network performance) for consideration in out-years. The Selected Respondent shall provide benchmarking against relevant public-sector and market comparisons **when available**. There shall be annual stewardship report with year-in-review results and recommended strategy for the next plan year.

4.5 Compliance and Required Notices Expected:

- Affordable Care Act (ACA) employer reporting support for Forms 1094-C and 1095-B (if applicable), 1095-C, including data validation and timely delivery of statements.
- HIPAA privacy and security support, including execution of Business Associate Agreements (BAAs) where applicable.
- COBRA administration for a governmental plan, including initial and qualifying event notices, billing, collections, and remittance.
- Medicare Part D Creditable Coverage notices and disclosures.
- Required annual and special notices, including Summary of Benefits and Coverage (SBC), Women’s Health and Cancer Rights Act (WHCRA), Children’s Health Insurance Program Reauthorization Act (CHIPRA) premium assistance notice, and other applicable notices.

4.6 Security, Data Protection, and Business Continuity Expected:

- Multi-factor authentication (MFA) for administrator access and for employee access when or where available.
- Encryption in transit and at rest for sensitive data.
- Incident response and breach notification process, including timeframes and responsibilities.
- Service Organization Control (SOC) 2 Type II report (or equivalent) and annual security attestation.
- Disaster recovery plan including Recovery Time Objective (RTO) and Recovery Point Objective (RPO).

5. Retiree Benefits Administration and Support Expected:

5.1 Support for retiree eligibility rules, effective dates, dependent eligibility, retiree life events, retiree address changes, and coordination with active-to-retiree transitions.

5.2 Monthly invoicing, payment processing, and reconciliation. Describe available payment methods (for example, ACH, credit/debit card, check, and recurring payments), delinquency handling, grace periods (if applicable), and customer support for billing inquiries.

- 5.3 Processes for Medicare-eligible retirees, including how the respondent supports Medicare primary vs. secondary coverage coordination, plan options for Medicare retirees, and communications to guide retirees through enrollment decisions.
- 5.4 Ability to administer retiree medical, pharmacy, dental, vision, and other retiree-eligible coverages (if offered), including coordination with carriers and downstream vendors (for example, Pharmacy Benefit Manager, Third-Party Administrator, COBRA administrator if applicable).
- 5.5 Dedicated retiree support process, call center hours, escalation process, and service standards (SLAs).
- 5.6 Plain-language retiree materials (initial eligibility letter, annual retiree enrollment guide, billing FAQ, Medicare transition guidance, change forms, and contact instructions).
- 5.7 Monthly retiree enrollment counts, billing/premium reconciliation, delinquency summaries, and any other standard reporting used to support Finance and program oversight.

6. Broker/Consultant of Record

6.1 Strategic Consulting and Annual Marketing

- Annual renewal and marketing strategy, including market checks for pooled, fully insured, and ASO/self-funded options as appropriate.
- Carrier and vendor negotiation, including underwriting support, plan design alternatives, and multi-year cost containment roadmap.
- Support for RFP development, evaluation, finalist management, and transition assistance.

6.2 Plan Design, Funding Strategy, and Total Rewards Alignment

- Plan design modeling for medical, pharmacy, dental, vision, life, Accidental Death & Dismemberment (AD&D), Short-Term Disability / Long-Term Disability (STD/LTD), and other ancillary offerings.
- Support for consumer-directed plans (HSA) and spending accounts (FSA) and reimbursement arrangements (HRA) where applicable.
- Contribution strategy, affordability testing support for ACA, and employee cost impact modeling.
- Policy and plan document coordination support, including updates to employee communications and summary materials.
- Retiree strategy support, including evaluation of retiree plan options, Medicare coordination approaches, cost modeling, and retiree communication strategy.
- Support for Finance coordination and data requests needed for governmental reporting and forecasting (as applicable), including retiree enrollment trends and plan cost drivers.

6.3 Wellness, Behavioral Health, and Vendor Integration

- Wellness strategy with measurable goals and reporting (screenings, coaching, incentives, chronic condition support, and Master Services Agreement support).

- Behavioral health and Employee Assistance Program (EAP) strategy, including utilization reporting and parity considerations.
- Vendor management and integration guidance, including coordination across medical, pharmacy, wellness, EAP, and administrative platforms.

6.4 Ongoing Support and Training

- Supervisor and employee education on benefits, processes, and compliance topics.
- Year-round assistance for qualifying life events, claims escalation, and employee advocacy.
- On-site visits and cadence of support (provide proposed schedule).

7. Required Deliverables

- Year 1 implementation plan with milestones, RACI model/chart, data feeds, testing, and training.
- Annual benefits calendar covering open enrollment, communications, wellness campaigns, and compliance filings.
- Quarterly stewardship meetings with financial and utilization reporting, key trends, and action plan.
- Employee communications suite with plain-language materials and Spanish translation support if requested.
- Performance guarantees and service level agreement, including portal uptime, Electronic Data Interchange timeliness and accuracy, member service responsiveness, and issue resolution credits where applicable.

8. Proposal Submission Requirements and Format

Proposals must be clear, complete, and organized in the format below. The City may reject proposals that are materially incomplete or do not follow the required format.

Required Proposal Sections

- Executive summary describing the proposed solution and value proposition.
- Company profile and experience, including public-sector experience and Texas municipal references.
- Implementation and change management approach, including timeline and staffing.
- Data security and privacy Policy to include SOC 2 Type II documentation and BAAs.
- Service model and service level agreement, including escalation procedures.
- Pricing and compensation disclosure per
- Sample reports and sample employee communications.
- **Respondent's contract document or if City shall provide with this RFP as an exhibit.**

9. Pricing, Compensation, and Transparency Requirements

All fees must be clearly disclosed. The City expects transparent pricing and disclosure of all forms of compensation, including commissions, overrides, bonuses, and indirect remuneration.

Pricing

- Annual broker/consulting fee (or alternative fee structure).

- Disclosure of all commissions and compensation arrangements.
- Any optional services with unit pricing (onsite meetings, special projects, market checks).
- Administrative fees (Per Employee Per Month) by component and total roll-up.
- Medical and pharmacy rates and fees (fully insured rates or ASO administrative and claim-related fees).
- Benefits administration platform fees, implementation fees, and EDI fees if applicable.
- ACA reporting, COBRA, HSA/FSA administration, EAP, wellness, and optional ancillary pricing.
- Performance guarantee credits and any penalties or liquidated damages related to service failures.

10. Evaluation, Selection, and Negotiation

The City will evaluate proposals on a best-value basis. The City may request presentations, clarification, and best-and-final offers.

Evaluation Criteria

- Evidence of benefit network to fit to scope and ability to meet requirements (35pts).
- Proposed Member and HR staff resources for advocacy, open enrollment execution, reporting, etc. (20pts).
- Total Cost and Transparency of Expenses to City, Employees, and Retirees (20pts).
- Public-sector and Texas municipal experience and references (15pts).
- Certified vetHUB Vendor (05 pts).
- Local Vendor Preference for business residing in Princeton, TX (05 pts).

This Request for Proposals and any negotiations shall be made in compliance with the Texas Local Government Code Section 252.024.

Proposals shall conform to the attached specifications, and any deviations may be grounds for rejection of the proposal. Benefit options will be allowed, if clearly and specifically identified and explained. The City reserves the right to disqualify Respondents who fail to comply with the provisions of this RFP.

11. Confidentiality

The information contained in this RFP is confidential and may be used solely for the purpose of preparing proposals for the City. This includes all information relating to the persons covered by city's benefit program. The contents of proposals shall also remain confidential during the review process, but may be subject to an open records request post contract execution.

MISCELLANEOUS

- The City reserves the right to accept or reject any or all proposals, waive informalities, and award in whole or in part to the proposer(s) that provide the best value.

- Proposals are public records subject to the Texas Public Information Act. Clearly mark proprietary information; however, the City cannot guarantee the confidentiality of submitted materials.
- No assignment of contract without City written consent.
- Respondents must identify any conflicts of interest.
- Respondents must provide evidence of insurance and agree to indemnification terms as required by the City.
- Transition assistance is required at termination or non-renewal, including data handoff and run-out support.

GENERAL TERMS AND CONDITIONS

Acceptance by City. City shall have a reasonable time (but not less than 30 days) after receipt to assess services tendered by the Selected Respondent. City at its option may reject all or any portion of such services which do not, in City's sole discretion, comply in every respect with all terms and conditions of the contract. If City elects to accept nonconforming services, City, in addition to its other remedies, shall be entitled to deduct a reasonable amount from the price thereof to compensate City for the nonconformity. Any acceptance by City, even if non-conditional, shall not be deemed a waiver or settlement of any defect in such services.

Invoicing and Payment.

Invoice Submissions. City requires all original first time invoices to be submitted directly to the Accounts Payable section of the Finance Department. The preferred method of delivery is electronically to the following e-mail address:

accountspayable@princetontx.us

Invoices submitted electronically to the e-mail address above must be in separate .pdf format file. Multiple invoices cannot be submitted in a single .pdf file; however, Vendor may submit multiple, separate invoice files in a single e-mail. Any required documentation in support of the invoice should be compiled directly behind the invoice in the same .pdf file. Each electronically submitted file must have a unique identifying name that is not the same as any other file name.

Invoices submitted by electronic submission are only considered "original" when the submission comes directly from the Selected Respondent to Accounts Payable using this e-mail address. the Selected Respondent may courtesy copy the Employee Experience Department personnel on the e-mail.

A Selected Respondent not able to submit invoices with the required file formatting above may mail original invoices, on white paper only, to: City of Princeton, Attn: Accounts Payable, 2000 E Princeton, Princeton, Texas 75407.

Information Required on Invoice.

All invoices must be in a form and content approved by the City. City may require modification of invoices if necessary in order to satisfy City that all billing is proper and pursuant to the terms of the contract. Invoices are required to show each City Purchase Order Number. Invoices must be legible. Items billed on invoices must be specific reference for service rendered and total for all items on the invoice. The percentage of discount or percentage surcharge, net unit prices, extensions and net total prices must be shown. Prompt payment discounts offered shall be shown separately on the invoice.

Payment by City.

In accordance with the Texas Prompt Payment Act, City shall have not less than 30 days to pay for goods or services, including payment under discount terms, computed from the later of: (1) the date City receives conforming goods under the contract; (2) the date performance of the service under the contract is completed; or (3) the date City receives a correct and valid invoice for the

goods or services. Payment is deemed to be made on the date of mailing of the check. Payment is made in US dollars only.

This provision shall not apply where there is a bona fide dispute between City and the Selected Respondent about the service performed that causes the payment to be late, or where the invoice is not mailed to the address provided herein.

The payment amount due on invoices may not be manually altered by City personnel. Once disputed items are reconciled, the Selected Respondent must submit a corrected invoice or a credit memorandum for the disputed amount.

NECESSITY OF TIMELY INVOICE / WAIVER OF PAYMENT. NOTWITHSTANDING THE FORGOING, CITY CANNOT PAY FOR ANY GOODS OR SERVICES WITHOUT AN INVOICE. THE SELECTED RESPONDENT MUST INVOICE CITY NO LATER THAN 90 CALENDAR DAYS FROM THE DATE GOODS ARE DELIVERED OR SERVICES RENDERED. FAILURE TO SUBMIT AN INVOICE WITHIN SAID 90-DAY PERIOD SHALL NEGATE ANY LIABILITY ON THE PART OF CITY AND CONSTITUTE A **WAIVER** BY THE SELECTED RESPONDENT OF ANY AND ALL RIGHT OR CLAIMS TO COLLECT MONEYS THAT THE SELECTED RESPONDENT MAY RIGHTFULLY BE OTHERWISE ENTITLED TO FOR GOODS OR SERVICES PERFORMED.

The total price for all services is shown on the Price Schedule. No additional fees or expenses of Vendor shall be charged by Vendor nor be payable by City. The parties hereby agree that all compensable expenses of Vendor are shown on the Price Schedule. If there is a discrepancy on the Price Schedule between the unit price for an item, and the extended price, the unit price shall govern.

Amendments. Except where the terms of this contract expressly provide otherwise, any alterations, additions, or deletions to the terms hereof, shall be effected by amendment, in writing, executed by both City and Vendor. The Director of Employee Experience or Director's designee, shall have authority to execute amendments to this contract.

Price Changes. Contract may submit a new annual pricing schedule up to 120 days prior to the renewal date. Price increases shall be subject to and contingent upon appropriation of funds for any increase in expenditures by City. No price change shall increase above 25% of the original contract values authorized by City Council.

Termination.

Termination-Breach. Should the Selected Respondent fail to fulfill in a timely and proper manner, as determined solely by the Director of Employee Experience its material obligations under the negotiated contract, or violate any of the material terms of said contract, City shall have the right to terminate the contract in whole or in part following written notice of default with a period of time set forth in the contract to be provided following such notice to cure such default, if the Selected Respondent fails to cure the default within such cure period, in which case City shall have the right, without further notice, to terminate the contract in whole or in part. Such termination shall not relieve the Selected Respondent of any liability to the City for damages sustained by virtue of any breach by the Selected Respondent.

Termination-Notice. City may terminate the contract, in whole or in part, without cause. City shall be required to give the Selected Respondent written notice 30 days prior to the date of termination of the contract without cause.

Termination-Funding. City will retain the right to terminate the contract at the expiration of each of City's fiscal years. The contract will be conditioned on a best efforts attempt by City to obtain and appropriate funds for payment of any funds due by City.

Termination by City may be effected by City Manager, without further action by the Princeton City Council.

Independent Contractor. The Selected Respondent will be required to covenant and agrees that it is an independent contractor and not an officer, agent, servant or employee of City. City shall not be liable for any claims which may be asserted by any third party occurring in connection with the services to be performed by the Selected Respondent under the contract and that the Selected Respondent has no authority to bind City. The doctrine of respondeat superior shall not apply as between City and the Selected Respondent.

INDEMNIFICATION.

The Selected Respondent shall required to defend, indemnify and hold harmless City and all its officers, agents, and employees from all suits, actions, or other claims of any character, name, or description brought against for or on account of any injuries or damages received or sustained by any person, persons, or property due to any negligent act or fault of the Selected Respondent, or any its agents, employees subcontractors, or suppliers in the execution of or performance under, the contract. The Selected Respondent will further be required to indemnify and hold harmless City from liability, claim, or demand on its part, and/or part of its agents, servants, customers, and or employees whether such liability, claim, or demand arise, from events or casualty happening on or within City facilities, premises, parking areas, site, and any entrances or approaches to them.

The provisions of this indemnity are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. The Selected Respondent shall be required to advise City in writing within 24 hours of any claim or demand against City or the Selected Respondent known to the Selected Respondent related to or arising out of the Selected Respondent 's activities under the contract and shall see to the investigation and defense of such claim or demand at the Selected Respondent 's cost. City shall have the right, at its option and at its own expense, to participate in such defense without relieving the Selected Respondent of any of its obligations under this paragraph.

Assignment. Except as otherwise stated herein, the Selected Respondent will not be authorized to sell, assign, pledge, transfer or convey any interest in the contract, nor delegate the performance of any duties under the contract, by transfer, by subcontracting or any other means, without the consent of the City. As a condition of such consent, if such consent is granted, the Selected Respondent shall remain liable for completion of the services and provision of goods outlined in this contract in the event of default by the successor vendor, assignee, transferee or

subcontractor. Any attempt to transfer, pledge or otherwise assign the contract without said written approval, shall be void ab initio and shall confer no rights upon any third person.

Ownership of Documents. Pursuant to Texas Local Government Code Chapter 201, any and all Records produced by the Selected Respondent pursuant to the provisions of the contract are the exclusive property of City; and no such Record shall be the subject of any copyright or proprietary claim by the Selected Respondent. The term "Record" as used herein shall mean any document, paper, letter, book, map, photograph, sound or video recording, microfilm, magnetic tape, electronic medium, or other information recording medium, regardless of physical form or characteristic. Vendor understands and acknowledges that as the exclusive owner of any and all such Records, City has the right to use all such Records as City desires, without restriction.

Records Retention.

The Selected Respondent and its subcontractors, if any, will be required to properly, accurately and completely maintain all documents, papers, and records, and other evidence pertaining to the services rendered hereunder ("Documents"), and shall make such Documents available to City at their respective offices, at all reasonable times and as often as City may deem necessary during the contract period, including any extension or renewal hereof, and the record retention period established herein, for purposes of audit, inspection, examination, and making excerpts or copies of same by City and any of its authorized representatives.

The Selected Respondent shall be required to retain any and all Documents produced as a result of services provided hereunder for a period of four years ("Retention Period") from the date of termination of the contract. If, at the end of the Retention Period, there is litigation or other questions arising from, involving or concerning the Documents or the services provided hereunder, the Selected Respondent shall retain the records until the resolution of such litigation or other such questions. The Selected Respondent acknowledges and agrees that City shall have access to any and all such Documents at any and all times, as deemed necessary by City, during said Retention Period. City may, at its election, require Vendor to return the documents to City at the Selected Respondent's expense prior to or at the conclusion of the Retention Period. In such event, the Selected Respondent may retain a copy of the documents.

the Selected Respondent shall notify City, immediately, in the event Vendor receives any requests for information from a third party, which pertain to the Documents referenced herein. Vendor understands and agrees that City will process and handle all such requests.

By submitting a response to this RFP, Respondents warrant and certify, and a contract awarded pursuant to this RFP is made in reliance thereon. City hereby relies on Respondent's certification, and if found to be false, City may reject the offer or terminate the contract for material breach.

Severability. If any clause or provision of the contract is held invalid, illegal or unenforceable under present or future federal, state or local laws, including but not limited to the City Charter, City Code, or ordinances of the City of Princeton, Texas, then and in that event it is the intention of the parties hereto that such invalidity, illegality or unenforceability shall not affect any other clause or provision hereof and that the remainder of this contract shall be construed as if such invalid, illegal or unenforceable clause or provision was never contained herein. It is also the intention of the parties hereto that in lieu of each clause or provision of this contract that is invalid, illegal, or unenforceable, there be added as a part of the contract a clause or provision as

similar in terms to such invalid, illegal or unenforceable clause or provision as may be possible, legal, valid and enforceable.

Compliance with Law. The Selected Respondent shall provide and perform all services required under the contract in compliance with all applicable federal, state and local laws, rules and regulations.

Certifications. The Selected Respondent warrants and certifies that the Selected Respondent and any other person designated to provide services under the contract will have the requisite training, license and/or certification to provide said services, and meets all competence standards promulgated by all other authoritative bodies, as applicable to the services provided under the contract.

Non-waiver of Performance. Unless otherwise specifically provided for in the Agreement, a waiver by either party of a breach of any of the terms, conditions, covenants or guarantees of the agreement shall not be construed or held to be a waiver of any succeeding or preceding breach of the same or any other term, condition, covenant or guarantee herein contained. Further, any failure of either party to insist in any one or more cases upon the strict performance of any of the covenants of the agreement, or to exercise any option herein contained, shall in no event be construed as a waiver or relinquishment for the future of such covenant or option. In fact, no waiver, change, modification or discharge by either party to the agreement of any provision of the agreement shall be deemed to have been made or shall be effective unless expressed in writing and signed by the party to be charged. No act or omission by a party shall in any manner impair or prejudice any right, power, privilege, or remedy available to that party hereunder or by law or in equity, such rights, powers, privileges, or remedies to be always specifically preserved hereby.

Venue. Venue of any court action brought directly or indirectly by reason of the contract between City and the Selected Respondent shall be Collin County, Texas. This contract is made and is to be performed in Collin County, Texas, and is governed by the laws of the State of Texas.

Non-discrimination. As a condition of entering into the agreement, the Selected Respondent shall not discriminate on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, or on the basis of disability or other unlawful forms of discrimination in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the Selected Respondent retaliate against any person for reporting instances of such discrimination. The Selected Respondent shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the City's Relevant Marketplace. The Selected Respondent understands and agrees that a material violation of this clause shall be considered a material breach of this agreement and may result in termination of this agreement, disqualification of the Selected Respondent from participating in City contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. The Selected Respondent shall include this nondiscrimination clause in all subcontracts for the performance of this contract.

Silence of Specifications. The apparent silence of this Request for Proposal as to any detail or to the apparent omission from its detailed description concerning any points shall be regarded as meaning that only best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

Attorney's Fees. The parties will expressly agree that, in the event of litigation, each party waives its right to payment of attorneys' fees.

State Prohibitions on Contracts:

This section only applies to a contract that:

- (1) is between a governmental entity and a company with 10 or more full-time employees; and
- (2) has a value of \$100,000 or more that is to be paid wholly or partly from public funds of the governmental entity.

"Company" means a Respondent who is a for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company, or affiliate of those entities or business associations that exists to make a profit. This term does not include a sole proprietorship.

Prohibition on Contracts with Companies Boycotting Israel.

Texas Government Code §2271.002 provides that a governmental entity may not enter into a contract with a company for goods or services, unless the contract contains a written verification from the company that it: (1) does not boycott Israel; and (2) will not boycott Israel during the term of the contract.

"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

By submitting an offer to or executing contract documents with the City of Princeton, Company hereby verifies that it does not boycott Israel, and will not boycott Israel during the term of the contract. City hereby relies on Company's verification. If found to be false, City may terminate the contract for material breach.

Prohibition on Contracts with Companies Boycotting Certain Energy Companies.

Texas Government Code §2274 provides that a governmental entity may not enter into a contract with a company for goods or services, unless the contract contains a written verification from the company that it: (1) does not boycott energy companies; and (2) will not boycott energy companies during the term of the contract.

"Boycott energy company" means, without an ordinary business purpose, refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with a company because the company: (A) engages in the exploration, production, utilization, transportation, sale, or manufacturing of fossil fuel-based energy and does not commit or pledge to meet environmental standards beyond applicable federal and state law; or (B) does business with a company described in (A).

By submitting an offer to or executing contract documents with the City of Princeton, Company hereby verifies that it does not boycott energy companies and will not boycott energy companies during the term of the contract. City hereby relies on Company's verification. If found to be false, City may terminate the contract for material breach.

Prohibition on Contracts with Companies that Discriminate Against Firearm and Ammunition Industries.

Texas Government Code §2274 provides that a governmental entity may not enter into a contract with a company for goods or services, unless the contract contains a written verification from the company that it: (1) does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association.

"Discriminate against a firearm entity or firearm trade association": (A) means, with respect to the entity or association, to: (i) refuse to engage in the trade of any goods or services with the entity or association based solely on its status as a firearm entity or firearm trade association; (ii) refrain from continuing an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association; or (iii) terminate an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association.

By submitting an offer to or executing contract documents with the City of Princeton, Company hereby verifies that it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and will not discriminate during the term of the contract against a firearm entity or firearm trade association. City hereby relies on Company's verification. If found to be false, City may terminate the contract for material breach.

CONTRACTS WITH COMPANIES ENGAGED IN BUSINESS WITH IRAN, SUDAN, OR FOREIGN TERRORIST ORGANIZATIONS PROHIBITED.

Texas Government Code §2252.152 provides that a governmental entity may not enter into a governmental contract with a company that is identified on a list prepared and maintained under Texas Government Code §§2270.0201 or 2252.153. The Selected Respondent hereby certifies that it is not identified on such a list. City hereby relies on the Selected Respondent's certification. If found to be false, or if the Selected Respondent is identified on said list during the course of its contract with City, City may terminate the Contract for material breach.

Delinquent Taxes. In the event that the Selected Respondent is or subsequently becomes delinquent in the payment of taxes owed to the City of Princeton, City reserves the right to deduct any delinquent taxes from payments that City may owe to the delinquent Selected Respondent as a result of the contract.

Binding Contract. The contract shall be binding on and incur to the benefit of the parties thereto and their respective successors and assigns, except as otherwise expressly provided for herein.

Entire Agreement. The contract, including City's final electronically posted online version, together with its authorizing ordinance, and its price schedule(s), addendums, attachments, purchase orders, and exhibits, if any, will constitute the final and entire agreement between the parties thereto and contains all of the terms and conditions agreed upon. No other agreements, oral or otherwise, regarding the subject matter of the contract shall be deemed to exist or to bind the parties thereto, unless same be in writing, dated subsequent to the date thereof, and be duly executed by the parties, in accordance with the Amendment provision therein.

Wages. The Selected Respondent shall pay or cause to be paid, without cost or expense to the City all such wages and benefits to its employees and subcontractors as required by state and federal law.

SIGNATURE PAGE

By submitting a proposal, Respondent represents that:

The person signing on behalf of Respondent is authorized to bind Respondent to fully comply with the terms and conditions of City's Request for Proposal for the fees stated therein;

Respondent has read the entire document and agrees to the terms therein;

Respondent is in good standing with the Texas State Comptroller's Office; and to the best of Respondent's knowledge, all information is true and correct.

To the extent required by law to conduct business in the State of Texas, Respondent has filed all required documents as either a domestic or foreign business entity in accordance with applicable provisions of the Texas Business Organizations Code, as amended.

Complete the following and sign on the signature line below. Failure to sign and submit this Signature Page will result in rejection of your proposal.

Offeror Information:

Please Print or Type:

Signer's Name: _____

Name of Business: _____

Street Address: _____

City, State, Zip
Code: _____

Email Address: _____

Telephone No.: _____

Fax No.: _____

City's Solicitation No.: 26-1000011 Employee Benefits Broker Services

Signature of Person Authorized to Sign Offer

STANDARD DEFINITIONS

The following terms when used in this RFP and the resulting contract awarded with to the Selected Respondent shall have the following meanings. However, whenever a term defined by the Uniform Commercial Code (“UCC”), as enacted by the State of Texas, is used in the contract, the UCC definition shall control, unless otherwise defined in the contract.

ACA – Affordable Care Act

All-or-None Offer - an RFO in which City will award the entire contract to one offeror only.

Alternate Offer - two or more offers with substantive variations in the item or service offered from the same offeror in response to a solicitation.

ASO – Administrative Services Only

Assignment - a transfer of claims, rights or interests in goods, services or property.

Bid Bond - security to ensure that Offeror (a) will not withdraw the offer within the period specified for acceptance, and (b) will furnish any required bonds and any necessary insurance within the time specified in the solicitation.

City - the City of Princeton, a Texas home-rule municipal corporation.

COBRA – Consolidated Omnibus Budget Reconciliation Act

Contractor - the offeror whose offer is accepted by City and is, therefore, the person, firm or entity providing goods or services to City under a contract.

Director – the Director of Employee Experience or Director’s designee.

EAP – Employee Assistance Program

FSA – Flexible Spending Account

HAS – Health Savings Account

Line Item - a listing of items in an offer for which an offeror is expected to provide separate pricing.

LTD – Long Term Disability

Offer - a complete, signed response to an RFO that, if accepted, would bind Offeror to perform the resultant contract.

Offeror - a person, firm or entity that submits an offer in response to a solicitation. The offeror whose offer is accepted by City may also be referred to herein as Contractor, Vendor or Supplier.

PEPM – Per Employee Per Month

Purchase Order - a validly issued order placed by an authorized City department for the purchase of goods or services, written on City's standard purchase order form, and which is the vendor's authority to deliver to and invoice City for the goods or services specified in an RFO for the price stated in vendor's offer.

STD – Short Term Disability

Specifications - a description of what City requires and what the Selected Respondent must offer; a description of the physical or functional characteristics of a product or material, or the nature of a service.

Subcontractor - a person, firm or entity providing goods or services to a vendor to be used in the performance of the vendor's obligations under the contract with City.

Supplier - the offeror whose offer is accepted by City and is, therefore, the person, firm or entity providing goods or services to City under a contract.

[END OF SECTION INTENTIONALLY LEFT BLANK]

ATTACHMENT A — PRICING

The City of Princeton prefers a fully loaded cost proposal for all fees per for initial term year 1, optional renewal year 2, and optional renewal year 3. Respondent's proposal shall describe its anticipated billing process and payment expectations, including:

- Form of compensation (i.e. annual retainer, fee for service); which shall include a fee schedule and/or hourly rates.
- If charging fees for consulting and employee communication, then indicate the basis of assessed charges (i.e., hourly, by project), include what a typical charge might be. However, the City of Princeton prefers a fully loaded fixed fee per year, but may consider proposals that have fees by hour or project task.
- Describe how you will disclose your compensation.
- Describe your policy on warranties and guarantees of service satisfaction.
- Describe any services not included in your quote.
- Describe any situations that may exceed the scope of services and may require additional fees.

ATTACHMENT B — COMPANY PROFILE

Respondent shall use this attachment to clearly demonstrate how it meets the requirements set forth in this RFP. This form may be modified as needed to comply with the requirement to document company information. Failure to return this exhibit (or a reasonable facsimile) may result in the response submission being considered non-responsive. Respondent may add additional pages to complete this section.

Respondent may add additional pages to complete this section.

COMPANY NAME:	
Principal place of business (address determines if respondent is a local or non-local respondent.) ADDRESS FOR BILLING:	
ADDRESS:	
CITY, STATE, ZIP:	
Contact person regarding company's submission to the solicitation:	
NAME & TITLE:	
Phone & Email Address	
Indicate if your company or any of its subsidiaries filed or met criteria for bankruptcy within the last five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Indicate if your company or any of its subsidiaries has been involved in litigation within the last five years	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain on Attachment F – Litigation Disclosure Statement.	
Number of Years In Business:	
Number of Employees:	
Number of years actively offering the services described in this RFP.	
Provide company's present commitments that may impact or overlap the delivery of this project.	
Provide a description of industry certifications or awards that review should be aware.	

ATTACHMENT C — KEY PERSONNEL

RESPONDENT: _____

Respondents shall provide a Key Personnel profile for each team member that shall be assigned to the resulting contract. Include all requested information for each individual listed. Respondent may submit up to 1 page per individual. Failure to return this attachment (or reasonable facsimile) may result in proposal being considered non-responsive. Respondent may include the number of people that it deems relevant that shall be responsible to meet the services in this contract. Failure to return this attachment (or reasonable facsimile) may result in proposal being considered non-responsive.

Key Personnel:

Full Name: _____

Job Title: _____

Total Years Employed by Respondent: _____

Total Years Experience (in required service): _____

Qualifications and Experience: _____

Specific Education, Training, Certifications: _____

Full Name: _____

Job Title: _____

Total Years Employed by Respondent: _____

Total Years Experience (in required service): _____

Qualifications and Experience: _____

Specific Education, Training, Certifications: _____

ATTACHMENT D — Statements of Experience

RESPONDENT: _____

Respondents shall provide a statement of experience identifying a minimum of three (3) past clients from within the last five (5) years that had services rendered or are being rendered that are similar to services described in this document. *Statements of Experience shall not exceed one page per reference.* Failure to return this attachment (or reasonable facsimile) may result in proposal being considered non-responsive.

REFERENCE 1:

Company Name:	
Company Address:	
Contact Name/Title:	
Phone/Email Address:	
Project Value:	
Brief Description of Services:	

REFERENCE 2:

Company Name:	
Company Address:	
Contact Name/Title:	
Phone/Email Address:	
Project Value:	
Brief Description of Services:	

REFERENCE 3:

Company Name:	
Company Address:	
Contact Name/Title:	
Phone/Email Address:	
Project Value:	
Brief Description Of Services:	

REFERENCE 4:

Company Name:	
Company Address:	
Contact Name/Title:	
Phone/Email Address:	
Project Value:	
Brief Description of Services:	

ATTACHMENT E — Conflict of Interest Questionnaire

Respondent shall download and submit the State of Texas Ethics Form. **This form is required to be signed to be considered complete. Digital signatures are accepted.** Please type N/A or None if there is no business relationship that would create a conflict of interest. New versions can be released at any time, so please obtain direction from the Texas Ethics Commission at the website listed below if there are any questions:

<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

Failure to return this exhibit in its original format may result in proposal being considered non-responsive.

ATTACHMENT F — LITIGATION HISTORY DISCLOSURE STATEMENT

RESPONDENT: _____

Provide a complete disclosure of any actual or alleged breaches of contract of which Respondent has been accused or found liable in the last five years. In addition, Respondent must disclose any civil or criminal litigation or investigation pending at any time during the last three years that involves Respondent or in which Respondent has been judged guilty or liable. For each instance of litigation or investigation, Respondent shall list: basic case information (e.g., cause number/case number, venue information, names of parties, name of investigating entity); a description of claims alleged by or against Respondent or its parent, subsidiary, or other affiliate; for each resolved case, a description of the disposition of Respondent's involvement (e.g., settled, dismissed, judgment entered, etc.).

Failure to return this exhibit may result in proposal being considered non-responsive. If there is nothing to report, then notate as none.

ATTACHMENT G — Vendor Questionnaire (Respond in Detail)

RESPONDENT: _____

Respondents shall respond to the Vendor Questionnaire. Failure to return this attachment (or reasonable facsimile) may result in proposal being considered non-responsive. Mark N/A when not applicable with clarification. Failure to return this attachment (or reasonable facsimile) may result in proposal being considered non-responsive.

Delivery Service

- 1) Respondent shall provide a list of at least three clients (preferably within North Texas) with 150 or more insured people for whom within the last five (5) years Respondent has served as a principal consultant for that client's acquisition and administration of group health, dental, vision life/AD&D, and or short-term/long-term disability insurance . The list should include the client's name, city, street address, zip code, telephone number, email and types of insurance provided, and primary client contact name.
- 2) Describe account team structure, roles, response times, and escalation path.
- 3) Explain open enrollment project management and communications.
- 4) Describe the member advocacy and claims escalation process.
- 5) Describe wellness and behavioral health strategy, including measurable outcomes reporting.
- 6) Explain compliance support (ACA, HIPAA, COBRA governmental plan, Medicare Part D, required notices).
- 7) Describe implementation methodology and timeline, including EDI testing and payroll integration.
- 8) Disclose all forms of compensation and attest that there is no undisclosed remuneration.
- 9) Describe experience administering **retiree** benefits for Texas local governments (include references).
- 10) Provide sample **retiree communications** (billing notice, retiree guide, Medicare transition letter).
- 11) Describe standard **retiree reporting** provided to employers.

ATTACHMENT H — Sample Reports

The City of Princeton is interested in sample reports that it may receive from the selected respondent to gauge insurance levels and broker performance. List below are just optional reports and not a requirement.

Please provide samples of currently provided reports to municipal clients and to establish the level of information that will be expected if selected:

- 1 Open enrollment metrics dashboard
- 2 Enrollment census and eligibility audit
- 3 Quarterly financial and utilization report
- 4 Pharmacy trend and clinical programs summary
- 5 Wellness and EAP utilization report
- 6 Annual stewardship report and executive summary
- 7 Retiree enrollment and billing reconciliation report
- 8 Delinquency/collections summary report
- 9 Medicare-eligible retiree enrollment summary

If no reports are to be provided, then please identify what the City can expect to receive to confirm success and participation of the selected employee benefit services.

ATTACHMENT I — Security and Compliance Documentation

Respondent is to provide assurance that private and confidential information shall be maintained. Respondent shall provide examples of assurances that the City can expect to prevent data breaches or network infrastructure issues from self and benefit providers that it intends to bring to the City for consideration.

- 1 SOC 2 Type II (or equivalent) report
- 2 Cybersecurity insurance certificate (if applicable)
- 3 Encryption standards and multi-factor authentication details.
- 4 Disaster recovery plan including recovery time objective (time to restart) and recovery point objective (data loss tolerance).
- 5 Breach response protocol and notification timelines

ATTACHMENT J — Benefits by Type and Count

Listed below is the breakdown of benefits by category and benefit type:

Health	Active	COBRA	Retiree under 65	Retiree over 65	Total
Employee Only	120	0	3	0	123
Employee & Child(ren)	31	0	0	0	31
Employee & Spouse	14	0	0	0	14
Employee & Family	33	0	0	0	33
Total Health	198	0	3	0	201

Dental	Active	COBRA	Retiree under 65	Retiree over 65	Total
Employee Only	106	0	0	0	106
Employee & Child(ren)	0	0	0	0	N/A
Employee & Spouse	0	0	0	0	N/A
Employee & Family	92	0	0	0	92
Total Dental	198	0	3	0	201

Vision	Active	COBRA	Retiree under 65	Retiree over 65	Total
Employee Only	113	0	0	0	113
Employee & Child(ren)	22	0	0	0	22
Employee & Spouse	13	0	0	0	13
Employee & Family	49	0	0	0	49
Total Vision	197	0	0	0	197

Life and AD&D	Active	COBRA	Retiree under 65	Retiree over 65	Total
Employee Only	174	0	0	0	174
Employee & Child(ren)	0	0	0	0	N/A
Employee & Spouse	0	0	0	0	N/A
Employee & Family	30	0	0	0	30
Total Life and AD&D	204	0	0	0	204

ATTACHMENT K— 2026 Open Enrollment Guide



2026

Open Enrollment

City of Princeton

TX  **Health**
BENEFITS POOL



Our Agenda

**Open Enrollment Elections Are
Due: 11/14/2025**

Everyone must re-enroll for
benefits.

1. Eligibility
2. Medical Highlights & Plans
3. Benefit Changes
4. Money-Saving Programs
5. Using Your Medical Benefits
6. Pharmacy Benefits - Navitus
7. Dental Benefits
8. Vision Benefits
9. TXHB Well
10. Ancillary Benefits
11. Your Next Steps



Eligibility

To be eligible to enroll for benefits, you must be a full-time employee.

You may add any of the following qualified dependents:

- ❖ Spouse
- ❖ Biological/Adopted/Foster Child
- ❖ Stepchild
- ❖ Child under Legal Guardianship
- ❖ Disabled Child over age 26

REMEMBER: If you qualify for medical benefits with your employer, you **must** be enrolled!

Medical Benefit Highlights

Plans & Changes for 2026





Medical Benefit Highlights

Medical Benefits Coverage Begins: 01/01/2026

- Broadest Network in Texas - Blue Cross and Blue Shield of Texas PPO
- Designated Customer Service Line: 855-762-6084
 - ❖ 8am – 8pm
- Telemedicine options with MDLIVE & 24 Hour Nurseline
 - ❖ Both FREE of charge
- Two robust wellness programs: Well onTarget® & TXHB Well



Using the Blue Choice PPO Network

You can see a specialist without a referral with your PPO plan. Choosing a primary care provider (PCP) can help you get the best care.

To see if your doctor is in-network or choose a doctor:

- Log in and register at Blue Access for Members SM (BAM SM) at <http://bcbstx.com/member>
- As you search for a provider in BAM, it will show you only in-network providers

When choosing the right PCP, consider:

- Patient reviews
- Industry experts' ratings
- Providers' certifications and recognitions
- Find all of these in BAM

Out-of-State coverage when traveling

- You will also have access to the BlueCard[®] network, a national network of providers for healthcare services when you're out of state

Medical

Plan Coverage	Classic 750 – 3K		Copay 3k – 5k	
	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay
Deductible Individual Family	\$750 \$1,500	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000
Out-of-Pocket <i>(includes deductible, copays, and coinsurance)</i> Individual Family	\$3,000 \$6,000	Unlimited Unlimited	\$5,000 \$10,000	Unlimited Unlimited
Coinsurance	20%	50%	20%	50%
MDLIVE	No Charge	Not Covered	No Charge	Not Covered
Annual Wellness Exams	No Charge	50% after Deductible	No Charge	50% after Deductible
Primary/Specialist Care	20% after Deductible	50% after Deductible	\$30 Copay/ \$60 Copay	50% after Deductible
Urgent Care	20% after Deductible	50% after Deductible	\$75 Copay	50% after Deductible
Emergency Room <i>(\$500 Emergency Room Fee waived if admitted)</i>	\$500 Emergency Room Fee <u>plus</u> 20% after Deductible	\$500 Emergency Room Fee <u>plus</u> 20% after Deductible	\$500 Emergency Room Fee <u>plus</u> 20% after Deductible	\$500 Emergency Room Fee <u>plus</u> 20% after Deductible
Inpatient Hospital <i>(prior authorization required)</i>	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Outpatient/ ER Physicians /Physicians	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Diagnostic Lab / X-Ray	20% after Deductible	50% after Deductible	No charge	50% after Deductible
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible

Other Medical Benefit Changes

- Member Rewards Being Sunset Jan 1, 2026
 - ❖ Must shop, have service before 12/31, and claim received by 3/31
- Stelara Moved to Biosimilars
- Enhancements Made on Jan 1, 2025
 - ❖ Twin Health Pilot
 - ❖ Next level Weight Loss

How to Save Money With Innovative Programs





- High Quality Network of Surgeons & Surgery Centers Nationwide
- Non-Emergency Surgeries
- Guided Support from a personal Care Advocate
- Travel & Stay Stipends
- Call 855-715-1684

All At Little Cost To Members!

Lantern network complication rates: < 1%
Industry comparison for complication rates: 5-14%

97%

Members Would Recommend
Lantern

90%

Members Found a Lantern
Provider within Driving Distance

317

Members Utilized Lantern for
Positive Outcomes

Orthopedics:

- ✓ Top Savings Category

Joint Replacement & Spine:

- ✓ Biggest Savings Opportunity

MDLIVE

Must be set up through your BAM account!

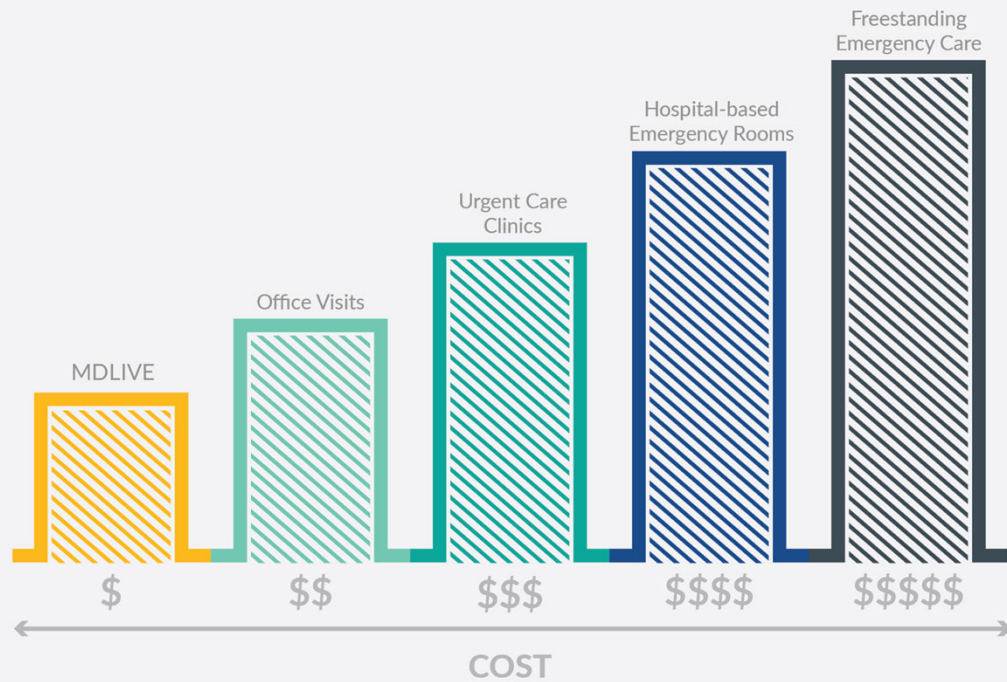


- ✓ Remote, low-cost alternative for connecting with a board-certified doctor
- ✓ Great for minor conditions such as:
 - Allergies
 - Cold & Flu
 - Cough & Sore Throat
 - Headaches & Sinuses
 - And more!
- ✓ MDLIVE's licensed therapists also offer behavioral health counseling for:
 - Addiction, Anxiety, Depression
 - Loss, Relationships, Stress
 - Trauma, PTSD, and Life Changes
- ✓ Can even send some prescriptions to nearby pharmacies



How to Maximize Your Medical Benefits

If you are ever unsure, just call the 24/7 Nurseline! **1-844-971-8906**



How to Use Your Medical Benefits

With Helpful Resources



TX Health Online

txhb.gov

- Easily track your benefits
- Find providers in the BCBSTX network
- View your health plan benefits and summaries
- Check claims, deductibles, and out-of-pocket balances
- Access HRA balances and information in one place

The screenshot displays the TX Health Online website. At the top, the logo 'TX HB ONLINE' is visible, along with navigation links for Home, Message Center, Help, and Reference Center. Below the logo, there are icons for Home, Benefits Center, and Make a Payment. A banner image shows a man and a woman looking at a laptop. The main content area is divided into several sections: a 'Welcome' message, an 'Important Reminders' section with a 'COBRA Election' link and a 'Start Here' button, a 'Contact Info' section with fields for Address, Email, Cell, and Work, a 'TX Health Benefits Wellness Dashboard' with a 'click here' button, and a 'Can't Find Something?' section with a search icon. At the bottom, there are three icons labeled 'Profile', 'Benefit Summary', and 'Personal Documents'.

Blue Access for MembersSM (BAM)

- Use the Provider Finder[®] tool to search for healthcare providers, hospitals, and more
- Request or print your ID card
- Check the status or history of a claim
- View and print Explanation of Benefits statements
- Use our Cost Estimator tool to find pricing for hundreds of tests, treatments, and procedures
- Sign up for text or email alerts

IT'S EASY TO GET STARTED!

1. Go to **bcbstx.com**
2. Click **Sign Up or Log In**
3. Select the **Create an Account** tab
4. Review and accept **Terms of Use**
5. Use the info on your BCBSTX ID card to sign in (*including the alpha prefix!*)
6. If you do not have your ID, call 855-762-6084 to get your ID



Member ID Cards

Your Member ID card contains important information about your coverage, including any copays you may have for medical care or prescriptions, as well as information for your pharmacy and healthcare providers to process your benefits.

If you have questions or need help, you can also find phone numbers for all your benefit services.



Subscriber Name:
SAMPLE CARD
 Identification Number:
ZGP999999999

Group Number: 000000
 Coverage Date: 01/02/2024

BCA DENT

GRID+

Office Visit: \$30
 Specialist: \$60
 Urgent Care: \$75
 Emergency Room: \$500
 MDLive Med/BH: \$0/\$0

RxBIN: 610602 RxGRP: TMLA
 RxPCN: NVT

[PPO]



www.bcbstx.com

Network coverage is available through participating network providers. Non-network services will be covered at a lower level. Some services must be pre-authorized, including Mental Health (BH) and Chemical Dependency (CD). Refer to your benefits booklet for claims filing address and additional information. Providers: File claims with your local BCBS Plan. File dental claims to: P.O. Box 660247, Dallas, TX 75206-0247.

www.MDLIVE.com/BCBSTX

Deductible Information
 IndFam In Network \$3,000/\$5,000
 IndFam Out of Network \$6,000/\$12,000

Out of Pocket Maximum Information
 IndFam In Network \$7,000/\$14,000
 IndFam Out of Network Unlimited

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.

<First Name> <Last Name>
 <Spouse First Name> <Spouse Last Name>
 <And Covered Dependents>

Member ID: <Member ID>

(855) 715-1684

For planned, non-emergency procedures.
 In the event of a medical emergency, call 911.

LANTERN
 Formerly known as SurgeryPlus

Medical Contributions

Coverage Tier	Employee Contribution (per month)	Employee Contribution (per month)
	<i>Classic 750 – 3k</i>	<i>Copay 3k – 5k</i>
Employee Only	Princeton pays 100% of \$921.18	Princeton pays 100% of 736.14
Spouse	\$474.42	\$379.13
Children	\$350.04	\$279.74
Family	\$898.13	\$717.74

Pharmacy Benefits

Navitus



Pharmacy

Retail or Mail Order		
Coverage Tier	In-Network You Pay	Out-of-Network You Pay
Disease Management Maintenance (generic)	\$0 copay	Not Covered
Tier 1 (lower-cost generics and some brand name drugs)	30 days: \$10 copay 60 days: \$20 copay 90 days: \$30 copay	
Tier 2 (excluding insulins, includes most brands and some higher cost generics)	30 days: \$45 copay 60 days: \$90 copay 90 days: \$135 copay	
Tier 2 (covered Insulins)	30 days: \$25 copay 60 days: \$50 copay 90 days: \$75 copay	
Tier 3* (non-preferred drugs)	30 days: \$90 copay 60 days: \$180 copay 90 days: \$270 copay	
Tier 4 (specialty drugs)	\$150 copay – only 30-day supply available	
Tier 5 (cost share drugs)	30 days: \$175 copay 60 days: \$350 copay 90 days: \$525 copay	

Pharmacy Highlights

TX Health Benefits Pool uses a Pharmacy Network with nearly **3,000** pharmacies right here in Texas, including but not limited to:

- HEB
- CVS
- Walmart
- Sam's Club
- And many independently owned local pharmacies!



The TXHB Network is designed to provide value and cost savings to keep rates stable for our members. **Our network does not include Walgreens.**

You can locate a pharmacy near you through the Navitus App (downloadable from the Apple Store or Google Play Store), or the Navitus Member Portal (found at **Navitus.com**).

If you would like help finding an in-network pharmacy, call Navitus Customer Care at 855-673-6504.

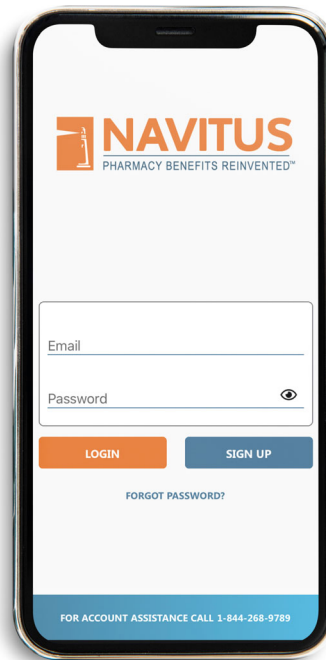


Pharmacy Highlights Mail Order

- **Mail order prescriptions** available through Costco Pharmacy
- **Register online** at www.pharmacy.costco.com for mail order delivery
- **Please allow** 10 to 14 calendar days from the day you submit your order to receive your medication(s)
- **You do not need to be a Costco member to get your prescriptions there**



Member Prescription Resources



Navitus Member Portal with pharmacy locator, cost compare tool, and educational resources to help you manage your health — log in at: navitus.com

Navitus Mobile App to access your benefits, locate a nearby pharmacy, view and manage your medications, and more!

English and Spanish Customer Care
24 hours a day, 7 days a week:
1-855-673-6504

Download the Navitus App from the Apple Store or Google Play Store.

More Pharmacy Highlights

Disease Management Program	Specialty Drugs	Access Guidance Services
<p>Certain generic Disease Management Maintenance Drugs are offered at no cost for up to a 90 Day Supply, including medications for:</p> <ul style="list-style-type: none"> • Hypertension • High Cholesterol • Diabetes 	<p>Lumicera provides specialty medications for our members.</p> <ul style="list-style-type: none"> • Call Lumicera at 1-855-847-3553 • or Navitus Customer Care at 1-855-673-6504 	<p>You can save up to \$150/month on specialty medications:</p> <ul style="list-style-type: none"> • If you're taking any drug that qualifies, Navitus will invite you to join the program • Answer or return the call from Navitus to join • After copay assistance, you will have \$0 copay • Approximately 350 medications qualify



You Can Save Even More On Your Prescription By:

- **Choosing tier-1 medications when possible**
- Working with your healthcare provider to choose lower cost drug alternatives (*many of which can be found in your Prescription Drug Plan Book*)
- Reviewing the list of **Disease Management Program** medications in your **Prescription Drug Plan Book** and working with your healthcare provider to determine if these might work for you
- Taking advantage of the **Access Guidance Services** program for certain Specialty Drugs.

Dental Benefits

Bluecare Dental



Eligibility

Coverage begins 01/01/2026

- Highlights
- PPO Plan through BlueCare Dental Connection^{SM SM}
- Same benefits whether you see an in-network or out-of-network dentist
- However, using an in-network dentist will...
 - Avoid balance billing for services over their contracted rate, and
 - Stretch your benefit further because your benefit is based on a lower contracted rate

BLUECARE DENTAL CONNECTIONSM

Dental Plan III (With Child Orthodontia)

Benefit	In-Network	Out-of-Network
Benefit Maximum (per person)		
Tier 1, 2 & 3 (combined)	\$2,000	\$2,000
Tier 4	\$3,000 per Lifetime	\$3,000 per Lifetime
	You Pay	You Pay
Deductible (per person)		
Tier 1	\$0	\$0
Tiers 2 & 3 (combined)	\$50	\$50
Tier 4	\$50 per Lifetime	\$50 per Lifetime
Tier 1 - Preventive care	No Charge	No Charge after Reasonable & Customary Charges
Tier 2 - Basic care	20% after Deductible	20% of Reasonable & Customary charges after Deductible
Tier 3 - Restorative care	50% after Deductible	50% of Reasonable & Customary charges after Deductible
Tier 4 - Orthodontia (Children to age 19 only)	No charge after R&C after Deductible	No charge after Reasonable & Customary Charges after Deductible

BLUECARE DENTAL CONNECTIONSM

To Locate a BlueCare Dental Provider

- Log in to **TXHB Online**
- Click Benefits Center
- Click BlueCare Dental
- Enter your search specifics including:
 - Name
 - Location
 - City/State
 - Zip Code
 - Distance (miles)

The screenshot displays the TXHB ONLINE Benefits Center interface. The navigation bar includes links for Home, Message Center, Help, Reference Center, Home, Benefits Center, Benefit Information, Deer Oaks, and Wellness. The main content area features a 'Benefit Information' button, a 'Blue Cross and Blue Shield of Texas' tile for medical benefits, and a 'BlueCare Dental' tile for dental benefits. The 'BlueCare Dental' tile is highlighted with an orange border and an arrow pointing to it from the right.

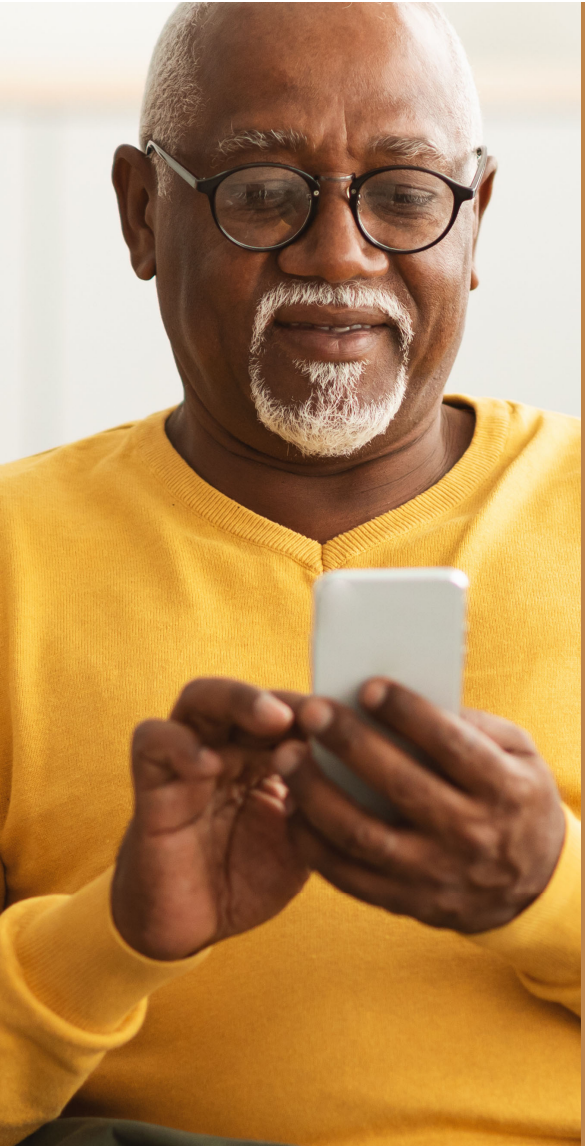
Dental Contributions

Coverage Tier	Employee Contribution (per month)
Employee Only	Princeton pays 100% of \$40.66
Family	\$31.88

Vision Benefits

EyeMed





Premium EyeMed

**eye
Med** Mandatory Plan

- Preferred Provider Vision Network
 - ❖ In-Network **\$0 copay** for exam
 - ❖ In-Network **\$225 allowance** for frames/contacts
 - ❖ In-Network online options
- Discounts on out-of-pocket costs
- Benefits work on calendar year cycle (NEW)

Choice in Retail Options

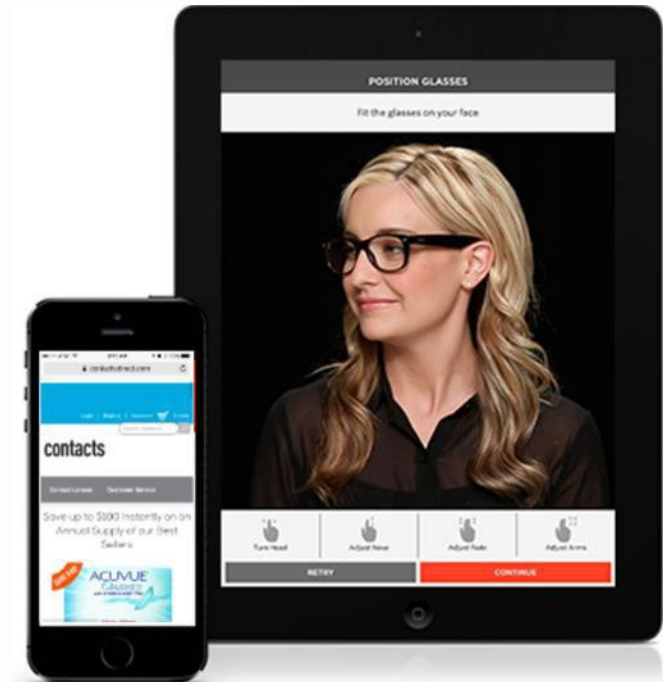
EyeMed's network is made up of a diverse selection of retail providers, featuring brands you know and trust.





In-Network Online Option

- An experience built specifically for using your vision benefits
- Easy-to-view eligibility
- In-network benefits automatically applied in the shopping cart
- Huge selection of name brand frames, lenses, and contact lenses



GLASSES.COM **contactsdirect** LENSMASTERS **OPTICAL** *Ray-Ban*

Vision Contributions

Coverage Tier	Employee Contribution <i>(per month)</i>
Employee Only	Princeton pays 100% of \$9.78
Employee + Spouse	\$4.39
Employee + Child(ren)	\$4.88
Employee + Family	\$7.56

TX  HB
WELL





With TXHB Well, Earn \$150 Cash Incentive for Engaging in Your Health

- Open to employees and spouses enrolled in the medical plan.
- Just complete a Wellbeing Survey and then either a Circle Wellness Screening or one of the other 6 simple options.
- Earnable every calendar year!

TX Health Benefits Wellness Dashboard

Complete the Wellbeing Survey and any one of the four options to earn a \$150 Incentive Check. To be eligible for this program, you must be currently enrolled in medical benefits.

[click here](#)

Name	Status	
Wellbeing Survey or Circle Wellness Consultation (REQUIRED)		
Wellbeing Survey	Not Complete	Complete This
Circle Wellness Consultation (Onsite/Voucher Screening)	Not Complete	More Info
Options (Only one option needs to be completed)		
Option 1: Preventive Care Screening (Biometrics)	Not Complete	More Info
Option 2: Well onTarget Self-Management Program	Not Complete	More Info
Option 3: Group Challenge	Not Complete	More Info
Option 4: Personal Challenge (Complete 2)	Not Complete	More Info
Option 5: Wellness Your Way - Local Challenge	Not Complete	More Info
Option 6: Workplace Wellness Committee	Not Complete	More Info
2024 Reward Status (Status is updated twice a month)		

Circle Wellness[©]

- On-Site Preventive Health Screenings or OnDemand Voucher Program
- Connect with highly-skilled nurses and other trained health professionals
- Screenings take only 15 minutes!



Common Conditions that Can Be Detected Early with Regular Screening:

- Heart Disease & Stroke
- Diabetes
- Certain Cancers
- Anemia
- Liver & Gallbladder Conditions
- Kidney Disease
- Hypertension
- Infections
- Nutritional & Gastrointestinal Conditions
- Metabolic Syndrome

Twin Health[©]

- Diabetes Management Program
- Health Coaches, Nurses, Member Enrollment Advisors, & Providers
- Pilot Program for the first 300 to sign up



Solving the root cause of chronic metabolic disease through the creation of a Whole Body Digital Twin™ for each member's metabolism.

- **137 Active Participants**
(with 200 More in Onboarding)
- **15 Medications Eliminated** in Users Who Have Been Active for **Over 60 Days!**

“The program has been very beneficial to me. I’ve lost some weight, I’m eating healthier and have set a routine to exercise every day. The program is great and very easy to follow. Thank you!! 😊”
– **Twin Health User**

Next Level Weight Loss

Access to a significantly discounted subscription to the medically managed weight loss program.

- Launched January 1, 2025
- Initial Consultation
- Up to 12 Virtual Meetings for Health Coaching
- Up to 12 Virtual Meetings for Emotional Coaching
- GLP-1 Medications



84 Members So Far

Patients enrolled in the Program see results:

- **Semaglutide:** Patients lost an average of 9% of their body weight in just six months
- **Tirzepatide:** Patients lost an average of 14% of their body weight in just six months





Well onTarget®
FROM BCBSTX



Earn Rewards with Blue PointsSM

Earn Blue Points and redeem them for physical gift cards by participating in healthy activities



The Complete Ovia Health suite of women's health apps

Manage your and your child's health from pre-pregnancy through early parenting.



BCBSTX Fitness Program

Get access to a network of gyms across the country that have partnered with BCBSTX for discounted rates



LearnToLive

Help with stress, depression, anxiety, insomnia, substance use, and more



Well onTarget®
FROM BCBSTX



Headway

Help find the behavioral health treatment for you. Headway can match you with an in-network behavioral health provider (either virtually or in-person) usually within 48 hours.



Wellness & Behavioral Coaching

Available wellness coaches can provide support and techniques to implement positive strategies for stress management.



Blue365

Employees can get discounts on health and wellness products for fitness, hearing and vision, nutrition, personal care, and more.

Ancillary Benefits

More Protection For You





Basic Life and AD&D

DETAILS:

- Employee Basic Life/AD&D employer paid
- Enrollment required for dependent coverage



Highlights:

- Provided by The Standard Life Insurance Company
- Employee Basic Life and AD&D
 - ❖ \$15,000
 - ❖ Employer Paid
- Voluntary Dependent Life
 - ❖ Spouse: \$5,000
 - ❖ Child(ren): \$2,000
 - ❖ Employee Paid



Additional Basic Life and AD&D

DETAILS:

- Must complete separate enrollment form
- Don't forget to designate your beneficiaries



Highlights:

- Provided by The Standard Life Insurance Company
- Voluntary, employee-paid benefit
- Available in increments of 50% of base annual salary
- Maximum benefit: 3x base annual salary up to \$300,000
- Medical History Statement form required if enrolling, or increasing Additional Life benefit amount, 31 days after date of hire



Long Term Disability

DETAILS:

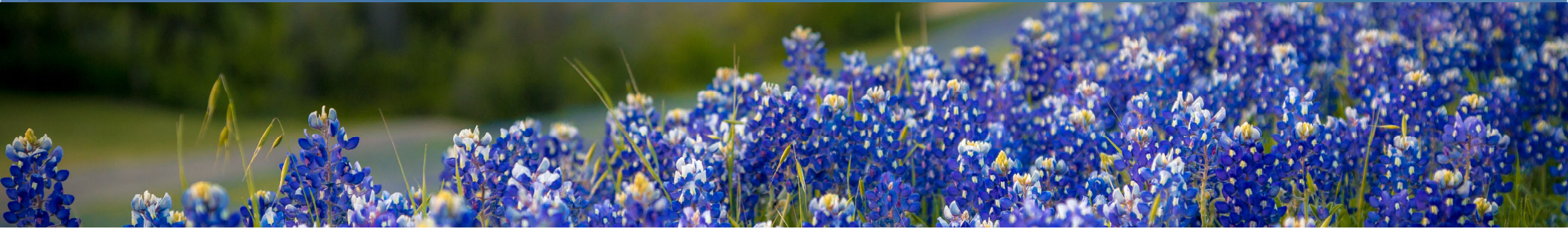
- Employer-paid
- No separate enrollment form required



Highlights:

- **Income Replacement: 60%** of monthly pay
- **Maximum Benefit: \$5,000/month**
- **Minimum Benefit: \$100/month**
- **Maximum Benefit Period: To Age 65**
- **Elimination Period: 90 days**
- **Own Occupation Period: 24 Months**

Your Next Steps



Next Steps

- ✓ Read and understand your Enrollment Guide.
- ✓ Review the benefit plan highlights.
- ✓ Confirm your current primary care physician is in the network.
- ✓ If you do not have a primary care physician, we encourage you to find one and schedule your annual exam.



Log into TX Health Benefits Online to review your options and enroll yourself and your family by **November 14th**

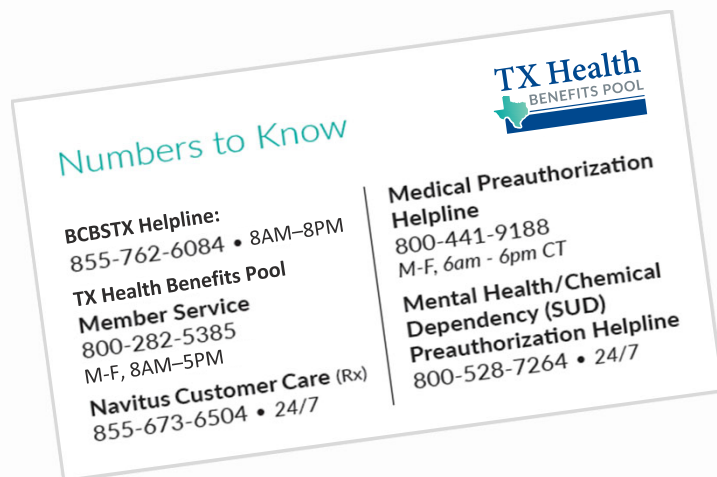
Or enroll by phone at **800-282-5385**

Complete and return your enrollment form by **November 3rd to November 14th**

When you receive your TXHB ID Card

- Register your **TX Health Benefits Online** portal account.
- Register and set up your **MDLIVE account** and download the mobile app.
- Register and set up your **Navitus account** and download the mobile app.

Your Official Contact Guide!



When You Need Help

TX Health Benefits Pool Member Services: 800-282-5385

BCBSTX Helpline: 855-762-6084

Navitus Customer Care: 855-673-6504

Additional Benefits & Important Numbers

Medical Prior Authorization Helpline: 800-441-9188

24-Hour Nurseline: 800-581-0368

Lantern: 855-715-1684

Thank You For Joining Us

FOR MORE INFORMATION VISIT TXHB.GOV

TX  **Health**
BENEFITS POOL

This plan uses a preferred provider network. While you can use any doctor, clinic, hospital, or healthcare facility you want; you save money when you use providers in the Blue Cross and Blue Shield of Texas Blue Choice PPO network. It's important to have a relationship with a Primary Care Physician (PCP) who can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist, but you are not required to see a PCP before you see a specialist.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and the Medical Plan book for each plan. If there is any discrepancy, the more complete descriptions will govern. TX Health Benefits Pool reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY																								
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000																								
Out of Pocket Maximum (includes deductible, copays, and coinsurance) Individual Family	\$5,000 \$10,000	Unlimited Unlimited																								
Coinsurance	20%	50%																								
Office Visits Primary Care Specialist	\$30 Copay \$60 Copay	50% after deductible 50% after deductible																								
Preventative Care	No Charge	50% after deductible																								
Telehealth (general medicine)	No Charge	Not Covered																								
Diagnostic Lab / X-Ray In an Office, Outpatient facility, Lab Drawing Site or Free-Standing Imaging Center Inpatient/Outpatient surgery or facility treatment room	No Charge 20% after deductible	50% after deductible 50% after deductible																								
Major Imaging (CT scan, PET scan, MRI, nuclear medicine)	20% after deductible	50% after deductible																								
Inpatient Hospital (prior authorization required) Facility Charges Physician Charges	20% after deductible 20% after deductible	50% after deductible 50% after deductible																								
Emergency Room Facility Charges (emergency room fee waived if admitted) Physician Charges	Emergency Room Fee Per Visit \$500 plus 20% after deductible 20% after deductible	Emergency Room Fee Per Visit \$500 plus 20% after deductible 20% after deductible																								
Urgent Care	\$75 Copay	50% after deductible																								
Outpatient Surgery	20% after deductible	50% after deductible																								
Prescription Drug Plan (per 30-day/60-day/90-day supply retail or mail order) Disease Management Maintenance (generic) Tier 1 - lower-cost generics and some brand name drugs Tier 2* - includes most brands and some higher cost generics Tier 2 - insulins Tier 3* - non-preferred drugs Tier 4 - speciality drugs Tier 5 - cost share drugs	<table border="1"> <thead> <tr> <th>30-Day Supply</th> <th>60-Day Supply</th> <th>90-Day Supply</th> </tr> </thead> <tbody> <tr> <td>\$0 copay</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$30 copay</td> </tr> <tr> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> <tr> <td>\$25 copay</td> <td>\$50 copay</td> <td>\$75 copay</td> </tr> <tr> <td>\$90 copay</td> <td>\$180 copay</td> <td>\$270 copay</td> </tr> <tr> <td>\$150 copay</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>\$175 copay</td> <td>\$350 copay</td> <td>\$525 copay</td> </tr> </tbody> </table>	30-Day Supply	60-Day Supply	90-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$30 copay	\$45 copay	\$90 copay	\$135 copay	\$25 copay	\$50 copay	\$75 copay	\$90 copay	\$180 copay	\$270 copay	\$150 copay	N/A	N/A	\$175 copay	\$350 copay	\$525 copay	Not Covered
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BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY																								
Deductible																										
Individual	\$750	\$1,500																								
Family	\$1,500	\$3,000																								
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