

2024 SERVICE PROVIDERS

Plan and Designated Service Provider	2023 Monthly Rate	2024 Monthly Rate
1) PEBC Dental HMO Plan		
Delta DHMO in 2023 & 2024		
Insurance Premium		
Employee Only	11.94	11.94
Employee & Spouse	20.34	20.34
Employee & Child(ren)	26.84	26.84
Employee & Family	34.30	34.30
2) PEBC Dental PPO Plan		
Delta DPPO in 2023 & 2024		
Self-Funded Plan Administration Fees (PEPM)		
Dental PPO Providers Network Access		
Fee and Claims Administration Services	3.74	3.74
3) PEBC Vision Plan		
VSP in 2023 & 2024		
Insurance Premium		
Employee Only	6.25	6.25
Employee & Spouse	11.70	11.70
Employee & Child(ren)	12.45	12.45
Employee & Family	19.40	19.40
4) PEBC Medical Plans (HDP Plan & PPO Plan) Active EE		
UnitedHealthcare (UHC)		
Self-Funded Plan Administration Fees (PEPM)		
Total PEPM for Medical Plan (HDP/PPO) Services "Base Fee" includes - Claims Administration, TPA Services, Medical Provider Services, Network Access, Medical Management, Disease Management (Asthma, Diabetes, Coronary Heart Disease) Subrogation Services, NurseLine, Real Appeal Weight Loss Program, Mental Health/Behavioral Health/Substance Abuse Provider Network Access, Claims Administration, Behavioral Health Solutions and ABA Clinical Support	39.36	40.50 (3%)
5) PEBC Medical Plans (HDP Plan & PPO Plan) Retiree		
UnitedHealthcare (UHC)		
Self-Funded Plan Administration Fees (PEPM)		
Total PEPM for Medical Plan (HDP/PPO) Services "Base Fee" includes - Claims Administration, TPA Services, Medical Provider Services, Network Access, Medical Management, Disease Management (Asthma, Diabetes, Coronary Heart Disease) Subrogation Services, NurseLine, Real Appeal Weight Loss Program, Mental Health/Behavioral Health/Substance Abuse Provider Network Access, Claims Administration, Behavioral Health Solutions and ABA Clinical Support	35.29	36.35 (3%)

Plan and Designated Service Provider	2023 Monthly Rate	2024 Monthly Rate
6) PEBC Employee Assistance Program (EAP)		
UHC/Optum		
Capitated Rate Applicable to Active Employees Only (PEPM)		
EAP Mental Health (Employee Plans - HDP/PPO/OPT)	1.23	1.23
7) PEBC Wellness Program		
UHC/Optum		
Capitated Rate Applicable to Active Employees Only (PEPM)		
Active Employees and Eligible Spouses enrolled in HDP/PPO	2.84	2.92 (3%)
8) PEBC Account-Based Health Plan Services (HSA Accounts)		
Optum Bank		
HDP/HSA Administration Fee (PEPM)		
Health Savings Account (HSA) Trustee Services (Actives Only)	included in "Base Fee"	
Tarrant County Contributions to Employee Health Savings Accounts		
HSA Employer Annual Contribution of \$850 Single/Family	750.00	850.00
Newly Hired \$850 HSA ER Annual Contribution Prorated	750.00	850.00
9) PEBC Medical and Rx (HDP/PPO) Reinsurance Services		
UnitedHealthcare (UHC)		
Insurance Premium for \$500,000 Deductible (Per Subscriber Per Month)		
Stop Loss Premium (ISL)	47.99	TBD
10) PEBC Medical Plans (HDP/PPO) Pharmacy Services		
CVS Caremark		
Self-Funded Plan Administration Program Fee (PEPM)		
Three (3) Tier with Formulary	CVS Program	CVS Program
National Pharmacy Network Access and Pharmacy Benefits Manager (PBM) Services	0.25	0.20
11) PEBC Long Term Disability Insurance		
Standard		
Insurance Premium		
Payroll Percentage	0.130% of Payroll	Rate pending per PEBC

Plan and Designated Service Provider	2023 Monthly Rate	2024 Monthly Rate
12) PEBC Group Life Insurance		
The Hartford		
Insurance Premium		
Basic Life per \$1,000	0.070	0.070
Basic Life AD&D per \$1,000	0.015	0.015
Employee Optional Life/Spouse Life per \$1,000		
Under 30	0.04	0.04
30-34	0.06	0.06
35-39	0.08	0.08
40-44	0.12	0.12
45-49	0.19	0.19
50-54	0.29	0.29
55-59	0.47	0.47
60-64	0.79	0.79
65-69	1.30	1.30
70 & over	2.22	2.22
Employee Optional Life AD&D per \$1,000	0.025	0.025
Dependent Life \$10,000/\$5,000	2.10/family	2.10/family
Dependent Life \$5,000/\$2,500	1.05/family	1.05/family
13) PEBC Employer Flexible Spending Credits		
UnitedHealthcare (UHC)		
Tarrant County Contributions to Employee Flexible Spending Accounts (General FSA/Limited Purpose FSA)		
Opt-outs (Employee declines County Medical Coverage)	1440.40 Annual	1440.40 Annual
Newly Hired FSA ER Annual Contribution Prorated		
Opt-ins (Employee elects County Medical Coverage)	240.24 Annual	240.24 Annual
Newly Hired FSA ER Annual Contribution Prorated		
PEBC Wellness Reward - Earned by Employee Only	300.00 Annual	300.00 Annual
PEBC Wellness Reward - Earned by Employee & Spouse	600.00 Annual	600.00 Annual
14) PEBC Flexible Spending Administration, COBRA Administration, and Retiree Direct Billing		
UnitedHealthcare (UHC)		
Administration Fees		
Health and Dependent Care Flexible Spending Accounts Participant		
Monthly Administration Fee	2.85	2.85
COBRA Administration Fee (Per Letter)		
Initial Notification Letter	3.00	3.00
Qualifying Event	14.50	14.50
HIPAA Certificate	6.00	6.00
Expiration or Notices for Federal Law/Acts	5.00	5.00
Percentage of COBRA Premiums	2% of Billed/Paid	2% of Billed/Paid
Retiree Billing Administration		
Fee Per Participant	3.00	3.00

Plan and Designated Service Provider	2023 Monthly Rate	2024 Monthly Rate
15) PEBC Retiree Medicare-Based Retiree Group Medical Plans		
UnitedHealthcare (UHC)		
Retiree Insurance Premium		
Medicare Advantage (HMO) Plan PMA (Pre & Post-65 with Medicare)	PMA	PMA
Retiree Only	220.84	220.76
Retiree and Spouse	441.68	441.52
Medicare Advantage PPO Plan MPO (Pre & Post-65 with Medicare)	MPO	MPO
Retiree Only	451.01	451.01
Retiree and Spouse	902.02	902.02
Senior Supplement without Group Part D Drug Plan PSS (Post-65 with Medicare)	PSS	PSS
Retiree Only	397.76	352.32
Retiree and Spouse	795.52	704.64
"Add-On" Self-funded PPO Accrual to Retiree Insurance Premium (Retirees with Non-Medicare Eligible Dependents, Enrolled in the Self-funded PEBC PPO Medical Plan)		
Spouse	1,468.01	1,468.01
Child(ren)	731.51	731.51
Spouse and Child(ren)	2,004.19	2,004.19