# City of Seguin | Gallagher Medical Renewal Review

**October 6, 2025** 

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### **Medical Renewal**

#### **Negotiated Renewal w/ Alternate HDHP Plan Option**

Carrier	BCBS		BCBS	
Plan Name	Current		Alternate w/ \$3,400 HDHP	
	PPO	HDHP	PPO	HDHP Plan
Individual Annual Deductible	\$1,500	\$5,000	\$1,500	\$3,400
Family Annual Deductible	\$3,000	\$10,000	\$3,000	\$6,800
Co-insurance	20%	0%	20%	20%
Individual Out of Pocket Maximum	\$4,000	\$5,000	\$4,000	\$6,000
Family Out of Pocket Maximum	\$8,000	\$10,000	\$8,000	\$12,000
PCP Visit Copay	\$25	0%	\$25	20%
Specialist Visit Copay	\$50	0%	\$50	20%
Emergency Room	\$500	0%	\$500	20%
Rates	Current		Renewal	
Employee	\$637.18	\$522.77	\$751.92	\$678.34
Employee + Spouse	\$1,433.64	\$1,175.43	\$1,691.80	\$1,525.23
Employee + Child(ren)	\$1,210.63	\$992.58	\$1,428.63	\$1,288.25
Employee + Family	\$1,758.62	\$1,441.87	\$2,075.29	\$1,870.97
Monthly Cost	\$389,023	\$7,709	\$459,075	\$10,002
Annual Cost	\$4,668,275	\$92,501	\$5,508,901	\$120,029
Combined Annual Cost	\$4,452,831		\$5,628,930	
Change from Current %%%	N/A		18.2%	
Change from Current \$\$\$	N/A		\$868,154	

BCBS is offering a \$50,000 premium credit.



## **Benchmarking**

#### **Current PPO Plan**

	City of Seguin	GBS Survey			
	PPO	100-499 Employees	Public Entity	Texas	National
DEDUCTIBLE		-			
Individual	\$1,500	\$1,500	\$850	\$2,000	\$1,500
Family	\$3,000	\$3,000	\$2,000	\$4,000	\$3,000
OUT-OF-POCKET MAXIMUM					
Individual	\$3,000	\$4,500	\$3,000	\$5,000	\$4,500
Family	\$6,000	\$9,475	\$6,000	\$10,200	\$9,000
COINSURANCE	20%	20%	20%	20%	20%
COPAYS					
PCP	\$25	\$25	\$25	\$30	\$25
Specialist	\$50	\$50	\$40	\$50	\$45
ER	\$500 copay + 20%	\$200	\$150	\$250	\$250
PRESCRIPTION DRUG					
Generic	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$30	\$35	\$35
Non-Preferred Brand	\$70	\$60	\$50	\$65	\$60

## **Benchmarking**

#### **HSA Plan**

	City of Seguin	GBS Survey (HDHP w/ HSA)			
	HSA Plan	100-499 Employees	Public Entity	Texas	National
DEDUCTIBLE					
Individual	\$3,400	\$3,000	\$2,000	\$3,200	\$3,000
Family	\$6,800	\$6,000	\$4,000	\$6,400	\$6,000
OUT-OF-POCKET MAXIMUM					
Individual	\$6,000	\$4,500	\$3,200	\$5,000	\$4,500
Family	\$12,000	\$8,500	\$6,400	\$10,000	\$8,450
COINSURANCE	20%	20%	20%	20%	20%
COPAYS					
PCP	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
PRESCRIPTION DRUG					
Generic	20% after deductible	\$10	\$10	\$10	\$10
Preferred Brand	20% after deductible	\$35	\$30	\$35	\$35
Non-Preferred Brand	20% after deductible	\$60	\$50	\$65	\$60



## **Medical Renewal History**

Plan Year	Carrier	Renewal	Plan Changes
2021	BCBS TX	5.7%	No Change
2022	BCBS TX	9.0%	No Change
2023	BCBS TX	No Increase	No Change
2024	BCBS TX	No Increase	No Change
2025	BCBS TX	3.5%	Added HDHP

## Thank you

**Brandon DeBar**Area Vice President

**Ashley Lutz**Account Executive

