City of Broken Arrow

Self-Funded Rate Analysis

Plan Year January 2026 - December 2026

	Current
Medical Administrative Carrier	HealthComp
Medical Network	Healthcare Highways
PBM Vendor (if pharmacy carved out)	CVS
Stop Loss Carrier	Skyward
Employee Count	298
Family Count	339
Contract Terms	
Specific Deductible	$175,000
Aggregating Specific	$100,000
Aggregate Maximum	$1,000,000
Aggregate Corridor	125%
Contract Terms	24/12
Administrative Fees PEPM	
Total Annual Administrative Premium	**$513,570**
Change from Current	
Stop Loss Premiums PEPM	
Individual Stop Loss Premium PEPM	$63.63
Individual Stop Loss Premium PEPM - Family	$182.55
Aggregate Premium PEPM	$0.00
Aggregate Premium PEPM Single	
Aggregate Premium PEPM - Family	
Agg Accommodation	
Total Annual Stop Loss Premium	**$970,154**
Change from Current	
Additional Fixed Costs PEPM	
Remedy Health	$90.00
TPA Set Up Fee	included
PBM Interface Creation	included
One-time Transition Credit / Implementation Credit	n/a
General Purpose Credit	$0.00
Admin Fee Waiver 3 mth BCBS 1st yr	n/a
Carve-out Vendor/ Load Data for Med Mgt*	n/a
Carve-out Vendor/ Reverse Eligibility*	n/a
Carve-out Vendor/ Shared Accums*	n/a
Claims Data Extract Sent To Outside Vendor*	n/a
Luminare Health Benefit Review Fee	n/a
Captive Cash Collateral	$0.00
Rx Rebate Estimate	-$164.44
Total Annual Additional Fixed Costs	**-$569,019**
Change from Current	
Annual Fixed Costs Total	**$914,705**
Change from Current	
Claims	
Expected Claims PEPM	$1,331.00
Attachment Point	
Attachment Point - Family	
Annual Expected Claims	**$10,174,164**
Annual Maximum Claims	**$0**
Additional Liability	
Laser Liability	$0
Contingent Laser Liability	$0
Agg Spec Liability	$100,000
Expected Annual Plan Cost	**$11,188,869**
Change from Current	
Maximum Annual Plan Cost	**N/A**
% Claims Fluctuation Margin	
Claims Fluctuation Margin	
Budget	**$11,545,876**
Change from Current	
Change from Current	
Additional Costs Not Included In Budget	
PCORI Fees Est. ($3.47 PMPY)	$2,460
Additional Notes / Contract Details	

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	Current
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Employee Count	298
Family Count	339
Contract Terms	
Specific Deductible	$175,000
Aggregating Specific	$100,000
Aggregate Maximum	$1,000,000
Aggregate Corridor	125%
Contract Terms	24/12
Administrative Fees PEPM	
Total Annual Administrative Premium	**$513,570**
Change from Current	
Stop Loss Premiums PEPM	
Individual Stop Loss Premium PEPM	$63.63
Individual Stop Loss Premium PEPM - Family	$182.55
Aggregate Premium PEPM	$0.00
Aggregate Premium PEPM Single	
Aggregate Premium PEPM - Family	
Agg Accommodation	
Total Annual Stop Loss Premium	**$970,154**
Change from Current	
Additional Fixed Costs PEPM	
Remedy Health	$90.00
TPA Set Up Fee	included
PBM Interface Creation	included
One-time Transition Credit / Implementation Credit	n/a
General Purpose Credit	$0.00
Admin Fee Waiver 3 mth BCBS 1st yr	n/a
Carve-out Vendor/ Load Data for Med Mgt*	n/a
Carve-out Vendor/ Reverse Eligibility*	n/a
Carve-out Vendor/ Shared Accums*	n/a
Claims Data Extract Sent To Outside Vendor*	n/a
Luminare Health Benefit Review Fee	n/a
Captive Cash Collateral	$0.00
Rx Rebate Estimate	-$164.44
Total Annual Additional Fixed Costs	**-$569,019**
Change from Current	
Annual Fixed Costs Total	**$914,705**
Change from Current	
Claims	
Expected Claims PEPM	$1,331.00
Attachment Point	
Attachment Point - Family	
Annual Expected Claims	**$10,174,164**
Annual Maximum Claims	**$0**
Additional Liability	
Laser Liability	$0
Contingent Laser Liability	$0
Agg Spec Liability	$100,000
Expected Annual Plan Cost	**$11,188,869**
Change from Current	
Maximum Annual Plan Cost	**N/A**
% Claims Fluctuation Margin	
Claims Fluctuation Margin	
Budget	**$11,545,876**
Change from Current	
Change from Current	
Additional Costs Not Included In Budget	
PCORI Fees Est. ($3.47 PMPY)	$2,460
Additional Notes / Contract Details	

City of Broken Arrow

Self-Funded Rate Analysis

Plan Year January 2026 - December 2026

		Firm - with Agg Cov *Lasered without ASD*
	Current	**Option 14**
Medical Administrative Carrier	HealthComp	BCBSOK
Medical Network	Healthcare Highways	BCBSOK
PBM Vendor (if pharmacy carved out)	CVS	CVS
Stop Loss Carrier	Skyward	TMHCC
Employee Count	298	298
Family Count	339	339
Contract Terms		
Specific Deductible	$175,000	$225,000
Aggregating Specific	$100,000	$0
Aggregate Maximum	$1,000,000	$2,000,000
Aggregate Corridor	125%	125%
Contract Terms	24/12	24/12
Administrative Fees PEPM		
Total Annual Administrative Premium	**$513,570**	**$561,987**
Change from Current		***9%***
Stop Loss Premiums PEPM		
Individual Stop Loss Premium PEPM	$63.63	$43.44
Individual Stop Loss Premium PEPM - Family	$182.55	$151.97
Aggregate Premium PEPM	$0.00	$0.00
Aggregate Premium PEPM Single		$0.00
Aggregate Premium PEPM - Family		$13.83
Agg Accommodation		
Total Annual Stop Loss Premium	**$970,154**	**$879,272**
Change from Current		***-9%***
Additional Fixed Costs PEPM		
Remedy Health	$90.00	$90.00
TPA Set Up Fee	included	included
PBM Interface Creation	included	
One-time Transition Credit / Implementation Credit	n/a	-$25,000
General Purpose Credit	$0.00	$0
Admin Fee Waiver 3 mth BCBS 1st yr	n/a	-$84,676
Carve-out Vendor/ Load Data for Med Mgt*	n/a	$5,000
Carve-out Vendor/ Reverse Eligibility*	n/a	$4,000
Carve-out Vendor/ Shared Accums*	n/a	$2,000
Claims Data Extract Sent To Outside Vendor*	n/a	$2,200
Luminare Health Benefit Review Fee	n/a	
Captive Cash Collateral	$0.00	$0.00
Rx Rebate Estimate	-$164.44	-$164.44
Total Annual Additional Fixed Costs	**-$569,019**	**-$665,496**
Change from Current		***-14%***
Annual Fixed Costs Total	**$914,705**	**$775,763**
Change from Current		***-$138,942***
		-15%
Claims		
Expected Claims PEPM	$1,331.00	$1,577.70
Attachment Point		$844.82
Attachment Point - Family		$2,043.24
Annual Expected Claims	**$10,174,164**	**$12,059,939**
Annual Maximum Claims	**$0**	**$11,332,977**
Additional Liability		
Laser Liability	$0	$35,000
Contingent Laser Liability	$0	$0
Agg Spec Liability	$100,000	$0
Expected Annual Plan Cost	**$11,188,869**	**$12,870,702**
Change from Current		***$1,681,833*** ***15%***
Maximum Annual Plan Cost	**N/A**	**$12,143,740**
% Claims Fluctuation Margin		0%
Claims Fluctuation Margin		$0
Budget	**$11,545,876**	**$12,870,702**
Change from Current		***$1,324,826***
Change from Current		***11%***
Additional Costs Not Included In Budget		
PCORI Fees Est. ($3.47 PMPY)	$2,460	$2,460
Additional Notes / Contract Details		
		NNL + 50% Rate Cap One Laser at $260k on 12/12 contract