City of Broken Arrow

Self-Funded Rate Analysis

Plan Year January 2026 - December 2026



\$11,188,869

\$11,545,876 \$2,460

Agg Spec Liability
Expected Annual Plan Cost
Change from Current

Maximum Annual Plan Cost % Claims Fluctuation Margin Claims Fluctuation Margin Budget
Change from Current
Change from Current
Additional Costs Not included in Bud
PCORI Fees Est. (\$3.47 PMPY)

Additional Notes / Contract Details



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Budget
Change from Current
Change from Current
Additional Costs Not included in Bud
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Additional Notes / Contract Details

\$11,545,876 \$2,460



City of Broken Arrow

Self-Funded Rate Analysis Plan Year January 2026 - December 2026

Firm - with Agg Cov

Renewal Presen



riun reur Junuary 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 Aggregate Corridor	\$1,000,000 125%	\$2,000,000 125%
Aggregate Corridor Contract Terms	24/12	24/12
Administrative Fees PEPM	24/12	24/12
Total Annual Administrative Premium	\$513,570	\$561,987
Change from Current	4,	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 Aggregate Premium PEPM - Family		\$0.00 \$13.83
Aggregate Premium PEPM - Family Agg Accommodation		\$13.83
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 Captive Cash Collateral	n/a \$0.00	\$0.00
Rx Rebate Estimate	-\$164.44	-\$164.44
Total Annual Additional Fixed Costs	-\$569,019	-\$665,496
Change from Current	-,505,025	-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 Additional Liability	\$0	\$11,332,977
Additional Liability Laser Liability	SO.	\$35,000
Contingent Laser Liability	\$0	\$35,000
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	A44 E4E 0EC	\$0
Budget	\$11,545,876	\$12,870,702
Change from Current Change from Current		\$1,324,826 11%
Additional Costs Not Included In Budget		11%
PCORI Fees Est. (\$3.47 PMPY)	\$2,460	\$2,460
	42,.22	42,
Additional Notes / Contract Details		
		NNL + 50% Rate Cap
		One Laser at \$260k on 12/12