

APPENDIX A.1

Pricing for TXShare Cooperative Purchase Program Participants

Service Category #1: Healthcare Benefits Brokerage/Consulting Pricing

Enrolled Subscribers (Medical)	Fee
2 – 100 Subscribers	\$40,000/yr
101 – 300 Subscribers	\$60,000/yr
301 – 500 Subscribers	75,000/yr
501 – 1000 Subscribers	95,000/yr
1001 – 2000 Subscribers	125,000/yr
2001 – 3000 Subscribers	\$160,000/yr
3001+ Subscribers	\$6.00/PEPM
10001+ Subscribers	\$6.00/PEPM

Strategic Planning		Fee Breakout
• Executive management meetings and benefits philosophy development • Development of 3–5-year strategy • Benchmark plan design, costs, and cost sharing	• Employee contribution strategies • Development of prototype plan designs provided to bring in additional members' support. • Oversight of Medical, Pharmacy, Dental, Vision and all other ancillary coverages	Included
Underwriting & Actuarial		Fee Breakout
• Budget development, tracking, variance analysis • COBRA rate development • Multi-year cost projections and renewal forecasting • Large claim tracking - stop loss management (If Applicable) • Plan design modeling • EAP Review	• Experience monitoring (according to data availability), including: — Trend analysis — Claim utilization analysis — Pharmacy utilization analysis — Contribution modeling — Workforce demographic analysis and profiling — Review of medical network usage	Included

Benefit Plan Renewal Process		Fee Breakout
- Evaluate alternatives to current plan strategy and funding options that may better support your company's long-term needs - Prepare alternative funding analysis and actuarial analysis of claim reserves - Develop a multi-year strategy and objectives for benefit plans focused on reducing and preventing health risks - Conduct renewal negotiations with insurance carriers and vendors - Evaluate and make recommendations on employee cost-sharing strategies	- Produce renewal projections - Work with vendors to review performance of medical and Rx programs in areas including large claims, network utilization, provider discounts, drug utilization, etc. Provide recommendations for improving cost-management performance - Analyze employee demographics to identify trends, pattern and potential cost drivers - Recommend new programs that increase plan value and support plan objectives	Included
Vendor Marketing Review & Vendor Management		Fee Breakout
- Develop requests to solicit proposals from medical, pharmacy and ancillary vendors - Request proposals and analyze vendor submissions to assess product capability and fit, network access and quality, health management capabilities and tools, employee resources and tools, reporting and analytics and overall costs - Summarize results and provide recommendation for selecting a vendor that will best support your company's objectives going forward	- Assist with changes to vendors, processes and programs - Negotiate performance guarantees with vendors - Assist with ongoing vendor management and resolution to problems as they occur	Included
Plan Communications & Open Enrollment Service and Support		Fee Breakout
- Coordinate open enrollment and develop communication strategy - Design and develop customized benefits enrollment guide for new hires and open enrollments that can be distributed electronically - Develop customized open enrollment presentation for your company employees and conduct enrollment meetings, conference calls or webinars as necessary	- Coordinate and communicate renewal decisions with all vendors to ensure accuracy of systems and benefit information - Provide support for administrative system updates and file feeds. - Coordinate and attend on-site enrollment meetings. - No cost enrollment platform options.	Included

Ongoing Service Support for Plan Management & Compliance		Fee Breakout
• Review all vendor contracts for compliance on a continuing basis to ensure federal compliance • Review and maintain copies of current plan SPDs • Participate in ongoing benefits strategy meetings with your company • Continually work to identify issues and exposures to your company benefit offerings • Provide updates and commentary on impact of legislative and regulatory changes • Evaluate vendor-provided reports on claims, premiums and enrollments and provide summary of findings (As data is available)	• Provide support for understanding and implementing changes in plans and administration required under Health • Care Reform legislation including affordability and minimum value. • Act as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.) • Ongoing invitations to MMA's compliance seminar series • Provide annual compliance guide	Included
Wellness Consulting Services		Fee Breakout
• Wellness Vendor RFP • Review of claims, demographics, and utilization data to identify key health issues and cost drivers in your company's population and provide recommendations for improving performance • Provide recommendation for developing a corporate wellness strategy based on key clinical and cost issues identified in your company's population • Provide recommendations for implementing online health risk assessments, on-site biometric screenings and other programs that can be used to augment current wellness initiatives	• Review health plan benefits to assess potential integration with wellness initiatives • Manage and administer wellness marketing and communications • Supervise the performance of the program overall • Analyze results and recommend wellness program activities and modifications • Provide wellness communications • Flu Shot Clinic coordination and oversight	Included
HR Support Services (HR Training – Provided By MMA)		
• Monthly HR educational webinars on a broad range of HR topics • SHRM approved for CE credit • Mineral		Included

*Some services may vary depending on funding arrangement.

Under the MMA corporate culture, we do not want our clients to feel like they are on the clock each time they call our office. Therefore, our fees are designed to encompass all services outlined in this proposal's response. All expenses are included in this fee. MMA is flexible in the way it can receive compensation and therefore can accept fee, commission, or a combination of fee & commission. MMA operates with 100% transparency as it relates to disclosure of compensation.

Service Category #2: Other Ancillary Goods or Services

Benefits Technology		Fee Breakout
Access to Benefits Technology Resources (BTR) for assessment of HRIS/HCM	As Needed	Cost dependent on group size
Benefits administration system for implementation and support using Selerix or Employer Navigator	As Needed	Varied. Cost may apply and could be off-set by voluntary commissions and technology credits
MMA Centers of Excellence/Tailored Solutions		Fee Breakout
<i>Some of the services outlined below are included when we support the voluntary benefits</i> • BR Focus – Billing Reconciliation • BenAssist – Telephonic Open Enrollment Support • Member Support Center • MMA Actuarial • MMA Stop Loss • MMA Rx Solutions • MMA Global Benefits Management • MMA PATH • MMA iNGAGED • MMA Workers' Health 360 • OPEB/GASB Evaluation Services • ACA Reporting (1095-C)	As Needed	Varied by group size and scope of work

Frontier Direct Care	Fee Breakout
Pricing per month: • EE - \$83 • ES - \$165 • EC(+) - \$165 • EF - \$250 Group Size and Market Thresholds Frontier is willing to engage in conversations with groups of any size and funding strategy in any market in and outside of Texas. Ideal prospects in unestablished markets without existing Frontier clinics are self-funded, have 1,000+ members on the health plan, and are geographically concentrated. In established markets with existing Frontier clinics, we are open to discussing smaller groups. In establishing new clinic locations, it can be beneficial to consider visiting with other prospects in the community to establish critical mass warranting a new clinic location. Frontier fees are guaranteed to remain budget neutral at a minimum in year one. (*Guarantee requires approval) Typical contracts are 3yr +1+1.	

*Some services may vary depending on funding arrangement

Voluntary Benefits and Benefits Administration

MMA prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to North Central Texas Council of Governments. We are committed to compensation and to disclosing information that will assist you in evaluating potential conflicts of interest.

MMA can receive compensation in the form of commissions, consulting fees, or a combination of the two options.

The table on the following page outlines ancillary products, the compensation type (Commission), and typical commission percentages.

Ancillary Product	Compensation Type	Typical Commission %
Basic/Group Life	Commission	15%
Short Term Disability (STD)	Commission	15%
Long Term Disability (LTD)	Commission	15%
Accident	Commission	25%
Critical Illness	Commission	25%
Hospital Indemnity	Commission	25%
Identity Theft/Legal	Commission	25%
Medical Transport	Commission	20%

Notes: Carrier subsidies paid by Supplemental Health carriers are typically in the range of 3%–10% and will be disclosed where applicable. Percentages shown are typical commission rates for disclosure purposes and actual commissions may vary by carrier, contract, and program design. Final, itemized commission schedules will be provided as Carrier/Product decisions are made.