

**PRESENTED TO**

Justin Moerer  
 Compensation Programs, Inc.  
 1040 N. Cotner Blvd  
 Lincoln NE 68505

We are pleased to present you with the attached renewal information for City of Terrytown for the renewal date of 01/01/2026. Make note that this packet does not include SBC's for every plan offered; you can obtain SBC's in BrokerLink or on the broker portal. The offering sent directly by us to City of Terrytown will include the SBC's. We appreciate the trust and confidence you have placed in us. Please contact me at monica.rodahl@medica.com with questions.

<p><b>POLICY RENEWAL INFORMATION</b></p> <p>We recommend making your plan selection at least one month prior to renewal date to provide sufficient enrollment time. As the agent of record, you also have the opportunity to make changes to the policy's features such as benefit levels, waiting period and eligibility guidelines.</p> <p>Multiple plan/network offers require a minimum of 2 enrolled employees. Please refer to the Small Group Product Pairing Option page within this renewal.</p> <p><b>In order to accept the suggested renewal plan(s) simply do nothing. The group will automatically renew.</b> To access the renewal packet information or to review renewal alternatives, please log into BrokerLink.</p> <p>The final deadline for completing changes to your health plan coverage is the <b>20th of the month prior to your renewal date.</b></p> <p>When requesting a change in plan design:</p> <ul style="list-style-type: none"> <li>• request the change through BrokerLink; or</li> <li>• email me at monica.rodahl@medica.com</li> </ul>	<p><b>VALUE ADDS</b></p> <p><b>Virtual Care</b> – Virtual care visits, also known as online care or e-visits, are a quick and easy way to care for common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and prescriptions (if needed).</p> <p><b>My Health Rewards by Medica®</b> - Through My Health Rewards, members are motivated to make healthy behavior changes through incentives and rewards.</p> <p><b>Healthy Pregnancy &amp; Parenting Program</b> – Personalized guidance, support, and coaching for the entire parenthood journey with the Ovia Health app.</p> <p><b>Employee Assistance Program (EAP)</b> – counselors provide members with support when they are dealing with personal, legal, financial or workplace issues. EAP phone lines are open 24/7.</p> <p><b>Self Care by AbleTo</b> – On-demand help for stress and emotional well-being. Access self-care techniques, coping tools, meditations, sleep tracking, and more. It's available at no extra cost to you and your covered dependents (ages 13+) as part of your behavioral health benefits.</p>
<p><b>CHANGES FOR YOUR RENEWAL PLAN YEAR</b></p> <ul style="list-style-type: none"> <li>• We may have made benefit or language changes to your existing plan(s). These changes are outlined in the Benefit Change Grid included within this renewal offering.</li> </ul>	

You may visit [www.healthcare.gov](http://www.healthcare.gov) or call them at 1-800-706-7893 to learn more about small group insurance and any additional coverage options that may be available.

**-- MEDICAL BENEFITS --  
RENEWAL CENSUS**



Account Name: City of Terrytown  
Group Number: A01005  
Location: NE Area-4  
Zip Code: 69341

Agent: Justin Moerer  
Phone: 4024885100  
Email: jmoerer@comproins.com

Effective Date: 1/1/2026  
Print Date: 10/10/2025  
Calendar year accumulators

Contribution - 99.00% EE, 70.00% Dep

Name	DOB	Age	Sex	Application Type	Current Plan - A01005_0001 MIC NTL NE 1500-30/60-30% with 100% Preventive RX Gold			Renewal Plan MIC NTL NE 1500-30/60-30% with 100% Preventive RX Gold		
					ER Cost	EE Cost	Total	ER Cost	EE Cost	Total
HUGO CHAIREZ	10/20/1966	59	M	EMPLOYEE	\$1,654.06	\$16.71	\$1,670.77	\$1,821.35	\$18.40	\$1,839.75
<b>Employee Subtotal:</b>					<b>\$1,654.06</b>	<b>\$16.71</b>	<b>\$1,670.77</b>	<b>\$1,821.35</b>	<b>\$18.40</b>	<b>\$1,839.75</b>
JENNIFER MATTERN	9/13/1970	55	F	EMPLOYEE	\$1,385.95	\$14.00	\$1,399.95	\$1,560.36	\$15.76	\$1,576.12
<b>Employee Subtotal:</b>					<b>\$1,385.95</b>	<b>\$14.00</b>	<b>\$1,399.95</b>	<b>\$1,560.36</b>	<b>\$15.76</b>	<b>\$1,576.12</b>
ANNE REKER	7/19/1964	61	F	EMPLOYEE	\$1,761.81	\$17.80	\$1,779.61	\$1,966.19	\$19.86	\$1,986.05
<b>Employee Subtotal:</b>					<b>\$1,761.81</b>	<b>\$17.80</b>	<b>\$1,779.61</b>	<b>\$1,966.19</b>	<b>\$19.86</b>	<b>\$1,986.05</b>
ROBERT BLANCO	3/28/1969	56	M	EMPLOYEE	\$1,447.63	\$14.62	\$1,462.25	\$1,632.43	\$16.49	\$1,648.92
<b>Employee Subtotal:</b>					<b>\$1,447.63</b>	<b>\$14.62</b>	<b>\$1,462.25</b>	<b>\$1,632.43</b>	<b>\$16.49</b>	<b>\$1,648.92</b>
<b>Plan Subtotal:</b>					<b>\$6,249.45</b>	<b>\$63.13</b>	<b>\$6,312.58</b>	<b>\$6,980.33</b>	<b>\$70.51</b>	<b>\$7,050.84</b>

	ER Cost	EE Cost	Total	ER Cost	EE Cost	Total
Plan(s) Total:	6249.45	63.13	<b>\$6,312.58</b>	6980.33	70.51	<b>\$7,050.84</b>

**Total Increase of 11.7%**

- Plan Increase of 7.8%
- Age Increase of 3.9%

\*Current rates are calculated based on age tier at time of previous renewal regardless of member enrollment date.

**--MEDICAL BENEFITS --  
RENEWAL**



Account Name: City of Terrytown  
Group/Plan #: A01005  
Location: NE Area-4  
Zip Code: 69341

Agent: Justin Moerer  
Phone: 4024885100  
Email: jmoerer@comproins.com

Effective Date: 1/1/2026  
Print Date: 10/10/2025  
Calendar year accumulators

<b>Plan :</b>	<b>CURRENT - A01005_0001 MIC NTL NE 1500- 30/60-30% with 100% Preventive RX Gold</b>	<b>RENEWAL MIC NTL NE 1500- 30/60-30% with 100% Preventive RX Gold</b>
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**Adult Rates:**

<15	501.62	540.69
15 - 15	546.21	588.75
16 - 16	563.26	607.12
17 - 17	580.31	625.50
18 - 18	598.67	645.29
19 - 19	617.03	665.08
20 - 20	636.04	685.58
21 - 21	655.72	706.78
22 - 22	655.72	706.78
23 - 23	655.72	706.78
24 - 24	655.72	706.78
25 - 25	658.34	709.61
26 - 26	671.45	723.74
27 - 27	687.19	740.71
28 - 28	712.76	768.27
29 - 29	733.75	790.89
30 - 30	744.24	802.20
31 - 31	759.98	819.16
32 - 32	775.71	836.12
33 - 33	785.55	846.72
34 - 34	796.04	858.03
35 - 35	801.29	863.69
36 - 36	806.53	869.34
37 - 37	811.78	874.99
38 - 38	817.02	880.65
39 - 39	827.51	891.96
40 - 40	838.01	903.27

Plan Increase of 7.8%

Upon request, Medica will make available to you information relating to the following: (1) Medica's right to change premium rates and the factors that may affect changes in premium rates; (2) renewability of coverage; (3) geographic areas served; and/or (4) benefits and premiums for all other health coverage available to small employer groups. To request this information, please call your Sales Team.

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RENEWAL**



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<b>Adult Rates:</b>	41 - 41	853.74	920.23
	42 - 42	868.82	936.48
	43 - 43	889.81	959.10
	44 - 44	916.04	987.37
	45 - 45	946.85	1020.59
	46 - 46	983.57	1060.17
	47 - 47	1024.88	1104.70
	48 - 48	1072.10	1155.59
	49 - 49	1118.65	1205.77
	50 - 50	1171.11	1262.31
	51 - 51	1222.91	1318.15
	52 - 52	1279.96	1379.64
	53 - 53	1337.66	1441.83
	54 - 54	1399.95	1508.98
	55 - 55	1462.25	1576.12
	56 - 56	1529.79	1648.92
	57 - 57	1597.98	1722.42
	58 - 58	1670.77	1800.88
	59 - 59	1706.83	1839.75
	60 - 60	1779.61	1918.20
	61 - 61	1842.56	1986.05
	62 - 62	1883.87	2030.58
	63 - 63	1935.67	2086.42
	64+	1967.15	2120.34
<b>Child(ren):</b>	1 child	501.62	540.69
	2 children	1003.24	1081.38
	3+ children	1504.86	1622.07

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