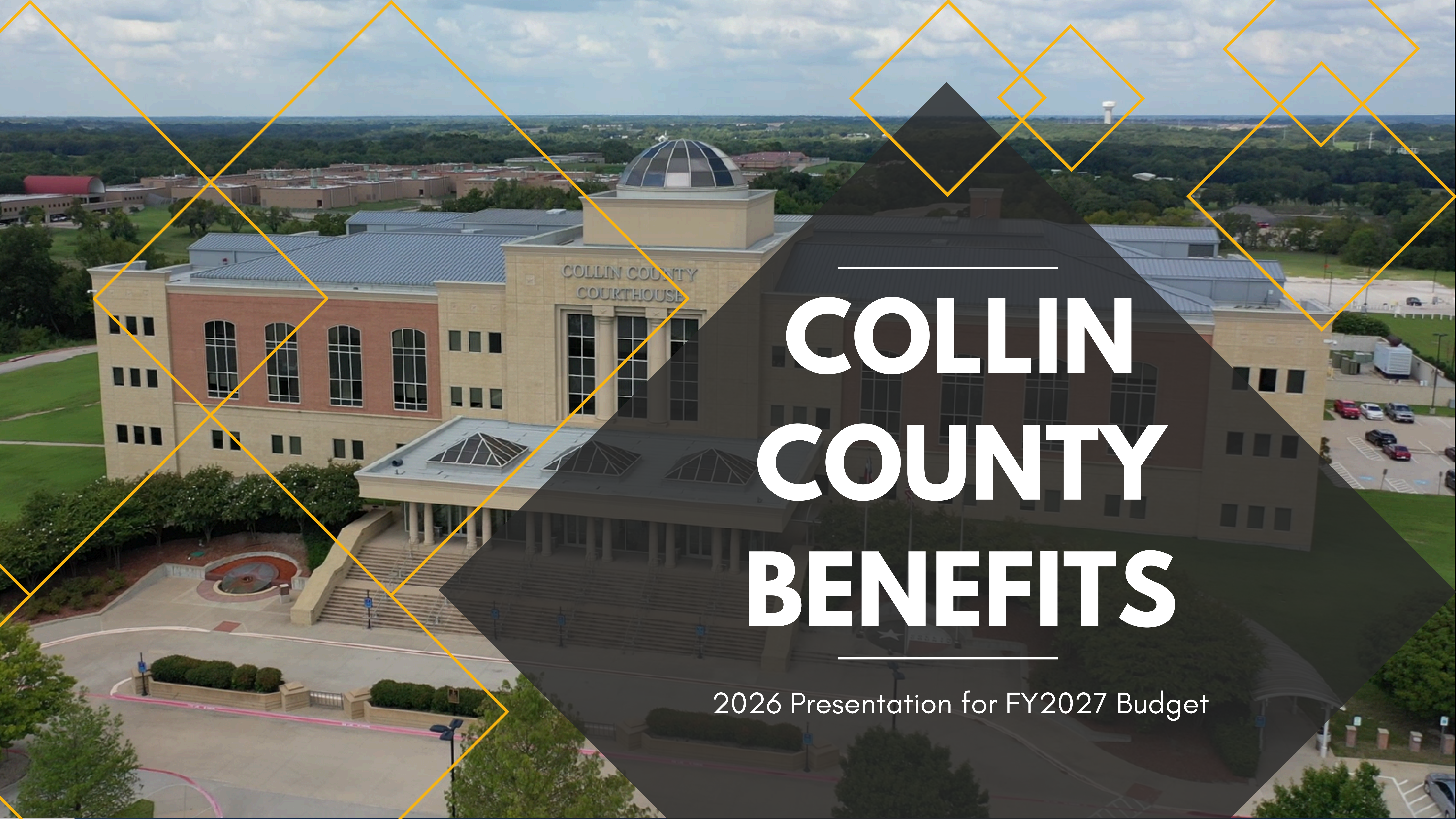


COLLIN COUNTY BENEFITS

2026 Presentation for FY2027 Budget

FISCAL YEAR 2025 BENEFITS COSTS

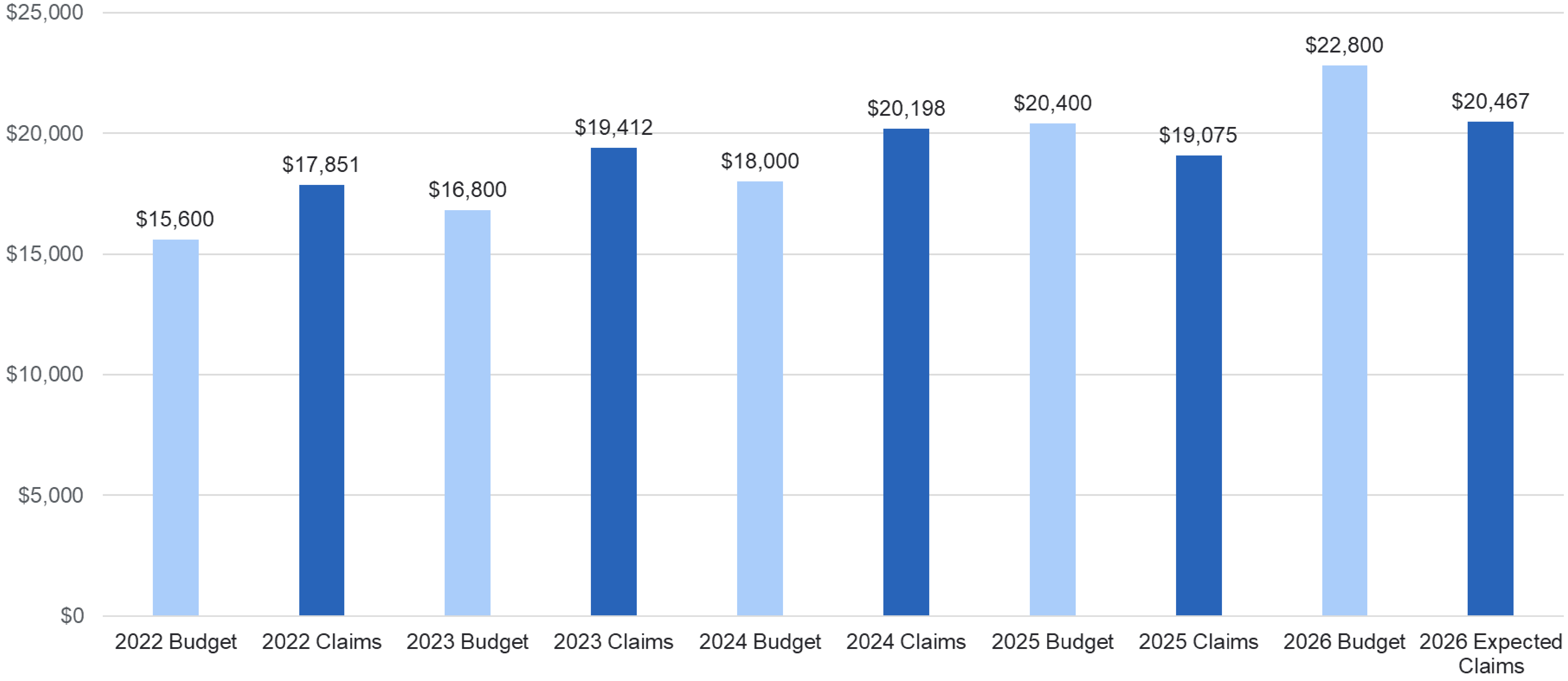
(Does not include stop loss reimbursements)

Medical and Prescription	2024 Costs	2025 Costs
Total Claims Cost	$39,899,701	$36,546,004
Employees Pay	$3,421,537 (9%)	$4,011,208 (11%)
County Pays	$36,478,164 (91%)	$32,534,796 (89%)
Average # of Covered Subscribers	1,545	1,615

	2021	2022	2023	2024	2025
Employee Pays	10%	11%	10%	9%	11%
Employer Pays	90%	89%	90%	91%	89%

FISCAL YEAR BUDGET VS. CLAIMS PER EMPLOYEE

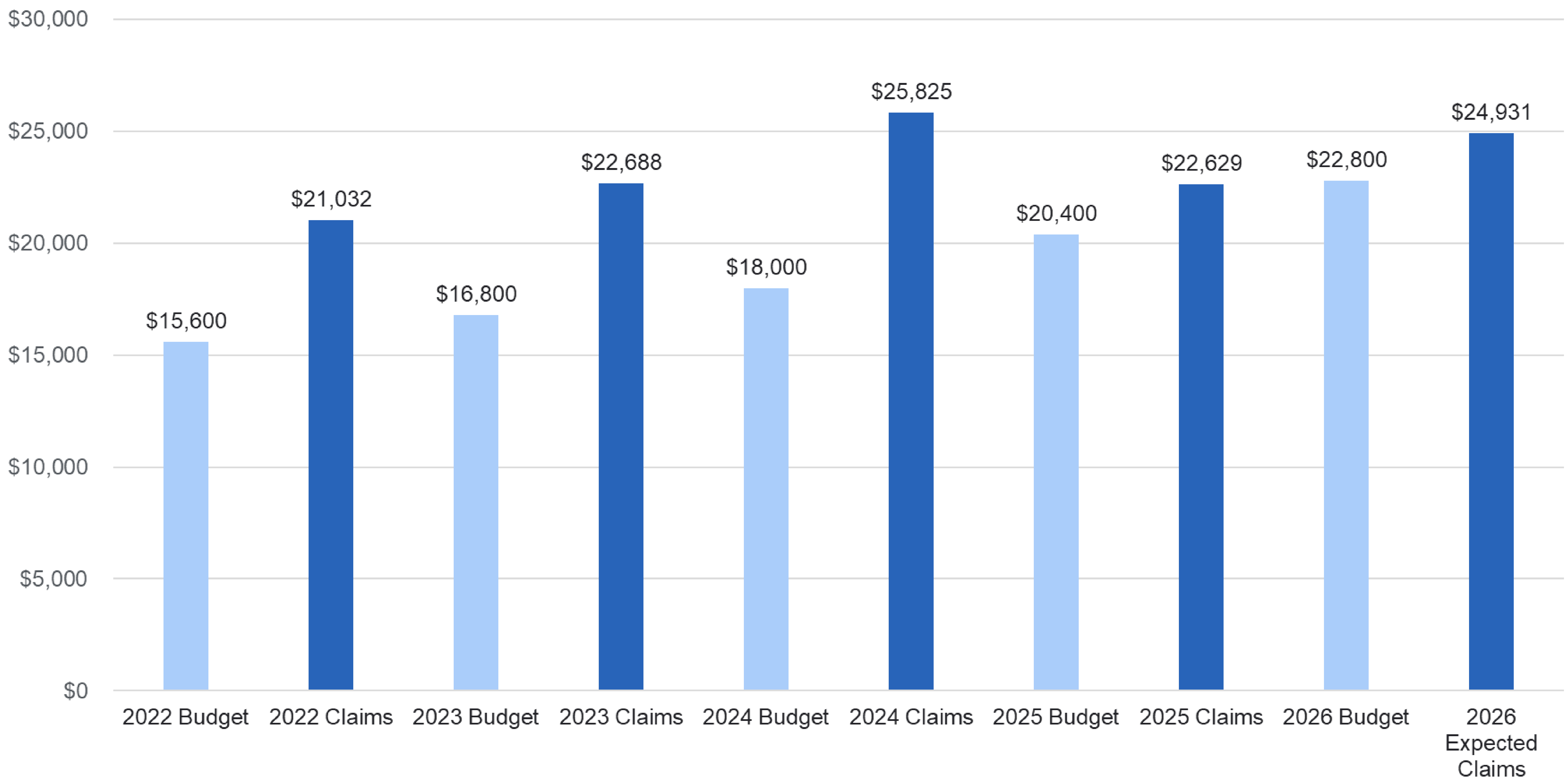
(with stop loss reimbursements)



Data based on average number of enrolled employees for that year.

FISCAL YEAR BUDGET VS. CLAIMS PER EMPLOYEE

(without stop loss reimbursements)



Data based on average number of enrolled employees for that year.

2025 CLAIMS INFORMATION

Average Insured Members: **3,785**

2% increase

For every insured employee, we also cover an average of 1.32 dependents.

Excluding catastrophic cases, medical net payments decreased from prior year.

2% Decrease

- Catastrophic cases are those that exceed $50,000.
- 48% of our claims cost was due to high cost claimants, which is 16% higher than the norm. These numbers include pharmacy spend.

Utilization of medical benefits:

97%

- 126 claims were over $50,000 in 2025.
  - 70 claims were between $50,000 and $99,999.
  - 39 claims were between $100,000 and $199,999.
  - 13 claims were between $200,000-$499,999.
  - 4 claims were over $500,000

CATASTROPHIC CASES DETAILS

2025: 126 catastrophic cases.

56% were employees.

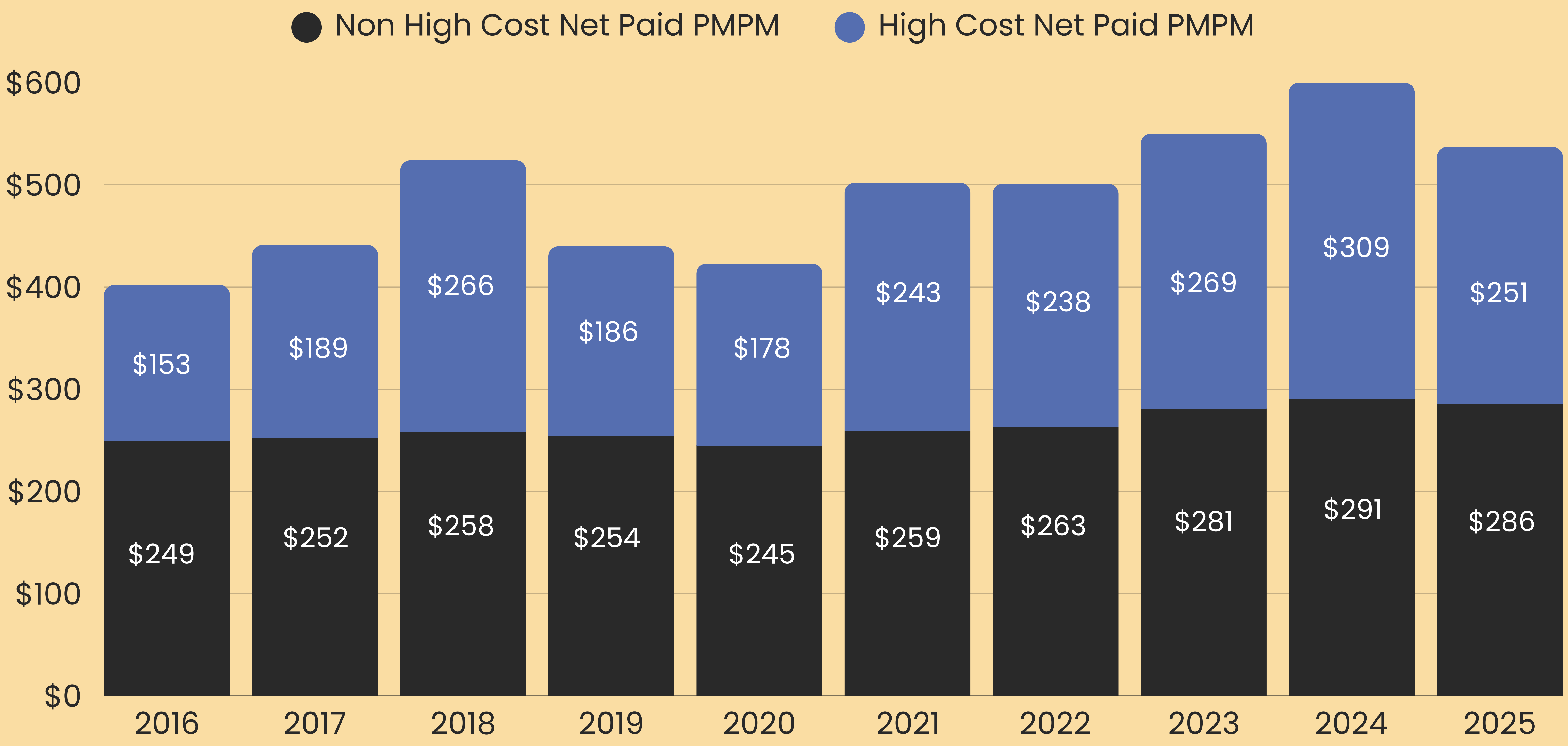
21% had a diagnosis of diabetes.

34% had no prior health indicators.

26% were ongoing catastrophic cases from 2024.

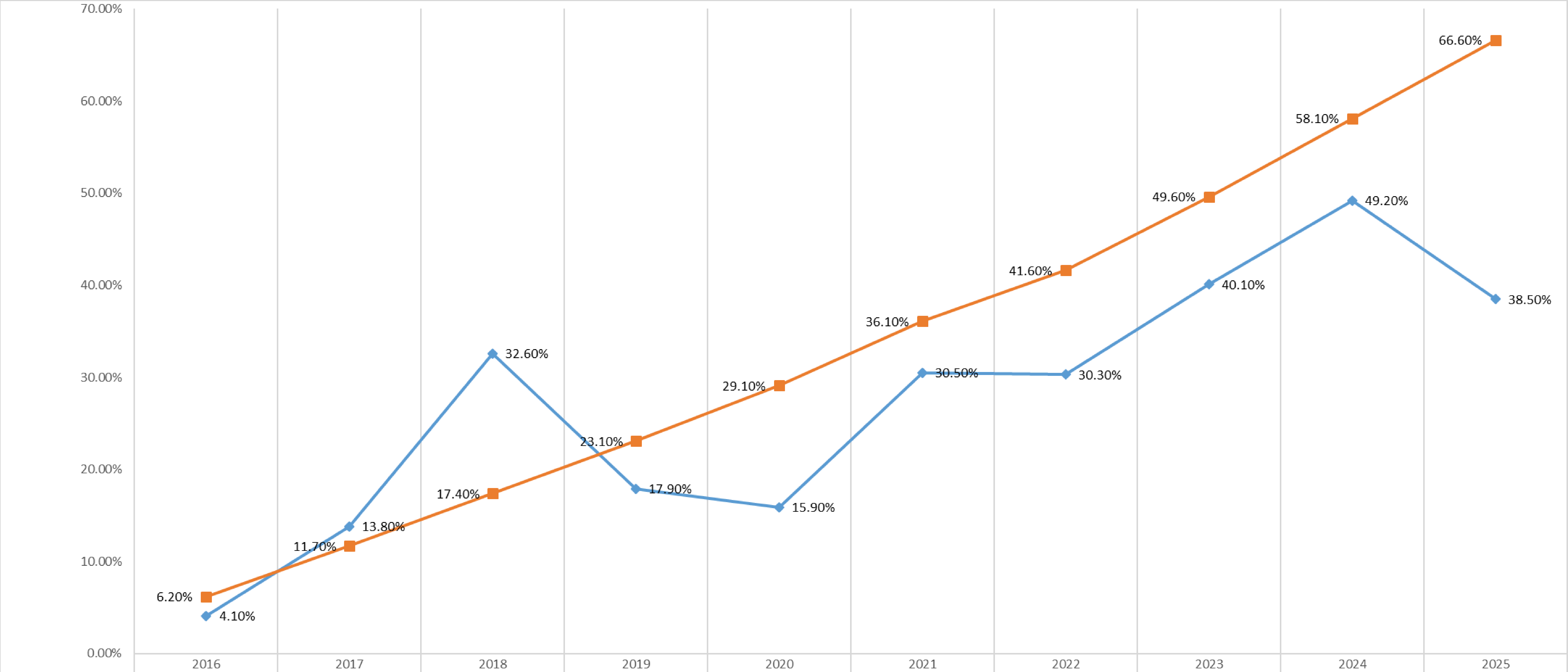
3% of members considered as catastrophic and drove 48% of total spend.

MEDICAL NET PAID PER MEMBER PER MONTH (PMPM) HISTORICAL TREND



- **High Cost Net Paid PMPM is 64% higher than 10 years ago.**
- **Non High Cost Net Paid PMPM is 15% higher than 10 years ago.**

10 Year Trend



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Collin County	4.10%	13.80%	32.60%	17.90%	15.90%	30.50%	30.30%	40.10%	49.20%	38.50%
PwC	6.20%	11.70%	17.40%	23.10%	29.10%	36.10%	41.60%	49.60%	58.10%	66.60%

DIABETES

11%

Insured adults had a diabetes diagnosis.

24%

Pharmacy paid was for diabetes.

25%

Total plan spend for adults with diabetes.

92%

Members with diabetes have other comorbid conditions.

TOP DIAGNOSIS CATEGORIES BY COST

Diagnosis	Claimants	Dollars	Cost/Claimant	Catastrophic Dollars %
Neoplasms	362 ↓	$2,261,146 ↑	$6,246 ↑	25% ↓
Musculoskeletal System	1,023 ↑	$3,574,148 ↓	$3,494 ↓	61% ↑
Circulatory System	667 ↓	$1,925,000 ↓	$2,886 ↓	75% ↓
Injury and Poisoning	605 ↑	$1,829,241 ↑	$3,024 ↑	50% ↑
Mental Disorders	777 ↑	$1,733,174 ↑	$2,231 ↑	26% ↑

TOP DIAGNOSIS CATEGORIES

Musculoskeletal

- Claimants increased 2%.
- Cost of claims decreased 7%.
- Our number of claimants is 11% lower than our peers and our cost per claim is 50% higher.
- Cost of claims is 14% of total medical paid.

Neoplasms

- Claimants decreased 6%.
- Cost of claims decreased 21%.
- Our number of claimants is 25% lower than our peers and our cost per claim is 55% lower.
- Cost of claims is 9% of total medical paid.

Circulatory System

- Claimants decreased 5%.
- Cost of claims decreased 58%.
- Our number of claimants is 19% lower than our peers and our cost per claim is 2% lower.
- Cost of claims is 8% of total medical paid.

Injury and Poisoning

- Claimants increased 6%.
- Cost of claims increased 12%.
- Our number of claimants is 2% higher than our peers and our cost per claim is 30% higher.
- Cost of claims is 7% of total medical paid.

Mental Disorders

- Claimants increased 4%.
- Cost of claims increased 24%.
- Our number of claimants is 7% higher than our peers and our cost per claim is 45% higher.
- Cost of claims is 7% of total medical paid.

CALENDAR YEAR STOP LOSS

	2021	2022	2023	2024	2025
Stop Loss Fee	$4,324,936	$5,438,263	$6,080,041	$6,932,985	$7,956,065
Stop Loss Reimbursement	$6,491,064	$5,454,147	$5,214,600	$8,291,156	$5,816,140
Carrier Impact	-50%	-0.3%	14%	-20%	27%

PHARMACY

Total Pharmacy Costs

$11,122,904

30% of total costs

6%

Top 15 Drug Costs

$5,917,231

53% of total pharmacy costs

Over the last five years:

Specialty drug payments: 27%

Non-specialty drug payments: 33%

Plan paid per prescription: 41%

PHARMACY

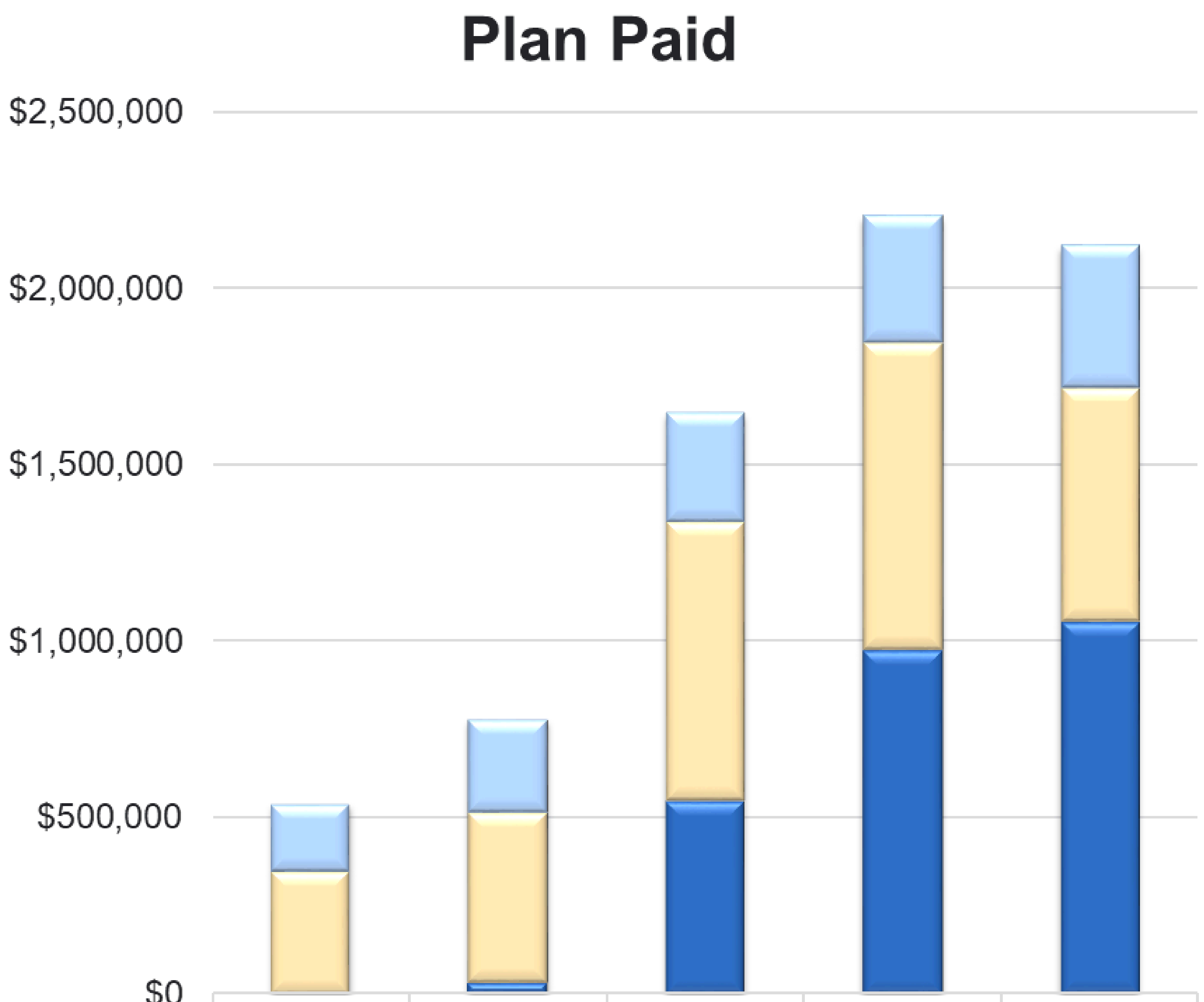
	2021	2022	2023	2024	2025
Total Spend	$8,222,934	$8,424,919	$10,348,864	$10,477,068	$11,122,904
Change in Total Spend	5%	2%	23%	1%	6%
Employee Pays	$632,799 (8%)	$628,738 (7%)	$759,538 (7%)	$729,492 (7%)	$766,690 (7%)
Employer Pays	$7,590,135 (92%)	$7,796,181 (93%)	$9,589,326 (93%)	$9,747,576 (93%)	$10,356,214 (93%)

TOP 15 PRESCRIPTIONS BY NET PAID

Name of Prescription	Used to Treat	Members Using Prescription	Number of Prescriptions	Annual Cost of Prescription	Cost Per Prescription	Average Cost per Member
MOUNJARO	Diabetes	126	810	$1,052,371	$1,299	$8,352
OZEMPIC	Diabetes	100	615	$662,665	$1,078	$6,627
SKYRIZI PEN*	Inflammatory Conditions	6	24	$542,018	$22,584	$90,336
VORANIGO*	Oncology	1	11	$444,172	$40,379	$444,172
JARDIANCE	Diabetes	78	350	$405,667	$1,159	$5,201
RINVOQ*	Inflammatory Conditions	8	59	$393,004	$6,661	$49,126
HUMIRA PEN*	Inflammatory Conditions	4	44	$378,480	$8,602	$94,620
ENBREL SURECLICK*	Inflammatory Conditions	6	43	$338,843	$7,880	$56,474
STELARA*	Inflammatory Conditions	3	12	$334,315	$27,860	$111,438
DUPIXENT*	Inflammatory Conditions	12	73	$323,062	$4,426	$26,922
COSENTYX UNOREADY*	Inflammatory Conditions	3	26	$291,223	$11,201	$97,074
KESIMPTA*	Multiple Sclerosis	2	26	$239,180	$9,199	$119,590
VERZENIO*	Oncology	1	13	$213,983	$16,460	$213,983
OFEV*	Respiratory, Misc	1	12	$162,845	$13,570	$162,845
DEXCOM G7 SENSOR	Diabetic Supplies	46	245	$135,403	$553	$2,944

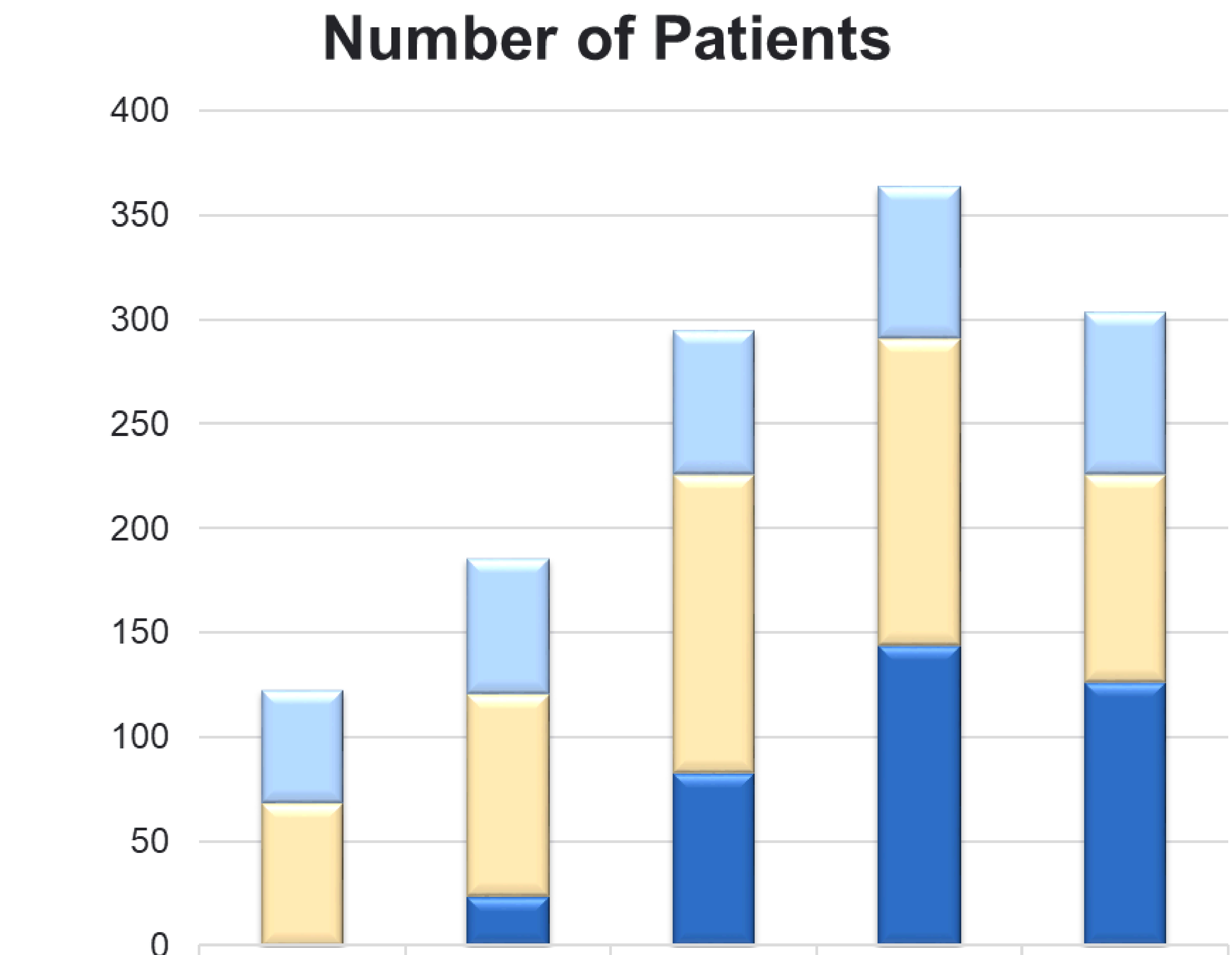
*Specialty Medications

GLP-1 PRESCRIPTIONS



	2021	2022	2023	2024	2025
Jardiance	$192,928	$261,292	$309,510	$359,688	$405,667
Ozempic	$347,203	$481,671	$787,547	$868,817	$662,665
Mounjaro	$0	$34,432	$549,078	$973,438	$1,052,371

Mounjaro Ozempic Jardiance



	2021	2022	2023	2024	2025
Jardiance	54	65	69	73	78
Ozempic	69	97	143	147	100
Mounjaro	0	24	83	144	126

Mounjaro Ozempic Jardiance

SPECIALTY PHARMACY

Specialty drugs are generally defined as having one or more of the following characteristics:

- Complex to manufacture, requiring special handling and administration.
- Costly both in total, and on a per patient basis (typically > $600 per dose).
- Taken by a relatively small portion of the population who have rare and complex medical conditions.
- Requires ongoing clinical support.

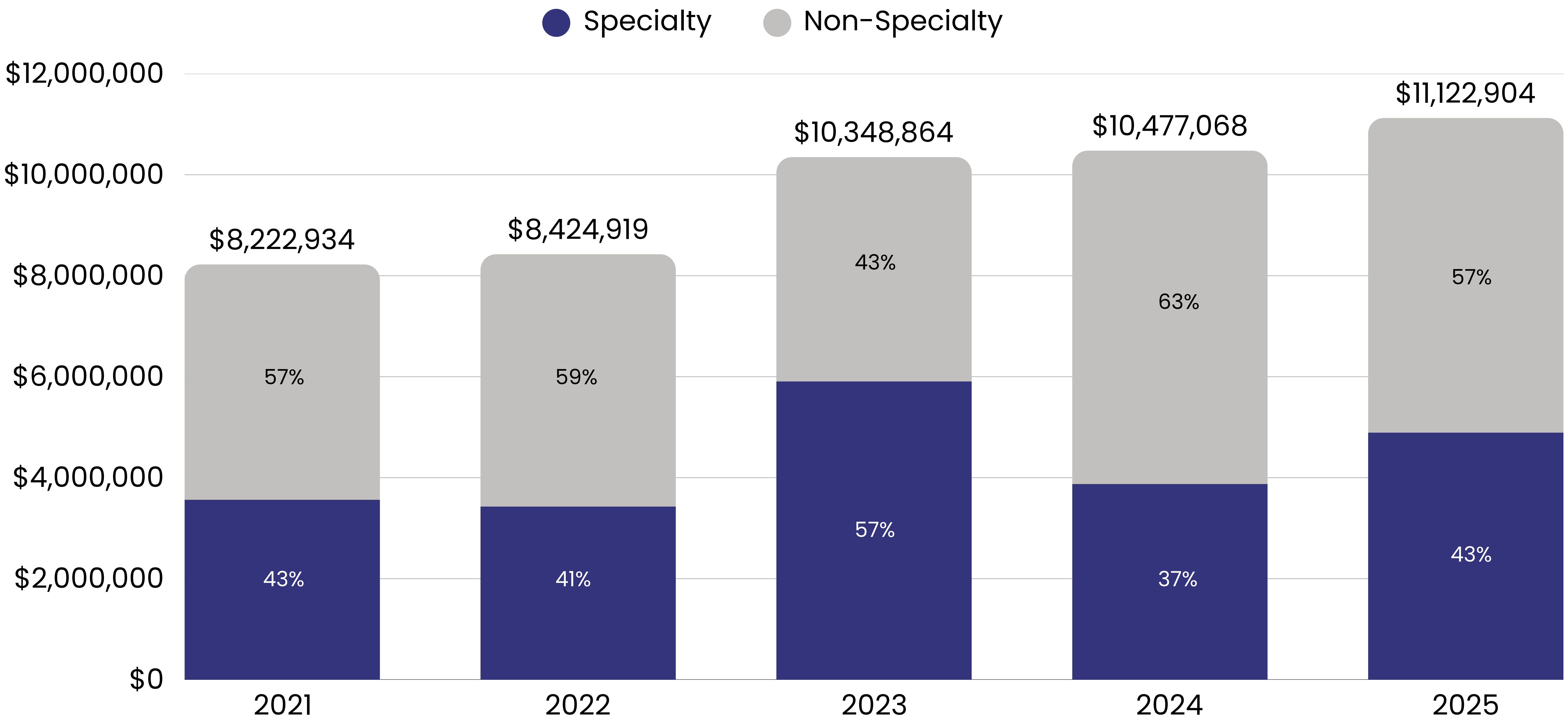
The Mercer survey reported for 2025 that health benefit costs have increased for years by high-cost specialty drugs, and more recently, by GLP-1 medications. In 2025, annual average specialty drug cost per employee increased by 9%.

Specialty drug costs for our plan increased from $1,099 to $1,242 monthly for each member.

- Top 5 specialty conditions represent 13% of total plan paid and 1% of total prescriptions.
- Specialty plan paid per prescription is 2% higher than peer.

Employees contributed 57% of specialty drug costs in 2025.

TOTAL PHARMACY COST



CARE OPTIONS

Collin County is self-insured. This means the County pays all medical claims itself rather than paying an insurance company to pay for claims.

Emergency room visits are a $750 flat copay, which gives a clear, upfront cost for the employee.

If an employee is admitted to the hospital from their emergency room visit, the $750 copay is waived.

Primary Care Physician

For routine checkups, ongoing care, and managing chronic conditions.

Emergency Room

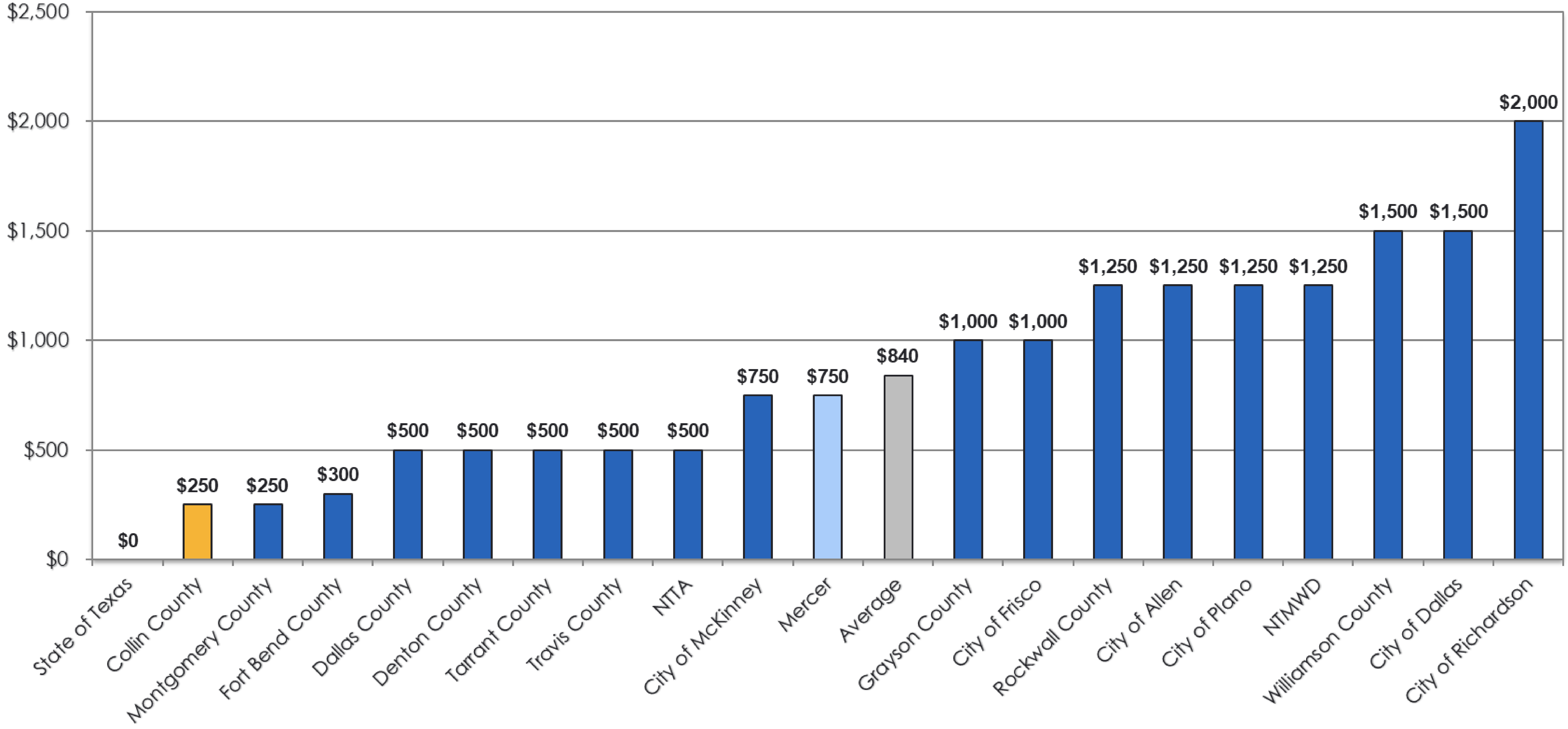
For serious or life-threatening conditions that require immediate care like head injury, chest pain, or heavy bleeding.

Urgent Care Clinic

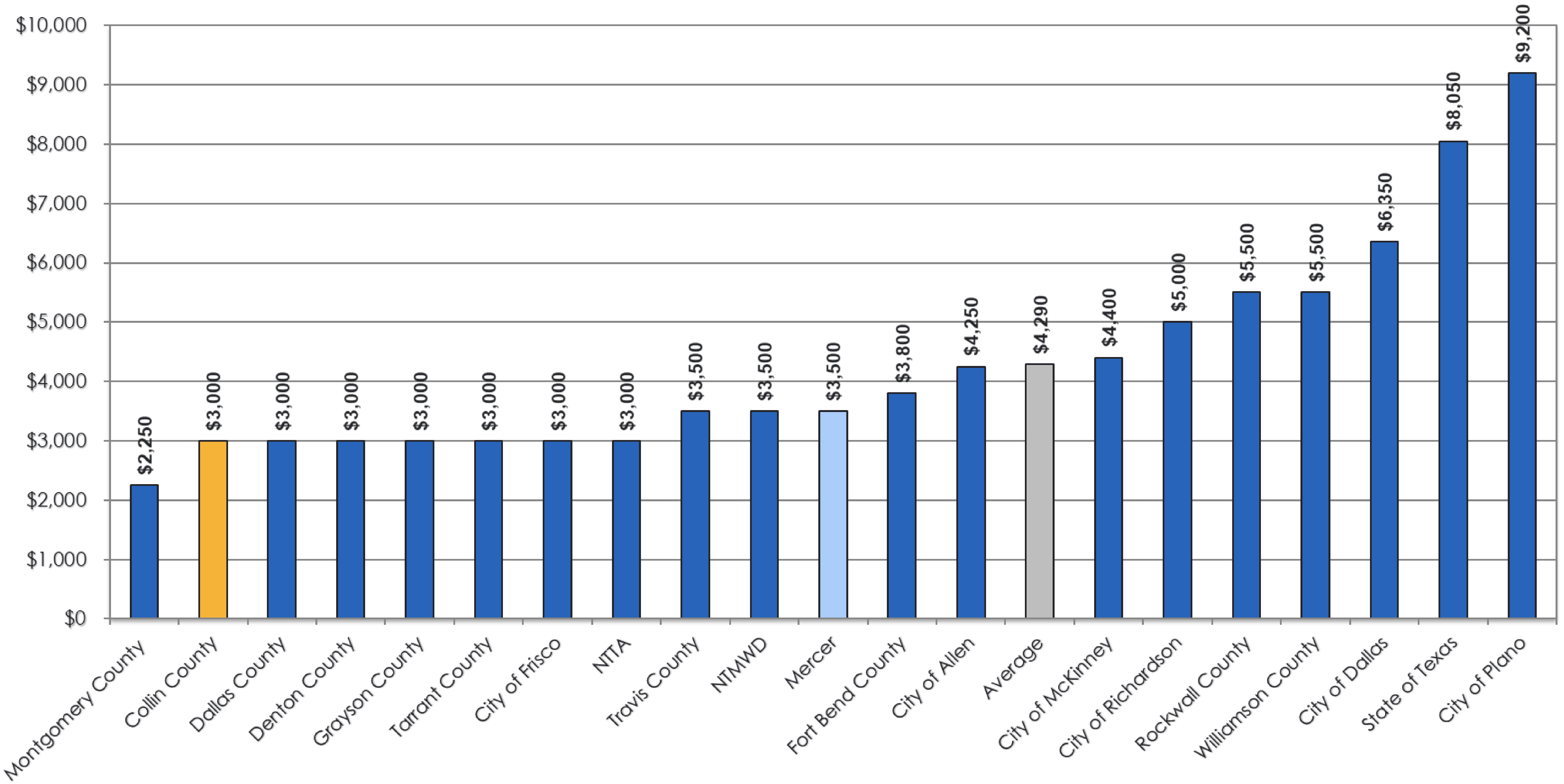
For non-life-threatening issues that need quick attention, like sprains or minor infections

MEDICAL AND DENTAL BENEFIT COMPARISONS

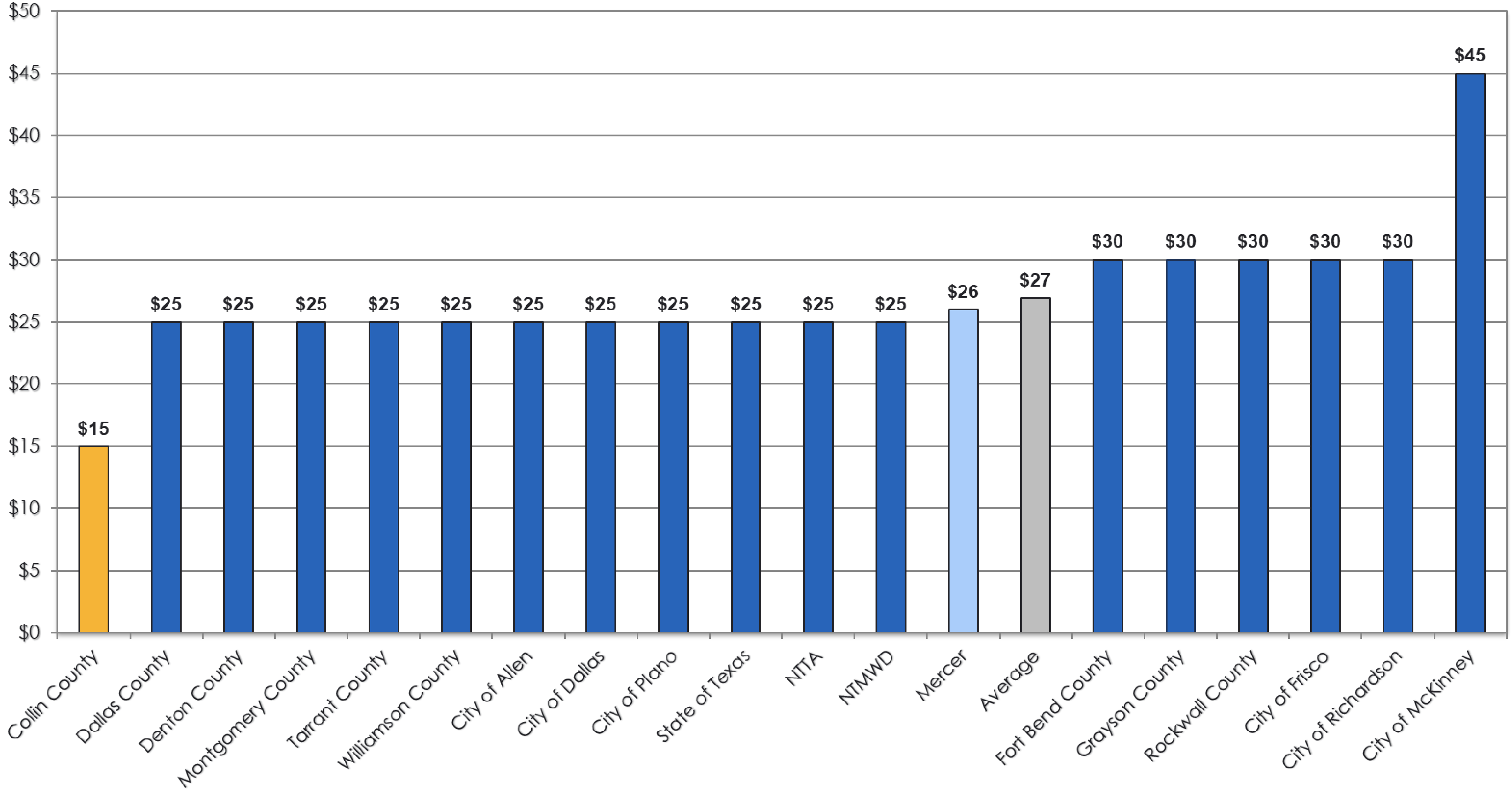
PREMIUM MEDICAL PLAN DEDUCTIBLES



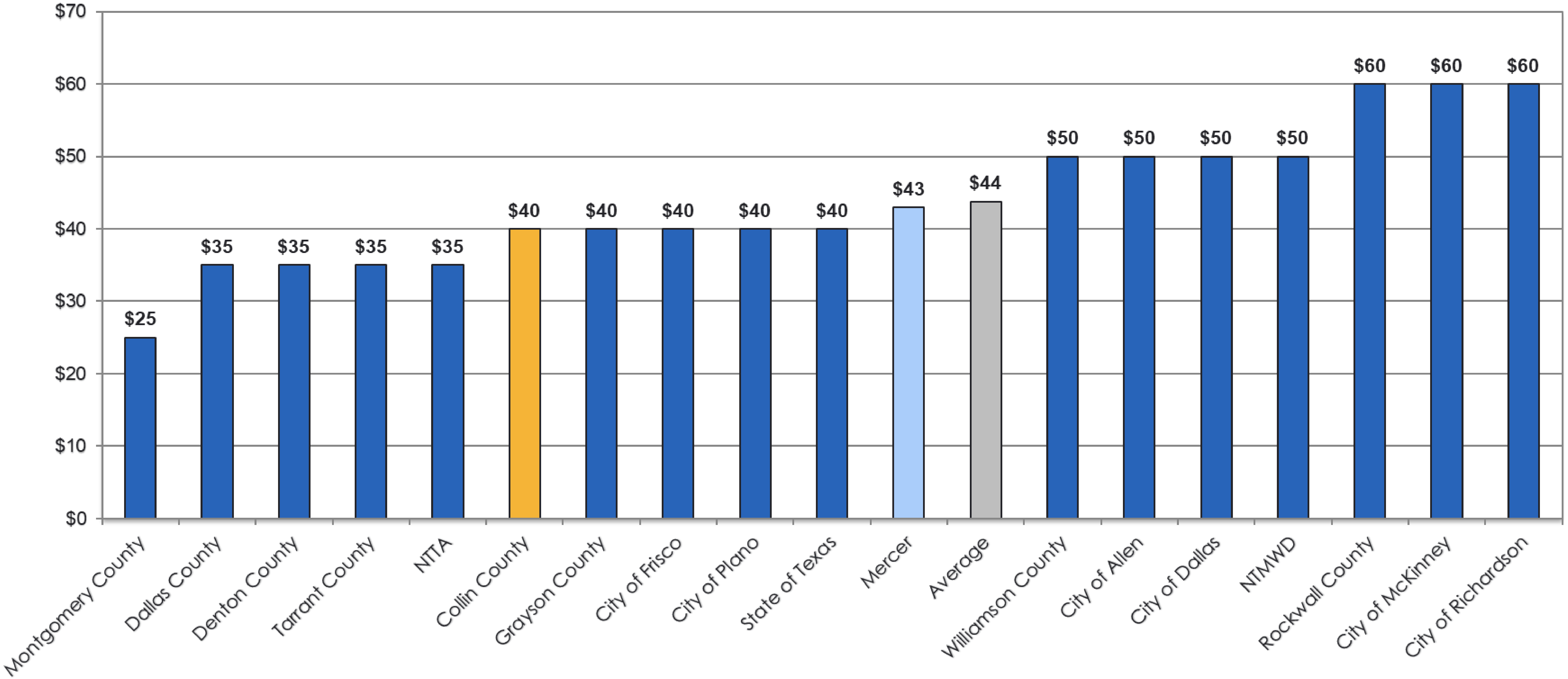
PREMIUM MEDICAL PLAN OUT-OF-POCKET EXPENSES (IN-NETWORK)



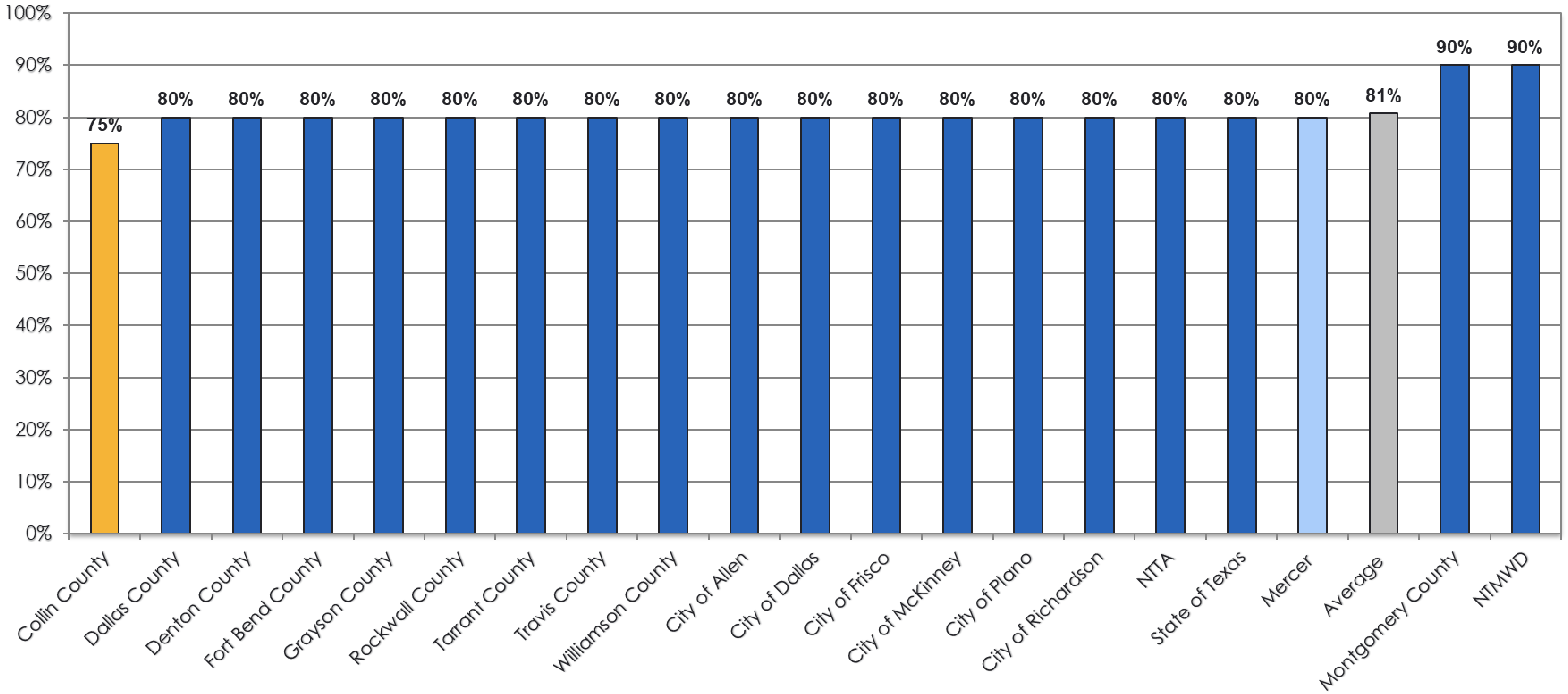
PREMIUM MEDICAL PLAN PRIMARY CARE PHYSICIAN CO-PAY



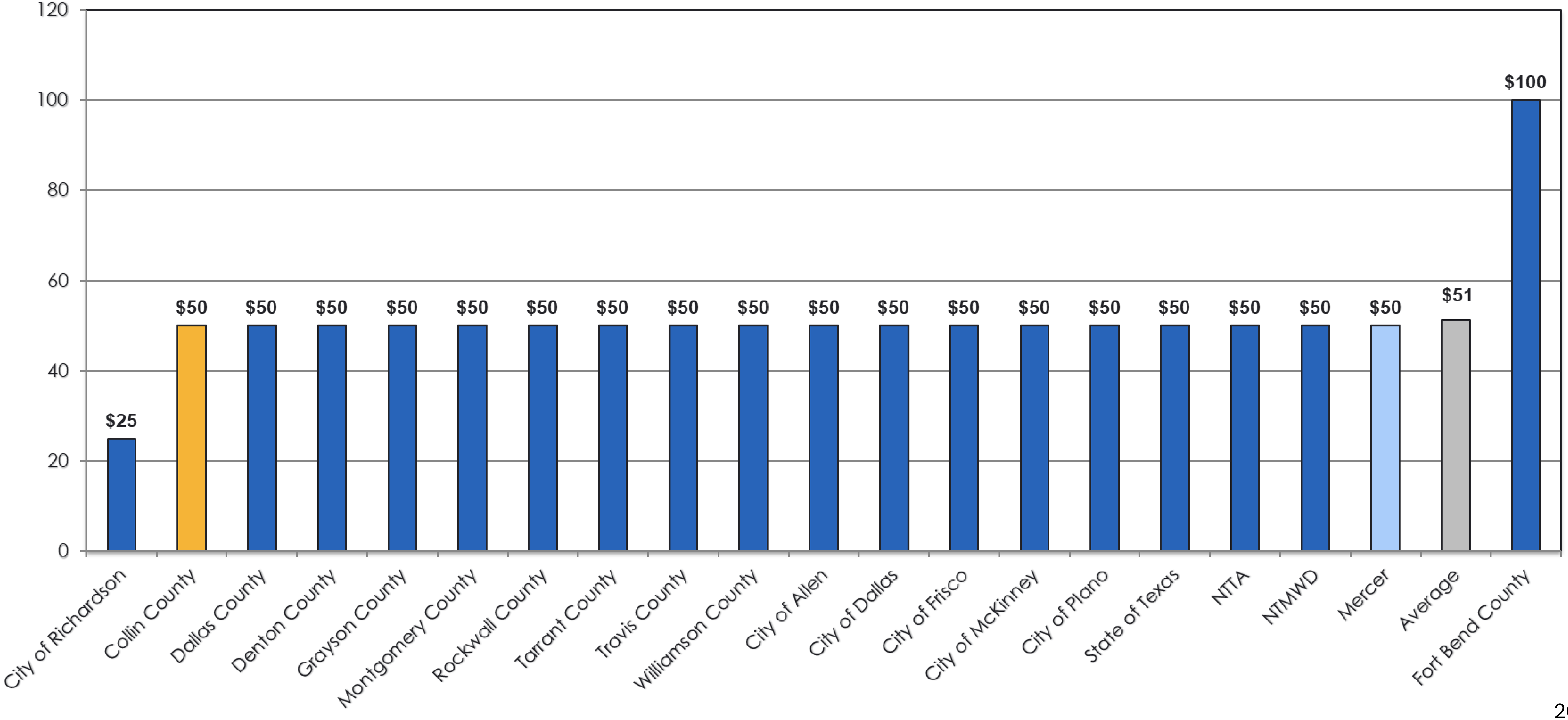
PREMIUM MEDICAL PLAN SPECIALIST CO-PAY



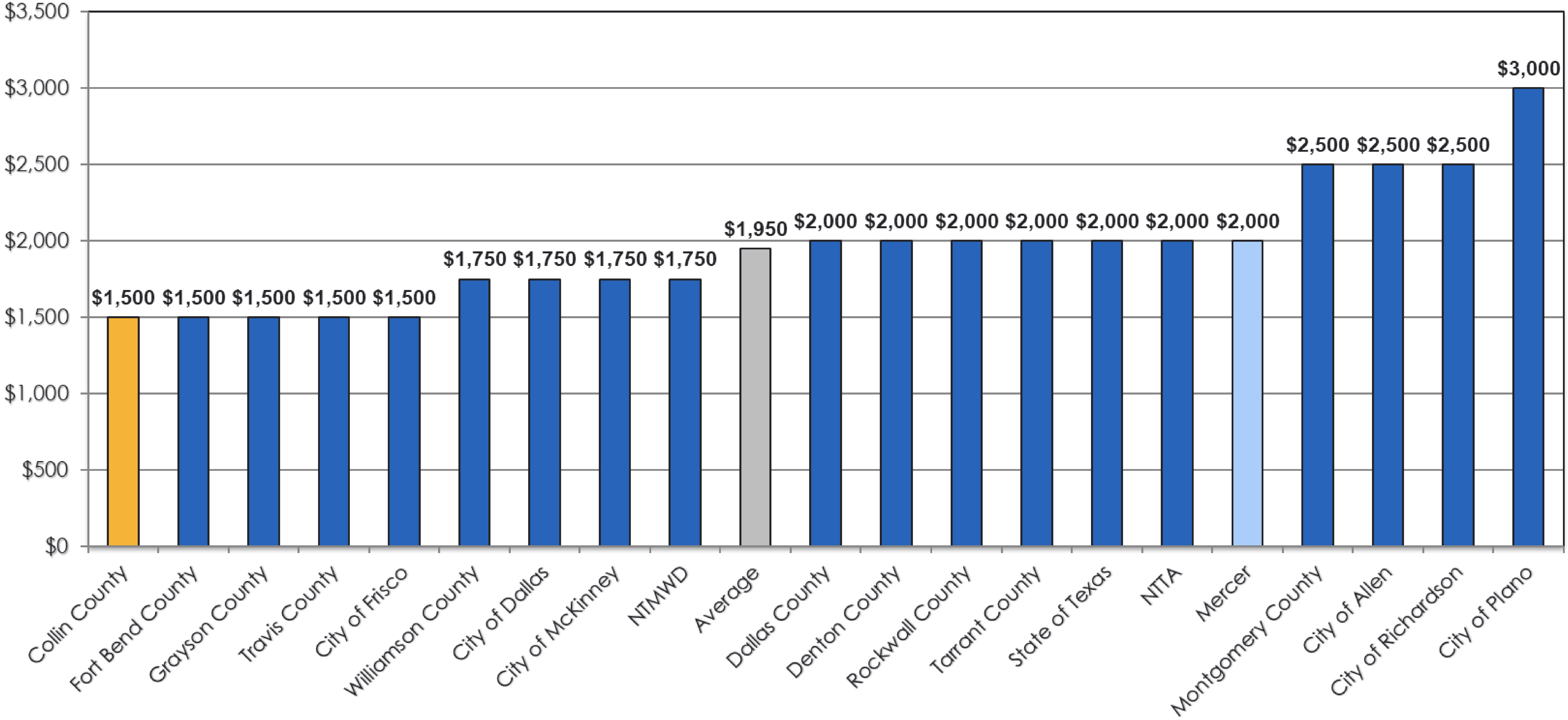
PREMIUM MEDICAL PLAN COINSURANCE % PAID – IN-NETWORK



DENTAL PLAN DEDUCTIBLES

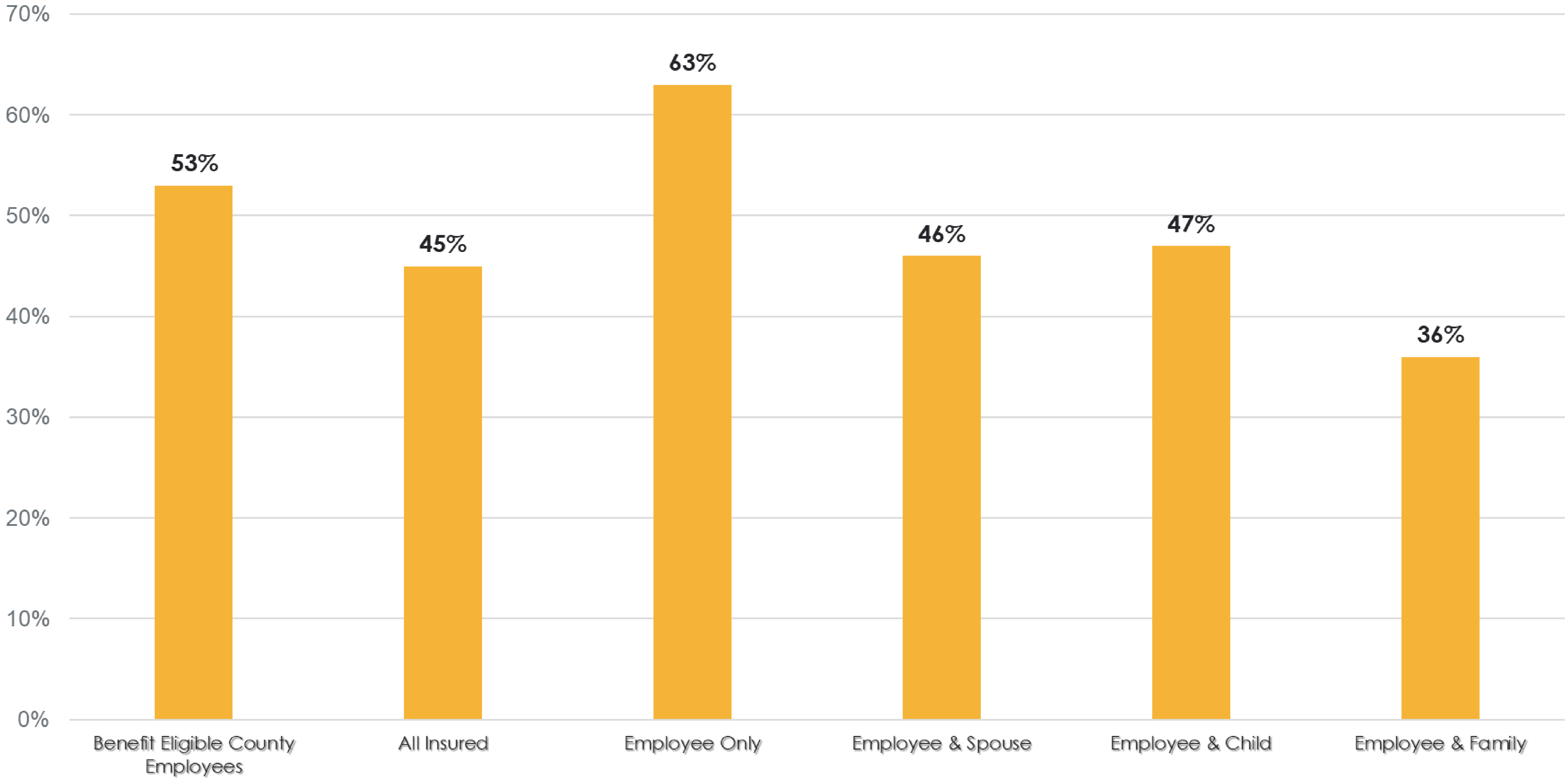


DENTAL PLAN MAXIMUMS

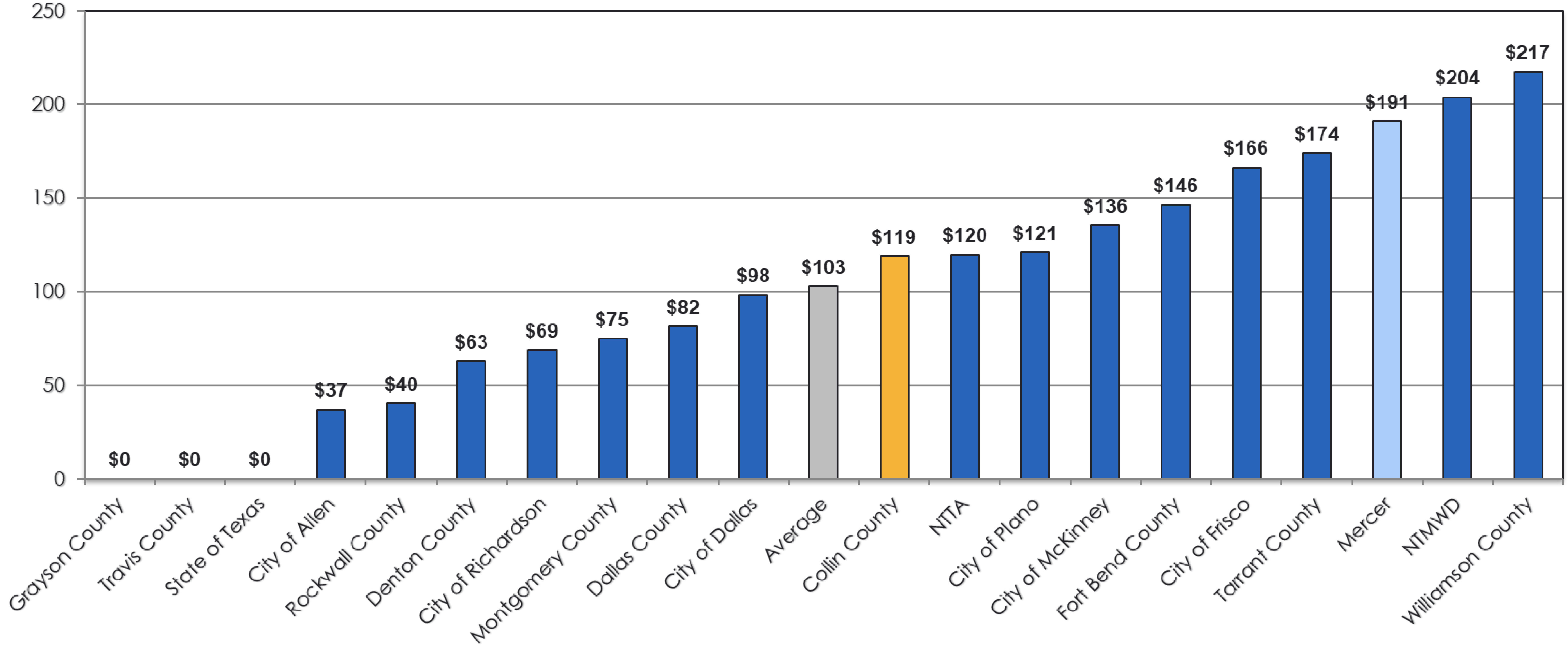


MEDICAL AND DENTAL EMPLOYEE PREMIUM COMPARISONS

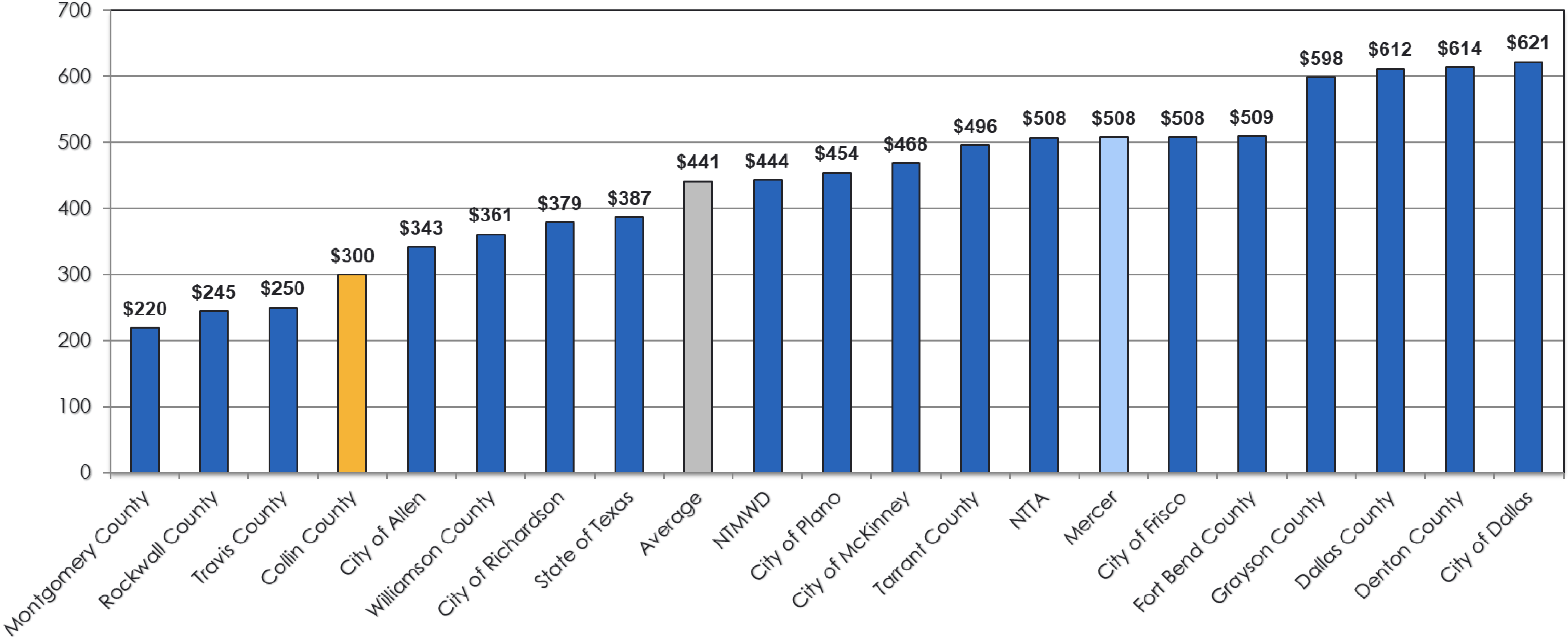
PERCENTAGE OF EMPLOYEES WITH SALARIES UNDER $70,000



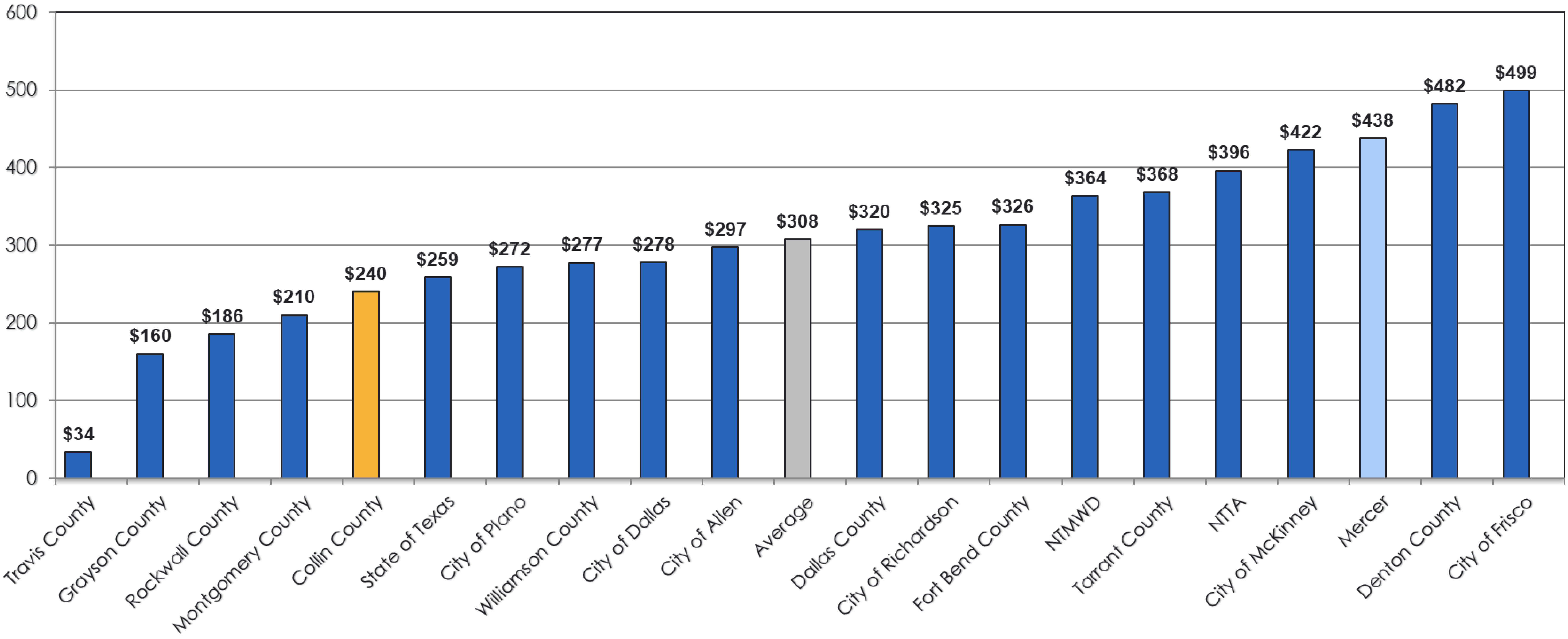
PREMIUM MEDICAL PLAN EMPLOYEE ONLY COVERAGE COST/MONTH



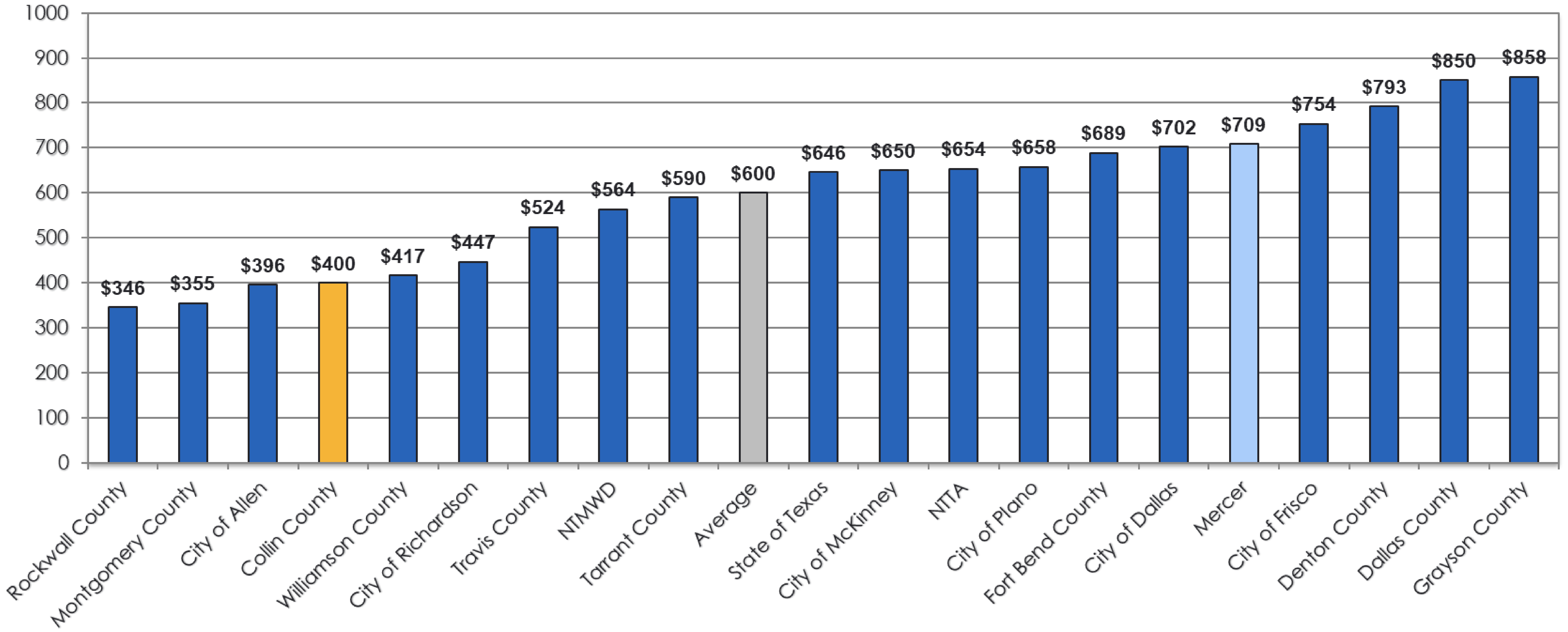
PREMIUM MEDICAL PLAN EMPLOYEE & SPOUSE COVERAGE COST/MONTH



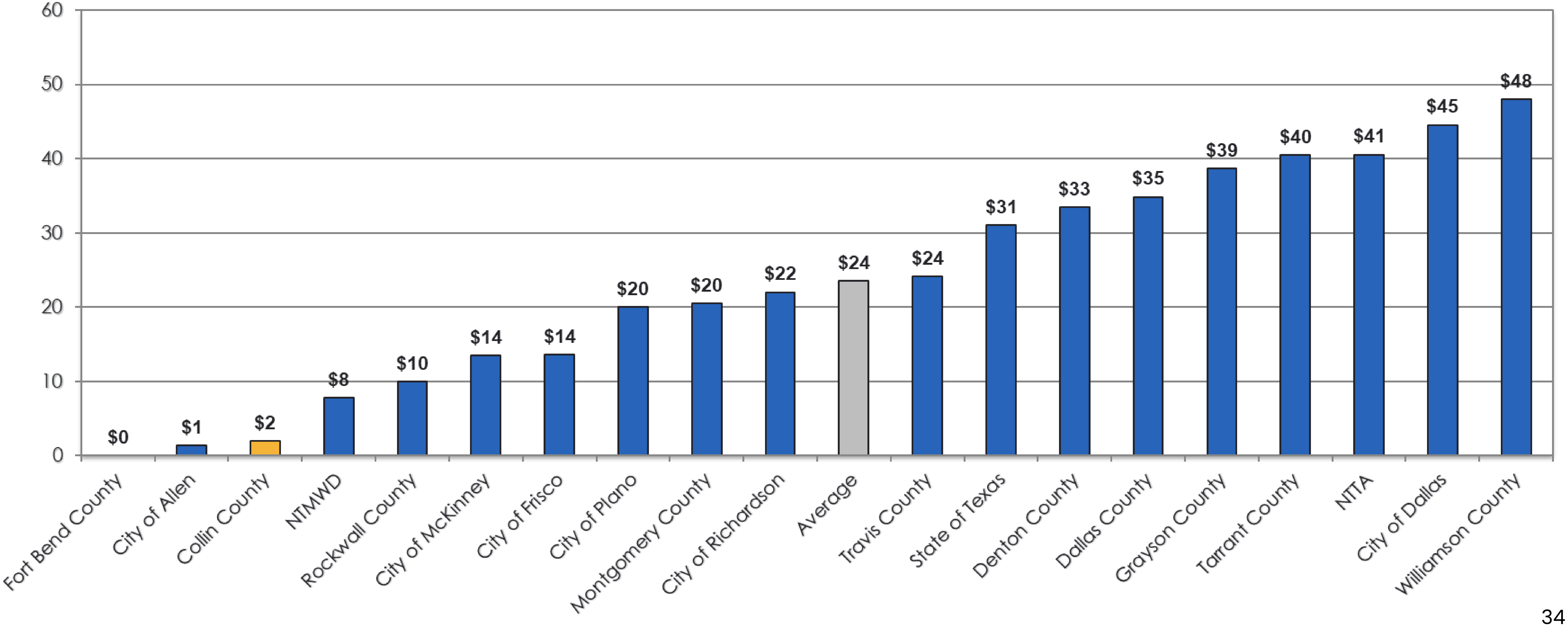
PREMIUM MEDICAL PLAN EMPLOYEE & CHILD(REN) COVERAGE COST/MONTH



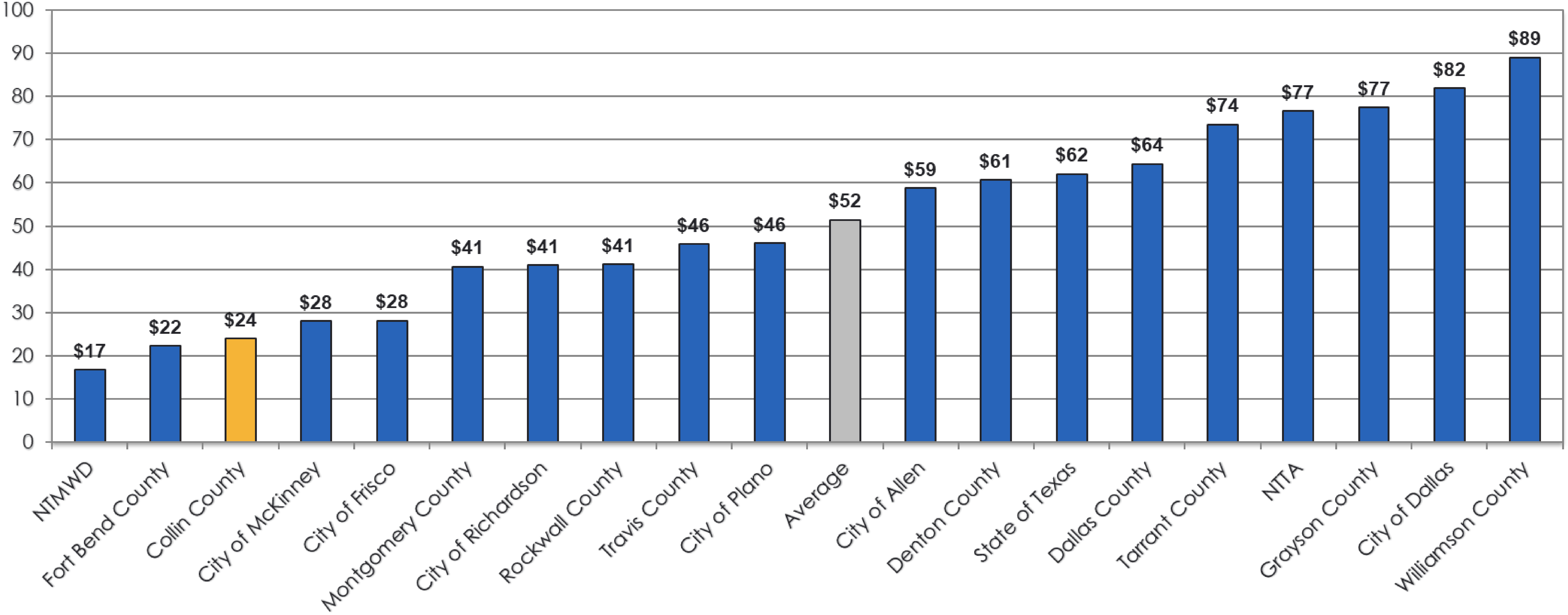
PREMIUM MEDICAL PLAN EMPLOYEE & FAMILY COVERAGE COST/MONTH



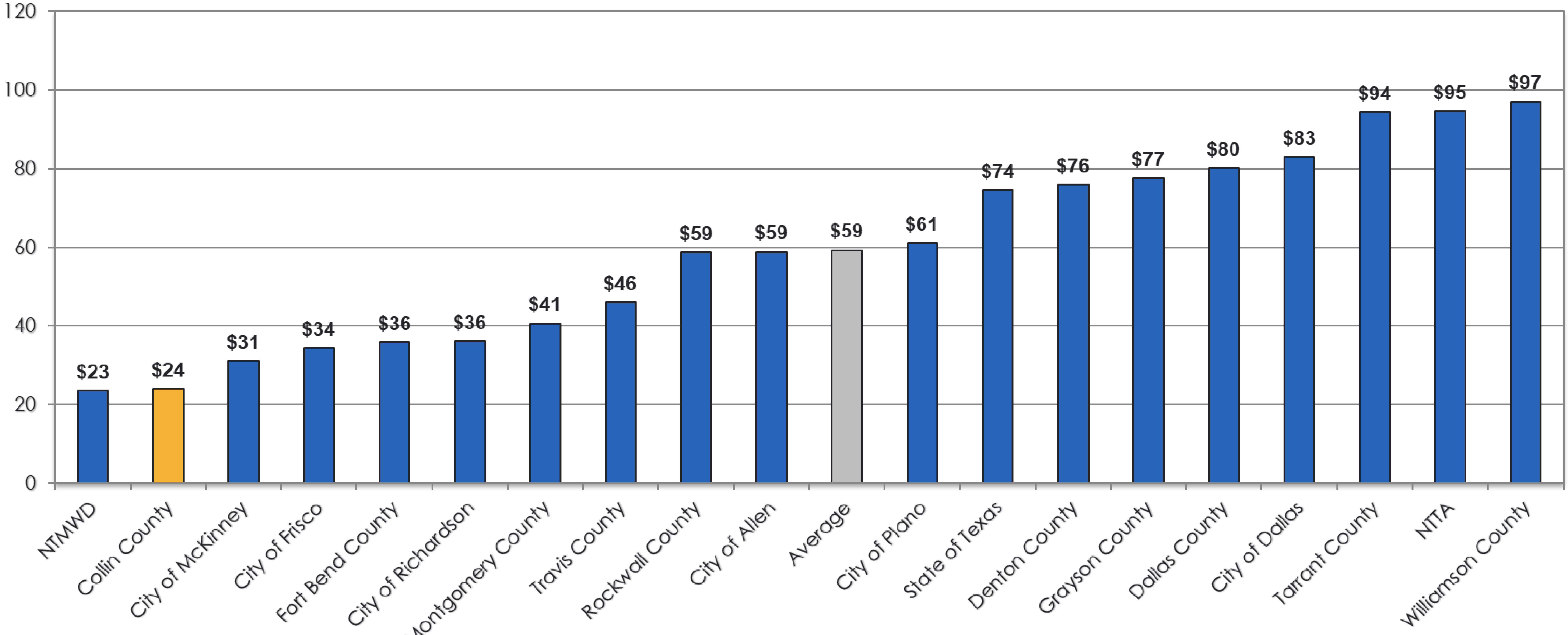
DENTAL PLAN EMPLOYEE ONLY COVERAGE COST/MONTH



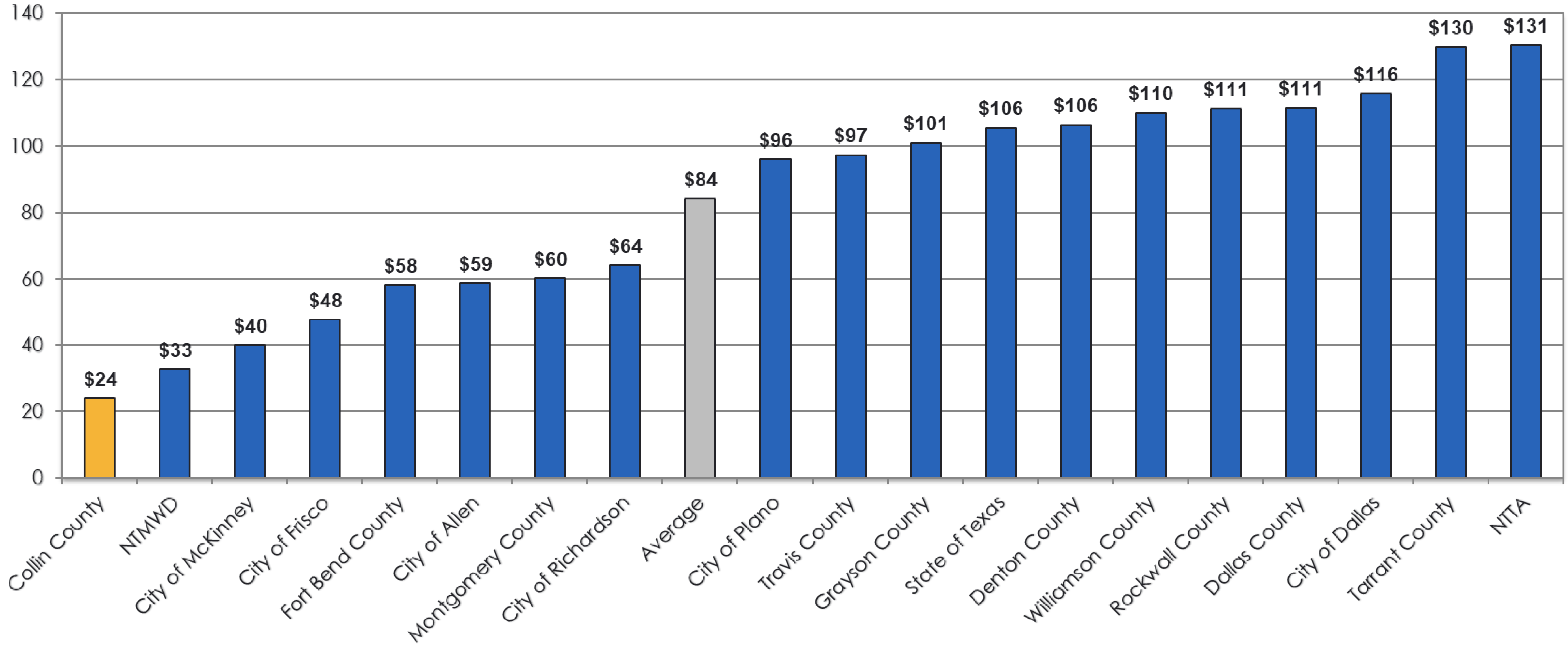
DENTAL PLAN EMPLOYEE & SPOUSE COVERAGE COST/MONTH



DENTAL PLAN EMPLOYEE & CHILD(REN) COVERAGE COST/MONTH



DENTAL PLAN EMPLOYEE & FAMILY COVERAGE COST/MONTH



MEDICAL PLAN PREMIUM AND ENROLLMENT INFORMATION

2025 ACTIVE FULL-TIME EMPLOYEE MONTHLY INSURANCE PLAN RATES AND ENROLLMENT*

Medical Coverage Level	Advantage Premium Discount EE Cost	Advantage Standard Premium EE Cost	Advantage Premium Surcharge EE Cost	Advantage Plus Premium Discount EE Cost	Advantage Plus Standard Premium EE Cost	Advantage Plus Premium Surcharge EE Cost
EE Only	$65 (158)	$90 (59)	$115 (162)	$94 (197)	$119 (27)	$144 (113)
EE & Spouse	$210 (39)	$235 (7)	$260 (32)	$275 (96)	$300 (3)	$325 (35)
EE & Child(ren)	$155 (73)	$180 (13)	$205 (47)	$215 (98)	$240 (7)	$265 (43)
EE & Family	$290 (107)	$315 (12)	$340 (56)	$375 (199)	$400 (7)	$425 (105)
Total	**377**	**91**	**297**	**590**	**44**	**296**

*As of December 2025

PLAN PREMIUM HISTORY FOR FULL-TIME EMPLOYEES

Plan	Medical Coverage Level	2018	2019	2020	2021	2022	2023	2024	2025	2026
Advantage Standard Premium (New Hire)	EE Only	$90	$90	$90	$90	$90	$90	$90	$90	$90
	EE & Spouse	$185	$185	$185	$185	$185	$185	$185	$235	$235
	EE & Child(ren)	$145	$145	$145	$145	$145	$145	$145	$180	$180
	EE & Family	$245	$245	$245	$245	$245	$245	$245	$315	$315
Advantage Plus Standard Premium (New Hire)	EE Only	$119	$119	$119	$119	$119	$119	$119	$119	$119
	EE & Spouse	$250	$250	$250	$250	$250	$250	$250	$300	$300
	EE & Child(ren)	$205	$205	$205	$205	$205	$205	$205	$240	$240
	EE & Family	$330	$330	$330	$330	$330	$330	$330	$400	$400

The rates displayed reflect the standard premiums. Employees may receive a $25 discount or incur a $25 surcharge, depending on completion of their annual wellness requirements.

EMPLOYEE CONTRIBUTION PERCENTAGE SURVEY

Percent Paid by Employee for Employee Coverage

Collin County: 8%

County Average: 8%

City Average: 12%

Other Entity Average: 11%

Percent Paid by Employee for Employee and Spouse Coverage

Collin County: 10%

County Average: 21%

City Average: 26%

Other Entity Average: 24%

Percent Paid by Employee for Employee and Child Coverage

Collin County: 9%

County Average: 15%

City Average: 22%

Other Entity Average: 22%

Percent Paid by Employee for Employee and Family Coverage

Collin County: 12%

County Average: 23%

City Average: 26%

Other Entity Average: 26%

County average does not include Collin County.

ADDITIONAL INFORMATION

PLAN DEMOGRAPHICS*

		Advantage Medical Plan	Advantage Plus Medical Plan	Total
Total Enrolled		758	936	1,694
Gender	Male	380 (50%)	453 (48%)	833 (49%)
	Female	378 (50%)	483 (52%)	861 (51%)
Salary Level	Under $70,000	478 (63%)	372 (40%)	850 (50%)
	Over $70,000	280 (37%)	564 (60%)	844 (50%)
Age	30 and younger	233 (31%)	124 (13%)	357 (21%)
	31 - 40	194 (26%)	187 (20%)	381 (22%)
	41 - 50	170 (22%)	226 (24%)	396 (23%)
	51 - 60	124 (16%)	276 (29%)	400 (24%)
	61+	37 (5%)	123 (13%)	160 (9%)

*As of December 2025

RETIREE INSURANCE

- Employers are required to report employer contributions to retiree benefits on their Annual Comprehensive Financial Report as a liability due to GASB rules.

Monthly Premium	Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
2025	$1,244	$2,486	$2,285	$3,008
2024	$1,527	$3,053	$2,802	$3,687
2023	$1,035	$2,067	$1,901	$2,503

Collin County charges the actuarial cost for all retirees that elected coverage after 5/31/2010.

Retiree insurance costs are based on retirees claim experience only.

1 new enrollment in retiree medical coverage in 2025.

A total of 2 retirees were enrolled in medical insurance as of 12/1/2025.

Retiree costs decreased from 2024 to 2025 by an average of 19%.

AFFORDABLE CARE ACT

Collin County's Advantage plan meets affordability and coverage requirements; must re-evaluate annually.

A plan is considered affordable if the employee's required contribution for self-only coverage does not exceed the affordability percentage index set by the IRS each year. Collin County's plans meet this requirement.

Minimum coverage requires a plan to cover 60% of health care costs.
The Advantage plan covers 79% of health care costs.

In-network deductibles, in-network copays, and prescription costs apply to annual out-of-pocket expense limits.

<u>1094/1095 IRS Tax Forms</u>
Subject to penalties of up to $340 per return with a maximum penalty of $4,098,500

<u>Additional Fees</u>
PCORI - $3.47 per covered member fee for 2025. Payment was made in May 2026 for **$13,095.78.**

WELLNESS

Eligible employees can receive a $200 wellness payment and $25 monthly insurance discount if they complete all of the following requirements:

- Annual Physical
- Cholesterol Screening
- Well Man/Woman Exam
- Physician-Identified Body Mass Index (BMI)
- UHC Online Health Assessment

Our wellness program is currently ACA and HIPAA compliant as it is participatory, not contingent upon achieving a particular health status, and incentives are below the maximum allowable threshold.

Per UnitedHealthcare, Collin County's 2025 Wellness Utilization:

67%

2%

Above the norm

2025 BMI STATISTICS*

		Employee		Spouse		Total	
Category	BMI	Counts	% of Total Employees	Counts	% of Total Spouses	Counts	% of Total
Underweight	Below 18.5	5	0.5%	4	0.8%	9	0.6%
Normal	18.5 - 24.99	178	16%	81	17%	259	16%
Overweight	25.0 - 29.99	336	30%	182	37%	518	33%
Obese	30+	585	53%	222	45%	807	51%
Total		1,104		489		1,593	

***Numbers are based on members who participated in the wellness discount program.**

COLLIN COUNTY, TEXAS AND U.S. BMI COMPARISON

Category	BMI	U.S. 2024	Texas 2024	Collin County 2025	Difference U.S.	Difference Texas
Underweight	Below 18.5	2%	2%	1%	-1%	-1%
Normal	18.5 - 24.99	30%	28%	16%	-14%	-12%
Overweight	25.0 - 29.99	34%	34%	33%	-1%	-1%
Obese	30+	34%	36%	51%	17%	15%

ITEMS FOR CONSIDERATION

- **Medical Plan**
  - Add a 10% coinsurance for outpatient surgeries on the Advantage Plus plan.
  - Increase monthly premiums for dependents:
    - Employee + Spouse: Increase $50.
    - Employee + Child(ren): Increase $30.
    - Employee + Family: Increase $100.
- **Dental Premiums**
  - Increase monthly premiums:
    - Employee Only: from $2 to $10.
    - Employee + Dependent: from $24 to $40.
- **Wellness Discount**
  - Increase the employee wellness discount by $25.
  - Increase the wellness discount by $50 when a spouse is covered and also qualifies.