



JOHNSON COUNTY AMBULANCE DISTRICT

Board of Directors Meeting

BOARD PROPOSAL

Medical & Ancillary Insurance Renewal

PRESENTED BY	DATE	SUBJECT
Dustin Gamblin, EMS Chief	October 22, 2026	Insurance

PURPOSE

To review the District's medical and ancillary insurance renewal proposals for 2026 - 2027 and recommend coverage options that balance employee benefits, provider accessibility, and fiscal responsibility.

BACKGROUND

The District currently provides medical insurance through UnitedHealthcare (UHC), with ancillary benefits, including dental, vision, short-term disability, long-term disability, and life insurance, through Mutual of Omaha.

Our insurance broker, HUB International, has completed the renewal process and evaluated alternative coverage options to ensure the District continues to offer competitive benefits while managing costs.

Medical Insurance – UnitedHealthcare

UHC initially proposed a 12.7% premium increase for the 2027 renewal. Through negotiations, HUB was able to reduce the proposed increase by three percentage points, resulting in a final renewal increase of 9.7%.

The District's medical insurance cost for 2026 was approximately \$560,699. The proposed renewal would increase that amount to approximately \$615,001, or an annual increase of \$54,302, based on current enrollments.

Ancillary Insurance – Mutual of Omaha

Overall, we have been satisfied with Mutual of Omaha's ancillary insurance coverage and service. However, one ongoing concern has been the limited availability of local in-network dental and vision providers in the Warrensburg area.

Mutual of Omaha has offered a rate pass on all ancillary insurance lines for 2027, allowing the District to maintain existing coverage without any premium increases.

To address the local provider network limitations, HUB obtained alternative dental and vision proposals from MetLife.

- Dental: MetLife would expand local in-network provider options at an additional annual cost of approximately \$6,937, representing a 25% increase over current premiums.



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- Vision: MetLife would expand local in-network provider options while reducing annual premiums by approximately \$1,274, representing a 19% savings.
- Short-Term Disability, Long-Term Disability, and Life Insurance: Mutual of Omaha has offered renewals at existing premium rates.

First Responder Assistance Program

In 2026, the District implemented the First Responder Assistance Program (FRAP) through MYgroup to provide additional mental health and wellness resources for employees. The program offers assessment and counseling services, optional well-being checks, management consultation for sensitive workplace issues, formal referrals, fitness-for-duty coordination, critical incident response services, and other work-life resources.

MYgroup has offered a renewal with no rate increase for 2027, maintaining the annual cost of \$4,250.00.

FINANCIAL IMPACT

The anticipated annual financial impact is outlined below.

Coverage	Annual Financial Impact
UHC premium increase	+\$54,302
Dental – MetLife	+\$6,937
Vision – MetLife	–\$1,274
Short-Term Disability – Mutal of Omaha	No change
Long-Term Disability – Mutual of Omaha	No change
Life Insurance – Mutual of Omaha	No change
First Responder Assistance Program - MYgroup	No change
Total estimated annual increase	+\$60,001

RECOMMENDATION

We recommend renewing the District's medical insurance coverage with UnitedHealthcare at the negotiated 9.7% increase.



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For ancillary benefits, we recommend transitioning dental and vision coverage to MetLife to improve access to local in-network providers. While the dental proposal carries a higher premium, the expanded provider network would address the concern for employees. Additionally, the savings associated with MetLife's vision proposal would partially offset the increased dental expense.

We recommend retaining short-term disability, long-term disability, and life insurance coverage with Mutual of Omaha, as these lines have received a rate pass and we have been satisfied with the coverage and service provided.

We recommend renewing the First Responder Assistance Program with MYgroup to continue providing employees with access to these valuable resources at no additional cost to the District.

BOARD ACTION

Approve the 2027 medical and ancillary insurance renewals as presented, including:

1. Approve the renewal of medical insurance coverage with UnitedHealthcare.
2. Approve dental and vision insurance coverage with MetLife.
3. Renewal of short-term disability, long-term disability, and life insurance coverage with Mutual of Omaha.
4. Approve the renewal of the First Responder Assistance Program with MYgroup.
5. Authorize the EMS Chief to execute the necessary agreements and documents to implement the approved coverage.

HUB Mid-America



Group name

Johnson County Ambulance District

Presented by

Rob Mincey

Date

October 19, 2026

Powered by



MEDICAL - Effective Date: 12/1/2026	Current	Renewal	Option 1	Option 2
Plan Slot	1	1	1	1
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Name	P4000i100LX21B	P4000i100LX21B	P3500i100LX26B	P2500i80LX26B
Plan Type	POS	POS	POS	POS
Funding Type	Level Funded	Level Funded	Level Funded	Level Funded
Specific Deductible	\$15,000	\$15,000	\$15,000	\$15,000
Aggregate Attachment	120%	120%	120%	120%
Network	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
In Network				
Deductible Single	\$4,000	\$4,000	\$3,500	\$2,500
Deductible Family	\$8,000	\$8,000	\$7,000	\$5,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Coinsurance	0%	0%	0%	20%
OOP Max Single	\$8,150	\$8,150	\$6,000	\$5,500
OOP Max Family	\$16,300	\$16,300	\$12,000	\$11,000
Inpatient Facility	Ded	Ded	Ded	Ded, then 20%
Outpatient Surgery	Ded	Ded	Ded	Ded, then 20%
Copays				
Office Copay	\$25	\$25	\$25	\$25
Specialist	\$75	\$75	\$75	\$75
Urgent Care	\$50	\$50	\$50	\$50
ER	\$300, then Ded	\$300, then Ded	\$300, then Ded	\$300, then Ded, then 20%
Other Services				
Diagnostic Lab / X-Ray	Ded / Ded	Ded / Ded	Ded / Ded	Ded, then 20% / Ded, then 20%
MRI & CT Scan	Ded	Ded	Ded	Ded, then 20%
RX				
Rx Tiers	Non-Specialty: \$10 / \$35 / \$75 / \$250 Specialty: \$10 / \$150 / \$350 / \$500	Non-Specialty: \$10 / \$35 / \$75 / \$250 Specialty: \$10 / \$150 / \$350 / \$500	Non-Specialty: \$15 / \$50 / \$150 / \$250 Specialty: \$15 / \$150 / \$350 / \$500	Non-Specialty: \$15 / \$50 / \$150 / \$250 Specialty: \$15 / \$150 / \$350 / \$500
Out of Network				
Deductible Single	\$8,000	\$8,000	\$7,000	\$5,000
Deductible Family	\$16,000	\$16,000	\$14,000	\$10,000
Coinsurance	50%	50%	50%	50%
OOP Max Single	\$16,300	\$16,300	\$12,000	\$12,000
OOP Max Family	\$32,600	\$32,600	\$24,000	\$24,000
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%
Outpatient Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%
Enrollment				
Employee Only	28	28	28	28
Employee Spouse	3	3	3	3
Employee Child(ren)	9	9	9	9
Family	9	9	9	9
Monthly Premiums				
Employee Only	\$600.68	\$657.74	\$692.43	\$692.33
Employee Spouse	\$1,228.43	\$1,348.26	\$1,421.11	\$1,420.90
Employee Child(ren)	\$1,142.83	\$1,254.11	\$1,321.74	\$1,321.55
Family	\$1,770.57	\$1,944.63	\$2,050.41	\$2,050.11
Monthly Premium Per Plan	\$46,724.93	\$51,250.16	\$54,000.72	\$53,992.88
Change From Current	---	\$4,525.23 (9.68%)	\$7,275.79 (15.57%)	\$7,267.95 (15.55%)
Annual Premium Per Plan	\$560,699.16	\$615,001.92	\$648,008.64	\$647,914.56
Change From Current	---	\$54,302.76 (9.68%)	\$87,309.48 (15.57%)	\$87,215.40 (15.55%)

MEDICAL - Effective Date: 12/1/2026	Option 3	Option 4	Option 5
Plan Slot	1	1	1
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Name	P2000i80LX21B	HP4000CP25B	HP5000CP25B
Plan Type	POS	HSA POS	HSA POS
Funding Type	Level Funded	Level Funded	Level Funded
Specific Deductible	\$15,000	\$15,000	\$15,000
Aggregate Attachment	120%	120%	120%
Network	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
In Network			
Deductible Single	\$2,000	\$4,000	\$5,000
Deductible Family	\$4,000	\$8,000	\$10,000
Deductible Type	Embedded	Embedded	Embedded
Coinsurance	20%	0%	0%
OOP Max Single	\$5,000	\$4,000	\$5,000
OOP Max Family	\$10,000	\$8,000	\$10,000
Inpatient Facility	Ded, then 20%	Ded	Ded
Outpatient Surgery	Ded, then 20%	Ded	Ded
Copays			
Office Copay	\$25	Ded	Ded
Specialist	\$75	Ded	Ded
Urgent Care	\$50	Ded	Ded
ER	\$300, then Ded, then 20%	Ded	Ded
Other Services			
Diagnostic Lab / X-Ray	Ded, then 20% / Ded, then 20%	Ded / Ded	Ded / Ded
MRI & CT Scan	Ded, then 20%	Ded	Ded
RX			
Rx Tiers	Non-Specialty: \$10 / \$35 / \$75 / \$250 Specialty: \$10 / \$150 / \$350 / \$500	Ded	Ded
Out of Network			
Deductible Single	\$4,000	\$8,000	\$10,000
Deductible Family	\$8,000	\$16,000	\$20,000
Coinsurance	50%	50%	50%
OOP Max Single	\$10,000	\$16,000	\$20,000
OOP Max Family	\$20,000	\$32,000	\$40,000
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%
Outpatient Surgery	Ded, then 50%	Ded, then 50%	Ded, then 50%
Enrollment			
Employee Only	28	28	28
Employee Spouse	3	3	3
Employee Child(ren)	9	9	9
Family	9	9	9
Monthly Premiums			
Employee Only	\$723.56	\$714.84	\$645.99
Employee Spouse	\$1,486.50	\$1,468.16	\$1,323.57
Employee Child(ren)	\$1,382.46	\$1,365.43	\$1,231.18
Family	\$2,145.38	\$2,118.76	\$1,908.76
Monthly Premium Per Plan	\$56,469.74	\$55,777.71	\$50,317.89
Change From Current	\$9,744.81 (20.86%)	\$9,052.78 (19.37%)	\$3,592.96 (7.69%)
Annual Premium Per Plan	\$677,636.88	\$669,332.52	\$603,814.68
Change From Current	\$116,937.72 (20.86%)	\$108,633.36 (19.37%)	\$43,115.52 (7.69%)

The logo for HUB, consisting of the letters 'HUB' in a bold, white, sans-serif font. The background of the slide features a dark navy blue field with a large, stylized circular graphic on the right side. This graphic is composed of two overlapping semi-circles: a light blue one on the left and a dark navy blue one on the right, creating a sense of depth and movement.

HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

Johnson County Ambulance District

2026-2027 Ancillary Benefits Overview
Presentation
2026.10.05

Johnson County 12/1/2026		CURRENT / RENEWAL Mutual of Omaha			OPTION 1 MetLife		OPTION 2 Delta Dental of Missouri	
Eligibility / Classes		All Full Time Employees working at least 30 hours/week			All Full Time Employees working at least 30 hours/week		All Full Time Employees working at least 30 hours/week	
Plan Name					Dental Option 2079098		Option 5 (100/90/60 \$2,000)	
Network					Find a Doctor		Find a Doctor	
Schedule of Benefits		In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Delta Dental PPO	Out-of-Network Delta Premier and OON
In & Out of Network Reimbursement		Fee Schedule	Delta Premier Fee Allowance	90th Percentile	Fee Schedule	90th Percentile	Fee Schedule	Delta Premier Fee Allowance
Calendar Year Deductible								
Individual		\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150	\$150	\$150	\$150
Waived for Preventive		Yes	Yes	Yes	Yes	Yes	Yes	No
Annual Maximum per Person			\$1,500			\$1,500		\$2,000
Rollover Threshold / Reward / Maximum			\$0			\$0		NA
Preventive Services Waived to Maximum			N/A			N/A		Not Included
Rollover Reward			N/A			N/A	N/A	
Rollover Maximum			N/A			N/A	N/A	
Orthodontia Lifetime Maximum per Person			\$1,500			\$1,500		\$2,000
Orthodontia Eligibility			Child(ren) Only			Child(ren) Only		Child(ren) Only
Child(ren) Age Duration for Orthodontia			Age 26			Age 26		Age 19
Coinsurance		In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Delta Dental PPO	Out-of-Network Delta Premier and OON
Preventive		100%	100%	100%	100%	100%	100%	100%
Basic		90%	80%	80%	90%	80%	90%	80%
Major		60%	50%	50%	60%	50%	60%	50%
Orthodontia		50%	50%	50%	50%	50%	50%	50%
Preventive								
Oral Exam, Prophylaxis,		100%	100%	100%	100%	100%	100%	100%
Full Mouth X-Rays		100%	100%	100%	100%	100%	100%	100%
Sealants, Space Maintainers		100%	100%	100%	100%	100%	100%	100%
Fluoride for Children (Under age 19)		100%	100%	100%	100%	100%	100% (to age 16)	100% (to age 16)
Basic								
Amalgam & Composite Fillings (Anterior),		90%	80%	80%	90%	80%	90%	80%
Composite Fillings (Posterior),		90%	80%	80%	90%	80%	90%	80%
Endodontics, Periodontics, Periodontal Maintenance		90%	80%	80%	90%	80%	60%/90%/90%	50%/80%/80%
Oral Surgery (Simple & Complex), General Anesthesia		90%	80%	80%	90%	80%	60%	50%
Repairs of Prosthodontics		90%	80%	80%	90%	80%	60%	50%
Major								
Crowns-Porcelain / Ceramic, Inlay-Metallic		60%	50%	50%	60%	50%	60%	50%
Dentures, Bridges, Inlays, Onlays		60%	50%	50%	60%	50%	60%	50%
Implants		60%	50%	50%	60%	50%	60%	50%
Orthodontia		50%	50%	50%	50%	50%	50%	50%
Additional Features								
Replacement of Crowns, Dentures, Bridges, Implants		10 Years			10 Years		7 Years	
Missing Tooth Exclusion Status					Included		Included	
Annual Open Enrollment					Included		Included	
Waiting Period for Services		None During Qualifying Event or Annual Open Enrollment			None During Qualifying Event or Annual Open Enrollment		None During Qualifying Event or Annual Open Enrollment	
Contribution		Voluntary			Voluntary		Voluntary	
Participation Requirements					92%		None	
Rate Guarantee					Two Year Rate Guarantee		Three Year Rate Guarantee	
Additional Comments								
Dental PPO	Enrollment Count	CURRENT		RENEWAL	OPTION 1		OPTION 2	
Employee Only	26	\$25.43		\$25.43	\$32.16		\$35.52	
Employee + Spouse	4	\$52.78		\$52.78	\$64.00		\$69.46	
Employee + Child(ren)	8	\$61.34		\$61.34	\$77.75		\$101.66	
Employee + Family	10	\$95.35		\$95.35	\$118.04		\$157.06	
Total Monthly Cost		\$2,317		\$2,317	\$2,895		\$3,585	
Total Annual Cost	48	\$27,798		\$27,798	\$34,735		\$43,023	
\$ Annual Difference				\$0	\$6,936		\$15,225	
% Annual Difference				0.0%	25.0%		54.8%	

Johnson County 12/1/2026		CURRENT / RENEWAL Mutual of Omaha			OPTION 3 Delta Dental of Missouri	
Eligibility / Classes		All Full Time Employees working at least 30 hours/week			All Full Time Employees working at least 30 hours/week	
Plan Name		Option 4 (100/80/50 \$1,500)				
Network		Find a Doctor				
Schedule of Benefits		In-Network	In-Network	Out-of-Network	In-Network Delta Dental PPO	Out-of-Network Delta Premier and OON
In & Out of Network Reimbursement		Fee Schedule	Delta Premier Fee Allowance	90th Percentile	Fee Schedule	Delta Premier Fee Allowance
Calendar Year Deductible						
Individual		\$50	\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150	\$150
Waived for Preventive		Yes	Yes	Yes	Yes	Yes
Annual Maximum per Person			\$1,500			\$1,500
Rollover Threshold / Reward / Maximum			\$0			NA
Preventive Services Waived to Maximum			N/A			Not Included
Rollover Reward			N/A		N/A	
Rollover Maximum			N/A		N/A	
Orthodontia Lifetime Maximum per Person			\$1,500			\$1,500
Orthodontia Eligibility			Child(ren) Only			Child(ren) Only
Child(ren) Age Duration for Orthodontia			Age 26			Age 19
Coinsurance		In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive		100%	100%	100%	100%	100%
Basic		90%	80%	80%	80%	80%
Major		60%	50%	50%	50%	50%
Orthodontia		50%	50%	50%	50%	50%
Preventive						
Oral Exam, Prophylaxis,		100%	100%	100%	100%	100%
Full Mouth X-Rays		100%	100%	100%	100%	100%
Sealants, Space Maintainers		100%	100%	100%	100%	100%
Fluoride for Children (Under age 19)		100%	100%	100%	100% (to age 16)	100% (to age 16)
Basic						
Amalgam & Composite Fillings (Anterior),		90%	80%	80%	80%	80%
Composite Fillings (Posterior),		90%	80%	80%	80%	80%
Endodontics, Periodontics, Periodontal Maintenance		90%	80%	80%	50%/80%/80%	50%/80%/80%
Oral Surgery (Simple & Complex), General Anesthesia		90%	80%	80%	50%	50%
Repairs of Prosthodontics		90%	80%	80%	50%	50%
Major						
Crowns-Porcelain / Ceramic, Inlay-Metallic		60%	50%	50%	50%	50%
Dentures, Bridges, Inlays, Onlays		60%	50%	50%	50%	50%
Implants		60%	50%	50%	50%	50%
Orthodontia		50%	50%	50%	50%	50%
Additional Features						
Replacement of Crowns, Dentures, Bridges, Implants		10 Years			7 Years	
Missing Tooth Exclusion Status					Included	
Annual Open Enrollment					Included	
Waiting Period for Services		None During Qualifying Event or Annual Open Enrollment			None During Qualifying Event or Annual Open Enrollment	
Contribution		Voluntary			Voluntary	
Participation Requirements					None	
Rate Guarantee		Three Year Rate Guarantee				
Additional Comments						
Dental PPO	Enrollment Count	CURRENT		RENEWAL	OPTION 3	
Employee Only	26	\$25.43		\$25.43	\$31.59	
Employee + Spouse	4	\$52.78		\$52.78	\$61.79	
Employee + Child(ren)	8	\$61.34		\$61.34	\$87.47	
Employee + Family	10	\$95.35		\$95.35	\$135.15	
Total Monthly Cost		\$2,317		\$2,317	\$3,120	
Total Annual Cost	48	\$27,798		\$27,798	\$37,437	
\$ Annual Difference				\$0	\$9,639	
% Annual Difference				0.0%	34.7%	



Johnson County			CURRENT		RENEWAL		OPTION 1 -Base Plan		OPTION 1 -Buy-Up Plan	
12/1/2026			Mutual of Omaha		Mutual of Omaha		MetLife			
Eligibility / Classes			All Full Time Employees working at least 30 hours/week				All Full Time Employees working at least 30 hours/week			
Plan Name			Low Plan		High Plan		M130D-10/25-M		M200A-10/25-M	
Network			EyeMed Insight Network		EyeMed Insight Network		VSP Network		VSP Network	
			Find a Doctor				Find a Doctor			
Schedule of Benefits										
Frequency Schedule			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Examination			12 Months		12 Months		12 Months		12 Months	
Lenses / Contact			12 Months		12 Months		12 Months		12 Months	
Frames			24 Months		12 Months		24 Months		12 Months	
Exam Benefit			\$10 Copay	Up to \$37	\$10 Copay	Up to \$37	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Lenses Benefit										
Single			\$25 Copay	Up to \$20	\$25 Copay	Up to \$20	\$25 Copay	Up to \$30	\$25 Copay	Up to \$30
Bifocal			\$25 Copay	Up to \$36	\$25 Copay	Up to \$36	\$25 Copay	Up to \$50	\$25 Copay	Up to \$50
Trifocal			\$25 Copay	Up to \$64	\$25 Copay	Up to \$64	\$25 Copay	Up to \$65	\$25 Copay	Up to \$65
Lenticular			\$25 Copay	Up to \$64	\$25 Copay	Up to \$64	\$25 Copay	Up to \$100	\$25 Copay	Up to \$100
Frames Benefit			\$130 allowance + 20% off balance	Up to \$58	\$200 allowance + 20% off balance	Up to \$79	\$130 allowance + 20% off balance	Up to \$70	\$200 allowance + 20% off balance	Up to \$70
Contact Lenses Benefit			In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance	
Elective (Cosmetic or Convenience)			\$130 allowance	Up to \$89	\$200 allowance	Up to \$136	\$130 allowance	Up to \$105	\$200 allowance	Up to \$105
Medically Necessary			100% Covered (No Copay)	Up to \$210	100% Covered (No Copay)	Up to \$210	100% Covered after Copay	Up to \$210	100% Covered after Copay	Up to \$210
Contact Lens Fitting							Up to \$60 Copay	Included in the Lens Allowance	Up to \$60 Copay	Included in the Lens Allowance
Contribution			Contributory		Contributory		Contributory		Contributory	
Participation Requirements							94%		94%	
Rate Guarantee							Two Year Rate Guarantee		Two Year Rate Guarantee	
Additional Comments										
Vision	Base Enrollment Count	Buy-Up Enrollment Count	Current Base Plan	Renewal Base Plan	Current Buy-Up Plan	Renewal Buy-Up Plan	OPTION 1 -Base Plan		OPTION 1 -Buy-Up Plan	
Employee Only	17	11	\$7.45	\$7.45	\$10.04	\$10.04	\$6.04		\$8.15	
Employee + Spouse	3	0	\$14.92	\$14.92	\$17.09	\$17.09	\$12.10		\$16.32	
Employee + Child(ren)	9	0	\$12.63	\$12.63	\$14.93	\$14.93	\$10.24		\$13.82	
Employee + Family	8	0	\$20.82	\$20.82	\$22.67	\$22.67	\$16.89		\$22.79	
Total Monthly Cost			\$452	\$452	\$110	\$110	\$366		\$90	
Total Annual Cost	37	11	\$5,420	\$5,420	\$1,325	\$1,325	\$4,395		\$1,076	
\$ Annual Difference				\$0		\$0	-\$1,025		-\$249	
% Annual Difference				0.0%		0.0%	-18.9%		-18.8%	



Johnson County			CURRENT		RENEWAL		OPTION 2 -Base Plan		OPTION 2 -Buy-Up Plan	
12/1/2026			Mutual of Omaha		Mutual of Omaha		VSP			
Eligibility / Classes			All Full Time Employees working at least 30 hours/week				All Full Time Employees working at least 30 hours/week			
Plan Name			Low Plan		High Plan		Base Plan		Buy-Up Plan	
Network			EyeMed Insight Network		EyeMed Insight Network		VSP Network		VSP Network	
			Find a Doctor				Find a Doctor			
Schedule of Benefits										
Frequency Schedule			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Examination			12 Months		12 Months		12 Months		12 Months	
Lenses / Contact			12 Months		12 Months		12 Months		12 Months	
Frames			24 Months		12 Months		24 Months		12 Months	
Exam Benefit			\$10 Copay	Up to \$37	\$10 Copay	Up to \$37	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Lenses Benefit										
Single			\$25 Copay	Up to \$20	\$25 Copay	Up to \$20	\$25 Copay	Up to \$30	\$25 Copay	Up to \$30
Bifocal			\$25 Copay	Up to \$36	\$25 Copay	Up to \$36	\$25 Copay	Up to \$50	\$25 Copay	Up to \$50
Trifocal			\$25 Copay	Up to \$64	\$25 Copay	Up to \$64	\$25 Copay	Up to \$65	\$25 Copay	Up to \$65
Lenticular			\$25 Copay	Up to \$64	\$25 Copay	Up to \$64	\$25 Copay	Up to \$100	\$25 Copay	Up to \$100
Frames Benefit			\$130 allowance + 20% off balance	Up to \$58	\$200 allowance + 20% off balance	Up to \$79	\$130 allowance + 20% off balance	Up to \$70	\$200 allowance + 20% off balance	Up to \$70
Contact Lenses Benefit			In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance	
Elective (Cosmetic or Convenience)			\$130 allowance	Up to \$89	\$200 allowance	Up to \$136	\$130 allowance	Up to \$105	\$200 allowance	Up to \$105
Medically Necessary			100% Covered (No Copay)	Up to \$210	100% Covered (No Copay)	Up to \$210	100% Covered (No Copay)	Up to \$210	100% Covered (No Copay)	Up to \$210
Contact Lens Fitting							Up to \$60 Copay	Not Included	Up to \$60 Copay	Not Included
Contribution			Contributory		Contributory		Contributory		Contributory	
Participation Requirements							75%		75%	
Rate Guarantee							Four Year Rate Guarantee		Four Year Rate Guarantee	
Additional Comments										
Vision	Base Enrollment Count	Buy-Up Enrollment Count	Current Base Plan	Renewal Base Plan	Current Buy-Up Plan	Renewal Buy-Up Plan	OPTION 2 -Base Plan		OPTION 2 -Buy-Up Plan	
Employee Only	17	11	\$7.45	\$7.45	\$10.04	\$10.04	\$9.94		\$15.02	
Employee + Spouse	3	0	\$14.92	\$14.92	\$17.09	\$17.09	\$15.90		\$24.04	
Employee + Child(ren)	9	0	\$12.63	\$12.63	\$14.93	\$14.93	\$16.23		\$24.54	
Employee + Family	8	0	\$20.82	\$20.82	\$22.67	\$22.67	\$26.17		\$39.56	
Total Monthly Cost			\$452	\$452	\$110	\$110	\$572		\$165	
Total Annual Cost	37	11	\$5,420	\$5,420	\$1,325	\$1,325	\$6,865		\$1,983	
\$ Annual Difference				\$0		\$0	\$1,446		\$657	
% Annual Difference				0.0%		0.0%	26.7%		49.6%	



Johnson County 12/1/2026			CURRENT Mutual of Omaha		RENEWAL Mutual of Omaha		OPTION 3 Principal		OPTION 4 Principal	
Eligibility / Classes			All Full Time Employees working at least 30 hours/week				All Full Time Employees working at least 30 hours/week		All Full Time Employees working at least 30 hours/week	
Plan Name			Low Plan		High Plan		12/12/24 \$130		12/12/24 \$200	
Network			EyeMed Insight Network		EyeMed Insight Network		VSP Network		VSP Network	
			Find a Doctor		Find a Doctor		Find a Doctor		Find a Doctor	
Schedule of Benefits										
Frequency Schedule			In-Network		Out-of-Network		In-Network		Out-of-Network	
Examination			12 Months		12 Months		12 Months		12 Months	
Lenses / Contact			12 Months		12 Months		12 Months		12 Months	
Frames			24 Months		12 Months		24 Months		12 Months	
Exam Benefit			\$10 Copay		Up to \$37		\$10 Copay		Up to \$45	
Lenses Benefit										
Single			\$25 Copay		Up to \$20		\$25 Copay		Up to \$30	
Bifocal			\$25 Copay		Up to \$36		\$25 Copay		Up to \$50	
Trifocal			\$25 Copay		Up to \$64		\$25 Copay		Up to \$65	
Lenticular			\$25 Copay		Up to \$64		\$25 Copay		Up to \$100	
Frames Benefit			\$130 allowance + 20% off balance		Up to \$58		\$200 allowance + 20% off balance		Up to \$79	
							\$130 allowance + 20% off balance		Up to \$70	
Contact Lenses Benefit			In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance		In lieu of Lens & Frame Allowance	
Elective (Cosmetic or Convenience)			\$130 allowance		Up to \$89		\$200 allowance		Up to \$136	
							\$130 allowance		Up to \$105	
Medically Necessary			100% Covered (No Copay)		Up to \$210		100% Covered (No Copay)		Up to \$210	
							100% Covered after Copay		Up to \$210	
Contact Lens Fitting										
							Up to \$60 Copay		Not Included	
Contribution			Contributory				Contributory		Contributory	
Participation Requirements							50%		50%	
Rate Guarantee							Two Year Rate Guarantee		Two Year Rate Guarantee	
Additional Comments										
Vision	Base Enrollment Count	Buy-Up Enrollment Count	Current Base Plan	Renewal Base Plan	Current Buy-Up Plan	Renewal Buy-Up Plan	OPTION 3		OPTION 4	
Employee Only	17	11	\$7.45	\$7.45	\$10.04	\$10.04	\$5.95		\$8.68	
Employee + Spouse	3	0	\$14.92	\$14.92	\$17.09	\$17.09	\$11.93		\$14.77	
Employee + Child(ren)	9	0	\$12.63	\$12.63	\$14.93	\$14.93	\$10.10		\$12.90	
Employee + Family	8	0	\$20.82	\$20.82	\$22.67	\$22.67	\$16.64		\$19.59	
Total Monthly Cost			\$452	\$452	\$110	\$110	\$361		\$465	
Total Annual Cost	37	11	\$5,420	\$5,420	\$1,325	\$1,325	\$4,332		\$5,576	
\$ Annual Difference				\$0		\$0	-\$1,088		\$157	
% Annual Difference				0.0%		0.0%	-20.1%		2.9%	