CITY OF MARGATE 2016 EMPLOYEE BENEFITS COMPARISON OF TOTAL COSTS *

HEALTH INSURANCE										
		SUBMITTED PROPOSALS								
CATEGORY	HUMANA (CURRENT)	HUMANA (ORIGINAL PROPOSAL)	HUMANA (REVISED PROPOSAL)	CIGNA	FLORIDA BLUE	AETNA				
Health Insurance (Low Plan)	\$231,307.20	\$236,117.76	\$227,907.36	\$219,554.16	\$261,066.96	\$276,110.40				
Health Insurance (High Plan)	\$6,571,365.12	\$6,708,040.32	\$6,474,767.04	\$6,120,724.32	\$7,416,842.40	\$7,844,221.44				
Health Insurance (POS Plan)	\$903,082.32	\$921,865.68	\$889,806.96	\$851,572.80	\$1,019,278.08	\$1,078,004.88				
Total Health Insurance	\$7,705,754.64	\$7,866,023.76	\$7,592,481.36	\$7,191,851.28	\$8,697,187.44	\$9,198,336.72				

DENTAL INSURANCE (PPO)									
CATECODY		SUBMITTED PROPOSALS							
CATEGORY	HUMANA (CURRENT)	HUMANA (ORIGINAL PROPOSAL)	HUMANA (REVISED PROPOSAL)	UNITED CONCORDIA	RENAISSANCE	AETNA	CIGNA	ADVANTICA	FLORIDA COMBINED LIFE
Total Dental Insurance (PPO)	\$59,607.00	\$59,607.00	\$59,607.00	\$51,619.32	\$54,475.92	\$56,440.44	\$56,583.72	\$59,396.04	\$68,850.72

DENTAL INSURANCE (DHMO)										
CATECODY	HUMANA (CURRENT)	SUBMITTED PROPOSALS								
CATEGORY	HUMANA (CURRENT)	HUMANA (ORIGINAL PROPOSAL)	HUMANA (REVISED PROPOSAL)	AETNA	ADVANTICA	UNITED CONCORDIA	FLORIDA DENTAL/ RENAISSANCE	CIGNA	FLORIDA COMBINED LIFE	
Total Dental Insurance (DHMO)	\$81,800.16	\$81,800.16	\$81,800.16	\$63,114.96	\$65,316.48	\$71,930.88	\$72,757.68	\$81,800.16	\$98,368.20	

VISION PLAN INSURANCE (MATCHES CURRENT BENEFITS)										
CATEGORY HUMANA (CURRENT)		SUBMITTED PROPOSALS								
	HUMANA (CURRENT)	HUMANA (ORIGINAL PROPOSAL)	HUMANA (REVISED PROPOSAL)	FLORIDA BLUE	VSP	EYEMED	CIGNA	SUPERIOR		
Total Vision Plan (Comparison of Current Benefits)	\$12,604.92	\$12,604.92	\$12,604.92	INCLUDED WITH MEDICAL	\$9,345.60	\$10,702.92	\$11,796.00	\$18,090.36		

VISION PLAN INSURANCE (ENHANCED BENEFITS)										
CATEGORY N/A	N/A	SUBMITTED PROPOSALS								
	N/A	ADVANTICA (SELECT PLUS 100)	EYEMED	ADVANTICA	RENAISSANCE VISION	AETNA	SUPERIOR	VSP		
Total Vision Plan (Comparison of Enhanced Benefits)	N/A	\$40,892.16	\$56,821.32	\$59,011.20	\$59,106.12	\$71,227.32	\$74,672.28	\$108,594.96		

* Amounts are based on total premium costs (City and employee contributions) and assumes current plan membership