

City of Margate
Employee Benefits
RFP Evaluation of
Best and Final Responses



Analysis by:



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CURRENT**INITIAL RENEWAL**

	Low Plan Humana			High Plan Humana	POS Plan Humana		Low Plan Humana	High Plan Humana	POS Plan Humana				
	OA HMO 08 - 80%			OA HMO 08 - 100%		OA National POS / PPO		OA HMO 08 - 80%		OA HMO 08 - 100%		OA National POS	
	In Network			In Network		In Network	Out of Network	In Network		In Network		In Network	Out of Network
Lifetime Maximum	Unlimited			Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Calendar Year Deductible (CYD)													
Single	\$1,000			\$0		\$300	\$500	\$1,000	\$0	\$300	\$500		
Family	\$2,000			\$0		\$600	\$1,000	\$2,000	\$0	\$600	\$1,000		
Out of Pocket Maximum	Includes All Costs			Includes All Costs		Includes All Costs		Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$5,000			\$2,000		\$1,500	\$2,000	\$5,000	\$2,000	\$1,500	\$2,000		
Family	\$10,000			\$4,000		\$3,000	\$4,000	\$10,000	\$4,000	\$3,000	\$4,000		
Coinsurance (Member Responsibility)	20%			0%		10%	20%	20%	0%	10%	20%		
Non Hospital Services													
Primary Care Physician	\$15			\$15		CYD + 10%	CYD + 20%	\$15	\$15	CYD + 10%	CYD + 20%		
Specialist	\$15			\$15		CYD + 10%	CYD + 20%	\$15	\$15	CYD + 10%	CYD + 20%		
Pre-Natal	No Charge			No Charge		CYD + 10%	CYD + 20%	No Charge	No Charge	CYD + 10%	CYD + 20%		
Preventive Services	No Charge			No Charge		No Charge	CYD + 20%	No Charge	No Charge	No Charge	CYD + 20%		
Laboratory Services	No Charge			No Charge		CYD + 10%	CYD + 20%	No Charge	No Charge	CYD + 10%	CYD + 20%		
Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15 / scan			\$15 per scan		CYD + 10%	CYD + 20%	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10%	CYD + 20%		
Spinal Manipulation Therapy	\$15 (20 visits / yr)			\$15 (20 visits / yr)		CYD + 10%	CYD + 20%	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10%	CYD + 20%		
Urgent Care Center	\$50			\$25		CYD + 10%	CYD + 20%	\$50	\$25	CYD + 10%	CYD + 20%		
Hospital Services													
Inpatient	CYD + 20%			\$250 per admit		CYD + 10%	CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 20%		
Outpatient	CYD + 20%			\$50		CYD + 10%	CYD + 20%	CYD + 20%	\$50	CYD + 10%	CYD + 20%		
Physician Services	CYD + 20%			No Charge		CYD + 10%	CYD + 20%	CYD + 20%	No Charge	CYD + 10%	CYD + 20%		
Emergency Room	\$100			\$100		CYD + 10%	CYD + 10%	\$100	\$100	CYD + 10%	CYD + 20%		
Mental Health/Substance Abuse Services													
Inpatient	CYD + 20%			\$250 per admit		CYD + 10%	CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10%	CYD + 20%		
Outpatient	\$15			\$15		CYD + 10%	CYD + 20%	\$15	\$15	CYD + 10%	CYD + 20%		
Prescription Drug Benefit													
Preventive Generic Drugs	\$0			\$0		\$0		\$0	\$0	\$0			
Generic Drugs	\$0			\$0		\$0		\$0	\$0	\$0			
Formulary Drugs	\$30			\$30		\$30		\$30	\$30	\$30			
Non-Formulary Drugs	\$90			\$90		\$90	30%	\$90	\$90	\$90	30%		
Specialty Drugs / Injectibles	25% - 35%			25% - 35%		25% - 35%		25% - 35%	N / A	N / A			
Mail Order - 90 day supply	2.5 x Retail Copay			2.5 x Retail Copay		2.5 x Retail Copay		2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay			
Rates	Low	High	POS										
Employee	14	110	6	\$540.44	\$655.54	\$628.74		\$551.68	\$669.18	\$641.82			
Employee + Family	8	268	42	\$1,463.68	\$1,774.27	\$1,702.01		\$1,494.12	\$1,811.17	\$1,737.41			
Total Cost				\$231,307.20	\$6,571,365.12	\$903,082.32		\$236,117.76	\$6,708,040.32	\$921,865.68			
\$ Increase				N/A	N/A	N/A		\$4,810.56	\$136,675.20	\$18,783.36			
% Increase				N/A	N/A	N/A		2.08%	2.08%	2.08%			
Triple Plan Cost				\$7,705,754.64				\$7,866,023.76					
Total \$ Increase				N/A				\$160,269.12					
% Increase				N/A				2.08%					

CURRENT

REVISED RENEWAL

	CURRENT			REVISED RENEWAL		
	Low Plan Humana	High Plan Humana	POS Plan Humana	Low Plan Humana	High Plan Humana	POS Plan Humana
	OA HMO 08 - 80%	OA HMO 08 - 100%	OA National POS / PPO	OA HMO 08 - 80%	OA HMO 08 - 100%	OA National POS
	In Network	In Network	In Network Out of Network	In Network	In Network	In Network Out of Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible (CYD)						
Single	\$1,000	\$0	\$300 \$500	\$1,000	\$0	\$300 \$500
Family	\$2,000	\$0	\$600 \$1,000	\$2,000	\$0	\$600 \$1,000
Out of Pocket Maximum	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs
Single	\$5,000	\$2,000	\$1,500 \$2,000	\$5,000	\$2,000	\$1,500 \$2,000
Family	\$10,000	\$4,000	\$3,000 \$4,000	\$10,000	\$4,000	\$3,000 \$4,000
Coinsurance (Member Responsibility)	20%	0%	10% 20%	20%	0%	10% 20%
Non Hospital Services						
Primary Care Physician	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%
Specialist	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%
Pre-Natal	No Charge	No Charge	CYD + 10% CYD + 20%	No Charge	No Charge	CYD + 10% CYD + 20%
Preventive Services	No Charge	No Charge	No Charge CYD + 20%	No Charge	No Charge	No Charge CYD + 20%
Laboratory Services	No Charge	No Charge	CYD + 10% CYD + 20%	No Charge	No Charge	CYD + 10% CYD + 20%
Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 20%	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 20%
Spinal Manipulation Therapy	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10% CYD + 20%	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10% CYD + 20%
Urgent Care Center	\$50	\$25	CYD + 10% CYD + 20%	\$50	\$25	CYD + 10% CYD + 20%
Hospital Services						
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%
Outpatient	CYD + 20%	\$50	CYD + 10% CYD + 20%	CYD + 20%	\$50	CYD + 10% CYD + 20%
Physician Services	CYD + 20%	No Charge	CYD + 10% CYD + 20%	CYD + 20%	No Charge	CYD + 10% CYD + 20%
Emergency Room	\$100	\$100	CYD + 10% CYD + 10%	\$100	\$100	CYD + 10% CYD + 20%
Mental Health/Substance Abuse Services						
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%
Outpatient	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%
Prescription Drug Benefit						
Preventive Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Formulary Drugs	\$30	\$30	\$30	\$30	\$30	\$30
Non-Formulary Drugs	\$90	\$90	\$90 30%	\$90	\$90	\$90 30%
Specialty Drugs / Injectibles	25% - 35%	25% - 35%	25% - 35%	25% - 35%	N / A	N / A
Mail Order - 90 day supply	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay
Rates	Low	High	POS			
Employee	14	110	6	\$540.44	\$655.54	\$628.74
Employee + Family	8	268	42	\$1,463.68	\$1,774.27	\$1,702.01
Total Cost	\$231,307.20			\$231,307.20	\$6,571,365.12	\$903,082.32
\$ Increase	N/A			\$0.00	\$0.00	\$0.00
% Increase	N/A			0.00%	0.00%	0.00%
Triple Plan Cost	\$7,705,754.64			\$7,705,754.64		
Total \$ Increase	N/A			\$0.00		
% Increase	N/A			0.00%		

CURRENT

BEST AND FINAL RENEWAL OFFER

	CURRENT			BEST AND FINAL RENEWAL OFFER			
	Low Plan Humana	High Plan Humana	POS Plan Humana	Low Plan Humana	High Plan Humana	POS Plan Humana	
	OA HMO 08 - 80%	OA HMO 08 - 100%	OA National POS / PPO	OA HMO 08 - 80%	OA HMO 08 - 100%	OA National POS	
	In Network	In Network	In Network Out of Network	In Network	In Network	In Network Out of Network	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Calendar Year Deductible (CYD)							
Single	\$1,000	\$0	\$300 \$500	\$1,000	\$0	\$300 \$500	
Family	\$2,000	\$0	\$600 \$1,000	\$2,000	\$0	\$600 \$1,000	
Out of Pocket Maximum	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	
Single	\$5,000	\$2,000	\$1,500 \$2,000	\$5,000	\$2,000	\$1,500 \$2,000	
Family	\$10,000	\$4,000	\$3,000 \$4,000	\$10,000	\$4,000	\$3,000 \$4,000	
Coinsurance (Member Responsibility)	20%	0%	10% 20%	20%	0%	10% 20%	
Non Hospital Services							
Primary Care Physician	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%	
Specialist	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%	
Pre-Natal	No Charge	No Charge	CYD + 10% CYD + 20%	No Charge	No Charge	CYD + 10% CYD + 20%	
Preventive Services	No Charge	No Charge	No Charge CYD + 20%	No Charge	No Charge	No Charge CYD + 20%	
Laboratory Services	No Charge	No Charge	CYD + 10% CYD + 20%	No Charge	No Charge	CYD + 10% CYD + 20%	
Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 20%	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 20%	
Spinal Manipulation Therapy	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10% CYD + 20%	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10% CYD + 20%	
Urgent Care Center	\$50	\$25	CYD + 10% CYD + 20%	\$50	\$25	CYD + 10% CYD + 20%	
Hospital Services							
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	
Outpatient	CYD + 20%	\$50	CYD + 10% CYD + 20%	CYD + 20%	\$50	CYD + 10% CYD + 20%	
Physician Services	CYD + 20%	No Charge	CYD + 10% CYD + 20%	CYD + 20%	No Charge	CYD + 10% CYD + 20%	
Emergency Room	\$100	\$100	CYD + 10% CYD + 10%	\$100	\$100	CYD + 10% CYD + 20%	
Mental Health/Substance Abuse Services							
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	
Outpatient	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 20%	
Prescription Drug Benefit							
Preventive Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	
Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	
Formulary Drugs	\$30	\$30	\$30	\$30	\$30	\$30	
Non-Formulary Drugs	\$90	\$90	\$90 30%	\$90	\$90	\$90 30%	
Specialty Drugs / Injectibles	25% - 35%	25% - 35%	25% - 35%	25% - 35%	N / A	N / A	
Mail Order - 90 day supply	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	
Rates	Low	High	POS				
Employee	14	110	6	\$540.44	\$655.54	\$628.74	
Employee + Family	8	268	42	\$1,463.68	\$1,774.27	\$1,702.01	
Total Cost				\$231,307.20	\$6,571,365.12	\$903,082.32	
\$ Increase				N/A	N/A	N/A	
% Increase				N/A	N/A	N/A	
Triple Plan Cost				\$7,705,754.64			
Total \$ Increase				N/A			
% Increase				N/A			
				\$7,592,481.36			
				-\$113,273.28			
				-1.47%			

MINIMUM PREMIUM**CURRENT****Alternative #1**

	CURRENT			Alternative #1			
	Low Plan Humana	High Plan Humana	POS Plan Humana	Low Plan CIGNA	High Plan CIGNA	POS Plan CIGNA	
	OA HMO 08 - 80%	OA HMO 08 - 100%	OA National POS / PPO	OAPIN Low	OAPIN High	Open Access Plus	
	In Network	In Network	In Network Out of Network	In Network	In Network	In Network Out of Network	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Calendar Year Deductible (CYD)							
Single	\$1,000	\$0	\$300 \$500	\$1,000	\$0	\$300 \$500	
Family	\$2,000	\$0	\$600 \$1,000	\$2,000	\$0	\$600 \$1,000	
Out of Pocket Maximum	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	Includes All Costs	
Single	\$5,000	\$2,000	\$1,500 \$2,000	\$5,000	\$2,000	\$1,500 \$2,000	
Family	\$10,000	\$4,000	\$3,000 \$4,000	\$10,000	\$4,000	\$3,000 \$4,000	
Coinsurance (Member Responsibility)	20%	0%	10% 20%	20%	0%	10% 30%	
Non Hospital Services							
Primary Care Physician	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 30%	
Specialist	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 30%	
Pre-Natal	No Charge	No Charge	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 30%	
Preventive Services	No Charge	No Charge	No Charge CYD + 20%	No Charge	No Charge	No Charge CYD + 30%	
Laboratory Services	No Charge	No Charge	CYD + 10% CYD + 20%	No Charge	No Charge	CYD + 10% CYD + 30%	
Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 20%	CYD + 20% + \$15 / scan	\$15 per scan	CYD + 10% CYD + 30%	
Spinal Manipulation Therapy	\$15 (20 visits / yr)	\$15 (20 visits / yr)	CYD + 10% CYD + 20%	\$15 (30 visits / yr)	\$15 (30 visits / yr)	CYD + 10% CYD + 30%	
Urgent Care Center	\$50	\$25	CYD + 10% CYD + 20%	\$50	\$25	CYD + 10% CYD + 30%	
Hospital Services							
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 30%	
Outpatient	CYD + 20%	\$50	CYD + 10% CYD + 20%	CYD + 20%	\$50	CYD + 10% CYD + 30%	
Physician Services	CYD + 20%	No Charge	CYD + 10% CYD + 20%	CYD + 20%	No Charge	CYD + 10% CYD + 30%	
Emergency Room	\$100	\$100	CYD + 10% CYD + 10%	\$100	\$100	CYD + 10% CYD + 30%	
Mental Health/Substance Abuse Services							
Inpatient	CYD + 20%	\$250 per admit	CYD + 10% CYD + 20%	CYD + 20%	\$250 per admit	CYD + 10% CYD + 30%	
Outpatient	\$15	\$15	CYD + 10% CYD + 20%	\$15	\$15	CYD + 10% CYD + 30%	
Prescription Drug Benefit							
Preventive Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	
Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	
Formulary Drugs	\$30	\$30	\$30	\$30	\$30	\$30	
Non-Formulary Drugs	\$90	\$90	\$90 30%	\$90	\$90	\$90 30%	
Specialty Drugs / Injectibles	25% - 35%	25% - 35%	25% - 35%	N / A	N / A	20%	
Mail Order - 90 day supply	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	
Rates	Low	High	POS				
Employee	14	110	6	\$540.44	\$655.54	\$628.74	\$512.79 \$609.92 \$592.26
Employee + Family	8	268	42	\$1,463.68	\$1,774.27	\$1,702.01	\$1,389.64 \$1,652.87 \$1,605.02
Total Cost	\$231,307.20	\$6,571,365.12	\$903,082.32	\$219,554.16	\$6,120,724.32	\$851,572.80	
\$ Increase	N/A	N/A	N/A	-\$11,753.04	-\$450,640.80	-\$51,509.52	
% Increase	N/A	N/A	N/A	-5.08%	-6.86%	-5.70%	
Triple Plan Cost	\$7,705,754.64			\$7,191,851.28			
Total \$ Increase	N/A			-\$513,903.36			
% Increase	N/A			-6.67%			

Carrier	Proposed Medical Plan Caveats
<p>Humana</p>	<ul style="list-style-type: none"> - As part of Total Health Agreement, discount of 2% is applied to the 1st year group premium rates and the 2nd year group premium rates are adjusted dependent upon the MER and the % of employees who reach engaged status with the Wellness Program; max 10% discount to 2nd year. - Humana reserves the right to recalculate the rates if employee shifts between offered medical coverages or demographic changes would impact premium more than 5%.
<p>Cigna</p>	<ul style="list-style-type: none"> - Cigna Well-Being Solutions multi-year health and wellness engagement plan included. - Proposed rates based on current enrollment not changing more than 10%. - Participation requirement of 70% of total eligible employees and no less than 200 employees enrolled. - Cigna will provide \$50,000 in wellness funds.

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

SCHEDULE OF BENEFITS	CURRENT		INITIAL RENEWAL		Alternative #1	
	Humana		Humana		CIGNA	
	Dental PPO		Dental PPO		Total CIGNA DPPO	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
<u>Plan Basics</u>						
Annual Benefit Maximum	\$1,500		\$1,500		\$1,500	
<u>Deductibles</u>						
Single	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive & Diagnostic Services	Yes	Yes	Yes	Yes	Yes	Yes
<u>Benefits</u>						
Preventive	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%
Orthodontic Services (Child)	50%	50%	50%	50%	50%	50%
<u>Service Information</u>						
Out of Network Benefits Payable Level	90th percentile		90th percentile		90th percentile	
Waiting Period (Timely Entrants)	None		None		None	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000	
Endodontics / Periodontics	Basic		Basic		Basic	
Rate Guarantee	Expires 12/31/2015		12 Months		24 Months	
<u>Rates</u>						
Employee 33	\$40.06		\$40.06		\$38.03	
Employee + Family 27	\$135.01		\$135.01		\$128.16	
Monthly Premium	\$4,967.25		\$4,967.25		\$4,715.31	
Annual Premium	\$59,607.00		\$59,607.00		\$56,583.72	
\$ Increase/Decrease	N/A		\$0.00		-\$3,023.28	
% Increase/Decrease	N/A		0.0%		-5.1%	

City of Margate
DHMO Dental Insurance Renewal Evaluation
Effective Date: January 1, 2016



		CURRENT	INITIAL RENEWAL	Alternative #1
Carrier		Humana	Humana	CIGNA
Plan Name		HS215	HS215	P6XVO
Code		In Network	In Network	In Network
Sample Procedures				
Periodic Exam	D0120	\$0	\$0	\$5
Office Visit	D9430	\$15	\$15	\$6
Prophylaxis	D1110	\$0	\$0	\$0
Full Mouth X-rays	D0210	\$0	\$0	\$0
Extraction				
Single Tooth	D7111	\$0	\$0	\$6
Partial Impaction	D7230	\$95	\$95	\$80
Boney Impaction	D7240	\$135	\$135	\$100
Fillings				
Amalgam - 1 surface	D2140	\$30	\$30	\$0
Resin - 1 surface	D2330	\$45	\$45	\$0
Sedative	D2940	\$25	\$25	\$6
Root Canal Therapy				
Anterior	D3310	\$175	\$175	\$90
Bicuspid	D3320	\$270	\$270	\$135
Molar	D3330	\$390	\$390	\$275
Peridontic Therapy				
Root Planning (1/4)	D4341	\$85	\$85	\$45
Gingivectomy (1/4)	D4210	\$195	\$195	\$145
Crown & Bridge				
Full High Noble Metal	D2790	\$410 + Labs	\$410 + Labs	\$220 + Labs
Porcelain fused to Metal	D2750	\$410 + Labs	\$410 + Labs	\$230 + Labs
Dentures				
Partial Denture	D5213	\$525 + Labs	\$525 + Labs	\$200 + Labs
Complete Denture	D5110	\$550 + Labs	\$550 + Labs	\$185 + Labs
Denture Reline (chairside)	D5730	\$110 + Labs	\$110 + Labs	\$40 + Labs
Denture Reline (lab)	D5750	\$180 + Labs	\$180 + Labs	\$70 + Labs
Orthodontia				
Consultation, Eval, Records, & 24 Month Treatment	Varies	\$2,145 Child \$2,145 Adult	\$2,145 Child \$2,145 Adult	\$2,025 Child \$2,725 Adult
Orthodontic Retention	D8680	\$455	\$455	\$285
Rate Guarantee		Expires 12/31/2015	12 Months	24 Months
Rates				
Employee	68	\$12.77	\$12.77	\$12.77
Employee + One	45	\$25.28	\$25.28	\$25.28
Employee + Family	107	\$44.96	\$44.96	\$44.96
Monthly Premium		\$6,816.68	\$6,816.68	\$6,816.68
Annual Premium		\$81,800.16	\$81,800.16	\$81,800.16
\$ Increase/Decrease		N/A	\$0.00	\$0.00
% Increase/Decrease		N/A	0.0%	0.0%

	CURRENT		RENEWAL		Alternative #1		Alternative #2			
SCHEDULE OF BENEFITS	Humana Exam Only		Humana Exam Only		CIGNA Vision Plan (E1) PPO		EyeMed - Dual Option Base - Exam Only Buy up - Insight Plan H			
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<u>Copays</u>										
Exam	\$15		\$15		\$15		\$10		\$10	
Materials	Not Covered		Not Covered		Not Covered		Copays Vary		\$10	
<u>Frequency</u>										
Exam	24 Months		24 Months		24 Months		12 Months		12 Months	
Lenses	Not Covered		Not Covered		Not Covered		Not Covered		12 Months	
Frames	Not Covered		Not Covered		Not Covered		Not Covered		12 Months	
<u>Benefits Payable</u>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>
Eye Exam	\$15	n / a	\$15	n / a	\$15	Up to \$45	\$10	Up to \$40	\$10	Up to \$40
Single Lenses	20% discount	n / a	20% discount	n / a	20% discount	n / a	\$50	n / a	\$10	Up to \$30
Bifocal Lenses	20% discount	n / a	20% discount	n / a	20% discount	n / a	\$70	n / a	\$10	Up to \$50
Trifocal Lenses	20% discount	n / a	20% discount	n / a	20% discount	n / a	\$105	n / a	\$10	Up to \$70
<u>Lenses and Frames</u>										
Contact Lenses (Elective)	20% discount	n / a	20% discount	n / a	20% discount	n / a	15% discount	n / a	\$150 Allowance	Up to \$150
Contact Lenses (Medically Necessary)	20% discount	n / a	20% discount	n / a	20% discount	n / a	Paid in Full	n / a	Paid in Full	Up to \$210
Frames	20% discount	n / a	20% discount	n / a	20% discount	n / a	35% discount	n / a	\$150 Allowance, then 20% Discount	Up to \$105
Rate Guarantee	Expires 12/31/2015		24 Months		12 Months		48 Months			
<u>Monthly Premium</u>							Employer Paid		Voluntary Buy-up Employee paid	
Employee 135	\$1.15		\$1.15		\$1.08		\$0.93		\$7.80	
Employee + Family 322	\$2.78		\$2.78		\$2.60		\$2.38		\$19.89	
Monthly Premium	\$1,050.41		\$1,050.41		\$983.00		\$891.91		--	
Annual Premium	\$12,604.92		\$12,604.92		\$11,796.00		\$10,702.92		--	
\$ Increase	N/A		\$0.00		-\$808.92		-\$1,902.00		n / a	
% Increase	N/A		0.0%		-6.4%		-15.1%		n / a	

Carrier	Proposed Dental & Vision Plan Caveats
Humana	<ul style="list-style-type: none"> - The DHMO copayment amounts are applicable when treatment is performed by participating specialists; unlisted procedures may be eligible for 25% discount.
CIGNA	<ul style="list-style-type: none"> - Cigna Dental Oral Health Integration Program^(R) provides 100% reimbursement to customers with qualifying medical conditions for program eligible procedures. Cigna Healthy Rewards^(R) program included. - The DHMO copayment amounts are applicable when treatment is performed by participating specialists; unlisted procedures may be eligible for 25% discount. - Dental Preventive & Diagnostic [Class 1] applies to CYD / Late entrant wait period is reduced by prior coverage. - Dental rates may be adjusted if enrollment changes by more than 15%.
EyeMed	<ul style="list-style-type: none"> - Additional benefits to note on Buy Up plan: <ul style="list-style-type: none"> - Retinal Imaging, Contact Lens Fit & Follow up exams have benefit of a Max copay (\$39 & \$55 respectively). - Members receive a 15% discount for Laser Vision Correction from the US Laser Network. - Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. - Members receive a 20% discount on items not covered by the plan at network Providers. - Minimum 10 enrolled required.

****This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.***

	CURRENT	INITIAL RENEWAL	REVISED RENEWAL	Alternative #1	Alternative #2
Basic Life with AD&D	Hartford	Hartford	Hartford	The Standard	CIGNA
Class Description					
Class 1: Full time active Members	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed
Class 2: Members Retired before 4/1/2002	\$8,000 Benefit \$8,000 Guaranteed	\$8,000 Benefit \$8,000 Guaranteed	\$8,000 Benefit \$8,000 Guaranteed	\$8,000 Benefit \$8,000 Guaranteed	\$8,000 Benefit \$8,000 Guaranteed
Class 3: Members Retired on or after 4/1/2002	\$18,000 Benefit \$18,000 Guaranteed	\$18,000 Benefit \$18,000 Guaranteed	\$18,000 Benefit \$18,000 Guaranteed	\$18,000 Benefit \$18,000 Guaranteed	\$18,000 Benefit \$18,000 Guaranteed
Dependent Class 1: Full Time Actives	Spouse \$5,000 Child (6 months to 19) \$5,000 \$5,000 Guaranteed	Spouse \$5,000 Child (6 months to 19) \$5,000 \$5,000 Guaranteed	Spouse \$5,000 Child (6 months to 19) \$5,000 \$5,000 Guaranteed	Spouse \$5,000 Child (birth to 20) \$5,000 \$5,000 Guaranteed	Spouse \$5,000 Child (6 months to 19) \$5,000 \$5,000 Guaranteed
Dependent Class 2 & 3: Retirees	Spouse \$2,500 Benefit \$2,500 Guaranteed	Spouse \$2,500 Benefit \$2,500 Guaranteed	Spouse \$2,500 Benefit \$2,500 Guaranteed	Spouse \$2,500 Benefit \$2,500 Guaranteed	Spouse \$2,500 Benefit \$2,500 Guaranteed
AD&D Class 1 only	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed	\$35,000 Benefit \$35,000 Guaranteed
Features					
Accelerated Benefit	80% of Max Benefit Amount	80% of Max Benefit Amount	80% of Max Benefit Amount	80% of Max Benefit Amount	80% of Max Benefit Amount
Waiver of Premium	Included -Class 1 only	Included -Class 1 only	Included -Class 1 only	Included -Class 1 only	Included - Class 1 only
Age Reduction Schedule	Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70
Rate Guarantee Period	Expires 12/31/2015	24 Months	24 Months	36 Months	36 Months
Cost					
Basic Life Rate / \$1,000	\$0.306	\$0.306	\$0.240	\$0.149	\$0.220
Life Volume	16,715,000	16,715,000	16,715,000	16,715,000	16,715,000
AD&D Rate / \$1,000	\$0.020	\$0.020	\$0.020	\$0.020	\$0.030
AD&D Volume	15,865,000	15,865,000	15,865,000	15,865,000	15,865,000
Dependent Life Rate/Unit	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00
Dependent Life Units	228	228	228	228	228
Total Monthly Premium	\$5,888.09	\$5,888.09	\$4,784.90	\$3,263.84	\$4,609.25
Total Annual Premium	\$70,657.08	\$70,657.08	\$57,418.80	\$39,166.02	\$55,311.00
\$ Increase	N/A	\$0.00	-\$13,238.28	-\$31,491.06	-\$15,346.08
% Increase	N/A	0.00%	-18.74%	-44.57%	-21.72%

City of Margate
Supplemental Life Insurance RFP
Effective Date: January 1, 2016

	Current	Renewal	Alternative #1	Alternative #2
	Hartford	Hartford	The Standard	CIGNA
Employee Formula	In increments of \$10,000, <i>Not to exceed lesser of 5 X BAE or \$300,000</i>	In increments of \$10,000, <i>Not to exceed lesser of 5 X BAE or \$300,000</i>	In increments of \$10,000, <i>Not to exceed lesser of 5 X BAE or \$300,000</i>	In increments of \$10,000, <i>Not to exceed lesser of 5 X BAE or \$300,000</i>
Guarantee Issue	\$100,000	\$100,000	\$150,000	\$100,000
Spouse Formula	Up to 50% of employee amount, <i>Not to exceed \$150,000</i>	Up to 50% of employee amount, <i>Not to exceed \$150,000</i>	Up to 50% of employee amount, <i>Not to exceed \$150,000</i>	Up to 50% of employee amount, <i>Not to exceed \$150,000</i>
Guarantee Issue	\$30,000	\$30,000	\$30,000	\$30,000
Child Formula	14 days to 6 months: \$500 Child 6 months to 19 years: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000	14 days to 6 months: \$500 Child 6 months to 19 years: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000	Birth to 20(24s) years: increments of \$1,000, Max \$10,000	Birth to 6 months: \$250 Child 6 months to 19(25s) years: increments of \$1,000, Max \$10,000
Guarantee Issue	\$10,000	\$10,000	\$10,000	\$250 or \$10,000
Age Reduction schedule	65% at age 70	65% at age 70	65% at age 70	65% at age 70
Rate Guarantee	Expires 12/31/2015	24 Months	36 Months	36 Months
Participation	N/A	N/A	20%	30%
Life Rates / \$1,000 - Rate shown includes AD&D	Employee & Spouse Rates are same	Employee & Spouse Rates are same	Employee & Spouse Rates are same	Employee & Spouse Rates are same
Under 25	\$0.130	\$0.130	\$0.130	\$0.160
25-29	\$0.130	\$0.130	\$0.130	\$0.160
30-34	\$0.155	\$0.155	\$0.155	\$0.185
35-39	\$0.195	\$0.195	\$0.195	\$0.225
40-44	\$0.245	\$0.245	\$0.245	\$0.275
45-49	\$0.335	\$0.335	\$0.335	\$0.365
50-54	\$0.565	\$0.565	\$0.565	\$0.595
55-59	\$1.025	\$1.025	\$1.025	\$1.055
60-64	\$1.445	\$1.445	\$1.445	\$1.475
65-69	\$2.555	\$2.555	\$2.555	\$2.585
70 +	\$4.025	\$4.025	\$4.025	\$4.055
EE / Spouse AD&D	\$0.045	\$0.045	\$0.045	\$0.030
Child(ren) Life	\$0.28	\$0.28	\$0.28	\$0.28
Child(ren) AD&D	\$0.02	\$0.02	\$0.02	\$0.02

	CURRENT	INITIAL RENEWAL	REVISED RENEWAL	Alternative #1	Alternative #2
Long Term Disability	Hartford	Hartford	Hartford	The Standard	CIGNA
Eligible Classes	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials
Disability Benefit	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings
Maximum Monthly Benefit	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Elimination Period	180 days	180 days	180 days	180 days	180 days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	5-year graded	5-year graded	5-year graded	5-year graded	5-year graded
Mental Illness Limitation	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime
Pre-Existing Condition Limitation	3 / 12	3 / 12	3 / 12	3 / 12	3 / 3 / 12
Rate Guarantee Period	Expires 12/31/2015	24 Months	24 Months	36 Months	36 Months
LTD Rate / \$100	\$0.200	\$0.200	\$0.162	\$0.190	\$0.150
Estimated Volume	\$1,283,942	\$1,283,942	\$1,283,942	\$1,283,942	\$1,283,942
Monthly Premium	\$2,567.88	\$2,567.88	\$2,079.99	\$2,439.49	\$1,925.91
Annual Premium	\$30,814.61	\$30,814.61	\$24,959.84	\$29,273.88	\$23,110.96
\$ Increase	N/A	\$0.00	-\$5,854.78	-\$1,540.73	-\$7,703.65
% Increase	N/A	0.0%	-19.0%	-5.0%	-25.0%

	CURRENT	INITIAL RENEWAL	REVISED RENEWAL	Alternative #1	Alternative #2
Long Term Disability	Hartford	Hartford	Hartford	The Standard	CIGNA
Eligible Classes	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials	Class 1: Full Time Non-Union Employees & Police Employees Class 2: Full time Elected Officials
Disability Benefit	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings	60% of Monthly Earnings
Maximum Monthly Benefit	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Elimination Period	180 days	180 days	180 days	180 days	180 days
Own Occupation Period	24 Months	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	5-year graded	To SSNRA - Traditional Graded	To SSNRA - Traditional Graded	To SSNRA - Traditional Graded	To SSNRA - Traditional Graded
Mental Illness Limitation	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime combined	24 Months lifetime
Pre-Existing Condition Limitation	3 / 12	3 / 12	3 / 12	3 / 12	3 / 3 / 12
Rate Guarantee Period	Expires 12/31/2015	24 Months	24 Months	36 Months	36 Months
LTD Rate / \$100	\$0.200	\$0.320	\$0.260	\$0.280	\$0.190
Estimated Volume	\$1,283,942	\$1,283,942	\$1,283,942	\$1,283,942	\$1,283,942
Monthly Premium	\$2,567.88	\$4,108.62	\$3,338.25	\$3,595.04	\$2,439.49
Annual Premium	\$30,814.61	\$49,303.38	\$40,059.00	\$43,140.46	\$29,273.88
\$ Increase	N/A	\$18,488.77	\$9,244.38	\$12,325.85	-\$1,540.73
% Increase	N/A	60.0%	30.0%	40.0%	-5.0%

		CURRENT		INITIAL RENEWAL		REVISED RENEWAL	
Basic Life with AD&D		Hartford		Hartford		Hartford	
Class Description							
Class 1 / Class 2 / Class 3		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000	
Class 1 Dependent		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000	
Class 2 & 3 Dependent		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit	
Class 1 AD&D		\$35,000 Benefit		\$35,000 Benefit		\$35,000 Benefit	
Features							
Accelerated Benefit		80% of Max Benefit Amount		80% of Max Benefit Amount		80% of Max Benefit Amount	
Age Reduction Schedule		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	
Rate Guarantee Period		Expires 12/31/2015		24 Months		24 Months	
Cost							
Basic Life Rate / \$1,000		\$0.306		\$0.306		\$0.240	
Life Volume		16,715,000		16,715,000		16,715,000	
AD&D Rate / \$1,000		\$0.020		\$0.020		\$0.020	
AD&D Volume		15,865,000		15,865,000		15,865,000	
Dependent Life Rate/Unit		\$2.00		\$2.00		\$2.00	
Dependent Life Units		228		228		228	
Supplemental Life with AD&D		Hartford		Hartford		Hartford	
Employee Formula		5 X BAE up to \$300,000		5 X BAE up to \$300,000		5 X BAE up to \$300,000	
Employee Guarantee Issue		\$100,000		\$100,000		\$100,000	
Spouse Formula		Up to 50% of employee amount		Up to 50% of employee amount		Up to 50% of employee amount	
Child Formula		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K	
Age Reduction schedule		65% at age 70		65% at age 70		65% at age 70	
Rate Guarantee		Expires 12/31/2015		24 Months		24 Months	
Life Rates / \$1,000 - <i>Shown with AD&D included</i>							
Under 25	50-54	\$0.130	\$0.565	\$0.130	\$0.565	\$0.130	\$0.565
25-29	55-59	\$0.130	\$1.025	\$0.130	\$1.025	\$0.130	\$1.025
30-34	60-64	\$0.155	\$1.445	\$0.155	\$1.445	\$0.155	\$1.445
35-39	65-69	\$0.195	\$2.555	\$0.195	\$2.555	\$0.195	\$2.555
40-44	70 +	\$0.245	\$4.025	\$0.245	\$4.025	\$0.245	\$4.025
45-49	EE / Spouse AD&D	\$0.335	\$0.045	\$0.335	\$0.045	\$0.335	\$0.045
Child(ren) Life / Child(ren) AD&D		\$0.28 / \$0.02		\$0.28 / \$0.02		\$0.28 / \$0.02	
Long Term Disability		Hartford		Hartford		Hartford	
Eligible Classes		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials	
Disability Benefit		60% to Max \$6,000		60% to Max \$6,000		60% to Max \$6,000	
Maximum Benefit Duration		5-year graded		5-year graded		5-year graded	
Rate Guarantee Period		Expires 12/31/2015		24 Months		24 Months	
LTD Rate / \$100 of Benefit							
Class 1 & 2		\$0.200		\$0.200		\$0.162	
Estimated Volume		\$1,283,942		\$1,283,942		\$1,283,942	
Life and Disability Combined							
Total Monthly Premium		\$8,455.97		\$8,455.97		\$6,864.89	
Total Annual Premium		\$101,471.69		\$101,471.69		\$82,378.64	
\$ Increase		N/A		\$0.00		-\$19,093.06	
% Increase		N/A		0.0%		-18.8%	

		CURRENT		Alternative #1		Alternative #2	
Basic Life with AD&D		Hartford		The Standard		CIGNA	
Class Description							
Class 1 / Class 2 / Class 3		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000	
Class 1 Dependent		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (birth to 20) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000	
Class 2 & 3 Dependent		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit	
Class 1 AD&D		\$35,000 Benefit		\$35,000 Benefit		\$35,000 Benefit	
Features							
Accelerated Benefit		80% of Max Benefit Amount		80% of Max Benefit Amount		80% of Max Benefit Amount	
Age Reduction Schedule		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	
Rate Guarantee Period		Expires 12/31/2015		36 Months		36 Months	
Cost							
Basic Life Rate / \$1,000		\$0.306		\$0.149		\$0.220	
Life Volume		16,715,000		16,715,000		16,715,000	
AD&D Rate / \$1,000		\$0.020		\$0.020		\$0.030	
AD&D Volume		15,865,000		15,865,000		15,865,000	
Dependent Life Rate/Unit		\$2.00		\$2.00		\$2.00	
Dependent Life Units		228		228		228	
Supplemental Life with AD&D		Hartford		The Standard		CIGNA	
Employee Formula		5 X BAE up to \$300,000		5 X BAE up to \$300,000		5 X BAE up to \$300,000	
Employee Guarantee Issue		\$100,000		\$150,000		\$100,000	
Spouse Formula		Up to 50% of employee amount		Up to 50% of employee amount		Up to 50% of employee amount	
Child Formula		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		increments of \$1,000, Max \$10,000		increments of \$1,000, Max \$10,000	
Age Reduction schedule		65% at age 70		65% at age 70		65% at age 70	
Rate Guarantee		Expires 12/31/2015		36 Months		36 Months	
Life Rates / \$1,000 - Shown with AD&D included							
Under 25	50-54	\$0.130	\$0.565	\$0.130	\$0.565	\$0.175	\$0.610
25-29	55-59	\$0.130	\$1.025	\$0.130	\$1.025	\$0.175	\$1.070
30-34	60-64	\$0.155	\$1.445	\$0.155	\$1.445	\$0.200	\$1.490
35-39	65-69	\$0.195	\$2.555	\$0.195	\$2.555	\$0.240	\$2.600
40-44	70 +	\$0.245	\$4.025	\$0.245	\$4.025	\$0.290	\$4.070
45-49	EE / Spouse AD&D	\$0.335	\$0.045	\$0.335	\$0.045	\$0.380	\$0.030
Child(ren) Life / Child(ren) AD&D		\$0.28 / \$0.02		\$0.28 / \$0.02		\$0.28 / \$0.02	
Long Term Disability		Hartford		The Standard		CIGNA	
Eligible Classes		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials	
Disability Benefit		60% to Max \$6,000		60% to Max \$6,000		60% to Max \$6,000	
Maximum Benefit Duration		5-year graded		5-year graded		5-year graded	
Rate Guarantee Period		Expires 12/31/2015		36 Months		36 Months	
LTD Rate / \$100 of Benefit							
Class 1 & 2		\$0.200		\$0.190		\$0.150	
Estimated Volume		\$1,283,942		\$1,283,942		\$1,283,942	
Life and Disability Combined							
Total Monthly Premium		\$8,455.97		\$5,703.33		\$6,535.16	
Total Annual Premium		\$101,471.69		\$68,439.90		\$78,421.96	
\$ Increase		N/A		-\$33,031.79		-\$23,049.73	
% Increase		N/A		-32.6%		-22.7%	

		CURRENT		INITIAL RENEWAL		REVISED RENEWAL	
Basic Life with AD&D		Hartford		Hartford		Hartford	
Class Description							
Class 1 / Class 2 / Class 3		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000	
Class 1 Dependent		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000	
Class 2 & 3 Dependent		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit	
Class 1 AD&D		\$35,000 Benefit		\$35,000 Benefit		\$35,000 Benefit	
Features							
Accelerated Benefit		80% of Max Benefit Amount		80% of Max Benefit Amount		80% of Max Benefit Amount	
Age Reduction Schedule		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	
Rate Guarantee Period		Expires 12/31/2015		24 Months		24 Months	
Cost							
Basic Life Rate / \$1,000		\$0.306		\$0.306		\$0.240	
Life Volume		16,715,000		16,715,000		16,715,000	
AD&D Rate / \$1,000		\$0.020		\$0.020		\$0.020	
AD&D Volume		15,865,000		15,865,000		15,865,000	
Dependent Life Rate/Unit		\$2.00		\$2.00		\$2.00	
Dependent Life Units		228		228		228	
Supplemental Life with AD&D		Hartford		Hartford		Hartford	
Employee Formula		5 X BAE up to \$300,000		5 X BAE up to \$300,000		5 X BAE up to \$300,000	
Employee Guarantee Issue		\$100,000		\$100,000		\$100,000	
Spouse Formula		Up to 50% of employee amount		Up to 50% of employee amount		Up to 50% of employee amount	
Child Formula		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K	
Age Reduction schedule		65% at age 70		65% at age 70		65% at age 70	
Rate Guarantee		Expires 12/31/2015		24 Months		24 Months	
Life Rates / \$1,000 - <i>Shown with AD&D included</i>							
Under 25	50-54	\$0.130	\$0.565	\$0.130	\$0.565	\$0.130	\$0.565
25-29	55-59	\$0.130	\$1.025	\$0.130	\$1.025	\$0.130	\$1.025
30-34	60-64	\$0.155	\$1.445	\$0.155	\$1.445	\$0.155	\$1.445
35-39	65-69	\$0.195	\$2.555	\$0.195	\$2.555	\$0.195	\$2.555
40-44	70 +	\$0.245	\$4.025	\$0.245	\$4.025	\$0.245	\$4.025
45-49	EE / Spouse AD&D	\$0.335	\$0.045	\$0.335	\$0.045	\$0.335	\$0.045
Child(ren) Life / Child(ren) AD&D		\$0.28 / \$0.02		\$0.28 / \$0.02		\$0.28 / \$0.02	
Long Term Disability		Hartford		Hartford		Hartford	
Eligible Classes		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials	
Disability Benefit		60% to Max \$6,000		60% to Max \$6,000		60% to Max \$6,000	
Maximum Benefit Duration		5-year graded		To SSNRA - Traditional Graded		To SSNRA - Traditional Graded	
Rate Guarantee Period		Expires 12/31/2015		24 Months		24 Months	
LTD Rate / \$100 of Benefit							
Class 1 & 2		\$0.200		\$0.320		\$0.260	
Estimated Volume		\$1,283,942		\$1,283,942		\$1,283,942	
Life and Disability Combined							
Total Monthly Premium		\$8,455.97		\$9,996.71		\$8,123.15	
Total Annual Premium		\$101,471.69		\$119,960.46		\$97,477.80	
\$ Increase		N/A		\$18,488.77		-\$3,993.90	
% Increase		N/A		18.2%		-3.9%	

		CURRENT		Alternative #1		Alternative #2	
Basic Life with AD&D		Hartford		The Standard		CIGNA	
Class Description							
Class 1 / Class 2 / Class 3		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000		\$35,000 / \$8,000 / \$18,000	
Class 1 Dependent		Spouse \$5,000 Child (6 months to 19) \$5,000		Spouse \$5,000 Child (birth to 20) \$5,000		Spouse \$5,000 Child (6 months to 19) \$5,000	
Class 2 & 3 Dependent		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit		Spouse \$2,500 Benefit	
Class 1 AD&D		\$35,000 Benefit		\$35,000 Benefit		\$35,000 Benefit	
Features							
Accelerated Benefit		80% of Max Benefit Amount		80% of Max Benefit Amount		80% of Max Benefit Amount	
Age Reduction Schedule		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70		Class 1: 65% at age 70 Class 2 & 3: 50% at age 70 Spouse coverage terms at 70	
Rate Guarantee Period		Expires 12/31/2015		36 Months		36 Months	
Cost							
Basic Life Rate / \$1,000		\$0.306		\$0.149		\$0.220	
Life Volume		16,715,000		16,715,000		16,715,000	
AD&D Rate / \$1,000		\$0.020		\$0.020		\$0.030	
AD&D Volume		15,865,000		15,865,000		15,865,000	
Dependent Life Rate/Unit		\$2.00		\$2.00		\$2.00	
Dependent Life Units		228		228		228	
Supplemental Life with AD&D		Hartford		The Standard		CIGNA	
Employee Formula		5 X BAE up to \$300,000		5 X BAE up to \$300,000		5 X BAE up to \$300,000	
Employee Guarantee Issue		\$100,000		\$150,000		\$100,000	
Spouse Formula		Up to 50% of employee amount		Up to 50% of employee amount		Up to 50% of employee amount	
Child Formula		\$1,000, \$2,000, \$4,000, \$5,000 or \$10K		increments of \$1,000, Max \$10,000		increments of \$1,000, Max \$10,000	
Age Reduction schedule		65% at age 70		65% at age 70		65% at age 70	
Rate Guarantee		Expires 12/31/2015		36 Months		36 Months	
Life Rates / \$1,000 - Shown with AD&D included							
Under 25	50-54	\$0.130	\$0.565	\$0.130	\$0.565	\$0.175	\$0.610
25-29	55-59	\$0.130	\$1.025	\$0.130	\$1.025	\$0.175	\$1.070
30-34	60-64	\$0.155	\$1.445	\$0.155	\$1.445	\$0.200	\$1.490
35-39	65-69	\$0.195	\$2.555	\$0.195	\$2.555	\$0.240	\$2.600
40-44	70 +	\$0.245	\$4.025	\$0.245	\$4.025	\$0.290	\$4.070
45-49	EE / Spouse AD&D	\$0.335	\$0.045	\$0.335	\$0.045	\$0.380	\$0.030
Child(ren) Life / Child(ren) AD&D		\$0.28 / \$0.02		\$0.28 / \$0.02		\$0.28 / \$0.02	
Long Term Disability		Hartford		The Standard		CIGNA	
Eligible Classes		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials		Class 1: FT Non-Union Ees & Police Class 2: FT Elected Officials	
Disability Benefit		60% to Max \$6,000		60% to Max \$6,000		60% to Max \$6,000	
Maximum Benefit Duration		5-year graded		To SSNRA - Traditional Graded		To SSNRA - Traditional Graded	
Rate Guarantee Period		Expires 12/31/2015		36 Months		36 Months	
LTD Rate / \$100 of Benefit							
Class 1 & 2		\$0.200		\$0.280		\$0.190	
Estimated Volume		\$1,283,942		\$1,283,942		\$1,283,942	
Life and Disability Combined							
Total Monthly Premium		\$8,455.97		\$6,858.87		\$7,048.74	
Total Annual Premium		\$101,471.69		\$82,306.48		\$84,584.88	
\$ Increase		N/A		-\$19,165.21		-\$16,886.81	
% Increase		N/A		-18.9%		-16.6%	

Carrier	Proposed Life & Disability Plan Caveats
CIGNA	Life, AD&D, Additional Life, and LTD proposed rates assume package offer is accepted.
The Standard	<p>Basic Life rate is only valid when purchased in combination with Additional Life.</p> <p>Additional Life Participation requirement - greater of 20% or 10 enrolled</p> <p>LTD includes Rehabilitation Incentive Benefit - LTD benefit increased by 10% for participants.</p> <p>LTD includes EAP and Travel Assistance programs at no cost.</p>

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

Buy-Up Options

	CURRENT	RENEWAL	Alternative #1	Alternative #2	Alternative #3
Core Features	The Hartford AbilityAssist	The Hartford AbilityAssist	The Hartford GuidanceResources	The Hartford GuidanceResources	The Standard
Dedicated Toll-free Helpline	Included	Included	Included	Included	Included
Face-to-Face Counselor Sessions	3 sessions per issue per year	3 sessions per issue per year	3 sessions per issue per year	5 sessions per issue per year	5 sessions per issue per year
<u>Work / Life Support:</u>					
Family Care Services	Online & Telephonic Resources	Online & Telephonic Resources	Online & Telephonic Resources	Online & Telephonic Resources	Online & Telephonic Resources
Legal / Financial Services	Online & Telephonic Resources; 30 minute consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 minute consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 minute consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 minute consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 min. consult and 25% reduced fees for Representation
<u>Program Support / Management Services:</u>					
Brochures & Workplace Posters	Flyers only	Flyers only	Included; Customized	Included; Customized	Included
Training	Not Included	Not Included	EAP Orientation and development Workshops	EAP Orientation and development Workshops	Included
Management Consultation & Referrals	Not Included	Not Included	Online & Telephonic Resources	Online & Telephonic Resources	Included
Critical Incident Debriefing	Available at \$275 / hr + travel	Available at \$275 / hr + travel	6 hours included then \$250 / hr + travel	6 hours included then \$250 / hr + travel	10 hours included, per incident
Account Management	Not Included	Not Included	Included	Included	Not Included
Reporting Capability	Not Included	Not Included	Included	Included	Included
Rate Guarantee	N / A	N / A	24 Months	24 Months	36 Months
Monthly Premium					
Active Employees 527			\$1.12	\$1.37	Included w/ Life offer [All Employees]
Monthly Premium	Included for LTD-Enrolled only [106 Ees]	Included for LTD-Enrolled only [106 Ees]	\$590.24	\$721.99	
Annual Premium			\$7,082.88	\$8,663.88	

	CURRENT	RENEWAL	Alternative #1
Core Features	Humana	Humana	CIGNA
Dedicated Toll-free Helpline	Included	Included	Included
Face-to-Face Counselor Sessions	6 sessions per issue per year	6 sessions per issue per year	6 sessions per issue per year
<u>Work / Life Support:</u>			
Family Care Services	Online & Telephonic Resources	Online & Telephonic Resources	Online & Telephonic Resources
Legal / Financial Services	Online & Telephonic Resources; 30 min. consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 min. consult and 25% reduced fees for Representation	Online & Telephonic Resources; 30 min. consult and 25% reduced fees for Representation
<u>Program Support / Management Services:</u>			
Brochures & Workplace Posters	Printing Included	Printing Included	Included
Training	6 hours included then \$250 / hr + travel	6 hours included then \$250 / hr + travel	6 service hours included
Management Consultation & Referrals	Falls under 6 hours included	Falls under 6 hours included	6 service hours available with unlimited phone support.
Critical Incident Debriefing	Falls under 6 hours included	Falls under 6 hours included	6 service hours available, no additional charge for travel or lodging
Account Management	Included	Included	Included
Reporting Capability	Included - Bi-annual	Included - Bi-annual	Included - Quarterly
Rate Guarantee	12 Months	12 Months	24 Months
Monthly Premium			*Proposal Includes Actives + Retirees
Active Employees - Retirees 607	Service Included under Medical	Service Included under Medical	\$2.14
Monthly Premium			\$1,298.98
Annual Premium			\$15,587.76

City of Margate
Executive Summary
Effective Date: January 1, 2016

CURRENT				CIGNA ALTERNATIVE			
		Employer	Employee	Total	Employer	Employee	Total
Health Insurance		Humana			Cigna		
		OAHMO 08 - 100% Plan				OAPIN HIGH PLAN	
Employee	110	\$452.20	\$203.34	\$655.54	\$406.58	\$203.34	\$609.92
Employee + Family	268	\$1,388.43	\$385.84	\$1,774.27	\$1,267.03	\$385.84	\$1,652.87
		OAHMO 08 - 80% Plan				OAPIN LOW PLAN	
Employee	14	\$401.27	\$139.17	\$540.44	\$373.62	\$139.17	\$512.79
Employee + Family	8	\$1,212.02	\$251.66	\$1,463.68	\$1,137.98	\$251.66	\$1,389.64
		OA National POS				OPEN ACCESS PLUS	
Employee	6	\$408.74	\$220.00	\$628.74	\$372.26	\$220.00	\$592.26
Employee + Family	42	\$1,282.85	\$419.16	\$1,702.01	\$1,185.86	\$419.16	\$1,605.02
Annual Total		\$5,921,847.84	\$1,783,906.80	\$7,705,754.64	\$5,407,944.48	\$1,783,906.80	\$7,191,851.28
\$ Increase		N/A	N/A	N/A	-\$513,903.36	\$0.00	-\$513,903.36
% Increase		N/A	N/A	N/A	-8.68%	0.00%	-6.67%
Dental Insurance		Humana			Cigna		
DHMO							
Employee	68	\$0.00	\$12.77	\$12.77	\$0.00	\$12.77	\$12.77
Employee + 1	45	\$0.00	\$25.28	\$25.28	\$0.00	\$25.28	\$25.28
Employee + Family	107	\$0.00	\$44.96	\$44.96	\$0.00	\$44.96	\$44.96
Annual Total		\$0.00	\$81,800.16	\$81,800.16	\$0.00	\$81,800.16	\$81,800.16
\$ Increase		N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
% Increase		N/A	N/A	N/A	0.0%	0.0%	0.0%
Dental Insurance		Humana			Cigna		
PPO							
Employee	33	\$0.00	\$40.06	\$40.06	\$0.00	\$38.03	\$38.03
Employee + Family	27	\$0.00	\$135.01	\$135.01	\$0.00	\$128.16	\$128.16
Annual Total		\$0.00	\$59,607.00	\$59,607.00	\$0.00	\$56,583.72	\$56,583.72
\$ Increase		N/A	N/A	N/A	\$0.00	-\$3,023.28	-\$3,023.28
% Increase		N/A	N/A	N/A	0.0%	-5.1%	-5.1%
Vision Insurance		Humana			Cigna		
Employee	135	\$1.15	\$0.00	\$1.15	\$1.08	\$0.00	\$1.08
Employee + Family	322	\$2.78	\$0.00	\$2.78	\$2.60	\$0.00	\$2.60
Annual Total		\$12,604.92	\$0.00	\$12,604.92	\$11,796.00	\$0.00	\$11,796.00
\$ Increase		N/A	N/A	N/A	-\$808.92	\$0.00	-\$808.92
% Increase		N/A	N/A	N/A	-6.4%	0.0%	-6.4%
Basic Life & AD&D		Hartford			Cigna		
Life Volume		\$16,715,000	\$0	\$16,715,000	\$16,715,000	\$0	\$16,715,000
Rate/\$1000		\$0.306	\$0.00	\$0.306	\$0.220	\$0.00	\$0.220
Annual Total		\$61,377.48	\$0.00	\$61,377.48	\$44,127.60	\$0.00	\$44,127.60
AD&D Volume		\$15,865,000	\$0	\$15,865,000	\$15,865,000	\$0	\$15,865,000
Rate/\$1000		\$0.020	\$0.00	\$0.020	\$0.030	\$0.00	\$0.030
Annual Total		\$3,807.60	\$0.00	\$3,807.60	\$5,711.40	\$0.00	\$5,711.40
Dependent Life Rate/Unit		\$2.00	\$0.00	\$2.00	\$2.00	\$0.00	\$2.00
Dependent Life Units		228	\$0.00	228	228	\$0.00	228
Annual Total		\$5,472.00	\$0.00	\$5,472.00	\$5,472.00	\$0.00	\$5,472.00
Life & AD&D Total		\$70,657.08	\$0.00	\$70,657.08	\$55,311.00	\$0.00	\$55,311.00
\$ Increase		N/A	N/A	N/A	-\$15,346.08	\$0.00	-\$15,346.08
% Increase		N/A	N/A	N/A	-21.7%	0.0%	-21.7%
Long Term Disability		Hartford			Cigna		
Assuming Volume of:		\$1,283,942	\$0	\$1,283,942	\$1,283,942	\$0	\$1,283,942
Rate/\$100		\$0.20	\$0.00	\$0.200	\$0.15	\$0.000	\$0.150
Annual Total		\$30,814.61	\$0.00	\$30,814.61	\$23,110.96	\$0.00	\$23,110.96
\$ Increase		N/A	N/A	N/A	-\$7,703.65	\$0.00	-\$7,703.65
% Increase		N/A	N/A	N/A	-25.0%	0.0%	-25.0%
EAP		Humana			Cigna		
Actives/Retirees	607	*EAP rate is currently included with Humana medical			\$2.14	\$0.000	\$2.14
Annual Total					\$15,587.76	\$0.00	\$15,587.76
ANNUAL TOTAL		\$6,035,924.45	\$1,925,313.96	\$7,961,238.41	\$5,513,750.20	\$1,922,290.68	\$7,436,040.88
\$ Increase		N/A	N/A	N/A	-\$522,174.25	-\$3,023.28	-\$525,197.53
% Increase		N/A	N/A	N/A	-8.65%	-0.16%	-6.60%

