Health Trustee Board Agenda

LongviewTexas.gov/Tele
1:30 p.m.
July 13, 2020

This meeting will be conducted utilizing a videoconferencing tool. Trustees, staff and citizens will participate via audio only. Instructions and direct links to view the meeting or speak during public comment can be found at LongviewTexas.gov/Tele.

To participate in public comment, please plan to arrive early to give yourself time to register to the videoconference tool. After registering, you will receive a confirmation email containing information about joining the webinar. The virtual conference meeting room will open at 1:15 p.m. and the meeting will begin at 1:30 p.m.

For assistance or questions related to participating in the meeting, please contact the Risk Management staff at 903-239-5506.

I. Call to Order

II. Discussion/Action Item

1. Consider recommendation(s) from Brent Weegar, Senior Vice President of HUB International, in regards to Request for Proposal (RFP).

2. Consider recommendation(s) from Brent Weegar of plan changes for upcoming plan year.

III. Public Comment

IV. Adjourn

Any final action, decision, or vote on a matter deliberated in a closed meeting will only be taken in an open meeting that is held in compliance with Texas Government Code, Chapter 551. The Health Board of Trustees reserves the right to adjourn into a closed meeting or executive session as authorized by Texas Government Code, Sections 551.001, et seq. (the Texas Open Meetings Act) on any item on its open meeting agenda in accordance with the Texas Open Meetings Act, including, without limitation Sections 551.071-551.088 of the Texas Open Meetings Act. In addition, the Health Board of Trustees may consider a vote to excuse the absence of any Trustee for absence from this meeting or for absence from any previous Trustee meeting. Persons with disabilities who plan to attend this meeting and who may need auxiliary aid or services are requested to contact the City Secretary's Office at 903.237.1080 at least two days before this meeting so that appropriate arrangements can be made. Para ayuda en Española, por favor llame al 903.237.1000.

HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

2020 RFP Analysis and Budget Review

Presented By:

Brent Weegar, MBA
Senior Vice President

Brandon Wilson
Practice Leader
Account Manager

Ashley Broadus
Benefits Analyst

July 13, 2020

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I. *RFP Vendor List*

II. *Medical, Stop Loss, Dental, COBRA RFP Analysis*

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V. *Vision RFP Analysis*

VI. *Budget Projection and Renewal Rates*

VII. *Recommendations*

Appendices

Vendor Scoring

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Overview

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Vendor List

Third Party Administrator

UMR – Incumbent - Finalist

Cigna – Quoted – Finalist

Gilsbar – Quoted – Not Competitive

Continental Benefits – Quoted – Not Competitive

HealthFirst – Quoted – Not Competitive

Assured Benefits Administrators – Quoted – Not Competitive

TML – Quoted – Not Competitive

Healthcare Highways – Quoted – Not Competitive

United Concordia/ASO Dental – Quoted – Not Competitive

The Health Plan – Quoted – Incomplete Package

Organ Transplant Coverage

HCC Life – Incumbent – Finalist

QBE – Quoted – Finalist (Declined)

Swiss Re – Quoted - Finalist

Stop Loss

QBE/Stealth – Incumbent – Pending BAFO

Cigna – Quoted - Finalist

US Fire – Quoted – Not Competitive

Voya – Quoted – Not Competitive

Optum – Quoted – Not Competitive

Evolution Risk – Quoted – Not Competitive

Symetra – Quoted – Not Competitive

Basic Life/Vol. Life/Vol. STD/LTD

The Standard - Incumbent

Symetra – Finalist

Mutual of Omaha – Finalist

OCHS – Quoted – Not Competitive

BCBSTX – Quoted – Not Competitive

Cigna – Quoted – Not Competitive

Hartford – Quoted – Not Competitive

AFLAC – Quoted – Incomplete Package

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Vendor List

Vision

Superior – Incumbent - Finalist

MetLife – Quoted – Finalist

United Healthcare – Quoted - Finalist

Avesis – Quoted – Not Competitive

Humana – Quoted – Not Competitive

Standard / VSP – Quoted – Not Competitive

Cigna – Quoted – Not Competitive

AFLAC – Quoted – Not Competitive

BCBSTX – Quoted – Not Competitive

COBRA

HealthEquity (formerly WageWorks) - Incumbent

Flores – Quoted – Finalist

Clarity – Quoted – Not Competitive

Discovery Benefits – Quoted – Not Competitive

Cigna – Quoted – Not Competitive

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Medical RFP Analysis

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CITY OF LONGVIEW
PARTIAL SELF FUNDING PROPOSAL ANALYSIS

		Recommended	Finalist	Next Best
	Current	**Renewal - BAFO**	**Proposed**	**Proposed**
TPA:	UMR	UMR	Cigna	ABA
STOP LOSS CARRIER:	Stealth / QBE	Stealth / QBE	Cigna	Cigna PPO 2
PPO:	Choice +	Choice +	Cigna - OAPIN	Cigna
SPECIFIC STOP LOSS DEDUCTIBLE:	**$150,000**	**$125,000**	**$125,000**	**$125,000**
SPECIFIC STOP LOSS LIFETIME MAXIMUM:	Unlimited	Unlimited	Unlimited	Unlimited
SPECIFIC STOP LOSS ANNUAL MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited
SPECIFIC CONTRACT :	24/12 (M, Rx)	24/12 (M,Rx)	24/12 (M, Rx)	24/12 (M, Rx)
AGGREGATE CONTRACT CORRIDOR:	125%	125%	125%	125%
AGGREGATE CONTRACT MAXIMUM:	$1,000,000	$1,000,000	$1,000,000	$1,000,000
AGGREGATE CONTRACT:	24/12 (M, Rx)	24/12 (M,Rx)	24/12 (M, Rx)	24/12 (M, Rx)
SPECIFIC PREMIUM: Employee	$63.97	$73.56	$121.00	$73.56
EE/SP	$127.42	$146.53	$121.00	$146.53
EE/CH	$112.77	$129.69	$121.00	$129.69
EE/FAM	$191.38	$220.09	$121.00	$220.09
MONTHLY TOTAL	$94,763	$108,975	$109,989	$108,975
ANNUAL TOTAL	$1,137,154	$1,307,701	$1,319,868	$1,307,701
AGGREGATE PREMIUM (Per Employee):	$3.39	$3.38	$3.50	$3.49
MONTHLY TOTAL	$3,082	$3,072	$3,182	$3,172
ANNUAL TOTAL	$36,978	$36,869	$38,178	$38,069
AGGREGATE STOP LOSS FACTOR:				
Employee	**$660.59**	**$711.01**	**$1,240.50**	**$749.03**
EE/SP	**$1,315.90**	**$1,416.34**	**$1,240.50**	**$1,492.08**
EE/CH	**$1,164.63**	**$1,253.52**	**$1,240.50**	**$1,320.56**
EE/FAM	**$1,976.49**	**$2,127.36**	**$1,240.50**	**$2,241.13**
Monthly Aggregate Accumulation	**$978,631**	**$1,053,329**	**$1,127,615**	**$1,109,658**
Annual Aggregate Accumulation	**$11,743,576**	**$12,639,947**	**$13,531,374**	**$13,315,894**
Projected Claims - Carrier	**$9,394,861**	**$10,111,958**	**$10,825,099**	**$10,652,715**
Medical Administration	$29.22	$28.22	$10.50	$35.88
Dental Administration	$1.95	$1.95	$2.27	$2.00
Medical Network Access Fee	Included	Included	$18.10	Included
Utilization Review	Included	Included	Included	Included
Large Case Management	Included	Included	Included	$1.50
Disease Management	Included	Included	$5.25	$2.50
COBRA Administration	$0.60	$0.60	$0.60	Included
Stop Loss Integration	Waived	Waived	Waived	Included
Telemedicine	$1.25	$1.25	Included	$2.00
Start Up Fees	Included	Included	$300 COBRA	Included
MONTHLY TOTAL	$30,015	$29,106	$32,833	$39,887
ANNUAL TOTAL	$360,182	$349,274	$393,997	$478,643
PERCENTAGE Δ FROM CURRENT	**n/a**	**-3.0%**	**9.4%**	**32.9%**
DOLLAR CHANGE FROM CURRENT	**n/a**	**-$10,908**	**$33,815**	**$118,461**
FIXED MONTHLY TOTAL	$127,860	$141,154	$146,004	$152,034
FIXED ANNUAL TOTAL	$1,534,314	$1,693,844	$1,752,043	$1,824,413
HEALTH REFORM FEES (PCORI)	$0	$0	$0	$0
IMPLEMENTATION / ADMINISTRATION CREDITS	$0	-$50,668	-$220,000	$0
PROJECTED RUN OUT ADMIN COST (12 MONTHS)	$0	$0	$84,046	$84,046
PROJECTED COST OF LASERS	$0	$0	$0	$0
MAXIMUM MONTHLY FUNDING	**$1,106,490.84**	**$1,190,260.35**	**$1,262,288.59**	**$1,268,696.10**
MAXIMUM ANNUAL FUNDING	**$13,277,890**	**$14,283,124**	**$15,147,463**	**$15,224,353**
PERCENTAGE Δ FROM CURRENT	**n/a**	**7.6%**	**14.1%**	**14.7%**
DOLLAR CHANGE FROM CURRENT	**n/a**	**$1,005,234**	**$1,869,573**	**$1,946,463**
EXPECTED MONTHLY MONTHLY FUNDING	**$910,764.57**	**$979,594.56**	**$1,036,765.69**	**$1,046,764.53**
EXPECTED ANNUAL FUNDING	**$10,929,175**	**$11,755,135**	**$12,441,188**	**$12,561,174**
PERCENTAGE Δ FROM CURRENT	**n/a**	**7.6%**	**13.8%**	**14.9%**
DOLLAR CHANGE FROM CURRENT	**n/a**	**$825,960**	**$1,512,013**	**$1,631,999**

MEDICAL CALCULATIONS BASED ON:

EMPLOYEE ENROLLMENT	523
EE/SP ENROLLMENT	92
EE/CH ENROLLMENT	85
EE/FAM ENROLLMENT	209
TOTAL ENROLLMENT	909

CITY OF LONGVIEW
PARTIAL SELF FUNDING PROPOSAL ANALYSIS

	Current	Renewal - BAFO	Proposed	Proposed
TPA:	UMR	UMR	Cigna	ABA
Stop Loss:	Stealth / QBE	Stealth / QBE	Cigna	Cigna PPO 2
Stop Loss Best and Final	Firm and Final	Firm and Final	Firm and Final	Firm and Final
Lasers	None	None	None	None
Aggregate Run-In Limit	n/a	n/a	n/a	n/a
Minimum Attachment Point	$11,743,576	$12,639,947	$13,531,374	$13,315,894
Administration Guarantees	n/a	3 Year Guarantee	3 Year Guarantee	3 Year Guarantee
Allowances / Credits	$10,000 Wellness	2 Month Adminstration Credit $30,000 Wellness Credit	$200,000 Admin Credit Yr 1 $100,000 Admin Credit Yr 2 $30,000 Wellness $25,000 Communicatios $20,000 Implementation	None
Out of Network Shared Savings (Not In TPA Fees)	22% Savings	Capped at $20 PEPM	29% of Savings	18% of Savings
Notes / Caveats	SL Includes Pre-65 Retirees Organ Transplant Policy Not Included in Analysis WageWorks COBRA assumed in Analysis	SL Includes Pre-65 Retirees Organ Transplant Policy Not Included in Analysis WageWorks COBRA assumed in Analysis	SL Includes Pre-65 Retirees Blended Capitation Rate Fee of $45.36 for Behavioral Health Included in Claims Projection Organ Transplant Policy Not Included in Analysis WageWorks COBRA assumed in Analysis	SL Includes Pre-65 Retirees LCM = $144 Per Hour - $1.50 PEPM Estimated Organ Transplant Policy Not Included in Analysis

City of Longview
RFP Analysis - Medical Network

	Recommended	Finalist	Next Best
	UMR	Cigna	Assured Benefit Admnistrators
MEDICAL NETWORK DISRUPTION	**EPO**	**OAPIN**	**Cigna PPO 2**
Provider Record Match In Network	98.59%	94.50%	95.88%
Claims Dollar Match In Network	97.56%	95.70%	97.34%
MEDICAL NETWORK - GEO	**EPO**	**OAPIN**	**Cigna PPO 2**
GeoAccess (2 PCPs within 10 miles)	91.70%	95.40%	95.50%
GeoAccess (2 Specialists within 10 miles)	92.60%	94.60%	94.50%
GeoAccess (1 Hospital within 10 miles)	70.20%	72.20%	75.60%

City of Longview
RFP Analysis - Repricing and Total Cost Comparision

	Current	Recommended	Finalist	Next Best
Proposed Cost Before Run Out Fees and Credits	**UMR**	**UMR**	**Cigna**	**ABA**
Claims Repricing (Includes Capitation)*	$8,584,512	$8,584,512	$8,644,732	$8,538,531
Third Party Network Fees	$430,487	$218,160	$489,190	$352,217
Projected Network Claims Differential	$9,014,999	$8,802,672	$9,133,922	$8,890,748
$ Change from Current	n/a	-$212,327	$118,923	-$124,251
% Change from Current	n/a	-2.36%	1.13%	-1.18%
Proposed Cost With Run Out Fees and Credits	**UMR**	**UMR**	**Cigna**	**ABA**
In-Network Claims Repricing*	$8,584,512	$8,584,512	$8,644,732	$8,538,531
Expected Third Party Network Fees / Capitation Fees	$430,487	$218,160	$489,190	$352,217
Annual Administration Fees	$360,182	$349,274	$393,997	$478,643
Stop Loss Fees (Not Finalized)	$1,174,132	$1,344,570	$1,358,046	$1,344,570
Administration and Implementation Credits	$0	-$50,668	-$220,000	$0
Run Out Processing Fees	$0	$0	$84,046	$84,046
Total Cost	$10,549,313	$10,445,849	$10,750,011	$10,798,007
$ Change from Current	n/a	-$103,464	$200,698	$248,694
% Change from Current	n/a	-0.98%	1.90%	2.36%
Fees based on 909 subscribers	*Hospitality ER Priced as Non-Network	*Hospitality ER Priced as Non-Network	*Hospitality ER Priced as Non-Network	*Hospitality ER Priced as In-Network Although Not In-Network

***Repricing Analysis are estimates and are not a guarantee of future results. Repricing is based on the last 12 months of claims data and does not include adjustments for health care trend. Claims are represented as Gross claims before cost sharing with employees.**

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Organ Transplant Carve Out

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CITY OF LONGVIEW
ORGAN TRANSPLANT POLICY
RFP RESULTS

TRANSPLANT BENEFITS		HCC Life	HCC Life	Swiss Re
			Recommended	Next Best
		Current	Renegotiated Renewal	Proposed
Lifetime		$1,000,000 for each participant	$1,000,000 for each participant	Unlimited
Deductible (if applicable)		None	None	None
Reimbursement Amount *Participating Provider* *Non-Participating Provider*		100% Covered 80% Covered	100% Covered 80% Covered	100% - Cigna Life SOURCE COE network is required
Non-Participating Provider Benefit Maximum		*See Non-Par Maximum Exhibit*	*See Non-Par Maximum Exhibit*	*n/a*
Secondary Payer		Based on the lesser of covered charges or the negotiated amount between primary payor and provider	Based on the lesser of covered charges or the negotiated amount between primary payor and provider	Group may choose to have their medical stop loss policy as secondary.
Notification Requirements		Notification must occur before the referral is made to the Transplant provider for consultation or treatment evaluation	Notification must occur before the referral is made to the Transplant provider for consultation or treatment evaluation	Notification must occur before the referral is made to the Transplant provider for consultation or treatment evaluation
Premium Grace Period		31 Days	31 Days	31 Days
Transplant Benefit Period		365 Days is the maximum benefit period, however could be less under certain circumstances	365 Days is the maximum benefit period, however could be less under certain circumstances	Evaluation and Pre-transplant care are 12/18 benefit period. Transplant and Post-transplant are 12/365 benefit period.
Transplant Approval Review		2 Business Days following receipt of all information necessary to complete a review	2 Business Days following receipt of all information necessary to complete a review	Performed by the groups UR or large case management in conjunction with Cigna LifeSOURCE
Clinical Trials		Included	Included	**Not Included**
Hospitalization for Transplant Procedure		Included	Included	Included
Acute/Non-Acute Rehabilitation		Up to 15 days/visits with additional 36 outpatient cardiac and/or pulmonary rehabilitation sessions	Up to 15 days/visits with additional 36 outpatient cardiac and/or pulmonary rehabilitation sessions	We refer to the Plan Document for benefit deductible, coinsurance and out of pocket
Home Health Care		Up to 15 Days, available afer discharge only	Up to 15 Days, available afer discharge only	We refer to the Plan Document. The Policy reimbursement is limited to a maximum of $10,000 for private duty nursing
Medical Equipment		The lesser of a total of 15 days rental or purchase price of equipment	The lesser of a total of 15 days rental or purchase price of equipment	We refer to the Plan Document for benefit deductible, coinsurance and out of pocket
Prescription Drugs		100% No Copay	100% No Copay	In-network, Covered during the Transplant Benefit Period. Out-of-network, Covered during the Transplant Benefit Period up to a maximum of $20,000
Pre-Existing Condition Limitation		Waived for current participants. Participants added from the acquisiiton of a new group, affiliate, division and /or subsidiary are subject to 12 month Pre-Ex Waiting Period that begins on the date the acquisition is covered under the Policy, unless waived by Underwriting	Waived for current participants. Participants added from the acquisiiton of a new group, arriliate, division and /or subsidiary are subject to 12 month Pre-Ex Waiting Period that begins on the date the acquisition is covered under the Policy, unless waived by Underwriting	**12 Months - Not Waived**
Multiple Transplants		Covered Transplant Procedures that are due to related causes are subject to the same Transplant Benefit Period established by the first Covered Transplant Procedure. However, if the related CoveredTransplant Procedures are separate by at least 90 days, a separate Transplant Benefit Period will be applied.	Covered Transplant Procedures that are due to related causes are subject to the same Transplant Benefit Period established by the first Covered Transplant Procedure. However, if the related CoveredTransplant Procedures are separate by at least 90 days, a separate Transplant Benefit Period will be applied.	Policy reimbursement schedule is per transplant.
Travel, Lodging, and Meal Benefit		$300 per day/$15,000 per transplant + companion- 1 for adult, 2 for pediatric.	$300 per day/$15,000 per transplant + companion- 1 for adult, 2 for pediatric.	$300 per day/$15,000 per transplant + companion- 1 for adult, 2 for pediatric.
Ambulance Benefit		$25,000	$25,000	$25,000
Coordination of Benefits		Included	Included	Included
Retirees Covered		Included	Included	**Not covered per proposal**
COBRA		Included	Included	Included per proposal
Exclusions		*See Policy for Excluions*	*See Policy for Exclusions*	*Refer to the Proposal Contingencies*
FINANCIALS		Current	Renegotiated Renewal	Proposed
Employee Only	**532**	$9.15	$9.73	$11.24
Employee + Family	**391**	$22.69	$24.14	$28.11
Monthly Premium		$13,739.59	$14,615.10	$16,970.69
Annual Premium		$164,875.08	$175,381.20	$203,648.28
$ Change From Current		**n/a**	**$10,506.12**	**$38,773.20**
% Change From Current		**n/a**	**6.4%**	**23.5%**
Effective Date		**10/1/2019**	**10/1/2020**	**10/1/2020**
Rate Guarantee		**1 Year**	**2 Year**	**1 Year**

Note: This is a brief summary and not a contract.

Renewal includes HCC's Transplant Indemnity feature that pays a covered transplant patient $5,000 upon completion of a transplant procedure. This benefit is just one more way to help transplant patients get through a life-changing experience and help ease the financial burden of lost time away from work.

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Life and Disability RFP Analysis

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CITY OF LONGVIEW
BASIC LIFE ADD
RFP ANAYLSIS

BASIC LIFE BENEFITS	The Standard	The Standard	Symetra	Mutual of Omaha
	Current	Renegotiated Renewal	Proposed	Proposed
Class Description	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees
Definition of Earnings	Basic Annual Earnings	Basic Annual Earnings	Basic Annual Earnings	Basic Annual Earnings
Basic Life Schedule	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings
Maximum Benefit	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000
Guarantee Issue Amount	All Guarantee Issue	All Guarantee Issue	All Guarantee Issue	All Guarantee Issue
Age Reduction Schedule	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65	To 65% at age 70, to 50% at age 75, terminates at age 65	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65
Waiver of Premium	Disabled prior to age 60, 6 month waiting period, terminates at age 65	Disabled prior to age 60, 6 month waiting period, terminates at age 65	Disabled prior to age 60, 6 month waiting period, terminates at age 65	Disabled prior to age 60, 6 month waiting period, terminates at age 65
Accelerated Death Benefit	75% up to $500,000	75% up to $500,000	75% up to $500,000	80% up to $250,000
Conversion	Included	Included	Included	Included
Portability	Class 1 & 2: Included Class 3: Not Included	Class 1 & 2: Included Class 3: Not Included	Class 1 & 2: Included Class 3: Not Included	Included
BASIC AD&D BENEFITS				
Class Description	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees	Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees
Definition of Earnings	Basic Annual Earnings	Basic Annual Earnings	Basic Annual Earnings	Basic Annual Earnings
Basic AD&D Schedule	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings	Class 1: 2X annual earnings Class 2 & 3: 1X annual earnings	Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings
Maximum Benefit	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000	Class 1: $500,000 Class 2: $150,000 Class 3: $75,001	Class 1: $500,000 Class 2: $150,000 Class 3: $75,000
Age Reduction Schedule	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65	To 65% at age 70, to 50% at age 75, terminates at age 65	To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65
Education	6% up to $6,000	6% up to $6,000	6.25% up to $5,000	5% up to $5,000
Seatbelt	10% up to $25,000	10% up to $25,000	10% up to $10,000	10% up to $1,000
Air Bag	5% up to $5,000	5% up to $5,000	5% up to $5,000	10% up to $1,000
Bereavement Counseling	Class 1 & 2: Included Class 3: Not Included	Class 1 & 2: Included Class 3: Not Included	Not Included	EAP Included
Line of Duty Rider	Lesser of 1) $50,000 or 2) 100% of the amount of AD&D insurance benefit otherwise payable for the loss	Lesser of 1) $50,000 or 2) 100% of the amount of AD&D insurance benefit otherwise payable for the loss	Lesser of 1) $50,000 or 2) 100% of the amount of AD&D insurance benefit otherwise payable for the loss	Lesser of 1) $50,000 or 2) 100% of the amount of AD&D insurance benefit otherwise payable for the loss
FINANCIALS				
Volume	$44,892,150	$44,892,150	$44,892,150	$44,892,150
EE Rate (per $1,000) - Life	0.07	0.035	0.026	0.06
EE Rate (per $1,000) - AD&D	$0.02	$0.02	$0.02	$0.02
Monthly Premium	**$4,040**	**$2,469**	**$2,065**	**$3,591**
Annual Premium	**$48,484**	**$29,629**	**$24,780**	**$43,096**
Volume	$7,297,000	$7,297,000	$7,297,000	$7,297,000
Pre-65 Retiree Rate (per $1,000) - Life	0.721	0.671	0.588	0.721
Pre-65 Retiree Rate (per $1,000) - AD&D	$0.02	$0.02	$0.02	$0.02
Monthly Premium	**$5,407**	**$5,042**	**$4,437**	**$5,407**
Annual Premium	**$64,885**	**$60,507**	**$53,239**	**$64,885**
TOTAL ANNUAL	**$113,368**	**$90,136**	**$78,019**	**$107,981**
$ Change from Current	**N/A**	**-$23,233**	**-$35,349**	**-$5,387**
% Change from Current	**N/A**	**-20%**	**-31%**	**-5%**
Employer Contribution	100%	100%	100%	100%
Participation Requirement	100%	100%	100%	100%
Actively at Work	Included	Included	Included	Included
Effective Date	10/1/2017	10/1/2020	10/1/2020	10/1/2020
Rate Guarantee	1 Year	3 Year	3 Year	3 Year
AM Best Rating	A	A	A	A+

Note: This is a brief summary and not intended to be a contract.

CITY OF LONGVIEW
VOLUNTARY LIFE ADD
RFP ANALYSIS

VOLUNTARY LIFE BENEFITS	The Standard	The Standard	Symetra	Mutual of Omaha
	Current	Renewal	Proposed	Proposed
Class Description	All active FT employees	All active FT employees	All active FT employees	All active FT employees
Definition of Earnings	Basic Yearly Earnings	Basic Yearly Earnings	Basic Yearly Earnings	Basic Yearly Earnings
Employee Life Schedule	Option A: .5x Annual Earnings Option B: 1X Annual Earnings Option C: 1.5X Annual Earnings Option D: 2X Annual Earnings	Option A: .5x Annual Earnings Option B: 1X Annual Earnings Option C: 1.5X Annual Earnings Option D: 2X Annual Earnings	Option A: .5x Annual Earnings Option B: 1X Annual Earnings Option C: 1.5X Annual Earnings Option D: 2X Annual Earnings	Option A: .5x Annual Earnings Option B: 1X Annual Earnings Option C: 1.5X Annual Earnings Option D: 2X Annual Earnings
Employee Maximum Benefit	$200,000	$200,000	$200,000	$200,000
Employee Guarantee Issue Amount	$150,000	$150,000	$150,000	$150,000
Age Reduction Schedule	to 65% at age 70, to 50% at age 75	to 65% at age 70, to 50% at age 75	to 65% at age 70, to 50% at age 75	to 65% at age 70, to 50% at age 75
Waiver of Premium	Disabled prior to age 60, 6 month waiting period, terminates at age 70.	Disabled prior to age 60, 6 month waiting period, terminates at age 70.	Disabled prior to age 60, 6 month waiting period, terminates at age 70.	Disabled prior to age 60, 9 month waiting period, terminates at age 65.
Accelerated Death Benefit	75% up to $500,000	75% up to $500,000	75% up to $500,000	80% to maximum of $200,000
Spouse Life Schedule	50% of employee amount up to $100,000	50% of employee amount up to $100,000	50% of employee amount	100% to $100,000
Spouse Maximum Benefit	$100,000	$100,000	$100,000	$100,000
Spouse Guarantee Issue Amount	$30,000	$30,000	$30,000	$30,000
Child(ren) Life Schedule	Flat $5,000	Flat $5,000	Flat $5,000	Flat $5,000 or $10,000
Conversion	Included	Included	Included	Included
Portability	Included	Included	Included	Included
Suicide Clause	2 Years	2 Years	2 Years	2 Years
FINANCIALS (per $1,000)				
Age of Employee				Sp Rates based on EE Age
Up to 24	$0.050	$0.050	$0.050	$0.050
25 –29	$0.050	$0.050	$0.050	$0.050
30 – 34	$0.060	$0.060	$0.060	$0.060
35 – 39	$0.075	$0.075	$0.080	$0.075
40 – 44	$0.140	$0.140	$0.140	$0.140
45 – 49	$0.189	$0.189	$0.190	$0.189
50 – 54	$0.380	$0.380	$0.380	$0.380
55 – 59	$0.630	$0.630	$0.630	$0.630
60 – 64	$0.840	$0.840	$0.840	$0.840
65 – 69	$1.320	$1.320	$1.320	$1.320
70 – 74	$2.320	$2.320	$2.320	$2.320
75 – 79	$3.880	$3.880	$3.388	$3.388
80 – 84	$3.880	$3.880	$3.388	$3.388
85 – 89	$3.880	$3.880	$3.388	$3.388
90 – 94	$3.880	$3.880	$3.388	$3.388
95 – 99	$3.880	$3.880	$3.388	$3.388
Child(ren) Rates (per $1,000)	$.12	$.12	$.12	$.12
Employer Contribution	0%	0%	0%	0%
Actively At Work	N/A	Applies	Included	Included
Effective Date	10/1/2017	10/1/2020	10/1/2020	10/1/2020
Rate Guarantee	2 Years	3 Year	3 Year	3 Year
True Open Enrollment	Included	Not Included	Included	Included
Grandfather Current Amounts	Included	Included	Not Included / Expires at Age 70	Included

Note: This is a brief summary and not intended to be a contract.

CITY OF LONGVIEW
LONG TERM DISABILITY
RFP ANALYSIS

LTD BENEFITS	The Standard	The Standard	The Standard	Symetra	Mutual of Omaha
			Recommended		
	Current	Renewal	Renegotiated Renewal	Proposed	Proposed
Class Description	All active full-time employees	All active full-time employees	All active full-time employees	All active full-time employees	All active full-time employees
Definition of Earnings	Basic annual earnings	Basic annual earnings	Basic annual earnings	Basic annual earnings	Basic annual earnings
Monthly Percentage	60%	60%	60%	60%	60%
Monthly Maximum	$10,000	$10,000	$10,000	$10,000	$10,000
Guarantee Issue	$10,000	$10,000	$10,000	$10,000	$10,000
Minimum Benefit	$100	$100	$100	$100	$100 or 10%
Elimination Period	90 days	90 days	90 days	90 days	90 days
Maximum Benefit Duration	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Definition of Own Occ/Any Occ	24 month Occ. Any Occ thereafter	24 month Occ. Any Occ thereafter	24 month Occ. Any Occ thereafter	24 month Occ. Any Occ thereafter	24 month Occ.
Earnings Test	80% / 80%	80% / 80%	80% / 80%	80% / 80%	99% / 85%
Survivor Benefit	3 months	3 months	3 months	3 months	Included
Pre-existing Limitations	3/12	3/12	3/12	3/12	3/12
Mental/Nervous Limits	24 months	24 months	24 months	24 Months	24 Months Lifetime
Drug & Alcohol Limits	24 months	24 months	24 months	24 Months	24 Months Lifetime
Family Care Benefit	$250 per family member, not to exceed $500 per month	$250 per family member, not to exceed $500 per month	$250 per family member, not to exceed $500 per month	$250 up to 12 months	$350 per family member, not to exceed $2,500 per year
FICA Match	Included	Included	Included	Included	Included
W2 Preparation	Included	Included	Included	Included	Included
FINANCIALS					
Volume	$3,699,127	$3,699,127	$3,699,127	$3,699,127	$3,699,127
EE Rate (per $100) - Life	0.27	0.27	0.22	$0.220	$0.23
Monthly Premium	$9,988	$9,988	$8,138	$8,138	$8,508
Annual Premium	$119,852	$119,852	$97,657	$97,657	$102,096
$ Change from Current	N/A	$0.00	-$22,194.76	-$22,194.76	-$17,755.81
% Change from Current	N/A	0.0%	-18.5%	-18.5%	-14.8%
Number of Employees	838	838	838	838	838
Employer Contribution	100%	100%	100%	100%	100%
Participation Requirements	100%	100%	100%	100%	100%
Actively AT Work	N/A	Applies	Applies	Included	Included
Effective Date	10/1/2017	10/1/2020	10/1/2020	10/1/2020	10/1/2020
Rate Guarantee	3 Year	3 Year	3 Year	3 Year	3 Year

Note: This is a brief summary and not a conract.

CITY OF LONGVIEW
BASIC LIFE AND LTD COMBINED FINANCIALS

	Standard	Standard	Standard	Symetra	Mutual
	Current	Renewal	Recommended Renegotiated Renewal	Proposed	Proposed
Basic Life	$113,368	$109,598	$90,136	$78,019	$107,981
LTD	$119,852	$119,852	$97,657	$97,657	$102,096
Total	$233,220	$229,449	$187,792	$175,676	$210,077
$ Change From Current	N/A	-$3,771	-$45,428	-$57,544	-$23,143
% Change From Current	N/A	-1.6%	-19.5%	-24.7%	-9.9%
			3% Technology subsidy - $10,080 Annual, payable monthly, based on Life and LTD premium, paid to HUB or Ben Admin provider	$3,300 Implementation Credit on Vol. Life PG- 1st year only, 2% of 1st Year annualized premium subject to a max of $6,650	

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Vision RFP Analysis

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CITY OF LONGVIEW
VISION RFP ANAYLSIS

VISION BENEFITS			1 Superior Current Platinum Plan	1 Superior Current Gold Plan	2 Superior Alternate Platinum Plan	2 Superior Alternate Gold Plan	Met Life Proposed Platinum Plan	Met Life Proposed Gold Plan	United Healthcare Proposed Platinum Plan	United Healthcare Proposed Gold Plan
Annual Eye Exam										
Network			$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay
Non-Network			Up to $35 Reimbursement	Up to $35 Reimbursement	Up to $42 Reimbursement	Up to $42 Reimbursement	Up to $45 Reimbursement	Up to $45 Reimbursement	Up to $40 Reimbursement	Up to $40 Reimbursement
Retinal Imaging			N/A	N/A	N/A	N/A	Up to $39 / Applied to exam allowance	Up to $39 / Applied to exam allowance	N/A	N/A
Frames / Lenses*										
Single Vision - Network/Non-Network			$25 Copay Covered in Full / Up to $25 Reimbursement	$25 Copay Covered in Full / Up to $25 Reimbursement	$25 Copay Covered in Full / Up to $26 Reimbursement	$25 Copay Covered in Full / Up to $26 Reimbursement	$25 Copay Covered in Full / Up to $30 Reimbursement	$25 Copay Covered in Full / Up to $30 Reimbursement	$25 Copay Covered in Full / Up to $40 Reimbursement	$25 Copay Covered in Full / Up to $40 Reimbursement
Bifocal Lenses - Network/Non-Network			$25 Copay Covered In Full / Up to $40 Reimbursement	$25 Copay Covered In Full / Up to $40 Reimbursement	$25 Copay Covered In Full / Up to $34 Reimbursement	$25 Copay Covered In Full / Up to $34 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	$25 Copay Covered In Full / Up to $60 Reimbursement	$25 Copay Covered In Full / Up to $60 Reimbursement
Trifocal Lenses - Network/Non-Network			$25 Copay Covered in Full / Up to $45 Reimbursement	$25 Copay Covered in Full / Up to $45 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	$25 Copay Covered in Full / Up to $65 Reimbursement	$25 Copay Covered in Full / Up to $65 Reimbursement	$25 Copay Covered in Full / Up to $80 Reimbursement	$25 Copay Covered in Full / Up to $80 Reimbursement
Progressive Lenses - Network/Non-Network			Allowance at standard trifocal level after $25 Copay Up to $45 Reimbursement	Allowance at standard trifocal level after $25 Copay Up to $45 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	$25 Copay Covered in Full / Up to $50 Reimbursement	Up to $55 Copay for standard / Up to $50 Reimbursement	Up to $55 Copay for standard / Up to $50 Reimbursement	$25 Copay Up to $70 OOP / Up to $60	$20 Copay Up to $70 OOP / Up to $60
Frames - Network/Non-Network			$125 Retail Frame Allowance / Up to $70 Reimbursement	$150 Retail Frame Allowance / Up to $70 Reimbursement	$125 Retail Frame Allowance / Up to $50 Reimbursement	$150 Retail Frame Allowance / Up to $60 Reimbursement	Walmart and Sam's) / Up to $70 Reimbursement	Walmart and Sam's) / Up to $70 Reimbursement	$125 Retail Frame Allowance + 30% Off Overage/ Up to $45 Reimbursement	$150 Retail Frame Allowance + 30% Off Overage/ Up to $45 Reimbursement
Retail Frame Allowance			$125	$150	$125	$150	$150*	$125*	$125	$150
Contacts			Contact Lenses in lieu of Glasses	Contact Lenses in lieu of Glasses	Contact Lenses in lieu of Glasses	Contact Lenses in lieu of Glasses	2 Pair Glasses or 1 Pair Glasses and an Allowance for Contacts	2 Pair Glasses or 1 Pair Glasses and an Allowance for Contacts	Contact Lenses in lieu of Glasses	Contact Lenses in lieu of Glasses
Network										
Medically Necessary			Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Elective			$150 Allowance	$175 Allowance	$150 Allowance	$175 Allowance	$150 Allowance	$125 Allowance	$150 Allowance	$175 Allowance
Non-Network										
Medically Necessary			Up to $150 Reimbursement	Up to $150 Reimbursement	Up to $210 Reimbursement	Up to $210 Reimbursement	Up to $210 Reimbursement	Up to $210 Reimbursement	Up to $210 Reimbursement	Up to $210 Reimbursement
Elective			Up to $80 Reimbursement	Up to $80 Reimbursement	Up to $100 Reimbursement	Up to $100 Reimbursement	Up to $105 Reimbursement	Up to $105 Reimbursement	Up to $150 Reimbursement	Up to $175 Reimbursement
Standard Contact Lens Fitting Fee			Included in Contact Lens Allowance	Included in Contact Lens Allowance	Included in Contact Lens Allowance	Covered In Full	to $60 Copay / Applied to Contact Lens Allowa	to $60 Copay / Applied to Contact Lens Allowa	Included in Contact Lens Allowance	Included in Contact Lens Allowance
Specialty Contact Lens Fitting Fee			Included in Contact Lens Allowance	Included in Contact Lens Allowance	Included in Contact Lens Allowance	Up to $50 Allowance	to $60 Copay / Applied to Contact Lens Allowa	to $60 Copay / Applied to Contact Lens Allowa	Included in Contact Lens Allowance	Included in Contact Lens Allowance
Contact Lens Allowance Unused Funds			Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance	Member forfeits unused balance
Lasik Benefit			N/A	N/A	Discounts Available	Discounts Available	15% off Retail or 5% of Promotional price	15% off Retail or 5% of Promotional price	35% Network Discount	35% Network Discount
Exam Frequency			12	12	12	12	12	12	12	12
Lens Frequency			12	12	12	12	12	12	12	12
Frames Frequency			12	24	12	24	12	24	12	24
Contacts + Glasses in Same Benefit Period			Not allowed, discounts may apply	Not allowed, discounts may apply	Not allowed, discounts may apply	Not allowed, discounts may apply	Allowance for Contacts	Allowance for Contacts	30% Discount on Frame overage	30% Discount on Frame overage
FINANCIALS										
Employee Only	**204**	**79**	$8.24	$7.68	$7.45	$6.93	$7.04	$6.40	$7.36	$6.90
Employee & Spouse	**69**	**24**	$14.02	$13.06	$12.68	$11.78	$14.11	$12.81	$13.54	$12.61
Employee & Child(ren)	**49**	**16**	$14.86	$13.84	$13.44	$12.48	$11.93	$10.85	$14.36	$13.37
Employee & Family	**103**	**37**	$22.26	$20.74	$20.13	$18.71	$19.69	$17.89	$21.50	$20.04
Monthly Premium			$5,669	$1,909	$5,127	$1,722	$5,022	$1,649	$5,354	$1,803
Annual Premium			$68,031	$22,908	$61,520	$20,666	$60,269	$19,783	$64,246	$21,638
Combined Annual			$90,939		$82,186		$80,052		$85,884	
$ Change from Current			N/A		-$8,753		-$10,887		-$5,055	
% Change from Current			N/A		-9.6%		-12.0%		-5.6%	
Employer Contribution Requirements			0%	0%	0%	0%	0%	0%	0%	0%
Effective Date			N/A	N/A	10/1/2020	10/1/2020	10/1/2020	10/1/2020	10/1/2020	10/1/2020
Rate Guarantee			Expires 10/1/2020	Expires 10/1/2020	5 Years	5 Years	2 Years	2 Years	3 Years	3 Years
% Private Practice Providers			36%	36%	36%	36%	74%	74%	54%	54%
% Retail Providers			64%	64%	64%	64%	26%	26%	46%	46%
In Network Retail Providers			Sam's Club, Walmart, Visionworks, America's Best, Eyemart Express, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, Today's Vision, TSO, eyetex and more	Sam's Club, Walmart, Visionworks, America's Best, Eyemart Express, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, Today's Vision, TSO, eyetex and more	Costco, Sam's Club, Walmart, Visionworks, America's Best, Eyemart Express, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, Today's Vision, TSO, eyetex and more	Costco, Sam's Club, Walmart, Visionworks, America's Best, Eyemart Express, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, Today's Vision, TSO, eyetex and more	Walmart, Sam's Club, Vision Source, America's Best, Eyeglass Works, Pearle Vision, Costco, Visionworks, MyEyeDr, Cohen's Fashion Optical, TSO, For Eyes, SVS Vision, Eyemart Express	Walmart, Sam's Club, Vision Source, America's Best, Eyeglass Works, Pearle Vision, Costco, Visionworks, MyEyeDr, Cohen's Fashion Optical, TSO, For Eyes, SVS Vision, Eyemart Express	Walmart, Sam's Club, Costco, Eye Express, TSO, EyeMart Express, JC Penney, America's Best, Visionworks, For Eyes, Shopko, Eyeglass World and more	Walmart, Sam's Club, Costco, Eye Express, TSO, EyeMart Express, JC Penney, America's Best, Visionworks, For Eyes, Shopko, Eyeglass World and more
Dependent Age Limit			26	26	26	26	26	26	26	26
Geo Access Results			78.50%	78.50%	78.50%	78.50%	75.80%	75.80%	84%	84%
Network Website			www.superiorvision.com	www.superiorvision.com	www.superiorvision.com	www.superiorvision.com	metlife.com	metlife.com	Myuhcvision.com	Myuhcvision.com
Network Name			Superior Select Southwest	Superior Select Southwest	Superior National Network	Superior National Network	MetLife Vision	MetLife Vision	UnitedHealthcare Vision	United Healthcare Vision
					Scratch Resistant, Ultraviolet, Polycarb $25 Copay In Network	Scratch Resistant, Ultraviolet, Polycarb $25 Copay in Network				

Note: This is a brief summary and not intended to be a contract.
* Standard Lenses and Selected Frames

VISION - TOP PROVIDER REPORT - CITY OF LONGVIEW

Vendor EIN	Vendor Pay To Name	Provider NPI	Provider Name	City State	Billed Claims	Paid Claims	% of Claims	# of Claims	# of Mems	Superior Current	MetLife	United Healthcare
752307763	LONGVIEW EYE ASSOCIATES	1336392117	JUSTIN WARD	LONGVIEW, TX	$35,848.46	$9,475.40	20.90%	126	103	Y	Y	Y
760258092	JONES OPTICAL PA	1073712485	Kristofer Thornton	LONGVIEW, TX	$17,521.00	$5,291.62	13.27%	80	66	Y	Y	N
581910859	NATIONAL VISION INC.	1114589132	Rachael Hixson	TYLER, TX	$13,111.90	$3,319.19	10.95%	66	53	Y	Y	Y
752185556	GARY MAJORS OD	1013941434	GARY MAJORS	LONGVIEW, TX	$8,339.00	$4,199.00	10.28%	62	55	Y	Y	Y
472262776	EYEMART EXPRESS LLC	1003214040	EYEMART EXPRESS #19	TYLER, TX	$14,423.78	$2,222.82	8.79%	53	52	Y	N	Y
751631877	KILGORE GILMER EYE CARE CENTERS PA	1427240878	SHILOH ROBERTS	KILGORE, TX	$11,812.50	$2,919.50	6.47%	39	29	Y	Y	Y
752836208	LUBBOCK OPHTHALMOLOGY ASSOCIATES PA	1073593000	Mimi Le	TYLER, TX	$1,800.00	$900.00	4.48%	27	24	Y	N	Y
474690841	GREGORY K WACASEY OD PLLC	1649479163	GREGORY WACASEY	LONGVIEW, TX	$4,991.00	$1,236.00	3.15%	19	12	Y	Y	N
743019386	WAL-MART STORES TEXAS LLC	1154404739	Walmart Vision Center #398	LONGVIEW, TX	$3,783.04	$1,684.88	2.49%	15	15	Y	Y	Y
452900605	August Wallace Eyecare Associates	1477750081	AUGUST WALLACE	LONGVIEW, TX	$2,774.00	$788.50	2.16%	13	11	Y	Y	N
752532089	FAMILY EYE CARE CLINIC P.C.	1770838401	ADAM COX	ATLANTA, TX	$2,641.50	$510.70	1.49%	9	6	Y	Y	Y
262436945	INSIGHT EYE CARE, PLLC	1417026451	Jeffery Pinkerton	KILGORE, TX	$3,595.00	$726.00	1.33%	8	6	Y	Y	Y
830638854	Texas Physicians Eyecare Group PC	1437487543	Juanita Vincenty	CEDAR HILL, TX	$1,060.00	$169.50	1.33%	8	4	Y	N	Y
275017250	Daniel & Max LLC	1215335500	Stanton Optical #53	TYLER, TX	$1,688.00	$86.31	1.16%	7	3	Y	N	Y
751719466	GOLDEN EYE ASSOCIATES	1205927761	DENNIS GOLDEN	CARTHAGE, TX	$1,954.00	$428.50	1.16%	7	6	Y	Y	Y
203226410	APPLE VISION PA	1043276421	DAT LY	TYLER, TX	$940.00	$350.00	1.00%	6	4	Y	Y	N
751568365	DAVID NELSON	1063662625	Texas State Optical #886	MARSHALL, TX	$1,061.00	$277.50	1.00%	6	6	Y	N	Y
752568582	EAST TEXAS EYECARE ASSOCIATES PLLC	1396701421	WILLIAM BRYANT	ATHENS, TX	$915.00	$349.00	1.00%	6	4	Y	N	Y
751573775	EUGENE D BENNETT III	1063419778	Charles McGonagill	TYLER, TX	$761.90	$365.00	0.83%	5	5	Y	Y	Y
751986418	CHARLES L HEATON MD PA	1134566391	Christy Guenther	TYLER, TX	$1,350.00	$155.00	0.83%	5	5	Y	N	N
710794412	SAMS EAST INC	1063791721	Sam's Club Optical #6422	LONGVIEW, TX	$701.42	$457.41	0.66%	4	4	Y	Y	Y
020677066	Visionworks Inc	1417225772	Visionworks #82	TYLER, TX	$860.88	$219.78	0.50%	3	3	Y	Y	Y
752935165	DAN I BROWN OD	1720149446	DAN BROWN	PARIS, TX	$418.00	$175.00	0.50%	3	2	Y	N	Y
454166592	Daniel Max & Marc Andrea LLC	1487120093	My Eye Lab #126	CEDAR HILL, TX	$568.00	$48.05	0.33%	2	1	Y	N	N
752656944	COMPLETE FAMILY EYE CARE	1780769802	JOHN MCGOUGH	TYLER, TX	$715.00	$290.00	0.33%	2	2	Y	Y	Y
752674814	PINEYWOODS EYE ASSOCIATES, LLC	1871089540	Heather Ihlo	NACOGDOCHES, TX	$840.00	$205.00	0.33%	2	2	Y	Y	Y
752948352	TODAYS VISION- TYLER	1083727770	NESHIA RUDD	TYLER, TX	$629.00	$150.00	0.33%	2	2	Y	Y	Y
760592586	CHARLES R COLLARD OD	1679646244	Charles Collard	CENTER, TX	$963.00	$200.00	0.33%	2	2	Y	Y	Y
841774476	Maxim Eyes LLC	1043438823	Sheila Langbartels	JEFFERSON, TX	$645.00	$102.50	0.33%	2	1	Y	Y	N
263202003	MT PLEASANT EYE CARE CENTER PA	1700840840	BRIAN NICHOLS	MOUNT PLEASANT, TX	$331.00	$110.00	0.17%	1	1	Y	Y	Y
274681257	DR DANIELLE GLOSTER	1720384498	DANIELLE GLOSTER	MINEOLA, TX	$220.00	$50.00	0.17%	1	1	Y	N	Y
311339854	Luxottica of America Inc	1205389764	Contacts Direct	PEMBROKE PINES, FL	$199.98	$90.50	0.17%	1	1	Y	N	Y
383937983	Debra D Dewart OD PA	1043407695	Debra Dewart	CANTON, TX	$89.00	$35.00	0.17%	1	1	Y	N	Y
432012505	Berkeley Eye Institute PA	1942206271	Russell Bond	TOMBALL, TX	$710.00	$142.50	0.17%	1	1	Y	Y	Y
464025569	DR HAILEY E WILLIS PLLC	1376831842	HAILEY WILLIS	GREENVILLE, TX	$375.00	$130.00	0.17%	1	1	Y	Y	N
742617130	STEVEN FERTIG OD	1700089471	Steven Fertig	MCALLEN, TX	$60.00	$30.00	0.17%	1	1	Y	Y	Y
751560853	RAYMOND D BOONE OD	1114028289	RAYMOND BOONE	JACKSONVILLE, TX	$101.00	$35.00	0.17%	1	1	Y	N	Y
751658822	Larry Chism	1376670216	LARRY CHISM	TYLER, TX	$440.00	$150.00	0.17%	1	1	Y	Y	Y
752616977	Trinity Clinic	1740594159	John Ketcher	LONGVIEW, TX	$73.00	$25.00	0.17%	1	1	Y	N	Y
752956548	HENDERSON EYE ASSOCIATION, INC.	1457433245	David McDonald	HENDERSON, TX	$125.00	$68.00	0.17%	1	1	Y	Y	Y
814001074	Sitterle Vision Source PLLC	1811930258	SCOTT SITTERLE	SAN ANTONIO, TX	$399.00	$102.50	0.17%	1	1	Y	Y	Y
823774873	Melanie M. Vardeman O.D.	1669589081	MELANIE VARDEMAN	NACOGDOCHES, TX	$195.00	$35.00	0.17%	1	1	Y	Y	Y

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Updated Budget Projections and Contribution Options

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Budget Projections

	2017 - 2018	2018-2019	2019-2020	2019-2020	2019-2020	2019-2020	2020-2021
	Partial Self Funded Actual	Partial Self Funded Actual	Partial Self Funded Actual YTD (Through May 20)	Partial Self Funded Annualized	Partial Self Funded Budget	Partial Self Funded Updated Projected (Through May 20)	Partial Self Funded Updated Budget Projection
REVENUE							
City Contributions Per Capita	$9,634	$10,856	$5,692	$10,850	$10,850	$10,850	$11,652
EE / RET Contributions Per Capita	$2,360	$3,062	$2,044	$3,077	$2,787	$3,077	$3,077
Other Revenues	$157	$52	$7	$12	$59	$59	$59
Total Per Capita	$12,151	$13,970	$7,743	$13,939	$13,696	$13,986	$14,788
Total City Contributions	$8,333,396	$9,390,479	$4,980,595	$9,461,200	$9,461,200	$9,461,200	$10,160,222
Total EE / RET Contributions	$2,041,606	$2,648,588	$1,788,712	$2,683,067	$2,430,312	$2,683,067	$2,683,067
Other Revenues	$135,971	$45,362	$5,993	$10,273	$51,590	$51,590	$51,590
Interfund Transfer	$1,675,280	$159,500	$0	$0	$0	$0	$0
Total Contributions	$12,186,253	$12,243,929	$6,775,299	$12,154,540	$11,943,102	$12,195,857	$12,894,880
EXPENSES							
Net Medical Claims	$7,555,277	$6,039,629	$4,950,294	$7,425,441	$6,522,578	$7,645,070	$8,004,569
Pharmacy Claims	$2,600,300	$2,365,153	$1,567,953	$2,351,930	$2,493,949	$2,357,171	$2,526,888
Dental Claims	$469,969	$482,013	$290,881	$436,321	$515,796	$473,422	$491,409
Stop Loss Premiums	$865,555	$1,064,173	$871,441	$1,161,921	$1,401,370	$1,174,132	$1,344,570
Administration Costs	$432,223	$529,964	$270,291	$405,437	$506,038	$405,437	$348,606
HSA City Contribution	n/a	$134,505	$89,112	$133,668	$134,677	$133,668	$141,000
Rebate Credit	($176,158)	($225,466)	($110,202)	($497,470)	($558,695)	($497,470)	($785,000)
Transplant Policy	$136,512	$139,575	$115,965	$173,948	$166,292	$166,292	$175,381
Health Clinic	$335,136	$356,081	$196,651	$294,977	$353,029	$353,029	$383,757
ACA Fees	included	-	$0	$0	$0	$4,503	$4,668
Life - Employer Paid	$170,017	$107,729	$73,033	$109,550	$116,845	$116,845	$90,136
LTD - Employer Paid	$37,939	$113,772	$79,477	$119,215	$111,162	$111,162	$97,657
Compass	n/a	Included	Included	Included	Included	$55,748	$55,747
Wage Works	included	Included	Included	Included	Included	$7,164	$7,164
Special Services	$589	$0	Included	Included	Included	Included	Included
Utilization Review	Included	Included	Included	Included	Included	Included	Included
Audit Fee	$6,687	$6,775	$8,027	$8,027	$8,327	$8,327	$8,327
Total Cost	$12,434,046	$11,113,904	$8,402,922	$12,122,963	$11,771,368	$12,514,500	$12,894,879
Total Per Capita	$14,375	$12,848	$9,603	$13,902	$13,499	$14,351	$14,788
Surplus/Deficit	($247,794)	$1,130,024	($1,627,623)	$31,577	$171,734	($318,642)	$0
Beginning Reserve Balance	$696,647	$448,853	$1,856,850	$1,856,850	$1,856,850	$1,856,850	$1,538,208
Ending Reserve Balance - Adjusted	$448,853	$1,856,850	$229,227	$1,888,427	$2,028,584	$1,538,208	$1,538,208
Reserve Balance % to Total Claims	4.2%	20.9%	3.4%	18.5%	21.3%	14.7%	14.0%
Assumed Enrollment (Actives Only)	865	865	875	872	872	872	872
Active and Retiree Enrollment	938	938	903	903	903	903	903

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Assumptions

- FY 2020 Projection
  - Based on 24 months of claims data with a 80% weighting on the most recent 12 months
  - 7.3% per annum increase in medical cost for projected claims
  - 7.5% per annum increase in prescription cost trend for projected claims
  - 3.0% per annum increase in dental cost trend for projected claims
  - Fixed cost annualized based on data through May 2020
  - Rebate Payments are estimated off of prior quarters script counts supplied by WellDyne. Actual rebates may vary from projected.
- FY 2021 Projection
  - Based on 24 months of claims data with a 80% weighting on the most recent 12 months
  - 7.3% per annum increase in medical cost for projected claims
  - 7.5% per annum increase in prescription cost trend for projected claims
  - 3.0% per annum increase in dental cost trend for projected claims
  - Includes Actual Renewals for Administration and Insurance Premiums
  - Includes 7.4% Illustrative Employer Budget Increase
  - Assume impact from Senate Bill 2 – First Responders Compensation
  - Includes proposed plan design changes
  - Rebate Payments are estimated off of prior quarters script counts supplied by WellDyne. Actual rebates may vary from projected.

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Current Medical Plan Design & Proposed Changes

BENEFITS - UMR		Standard Plan	HSA Plan
Deductible (Embedded)	Network	$1,500 Individual / $4,500 Family	$2,700 Individual / $5,400 Family
	Non-Network	n/a	n/a
Out-of-Pocket Maximum		Includes Deductible, Coinsurance, RX Copays	Includes Deductible, Coinsurance, RX Copays
	Network	$4.700 Individual / $14,100 Family	$6,650 Individual / $13,300 Family
	Non-Network	n/a	n/a
Co-insurance	Network	80%	80%
	Non-Network	n/a	n/a
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office/Specialist Visit	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
City Health Clinic		No Fee	$25.00 / Visit
Wellness Visit	Network	100% Covered	100% Covered
	Non-Network	n/a	n/a
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Urgent Care	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Emergency Room	Network	True Emergency - $200 Copay, Deductible / 20% Copay waived if admitted within 24 hours	True Emergency – Deductible / 20%
	Non-Network	Same as In-Network	Same as In-Network
Prescriptions Generic / Brand / Non-Formulary/Specialty		$6.50/$25/$75/ 10% of negotiated charge, not to exceed $185	Except for Preventive List at 0% Deductible, then $6.50/$25/$75 10% of negotiated charge, not to exceed $185
Mail Order	(90 Days)	Mandatory Mail or Retail 90 $16.25/ $62.50/ $187.50/ Not Covered	Mandatory Mail or Retail 90 Except for Preventive List at 0% Deductible, then $13 / $50 / $150 / Not Covered
Network Website	www.umr.com	UHC – Choice Plus	UHC – Choice Plus

NOTE: This is a brief summary and not intended to be a contract.

Proposed Changes

IRS Requirement
$2,800 HSA Deductible

Standard and HSA Plans
Brand Name Copays to
$40 Preferred
$80 Non-Preferred

Standard Plan
Pharmacy Deductible
$200 Ind. / $400 Family

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Health Plan Contributions – Current Active

Enrollment		Unit Costs - Monthly				Total Costs - Monthly
Buy Up - EPO Plan - $1,500 Deductible	**Full Time Employees**	**Unit Medical Rate**	**Employer Contribution ($)**	**Employer Contribution (%)**	**Employee Contribution ($)**	**Total Employee Contribution ($)**
Employee Only	485	$609.37	$509.37	83.6%	$100.00	$100.00
+ Spouse	57	$570.72	$255.34	44.7%	$315.38	$415.38
+ Child(ren)	55	$441.59	$190.46	43.1%	$251.14	$351.14
+ Family	120	$1,134.63	$725.96	64.0%	$408.67	$508.67
Premium Contributions	**485**	**$5,862,189**	**$4,310,232**	**73.5%**	**$1,551,957**	

HSA - EPO Plan - $2,700 Deductible	**Full Time Employees**	**Unit Medical Rate**	**Employer Contribution ($)**	**Employer Contribution (%)**	**Employee Contribution ($)**	**Total Employee Contribution ($)**
Employee Only	282	$561.33	$509.37	90.7%	$51.96	$51.96
+ Spouse	13	$525.73	$255.34	48.6%	$270.39	$322.35
+ Child(ren)	26	$406.78	$190.46	46.8%	$216.33	$268.29
+ Family	77	$1,045.18	$725.96	69.5%	$319.23	$371.19
Premium Contributions	**282**	**$3,074,209**	**$2,493,729**	**81.1%**	**$580,480**	
HSA Contributions		**$141,000**	**$141,000**	**100.0%**	**$0**	
Total Contributions		**$3,215,209**	**$2,634,729**	**81.9%**	**$580,480**	

Total Premium Contributions	**767**	**$9,077,398**	**$6,944,961**	**76.5%**	**$2,132,436**

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Proposed Health Plan Contributions – Renewal Active
No Employee Contribution Changes

Enrollment		Unit Costs - Monthly				Total Costs - Monthly		
Buy Up - EPO Plan - $1,500 Deductible	Full Time Employees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Employee Contribution ($)	Total Employee Contribution ($)	$ Change From Current	% Change From Current
Employee Only	485	$659.19	$559.19	84.8%	$100.00	$100.00	$0.00	0.0%
+ Spouse	57	$617.38	$302.00	48.9%	$315.38	$415.38	$0.00	0.0%
+ Child(ren)	55	$477.70	$226.56	47.4%	$251.14	$351.14	$0.00	0.0%
+ Family	120	$1,227.39	$818.72	66.7%	$408.67	$508.67	$0.00	0.0%
Premium Contributions	**485**	**$6,341,470**	**$4,789,513**	**75.5%**	**$1,551,957**			

HSA - EPO Plan - $2,800 Deductible	Full Time Employees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Employee Contribution ($)	Total Employee Contribution ($)	$ Change From Current	% Change From Current	Annual Difference from PPO Plan
Employee Only	282	$607.22	$555.26	91.4%	$51.96	$51.96	$0.00	0.0%	$576.45
+ Spouse	13	$568.71	$298.32	52.5%	$270.39	$322.35	$0.00	0.0%	$1,116.34
+ Child(ren)	26	$440.04	$223.71	50.8%	$216.33	$268.29	$0.00	0.0%	$994.20
+ Family	77	$1,130.63	$811.41	71.8%	$319.23	$371.19	$0.00	0.0%	$1,649.80
Premium Contributions	**282**	**$3,325,550**	**$2,745,070**	**82.5%**	**$580,480**				
HSA Contributions		**$141,000**	**$141,000**	**100.0%**	**$0**				
Total Contributions		**$3,466,550**	**$2,886,070**	**83.3%**	**$580,480**				

Total Premium Contributions	**767**	**$9,808,019**	**$7,675,583**	**78.3%**	**$2,132,436**
$ Change From Current		**$730,621**	**$730,621**		**$0**
% Change From Current		**8.0%**	**10.5%**		**0.0%**

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Health Plan Contributions – Current Retiree

Enrollment		Unit Costs - Monthly				Total Costs - Monthly
PPO Plan $1,500 Deductible - 100%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)
Retiree Only	127	$914.05	$914.05	100.0%	$0.00	$0.00
+ Spouse	17	$856.07	$396.79	46.3%	$459.29	$459.29
+ Child(ren)	3	$662.39	$296.65	44.8%	$365.74	$365.74
+ Family	11	$1,701.94	$1,096.10	64.4%	$605.84	$605.84
Premium Contributions	**127**	**$1,816,150**	**$1,629,318**	**89.7%**	**$186,832**	

PPO Plan $1,500 Deductible - 50%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)
Retiree Only	9	$914.05	$457.02	50.0%	$457.02	$457.02
+ Spouse	0	$856.07	$0.00	0.0%	$856.07	$1,313.10
+ Child(ren)	0	$662.39	$0.00	0.0%	$662.39	$1,119.42
+ Family	0	$1,701.94	$0.00	0.0%	$1,701.94	$2,158.96
Premium Contributions	**9**	**$98,717**	**$49,359**	**50.0%**	**$49,359**	

PPO Plan $1,500 Deductible - 25%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)
Retiree Only	0	$914.05	$228.51	25.0%	$685.54	$685.54
+ Spouse	0	$856.07	$0.00	0.0%	$856.07	$1,541.61
+ Child(ren)	0	$662.39	$0.00	0.0%	$662.39	$1,347.93
+ Family	0	$1,701.94	$0.00	0.0%	$1,701.94	$2,387.48
Premium Contributions	**0**	**$0**	**$0**	**25.0%**	**$0**	

Premium Contributions	**136**	**$1,914,867**	**$1,678,676**	**87.7%**	**$236,191**

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Health Plan Contributions – Renewal Retiree

Enrollment		Unit Costs - Monthly				Total Costs - Monthly		
PPO Plan $1,500 Deductible - 100%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)	$ Change From Current	% Change From Current
Retiree Only	127	$988.78	$988.78	100.0%	$0.00	$0.00	$0.00	n/a
+ Spouse	17	$926.07	$429.23	46.3%	$496.84	$496.84	$37.55	8.2%
+ Child(ren)	3	$716.55	$320.91	44.8%	$395.64	$395.64	$29.90	8.2%
+ Family	11	$1,841.09	$1,185.72	64.4%	$655.37	$655.37	$49.53	8.2%
Premium Contributions	**127**	**$1,964,634**	**$1,762,527**	**89.7%**	**$202,107**			

PPO Plan $1,500 Deductible - 50%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)	$ Change From Current	% Change From Current
Retiree Only	9	$988.78	$494.39	50.0%	$494.39	$494.39	$37.37	8.2%
+ Spouse	0	$926.07	$0.00	0.0%	$926.07	$1,420.45	$107.36	8.2%
+ Child(ren)	0	$716.55	$0.00	0.0%	$716.55	$1,210.94	$91.52	8.2%
+ Family	0	$1,841.09	$0.00	0.0%	$1,841.09	$2,335.48	$176.51	8.2%
Premium Contributions	**9**	**$106,788**	**$53,394**	**50.0%**	**$53,394**			

PPO Plan $1,500 Deductible - 25%	Retirees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Retiree Contribution ($)	Total Retiree Contribution ($)	$ Change From Current	% Change From Current
Retiree Only	0	$988.78	$247.19	25.0%	$741.58	$741.58	$56.05	8.2%
+ Spouse	0	$926.07	$0.00	0.0%	$926.07	$1,667.65	$126.04	8.2%
+ Child(ren)	0	$716.55	$0.00	0.0%	$716.55	$1,458.13	$110.20	8.2%
+ Family	0	$1,841.09	$0.00	0.0%	$1,841.09	$2,582.67	$195.20	8.2%
Premium Contributions	**0**	**$0**	**$0**	**25.0%**	**$0**			

Premium Contributions	**136**	**$2,071,422**	**$1,815,921**	**87.7%**	**$255,501**
$ Change From Current		**$156,556**	**$137,245**		**$19,310**
% Change From Current		**8.2%**	**8.2%**		**8.2%**

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Dental Plan Contributions – Current / Renewal

Enrollment		Unit Costs - Monthly				Total Costs - Monthly
Dental	Full Time Employees	Unit Medical Rate	Employer Contribution ($)	Employer Contribution (%)	Employee Contribution ($)	Total Employee Contribution ($)
Employee Only	752	$29.27	$29.27	100.0%	$0.00	$0.00
+ Spouse	70	$26.41	$6.11	23.1%	$20.30	$20.30
+ Child(ren)	83	$49.44	$11.42	23.1%	$38.03	$38.03
+ Family	174	$70.38	$16.24	23.1%	$54.15	$54.15
Premium Contributions	**752**	**$482,513**	**$314,532**	**65.2%**	**$167,981**	

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7

Recommendations

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Recommendations

Medical

Renewal with the incumbent, UMR, is recommended for the 2021 plan year. UMR has agreed to reduce its administrative fees by -3.0% and guarantee them for 3 years. UMR will be providing a 2 month administrative fee credit and will cap their shared savings fees at $20 PEPM. These concessions account for approximately a -34.6% or -$274k decrease against projected spend for FY2020. Last, the City's wellness allowance has been increased from $10,000 per year to $30,000 per year. Although Cigna did present a best and final offer, the total cost of their best and final quote including claims repricing would represent over a $300k increase over UMR's best and final offer.

PBM

The City will be entering its second year of its contract with WellDyne at no increase to administrative fees. The City will also experience guaranteed second year discount improvements and rebate increases as part of our long term contract. The City's overall rebate payments will increase substantially over FY19 and the City will continue to see that growth in FY21 as the City experiences a mature year of rebate payments. For FY20, due to lead time between when rebates are incurred and paid, the City will only experience 2 months of rebate payments under the new contract with WellDyne.

Stop Loss

Renewal with Stealth / QBE is recommended for the 2020 plan year. Rates will increase approximately 14.5% or $170k for FY2020. QBE has issued no lasers as part of the renewal. The City's aggregate deductible liability will increase by 7.6% or $896k. The closest competitor was Cigna who presented a quote slightly above QBE's best and final premiums and aggregate liability.

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Recommendations

Organ Transplant

Renewal with HCC is recommended for 2021 plan year. The rates will received a 6% increase and will be guaranteed for 2 years. The renewal includes no changes to plan design or for plan year 2021. The closest competitor after best and final was Swiss Re who issued a 23.5% increase and a 1 year guarantee.

Plan Design

For Plan year 2021 HUB is recommending increasing brand drug copays and adding a deductible to the Standard Plan of $200 Per Individual and $400 for a Family. These plan options will assist in driving additional generic utilization and consumerism when purchasing prescription drugs. Please note, it is an IRS requirement for 2020 that the minimum HSA deductible be increased from $2,700 to $2,800 for the 2021 plan year.

It is also a continued recommendation for the City to sponsor the HSA plan for 2021 and limit adjustments to plan design and funding. This will continue migration to a plan with incentives for better management of plan costs. HUB has provided contribution considerations within this proposal for the City's review. It is also warranted to discuss the impact of Senate Bill 2 on First Responder Compensation for the FY21 plan year.

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Recommendations

Life and Disability

Renewal with The Standard is recommended for the 2020/2021 plan year. The Employer Paid coverages including Basic Life / AD&D and LTD will decrease approximately -$45k or -19.5%. Rates will be guaranteed for 3 years. Additionally, The Standard will be providing a communications / technology allowance of approximately $10,000 or 3% of premium annually. Competitive rates were received from the market but there was not enough rate change to warrant moving from The Standard at this time.

Vision

Renewal with the incumbent, Superior Vision, is recommended for the 2020 plan year. Rates will receive a -9.6% decrease with improvements to benefit levels. Rates will be guaranteed for 5 years. Competitive rates were received from the market but there was not enough rate relief or benefit change to warrant a recommendation to move from Superior Vision at this time.

COBRA

Renewal with Wage Works is recommended for the 2020 plan year. Rates will receive no increase and will be guaranteed for 3 years. Although competitive offers were received from other vendors, there was not enough savings or added value to recommend a carrier change at this time.

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Thank you.

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APPENDICES
VENDOR SELECTION MATRICES

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Medical and Dental - Vendor Scoring Matrix

	Finalist UMR	Finalist Cigna
Cost (30%)	30	26
Cost Containment / Innovative Solutions (20%)	20	18
Population Health Management Programs (20%)	19	20
Communication (5%)	5	5
Claims Processing (10%)	10	10
Integrated Systems / Technology Initiative (10%)	10	10
Past Performance (5%)	4	4
TOTAL	98	93

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Stop Loss - Vendor Scoring Matrix

	Finalist Stealth QBE	Finalist *Cigna
Cost of Services (40%)	40	38
Reporting (20%)	20	20
Technology Capabilities (20%)	20	20
References / Relevant Services / Explanations (10%)	10	10
Enrollment / Communication Materials (10%)	10	10
TOTAL	100	99

Note: Cigna Stop Loss requires packaging with Medical / TPA Services

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Vision - Vendor Scoring Matrix

	Finalist Superior	Finalist MetLife/ VSP	Finalist UHC
Cost (30%)	30	28	27
Cost Containment / Innovative Solutions (20%)	20	20	20
Population Health Management Programs (20%)	20	20	20
Communication (5%)	5	5	5
Claims Processing (10%)	10	10	10
Integrated Systems / Technology Initiative (10%)	9	9	10
Past Performance (5%)	5	4	4
TOTAL	99	96	96

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Organ Transplant - Vendor Scoring Matrix

	Finalist HCC	Finalist Swiss Re
Cost of Services (40%)	40	32
Reporting (20%)	20	20
Technology Capabilities (20%)	20	20
References / Relevant Services / Explanations (10%)	10	10
Enrollment / Communication Materials (10%)	10	10
TOTAL	100	92

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Life and Disability – Vendor Scoring Matrix

	Finalist The Standard	Finalist Symetra
Cost of Services (40%)	40	40
Reporting (20%)	20	20
Technology Capabilities (20%)	20	20
References / Relevant Services / Explanations (10%)	10	9
Enrollment / Communication Materials (10%)	10	10
TOTAL	100	99

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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