

**City of Hallandale Beach**  
**Employee Benefits Programs**  
**RFP # FY 2012-2013-012**  
**Proposer Response Evaluation**



**June 5, 2013**

*Analysis by:*



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**City of Hallandale Beach**  
**HMO Option 1 Medical Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



	<b>CURRENT</b>	<b>RENEWAL</b>	<b>Alternative #1</b>	<b>Alternative #2</b>
	<b>Coventry Open Access HMO FDOA2020 Option 7</b>	<b>Aetna / Coventry Open Access HMO FDOA2020 Option 7</b>	<b>Cigna OAP IN</b>	<b>Humana HMO Plan One</b>
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Calendar Year Deductible (CYD)</b>				
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
<b>Annual Hospital Deductible (CY)</b>	\$500	\$500	\$500	\$500
<b>Out-of-Pocket Maximum</b>	Includes copays and coins, ded does not apply	Includes copays and coins, ded does not apply	Includes copays and coins, ded does not apply	
Single	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$6,000	\$6,000	\$6,000	\$6,000
<b>Member Coinsurance</b>	0%	0%	0%	0%
<b>Office Visits</b>				
Physician Office Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Maternity	\$40 copay	\$40 copay	\$40 Copay	\$40 copay
Independent Clinical Lab	\$40 copay	\$40 copay	\$40 Copay	\$40 copay
Advanced Imaging	\$40 copay	\$40 copay	0%	\$40 copay
Chiropractic Visits	\$20/\$40 copay (20 visits max)	\$20/\$40 copay (20 visits max)	\$20/\$40 copay (20 visits max)	\$20/\$40 copay (20 visits max)
Urgent Care	\$20 copay	\$20 copay	\$20 copay	\$20 copay
<b>Hospital Services</b>				
Inpatient	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded
Outpatient Surgery	\$250 copay after Hosp Ded	\$250 copay after Hosp Ded	\$250 copay after Hosp Ded	\$250 copay after Hosp Ded
Emergency Room Visits (copay waived if admitted)	\$200 copay	\$200 Copay	\$200 copay	\$200 copay
Physician Services	Included in Hospital copay	Included in Hospital copay	Included in Hospital copay	included in Hospital copay
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded
Outpatient	\$40 copay	\$40 copay	\$40 copay	\$40 copay
<b>Prescription Drug Retail (30 day Supply)</b>				
Tier 1	Tier 1A:\$3 Tier 1B: \$20	Tier 1A:\$3 Tier 1B: \$20	Preventive: \$0 Generic: \$20	Tier 1A:\$3 Tier 1B: \$20
Tier 2	\$40	\$40	\$40	\$40
Tier 3	\$60	\$60	\$60	\$60
Tier 4	N/A	N/A	N/A	N/A
Mail Order (90 day Supply)	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	\$0 Preventive / \$20 Generic 2x Copay for Tier 2 2x Copay for Tier 3	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3
<b>Rates</b>				
Employee Only	160 \$389.50	\$457.07	\$434.68	\$485.90
Employee + One	75 \$786.81	\$923.31	\$878.08	\$981.55
Employee + Family	129 \$1,145.18	\$1,343.85	\$1,278.02	\$1,428.61
<b>Monthly Premium</b>	364 \$269,058.97	\$315,736.10	\$300,269.38	\$335,650.94
<b>Annual Premium</b>	\$3,228,707.64	\$3,788,833.20	\$3,603,232.56	\$4,027,811.28
<b>\$ Increase</b>	N/A	\$560,125.56	\$374,524.92	\$799,103.64
<b>% Increase</b>	N/A	17.35%	11.60%	24.75%

1.25% discount on medical rates available if purchasing Dental, LTD & Life

1.5% discount on medical rates available if purchasing Dental and LTD

1.0% discount on medical rates available if purchasing Dental and Vision

**City of Hallandale Beach**  
**HMO Option 1 Medical Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



	<b>CURRENT</b>	<b>Alternative #3</b>
	Coventry Open Access HMO FDOA2020 Option 7	United Health Care NHP EVC MOD/RX NHP AL
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible (CYD)</b>		
Single	\$0	<b>\$500</b>
Family	\$0	<b>\$1,000</b>
<b>Annual Hospital Deductible (CY)</b>	\$500	<b>N/A</b>
<b>Out-of-Pocket Maximum</b>	Includes copays and coins, ded does not apply	
Single	\$2,000	\$2,000
Family	\$6,000	\$6,000
<b>Member Coinsurance</b>	0%	0%
<b>Office Visits</b>		
Physician Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$40 copay
Preventive Care	\$0 copay	\$0 copay
Maternity	\$40 copay	\$40 copay
Independent Clinical Lab	\$40 copay	\$40 copay
Advanced Imaging	\$40 copay	<b>\$50 copay</b>
Chiropractic Visits	\$20/\$40 copay (20 visits max)	<b>\$15 copay (20 visits max)</b>
Urgent Care	\$20 copay	<b>\$50 copay</b>
<b>Hospital Services</b>		
Inpatient	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded
Outpatient Surgery	\$250 copay after Hosp Ded	\$250 copay after Hosp Ded
Emergency Room Visits (copay waived if admitted)	\$200 copay	<b>\$100 copay</b>
Physician Services	Included in Hospital copay	Included in Hospital copay
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded
Outpatient	\$40 copay	\$40 copay
<b>Prescription Drug Retail (30 day Supply)</b>		
Tier 1	Tier 1A:\$3 Tier 1B: \$20	\$20
Tier 2	\$40	\$40
Tier 3	\$60	\$60
Tier 4	N/A	<b>20%</b>
Mail Order (90 day Supply)	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	2x Copay for Tiers <b>1, 2 &amp; 3</b>
<b>Rates</b>		
Employee Only <b>160</b>	\$389.50	\$492.79
Employee + One <b>75</b>	\$786.81	\$995.46
Employee + Family <b>129</b>	\$1,145.18	\$1,448.87
<b>Monthly Premium 364</b>	<b>\$269,058.97</b>	<b>\$340,410.13</b>
<b>Annual Premium</b>	<b>\$3,228,707.64</b>	<b>\$4,084,921.56</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>\$856,213.92</b>
<b>% Increase</b>	<b>N/A</b>	<b>26.52%</b>

**City of Hallandale Beach**  
**HMO Option 2 Medical Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



	<b>CURRENT</b>	<b>RENEWAL</b>	<b>Alternative #1</b>	<b>Alternative #2</b>
	<b>Coventry Open Access HMO - Focused Deductible</b>	<b>Aetna / Coventry Open Access HMO - Focused Deductible</b>	<b>Cigna OAP IN</b>	<b>Humana HMO Plan Two</b>
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Calendar Year Deductible (CYD)</b>				
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
<b>Annual Hospital Deductible* (CY)</b>	\$250	\$250	\$250	\$250
<b>Out-of-Pocket Maximum**</b>	MH, SA & RX copays do not apply	MH, SA & RX copays do not apply	Includes copays and coins, ded does not apply	
Single	\$4,000	\$4,000	\$4,000	\$4,000
Family	\$10,000	\$10,000	\$10,000	\$10,000
<b>Member Coinsurance</b>	0%	0%	0%	0%
<b>Office Visits</b>				
Physician Office Visit	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Maternity	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Independent Clinical Lab	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Advanced Imaging	\$10 copay	\$10 copay	0%	\$10 copay
Chiropractic Visits	\$10/\$40 copay (20 visits max)	\$10/\$40 copay (20 visits max)	\$10/\$40 copay (20 visits max)	\$10/\$40 copay (20 visits max)
Urgent Care	\$40 copay	\$40 copay	\$40 copay	\$40 copay
<b>Hospital Services</b>				
Inpatient	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded	\$100 copay / day for 5 days after Hosp Ded
Outpatient Surgery	\$100 copay after Hosp Ded	\$100 copay after Hosp Ded	\$100 copay after Hosp Ded	\$100 copay after Hosp Ded
Emergency Room Visits (copay waived if admitted)	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Physician Services	Included in Hospital copay	Included in Hospital copay	Included in Hospital copay	Included in Hospital copay
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient	Hospital Deductible	Hospital Deductible	Hospital Deductible	Hospital Deductible
Outpatient	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>Prescription Drug Retail (30 day Supply)</b>				
Tier 1	Tier 1A:\$3 Tier 1B: \$20	Tier 1A:\$3 Tier 1B: \$20	Generic Preventive: \$0 Generic: \$20	Tier 1A:\$3 Tier 1B: \$20
Tier 2	\$40	\$40	\$40	\$40
Tier 3	\$60	\$60	\$60	\$60
Tier 4	N/A	N/A	N/A	N/A
Mail Order (90 day Supply)	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	\$0 Preventive/\$20 Generic 2x Copay for Tier 2 2x Copay for Tier 3	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3
<b>Rates</b>				
Employee Only	24 \$437.13	\$512.97	\$487.84	\$545.32
Employee + One	18 \$883.00	\$1,036.19	\$985.43	\$1,101.54
Employee + Family	37 \$1,285.16	\$1,508.12	\$1,434.24	\$1,603.24
<b>Monthly Premium</b>	<b>79 \$73,936.04</b>	<b>\$86,763.14</b>	<b>\$82,512.78</b>	<b>\$92,235.28</b>
<b>Annual Premium</b>	<b>\$887,232.48</b>	<b>\$1,041,157.68</b>	<b>\$990,153.36</b>	<b>\$1,106,823.36</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>\$153,925.20</b>	<b>\$102,920.88</b>	<b>\$219,590.88</b>
<b>% Increase</b>	<b>N/A</b>	<b>17.35%</b>	<b>11.60%</b>	<b>24.75%</b>

1.25% discount on medical rates available if purchasing Dental, LTD & Life

1.5% discount on medical rates available if purchasing Dental and LTD

1.0% discount on medical rates available if purchasing Dental and Vision

**City of Hallandale Beach**  
**HMO Option 2 Medical Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**

	<b>CURRENT</b>	<b>Alternative #3</b>
	<b>Coventry Open Access HMO - Focused Deductible</b>	<b>United Health Care NHP EVD MOD/ RX NHP AL</b>
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible (CYD)</b>		
Single	\$0	\$0
Family	\$0	0
<b>Annual Hospital Deductible* (CY)</b>	\$250	<b>\$0</b>
<b>Out-of-Pocket Maximum**</b>	MH, SA & RX copays do not apply	Excludes RX
Single	\$4,000	\$3,000
Family	\$10,000	\$6,000
<b>Member Coinsurance</b>	0%	\$0
<b>Office Visits</b>		
Physician Office Visit	\$10 copay	<b>\$25 copay</b>
Specialist Office Visit	\$40 copay	<b>\$45 copay</b>
Preventive Care	\$0 copay	\$0 copay
Maternity	\$40 copay	\$40 copay
Independent Clinical Lab	\$10 copay	\$0 copay
Advanced Imaging	\$10 copay	\$50 copay
Chiropractic Visits	\$10/\$40 copay (20 visits max)	\$25 copay (20 visit max)
Urgent Care	\$40 copay	<b>\$50 copay</b>
<b>Hospital Services</b>		
Inpatient	\$100 copay / day for 5 days after Hosp Ded	<b>\$500 copay / day for 5 days</b>
Outpatient Surgery	\$100 copay after Hosp Ded	\$250 copay
Emergency Room Visits (copay waived if admitted)	\$200 copay	<b>\$100 copay</b>
Physician Services	Included in Hospital copay	\$0
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient	Hospital Deductible	<b>\$500 copay / day for 5 days</b>
Outpatient	\$10 copay	<b>\$45 copay</b>
<b>Prescription Drug Retail (30 day Supply)</b>		
Tier 1	Tier 1A:\$3 Tier 1B: \$20	\$20
Tier 2	\$40	\$40
Tier 3	\$60	\$60
Tier 4	N/A	<b>20%</b>
Mail Order (90 day Supply)	\$3 Tier 1A/ \$20 Tier 1B 2x Copay for Tier 2 3x Copay for Tier 3	<b>2x Copay for Tiers 1, 2 &amp; 3</b>
<b>Rates</b>		
Employee Only	24 \$437.13	\$553.06
Employee + One	18 \$883.00	\$1,117.21
Employee + Family	37 \$1,285.16	\$1,626.07
<b>Monthly Premium</b>	<b>79 \$73,936.04</b>	<b>\$93,547.81</b>
<b>Annual Premium</b>	<b>\$887,232.48</b>	<b>\$1,122,573.72</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>\$235,341.24</b>
<b>% Increase</b>	<b>N/A</b>	<b>26.53%</b>

**City of Hallandale Beach**  
**PPO Option Medical Insurance RFP Evaluation**  
**Effective Date:**



	<b>CURRENT</b>		<b>RENEWAL</b>		<b>Alternative #1</b>		<b>Alternative #2</b>	
	<b>Coventry Health Plans Value 200 Plan</b>		<b>Aetna / Coventry Value Plan 2000</b>		<b>Cigna OAP</b>		<b>Humana Plan Three and Plan Four</b>	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>								
Single	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000	\$2,000	\$3,000
Family	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000
<b>Out of Pocket Maximum</b>	Includes Ded & Coins, Copays & RX excluded		Includes Ded & Coins, Copays & RX excluded		Includes Ded & Coins, Copays & RX excluded		Includes Ded & Coins, Copays & RX excluded	
Single	\$4,000	\$7,000	\$4,000	\$7,000	\$4,000	\$7,000	\$4,000	\$7,000
Family	\$10,000	\$18,000	\$10,000	\$18,000	\$10,000	\$18,000	\$10,000	\$18,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
<b>Office Visits</b>								
Physician Office Visit	\$25 Copay	CYD + 40%	\$25 Copay	CYD + 40%	\$25 Copay	CYD + 40%	\$25 Copay	CYD + 40%
Specialist Visit	\$45 Copay	CYD + 40%	\$45 Copay	CYD + 40%	\$45 Copay	CYD + 40%	\$45 Copay	CYD + 40%
Preventive Care	\$0 Copay	CYD + 40%	\$0 Copay	CYD + 40%	\$0 Copay	CYD + 40%	\$0 Copay	CYD + 40%
Independent Clinical Lab	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Advanced Imaging	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	0%	CYD + 40%	CYD + 20%	CYD + 40%
Chiropractic Visits	\$25/\$45 copay (20 visits max)	CYD + 40%	\$25/\$45 copay (20 visits max)	CYD + 40%	\$25/\$45 copay (20 visits max)	CYD + 40%	\$25/\$45 copay (20 visits max)	CYD + 40%
Urgent Care Center	\$50 copay	CYD + 40%	\$50 copay	CYD + 40%	\$50 copay	CYD + 40%	\$50 copay	CYD + 40%
<b>Hospital</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Emergency Room Visit	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay + CYD	\$200 Copay + CYD	\$200 Copay	\$200 Copay
Physician Services at Hospital	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
<b>Mental Health / Substance Abuse</b>								
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient	\$45 copay	CYD + 40%	\$45 copay	CYD + 40%	\$45 copay	CYD + 40%	\$45 copay	CYD + 40%
<b>Prescription Drugs</b>								
Tier 1	\$20	\$20	\$20	\$20	\$20	40%	\$20	\$20
Tier 2	\$40	\$40	\$40	\$40	\$40	40%	\$40	\$40
Tier 3	\$60	\$60	\$60	\$60	\$60	40%	\$60	\$60
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail Order (90 day supply)	\$20/\$80/\$180	Not Covered	\$20/\$80/\$180	Not Covered	\$20/\$80/\$180	Not Covered	\$20/\$80/\$180	Not Covered
Employee Only	5	\$604.55		\$709.43		\$674.68		\$754.18
Employee + One	0	\$1,221.18		\$1,433.04		\$1,362.84		\$1,523.42
Employee + Two or More	0	\$1,777.40		\$2,085.70		\$1,983.58		\$2,217.31
<b>Monthly Premium</b>	5	<b>\$3,022.75</b>		<b>\$3,547.15</b>		<b>\$3,373.40</b>		<b>\$3,770.90</b>
<b>Annual Premium</b>		<b>\$36,273.00</b>		<b>\$42,565.80</b>		<b>\$40,480.80</b>		<b>\$45,250.80</b>
<b>\$ Increase</b>		<b>N/A</b>		<b>\$6,292.80</b>		<b>\$4,207.80</b>		<b>\$8,977.80</b>
<b>% Increase</b>		<b>N/A</b>		<b>17.35%</b>		<b>11.60%</b>		<b>24.75%</b>

1.25% discount on medical rates available if purchasing Dental, LTD & Life      1.5% discount on medical rates available if purchasing Dental and LTD      1.0% discount on medical rates available if purchasing Dental and Vision

**City of Hallandale Beach**  
**PPO Option Medical Insurance RFP Evaluation**  
**Effective Date:**

		<b>CURRENT</b>		<b>Alternative #3</b>	
		<b>Coventry Health Plans Value 200 Plan</b>		<b>United Health Care FXR-P MOD RX Plan VR/VR</b>	
		<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Deductible</b>					
Single		\$2,000	\$3,000	\$2,000	\$4,000
Family		\$4,000	\$6,000	\$6,000	\$12,000
<b>Out of Pocket Maximum</b>					
		Includes Ded & Coins, Copays & RX excluded		Includes Ded & Coins, Copays & RX excluded	
Single		\$4,000	\$7,000	\$4,000	<b>\$8,000</b>
Family		\$10,000	\$18,000	<b>\$8,000</b>	<b>\$16,000</b>
Coinsurance		20%	40%	20%	40%
<b>Office Visits</b>					
Physician Office Visit		\$25 Copay	CYD + 40%	\$25 copay	CYD + 40%
Specialist Visit		\$45 Copay	CYD + 40%	<b>\$50 copay</b>	CYD + 40%
Preventive Care		\$0 Copay	CYD + 40%	\$0 copay	CYD + 40%
Independent Clinical Lab		CYD + 20%	CYD + 40%	<b>0%</b>	CYD + 40%
Advanced Imaging		CYD + 20%	CYD + 40%	<b>\$200 Copay</b>	CYD + 40%
Chiropractic Visits		\$25/\$45 copay (20 visits max)	CYD + 40%	\$25 copay (20 visits max)	CYD + 40%
Urgent Care Center		\$50 copay	CYD + 40%	\$75 copay	CYD + 40%
<b>Hospital</b>					
Inpatient		CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient		CYD + 20%	CYD + 40%		
Emergency Room Visit		\$200 Copay	\$200 Copay	\$200 copay	\$200 copay
Physician Services at Hospital		CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
<b>Mental Health / Substance Abuse</b>					
Inpatient		CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient		\$45 copay	CYD + 40%	<b>\$50 copay</b>	CYD + 40%
<b>Prescription Drugs</b>					
Tier 1		\$20	\$20	<b>\$15</b>	<b>\$15</b>
Tier 2		\$40	\$40	\$40	\$40
Tier 3		\$60	\$60	<b>\$80</b>	<b>\$80</b>
Tier 4		N/A	N/A	N/A	N/A
Mail Order (90 day supply)		\$20/\$80/\$180	Not Covered	<b>\$37.50/\$100/\$200</b>	Not Covered
Employee Only	<b>5</b>	\$604.55		\$764.60	
Employee + One	<b>0</b>	\$1,221.18		\$1,544.53	
Employee + Two or More	<b>0</b>	\$1,777.40		\$2,248.02	
<b>Monthly Premium</b>	<b>5</b>	<b>\$3,022.75</b>		<b>\$3,823.00</b>	
<b>Annual Premium</b>		<b>\$36,273.00</b>		<b>\$45,876.00</b>	
<b>\$ Increase</b>		<b>N/A</b>		<b>\$9,603.00</b>	
<b>% Increase</b>		<b>N/A</b>		<b>26.47%</b>	

**City of Hallandale Beach**  
**Medical Network Evaluation**  
**Effective Date: October 1, 2013**



**% of the Employees with access to providers per the criteria**

Hospitals	Aetna / Coventry	Cigna	Humana	United Health Care	United Health Care - NHP
1 within 10 Miles	96.4%	98.9%	100.0%	99.7%	98.9%
Average Network Discount	76.4% In-Patient 72.2% Out-patient	62.5% in-patient 66.7% out-patient	Not Specified (67% for average discount)	62.9% in-patient 68.4% out-patient	67.9% in-patient 69.8% out-patient
PCP's					
2 within 5 Miles	96.7%	97.8%	98.6%	99.1%	98.8%
Average Network Discount	64.4%	57.3%	Not Specified (67% for average discount)	49.0%	56.5%
Pediatricians					
2 within 5 Miles	96.7%	98.9%	98.4%	99.1%	98.3%
Average Network Discount	Not Specified (64.7% overall for Physicians)	Not Specified (53.8% for average discount)	Not Specified (67% for average discount)	Not Specified (52.8% for average discount)	Not Specified (52.2% for average discount)
OB/GYN					
2 within 10 Miles	98.4%	98.9%	99.9%	99.7%	98.9%
Average Network Discount	54.9%	Not Specified (53.8% for average discount)	Not Specified (67% for average discount)	Not Specified (52.8% for average discount)	Not Specified (52.2% for average discount)
Specialists					
2 within 15 Miles	97.8%	99.1%	100.0%	99.9%	99.0%
Average Network Discount	Not Specified (64.7% overall for Physicians)	57.3%	Not Specified (67% for average discount)	58.1%	61.6%

Carrier	Proposed Medical Plan Caveats
<p><b>Aetna / Coventry</b></p>	<ul style="list-style-type: none"> <li>* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 0.75% (approx. \$36,544) for adding dental coverage , 0.25% (approx. \$12,181) for for adding disability coverage and 0.25% (approx. \$12,181) for adding life coverage. The total discount for medical, dental, disability and life coverages is 1.25% (approx. \$60,906).</li> <li>* Willing to negotiate a second year rate cap if selected as finalist.</li> <li>* A Wellness contribution in the amount of \$20,000 will be supplied. The Wellness funds must be used in conjunction with Aetna/Coventry Wellness programs.</li> <li>* Provides a \$50 Wellness incentive for all employees and dependents over age 19 through the Wellbeing Program.</li> <li>* Medical plans include embedded dental and vision plans.</li> <li>* AM Best rating: A- Coventry Health and Life Insurance Company, A Aetna</li> </ul>
<p><b>Cigna</b></p>	<ul style="list-style-type: none"> <li>* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 1% (approx. \$46,338) for adding dental coverage and 0.5% (approx. \$23,169) for renewing the disability coverage. The total discount for medical, dental and disability is 1.5% (approx. \$69,508).</li> <li>* \$20,000 Wellness allocation per year for 3 years for Wellness initiatives. May be used for approved Wellness activities only.</li> <li>* Medical network option is the Open Access Plus national network.</li> <li>* AM Best rating: A</li> </ul>
<p><b>Humana</b></p>	<ul style="list-style-type: none"> <li>* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 0.5% (approx. \$25,899) for adding dental coverage and 0.5% (approx. \$25,899) for adding vision coverage. The total discount for medical, dental and vision is 1% (approx. \$51,798). Also proposed multi-line disocunts to the dental premium.</li> <li>*Proposed a second year rate cap based on plan performance.</li> <li>* Proposed plans match the current in-force coverage with the exception that the Referral Requirement on the HMO plans would be removed.</li> <li>* AM Best Rating: A-</li> </ul>
<p><b>United Healthcare</b></p>	<ul style="list-style-type: none"> <li>*AM Best rating: A.</li> </ul>

*\*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.*

City of Hallandale Beach  
PPO Dental Insurance RFP Evaluation  
Effective Date: October 1, 2013



SCHEDULE OF BENEFITS	CURRENT		RENEWAL		Alternative #1		Alternative #2		Alternative #3	
	Delta Dental PPO		Delta Dental PPO		United Concordia Flex PPO - Alliance network		Aetna DPO - PPO11 network		Humana Custom Traditional Preferred	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$2,000		\$2,000		\$2,000		\$2,000		\$2,000	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Calendar Year Deductible										
Single	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Aggregate	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Class 1?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits Payable										
Class 1 – Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 – Basic Services	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class 3 – Major Services	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Class 4 – Orthodontic Treatment (Adults & Dependents)	50%		50%		50%		50%		50%	
Endodontics and Periodontics are Covered as:	Basic Services		Basic Services		Basic Services		Basic Services		Basic Services	
Out of Network Benefits are Paid at what Level:	Premier contracted fees		Premier contracted fees		80th percentile		Contracted fees		Contracted fees	
Rate Guarantee	N/A		2 Years		2 Years		1 Year with 5.5% 2nd year cap not including HIF		2 Years	
Rates										
EE Only	73	\$46.18	\$43.87	\$30.81	\$32.74	\$38.11				
EE + One	33	\$90.96	\$76.41	\$60.69	\$64.49	\$75.06				
EE + Two or More	54	\$130.15	\$123.64	\$86.83	\$92.27	\$107.40				
Monthly Premium	\$13,400.92		\$12,400.60		\$8,940.72		\$9,500.77		\$11,058.61	
Annual Premium	\$160,811.04		\$148,807.20		\$107,288.64		\$114,009.24		\$132,703.32	
\$ Increase	N/A		-\$12,003.84		-\$53,522.40		-\$46,801.80		-\$28,107.72	
% Increase	N/A		-7.5%		-33.3%		-29.1%		-17.5%	

City of Hallandale Beach  
PPO Dental Insurance RFP Evaluation  
Effective Date: October 1, 2013



SCHEDULE OF BENEFITS	CURRENT		Alternative #4		Alternative #5		Alternative #6		Alternative #7	
	Delta Dental PPO		Met Life Voluntary Dental		Cigna PPO - Radius network		Advantica PPO I - DenteMax network		United Healthcare Passive PPO CS0	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$2,000		\$2,000		\$2,000		\$2,000		\$2,000	
Orthodontic Lifetime Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Calendar Year Deductible										
Single	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Family Aggregate	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Class 1?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits Payable										
Class 1 – Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 – Basic Services	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class 3 – Major Services	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Class 4 – Orthodontic Treatment (Adults & Dependents)	50%		50%		50%		50%		50%	
Endodontics and Periodontics are Covered as:	Basic Services		Basic Services		Basic Services		Basic Services		Basic Services	
Out of Network Benefits are Paid at what Level:	Premier contracted fees		90th percentile		90th percentile		90th percentile		UCR	
Rate Guarantee	N/A		2 Years		2 Years		2 Years		1 Year	
Rates										
EE Only	73	\$46.18	\$38.43	\$40.68	\$41.93	\$43.88				
EE + One	33	\$90.96	\$75.70	\$80.13	\$82.59	\$86.43				
EE + Two or More	54	\$130.15	\$108.31	\$114.66	\$118.18	\$123.67				
Monthly Premium	\$13,400.92		\$11,152.23		\$11,805.57		\$12,168.08		\$12,733.61	
Annual Premium	\$160,811.04		\$133,826.76		\$141,666.84		\$146,016.96		\$152,803.32	
\$ Increase	N/A		-\$26,984.28		-\$19,144.20		-\$14,794.08		-\$8,007.72	
% Increase	N/A		-16.8%		-11.9%		-9.2%		-5.0%	

\* Did not complete RFP Forms

**City of Hallandale Beach**  
**DMO Dental Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



Sample Procedures	Code	CURRENT	RENEWAL	Alternative #1	Alternative #2	Alternative #3	Alternative #4
		Delta Dental Delta Care Plan FLM 64	Delta Dental Delta Care Plan FLM 64	United Concordia S800A-Solstice network	Advantica S800A-Solstice network	United Concordia S500A-Solstice network	Met Life MET245
<b>Annual Maximum</b>		<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>
Office Visit Fee		\$0	\$0	\$0	\$0	\$0	\$0
Periodic Exam	D0120	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Office Visit after hours	D9440	\$24	\$24	Dependent upon office	\$35	Dependent upon office	
Prophylaxis	D1110	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Full Mouth X-rays	D0210	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Single Tooth	D7111	\$8	\$8	\$65	\$65	\$45	
Partial Impaction	D7230	\$72	\$72	\$107	\$107	\$60	
Boney Impaction	D7240	\$96	\$96	\$163	\$163	\$75	\$80
Amalgam - 1 surface	D2140	No Cost	No Cost	\$16	\$16	No Cost	No Cost
Resin - 1 surface	D2330	No Cost	No Cost	\$37	\$37	\$25	No Cost
Anterior	D3310	\$90	\$90	\$240	\$240	\$100	
Bicuspid	D3320	\$144	\$144	\$250	\$250	\$185	
Molar	D3330	\$216	\$216	\$350	\$350	\$225	\$210
Root Planning (1/4)	D4341	\$54	\$54	\$80	\$80	\$45	\$50
Gingivectomy (1/4)	D4210	\$150	\$150	\$182	\$182	\$175	
Full High Noble Metal	D2790	\$234 + materials	\$234 + materials	\$290 + lab + materials	\$290 + lab + materials	\$240 + lab + materials	
Porcelain fused to Metal	D2750	\$234 + materials	\$234 + materials	\$290 + lab + materials	\$290 + lab + materials	\$240 + lab + materials	\$245
Partial Denture	D5213	\$330	\$330	\$507 + lab	\$507 + lab	\$280 + lab	
Complete Denture	D5110	\$270	\$270	\$502 + lab	\$502 + lab	\$260 + lab	\$325
Denture Reline (chairside)	D5730	\$36	\$36	\$117	\$117	\$45	
Denture Reline (lab)	D5750	\$60	\$60	\$152 + lab	\$152 + lab	\$35 + lab	
Comprehensive Orthodontic Treatment	D8070-90	\$1,800-\$2,000	\$1,800-\$2,000	\$2,650-\$2,875	\$2,650-\$2,875	\$2,000-\$2,150	\$1,850
<b>Rate Guarantee</b>		<b>N/A</b>	<b>2 Years</b>	<b>2 Years</b>	<b>2 Years</b>	<b>2 Years</b>	<b>2 Years</b>
EE Only	106	\$14.40	\$13.68	\$8.18	\$8.63	\$11.37	\$12.77
EE + One	72	\$23.75	\$22.56	\$14.31	\$15.11	\$19.90	\$22.35
EE + Two or More	73	\$35.44	\$33.67	\$21.12	\$22.29	\$29.38	\$35.13
<b>Monthly Premium:</b>		<b>\$5,823.52</b>	<b>\$5,532.31</b>	<b>\$3,439.16</b>	<b>\$3,629.87</b>	<b>\$4,782.76</b>	<b>\$5,527.31</b>
<b>Annual Premium:</b>		<b>\$69,882.24</b>	<b>\$66,387.72</b>	<b>\$41,269.92</b>	<b>\$43,558.44</b>	<b>\$57,393.12</b>	<b>\$66,327.72</b>
<b>\$ Increase:</b>		<b>N/A</b>	<b>-\$3,494.52</b>	<b>-\$28,612.32</b>	<b>-\$26,323.80</b>	<b>-\$12,489.12</b>	<b>-\$3,554.52</b>
<b>% Increase:</b>		<b>N/A</b>	<b>-5.0%</b>	<b>-40.9%</b>	<b>-37.7%</b>	<b>-17.9%</b>	<b>-5.1%</b>

\* Did not complete RFP Forms

**City of Hallandale Beach**  
**DMO Dental Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



Sample Procedures	Code	<b>CURRENT</b>	Alternative #5	Alternative #6	Alternative #7	Alternative #8	Alternative #9
		Delta Dental Delta Care Plan FLM 64	Aetna DMO Plan 57	Cigna P6XV0- DHMO network	United Healthcare DMO D0039	Humana HS205- DHMO network	Humana HS195- DHMO network
<b>Annual Maximum</b>		<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>
Office Visit Fee		\$0	\$0	\$5		\$0	\$0
Periodic Exam	D0120	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Office Visit after hours	D9440	\$24	No Cost	\$35	\$25	\$35	\$30
Prophylaxis	D1110	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Full Mouth X-rays	D0210	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Single Tooth	D7111	\$8	No Cost	\$6	\$45	No Cost	\$5
Partial Impaction	D7230	\$72	\$72	\$80	\$55	\$70	\$65
Boney Impaction	D7240	\$96	\$110	\$100	\$63	\$85	\$80
Amalgam - 1 surface	D2140	No Cost	No Cost	No Cost	No Cost	\$5	No Cost
Resin - 1 surface	D2330	No Cost	No Cost	No Cost	\$20	\$30	No Cost
Anterior	D3310	\$90	\$120	\$90	\$100	\$110	\$100
Bicuspid	D3320	\$144	\$140	\$135	\$175	\$195	\$152
Molar	D3330	\$216	\$280	\$275	\$210	\$250	\$210
Root Planning (1/4)	D4341	\$54	\$60	\$45	\$36	\$55	\$50
Gingivectomy (1/4)	D4210	\$150	\$120	\$145	\$175	\$120	\$150
Full High Noble Metal	D2790	\$234 + materials	\$260	\$220 + materials	\$195	\$270 + lab	\$245 + lab
Porcelain fused to Metal	D2750	\$234 + materials	\$260	\$230 + materials	\$195	\$270 + lab	\$245 + lab
Partial Denture	D5213	\$330	\$400	\$200	\$220	\$425 + lab	\$425 + lab
Complete Denture	D5110	\$270	\$320	\$185	\$210	\$375 + lab	\$325 + lab
Denture Reline (chairside)	D5730	\$36	\$50	\$40	\$45	\$60	\$65
Denture Reline (lab)	D5750	\$60	\$95	\$70	\$35	\$95 + lab	\$85 + lab
Comprehensive Orthodontic Treatment	D8070-90	\$1,800-\$2,000	\$1,945	\$1,900-\$2,600	\$1,800-\$1,950	\$1,900-\$2,195	\$1,850-\$2,135
<b>Rate Guarantee</b>		<b>N/A</b>	<b>1 Year with 3% 2nd year cap not including HIF</b>	<b>2 Years</b>	<b>1 Year</b>	<b>2 Years</b>	<b>2 Years</b>
EE Only	106	\$14.40	\$14.34	\$15.07	\$13.51	\$13.55	\$14.93
EE + One	72	\$23.75	\$23.65	\$24.85	\$25.23	\$26.83	\$29.57
EE + Two or More	73	\$35.44	\$35.29	\$37.08	\$37.24	\$47.69	\$52.56
<b>Monthly Premium:</b>		<b>\$5,823.52</b>	<b>\$5,799.01</b>	<b>\$6,093.46</b>	<b>\$5,967.14</b>	<b>\$6,849.43</b>	<b>\$7,548.50</b>
<b>Annual Premium:</b>		<b>\$69,882.24</b>	<b>\$69,588.12</b>	<b>\$73,121.52</b>	<b>\$71,605.68</b>	<b>\$82,193.16</b>	<b>\$90,582.00</b>
<b>\$ Increase:</b>		<b>N/A</b>	<b>-\$294.12</b>	<b>\$3,239.28</b>	<b>\$1,723.44</b>	<b>\$12,310.92</b>	<b>\$20,699.76</b>
<b>% Increase:</b>		<b>N/A</b>	<b>-0.4%</b>	<b>4.6%</b>	<b>2.5%</b>	<b>17.6%</b>	<b>29.6%</b>

Carrier	Proposed Dental Plan Caveats
<p><b>Aetna / Coventry</b></p>	<p>* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 0.75% (approx. \$36,544) for adding dental coverage , 0.25% (approx. \$12,181) for for adding disability coverage and 0.25% (approx. \$12,181) for adding life coverage. The total discount for medical, dental, disability and life coverages is 1.25% (approx. \$60,906).            * If dental plan is selected, proposal provides a one month premium credit (approx. \$15,299) for the December invoice.</p>
<p><b>Cigna</b></p>	<p>* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 1% (approx. \$46,338) for adding dental coverage and 0.5% (approx. \$23,169) for renewing the disability coverage. The total discount for medical, dental and disability is 1.5% (approx. \$69,508).            * Dental plans utilize Cigna national dental networks.</p>
<p><b>Delta Dental</b></p>	<p>* Discounts on eye care and eyewear through EyeMed Vision Care at no additional cost to members.</p>
<p><b>Humana</b></p>	<p>* Multi-line discounts to dental premium are available if additional lines of coverage are selected in addition to the dental coverage. The discounts are as follows: 1% (approx. \$2,148) for adding dental coverage and 1% (approx. \$2,148) for adding vision coverage. The total discount for medical, dental and vision is 2% (approx. \$4,297).            * Dental plans utilize Humana national dental networks.</p>
<p><b>United Healthcare</b></p>	<p>* Dental plans utilize United Health Care national dental networks.</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.*

**City of Hallandale Beach**  
**Vision Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



SCHEDULE OF BENEFITS	CURRENT		RENEWAL		Alternative #1		Alternative #2		Alternative #3	
	Coventry Vision Plan Embedded w/Medical		Coventry Vision Plan Embedded w/Medical		United Healthcare Option 1 - V1025		VSP Option 1 VSP network		Aetna Vision Preferred Low Option AVP network	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Exam Copay	\$15 copay	Not Covered	\$15 copay	Not Covered	\$15 copay		\$10 copay	\$45 copay	\$20 copay	Up to \$20 reimb.
Materials Copay	See below	Not Covered	See below	Not Covered	\$30 copay		\$25 copay	\$30 to \$70 copay	\$20 copay	Up to \$15 to \$60 reimb.
<b>Frequency</b>										
Exam	12 months	Not Covered	12 months	Not Covered	12 months		12 months		12 months	
Lenses	12 months	Not Covered	12 months	Not Covered	12 months		12 months		12 months	
Frames	12 months	Not Covered	12 months	Not Covered	12 months		24 months		24 months	
<b>Eye Examinations</b>	<b>Copay</b>		<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Optometrist	\$15 copay	Not Covered	\$15	Not Covered	\$15 copay	Up to \$40	\$10 copay	\$45	\$20 copay	Up to \$20
<b>Lenses (per pair plus frame)</b>	<b>Copay</b>		<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Single	\$29 copay	Not Covered	\$29	Not Covered	\$30 copay	Up to \$40	\$25 copay	\$30 copay	\$20 copay	Up to \$15
Bifocal	\$49 copay	Not Covered	\$49	Not Covered	\$30 copay	Up to \$60	\$25 copay	\$50 copay	\$20 copay	Up to \$30
Trifocal	\$59 copay	Not Covered	\$59	Not Covered	\$30 copay	Up to \$80	\$25 copay	\$65 copay	\$20 copay	Up to \$60
<b>Contact Lenses</b>	<b>Copay</b>		<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Elective (Exam)	\$69 copay	Not Covered	\$69	Not Covered	\$15 copay	Up to \$40	\$60 copay	Up to \$105 allowance	\$40 copay	Not Covered
Daily Wear Lenses	\$35 per pair copay	Not Covered	\$35 per pair	Not Covered	\$15 copay, then up to \$105 allowance	Up to \$105	Up to \$130 allowance	Up to \$105 allowance	Up to \$105 allowance then 15% discount	Up to \$75
Extended Wear Lenses	\$39 per pair copay	Not Covered	\$39 per pair	Not Covered	\$15 copay, then up to \$105 allowance	Up to \$105	Up to \$130 allowance	Up to \$105 allowance	Up to \$105 allowance then 15% discount	Up to \$75
<b>Rate Guarantee</b>	<b>N/A</b>		<b>N/A</b>		<b>1 Year</b>		<b>4 Years</b>		<b>4 Years</b>	
					Employer Paid Rates		Employer Paid Rates		Voluntary Rates	
Employee	Included in Medical Premium		Included in Medical Premium		\$3.91		\$4.66		\$5.03	
Employee + One	Included in Medical Premium		Included in Medical Premium		\$7.14		\$6.76		\$9.56	
Employee + Family	Included in Medical Premium		Included in Medical Premium		\$12.36		\$12.12		\$14.05	

**City of Hallandale Beach**  
**Vision Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



SCHEDULE OF BENEFITS	CURRENT		Alternative #4		Alternative #5		Alternative #6		Alternative #7	
	Coventry Vision Plan Embedded w/Medical		Cigna Vision Exam Only Plan Cigna Vision network		Advantica Select Plus 100 Advantica network		Avesis Advantage-Enhanced Avesis Advantage network		Humana FL Vision Care Plan VCP network	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Exam Copay	\$15 copay	Not Covered	\$15 copay		\$15 copay	Up to \$40 reimb.	\$10 copay	Up to \$35 reimb.	\$15 copay	Up to \$35 reimb.
Materials Copay	See below	Not Covered	\$20 copay		\$15 copay	Up to \$20 to \$60 reimb.	\$25 copay	Up to \$25 to \$80 reimb.	\$15 copay	Up to \$25 to \$60 reimb.
<b>Frequency</b>										
Exam	12 months	Not Covered	12 months		12 months		12 months		12 months	
Lenses	12 months	Not Covered	12 months		12 months		12 months		12 months	
Frames	12 months	Not Covered	12 months		12 months		12 months		12 months	
<b>Eye Examinations</b>	<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Optometrist	\$15 copay	Not Covered	\$15 copay	Up to \$45	\$15 copay	Up to \$40	\$10 copay	Up to \$35	\$15 copay	Up to \$35
<b>Lenses (per pair plus frame)</b>	<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Single	\$29 copay	Not Covered	\$20 copay	Up to \$32	\$15 copay	Up to \$20	\$25 copay	Up to \$25	\$15 copay	Up to \$25
Bifocal	\$49 copay	Not Covered	\$20 copay	Up to \$55	\$15 copay	Up to \$40	\$25 copay	Up to \$40	\$15 copay	Up to \$40
Trifocal	\$59 copay	Not Covered	\$20 copay	Up to \$65	\$15 copay	Up to \$60	\$25 copay	Up to \$50	\$15 copay	Up to \$60
<b>Contact Lenses</b>	<b>Copay</b>		<b>Reimbursement</b>		<b>Reimbursement</b>		<b>Reimbursement</b>		<b>Reimbursement</b>	
Elective (Exam)	\$69 copay	Not Covered	Up to \$120 allowance	Up to \$100 allowance	Up to \$30 allowance	Not Covered	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance
Daily Wear Lenses	\$35 per pair copay	Not Covered	Up to \$120 allowance	Up to \$100 allowance	\$15 copay then up to \$100 allowance	Up to \$60	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance
Extended Wear Lenses	\$39 per pair copay	Not Covered	Up to \$120 allowance	Up to \$100 allowance	\$15 copay then up to \$100 allowance	Up to \$60	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance	Up to \$110 allowance
<b>Rate Guarantee</b>	<b>N/A</b>		<b>1 Year</b>		<b>4 Years</b>		<b>3 Years</b>		<b>2 Years</b>	
			Employer Paid Rates		Voluntary Rates		Employer pd.	Voluntary	Employer Paid Rates	
Employee	Included in Medical Premium		\$5.22		\$5.70		\$4.39	\$5.80	quoted 4 tier	
Employee + One	Included in Medical Premium		\$9.97		\$10.82		\$7.68	\$10.16		
Employee + Family	Included in Medical Premium		\$16.22		\$18.06		\$11.41	\$15.09		

**City of Hallandale Beach**  
**Vision Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**

SCHEDULE OF BENEFITS	<b>CURRENT</b>		Alternative #8		Alternative #9	
	Coventry Vision Plan Embedded w/Medical		Superior Vision Superior Vision Gold Superior Vision network		Ameritas Plan 1 Focus VSP Choice network	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Exam Copay	\$15 copay	Not Covered	\$15 copay	Up to \$33 reimb.	\$15 copay	Up to \$45 reimb.
Materials Copay	See below	Not Covered	\$25 copay	Up to \$29 to \$53 reimb.	\$15 copay	Up to \$30 to \$70 reimb.
<b>Frequency</b>						
Exam	12 months	Not Covered	12 months		12 months	
Lenses	12 months	Not Covered	12 months		12 months	
Frames	12 months	Not Covered	12 months		12 months	
<b>Eye Examinations</b>	<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Optometrist	\$15 copay	Not Covered	\$15	Up to \$28 OD Up to \$33 MD	\$15 copay	Up to \$45
<b>Lenses (per pair plus frame)</b>	<b>Copay</b>		<b>Copay</b>	<b>Reimbursement</b>	<b>Copay</b>	<b>Reimbursement</b>
Single	\$29 copay	Not Covered	\$25 copay	Up to \$29	\$15 copay	Up to \$30
Bifocal	\$49 copay	Not Covered	\$25 copay	Up to \$43	\$15 copay	Up to \$50
Trifocal	\$59 copay	Not Covered	\$25 copay	Up to \$53	\$15 copay	Up to \$65
<b>Contact Lenses</b>	<b>Copay</b>		<b>Reimbursement</b>		<b>Reimbursement</b>	
Elective (Exam)	\$69 copay	Not Covered	Up to \$100 allowance	Up to \$100 allowance	15% discount	Not Covered
Daily Wear Lenses	\$35 per pair copay	Not Covered	Up to \$100 allowance	Up to \$100 allowance	Up to \$130 allowance	Up to \$105 allowance
Extended Wear Lenses	\$39 per pair copay	Not Covered	Up to \$100 allowance	Up to \$100 allowance	Up to \$130 allowance	Up to \$105 allowance
<b>Rate Guarantee</b>	<b>N/A</b>		<b>4 Years</b>		<b>2 Years</b>	
			Employer pd.	Voluntary	Employer Paid Rates	
Employee	Included in Medical Premium		\$4.24	\$6.10	\$6.20	
Employee + One	Included in Medical Premium		\$8.20	\$11.82	\$11.72	
Employee + Family	Included in Medical Premium		\$12.06	\$17.36	\$16.20	

Carrier	Proposed Vision Plan Caveats
Aetna / Coventry	* Vision plan utilizes Aetna national vision network.
Cigna	* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 1% (approx. \$46,338) for adding dental coverage and 0.5% (approx. \$23,169) for renewing the disability coverage. The total discount for medical, dental and disability is 1.5% (approx. \$69,508). * Vision Plan utilizes Cigna national vision network.
Humana	* Multi-line discounts to medical premium are available if additional lines of coverage are selected in addition to the medical coverage. The discounts are as follows: 0.5% (approx. \$25,899) for adding dental coverage and 0.5% (approx. \$25,899) for adding vision coverage. The total discount for medical, dental and vision is 1% (approx. \$51,798). Also proposed multi-line discounts to the dental premium. * Vision plan utilizes Humana national vision network.
United Healthcare	* Vision plan utilizes United Health Care national vision network.
VSP	* AM Best rating: A.

*\*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.*

**City of Hallandale Beach**  
**Life Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



	<b>CURRENT</b>	<b>RENEWAL</b>	<b>Alternative #1</b>	<b>Alternative #2</b>	<b>Alternative #3</b>
<b>Basic Life / AD&amp;D</b>	<b>Fort Dearborne</b>	<b>Fort Dearborne</b>	<b>Cigna</b>	<b>Minnesota Life</b>	<b>Unum</b>
<b>Class</b>	<b>Class Description</b>	<b>Proposed Benefits</b>	<b>Proposed Benefits</b>	<b>Proposed Benefits</b>	<b>Proposed Benefits</b>
<b>Class 1:</b> All Active full-time employees, other than Elected Officials	\$25,000 Life and AD&D	<b>Did Not Quote</b>	\$25,000 Life and AD&D	\$25,000 Life and AD&D	\$25,000 Life and AD&D
<b>Class 2:</b> All Active Elected Officials	\$25,000 Life and AD&D		\$25,000 Life and AD&D	\$25,000 Life and AD&D	\$25,000 Life and AD&D
<b>Class 3:</b> Retirees who retired on or after August 1, 2004	\$15,000 Life		\$15,000 Life	\$15,000 Life	\$15,000 Life
<b>Class 4:</b> Retirees who retired prior to August 1, 2004	\$13,000 Life		\$13,000 Life	\$13,000 Life	\$13,000 Life
<b>Features</b>					
<b>Premium Waiver</b>	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	<b>Did Not Quote</b>	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No
<b>Age Reduction</b>	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A		Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A
<b>Accelerated Benefit</b>	Class 1: Yes Class 2: Yes Class 3: No Class 4: No		Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No
<b>Rate Guarantee Period</b>	<b>N/A</b>		<b>36 months</b>	<b>36 months</b>	<b>36 months</b>
<b>Life Rate / \$1,000</b>	\$0.36	<b>Did Not Quote</b>	0.290	0.310	0.320
<b>AD&amp;D Rate / \$1,000</b>	\$0.04		0.040	0.020	0.020
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.40</b>		<b>\$0.33</b>	<b>\$0.33</b>	<b>\$0.34</b>
<b>Estimated Life Volume</b>	<b>\$12,459,250</b>		<b>\$12,459,250</b>	<b>\$12,459,250</b>	<b>\$12,459,250</b>
<b>Estimated AD&amp;D Volume</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>	
<b>Total Monthly Premium</b>	<b>\$4,899.74</b>		<b>\$4,027.59</b>	<b>\$4,069.57</b>	<b>\$4,194.17</b>
<b>Total Annual Premium</b>	<b>\$58,796.88</b>		<b>\$48,331.11</b>	<b>\$48,834.87</b>	<b>\$50,329.98</b>
<b>\$ Increase</b>	<b>N/A</b>		<b>-\$10,465.77</b>	<b>-\$9,962.01</b>	<b>-\$8,466.90</b>
<b>% Increase</b>	<b>N/A</b>		<b>-17.80%</b>	<b>-16.94%</b>	<b>-14.40%</b>

**City of Hallandale Beach**  
**Life Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**

	<b>CURRENT</b>	<b>Alternative #4</b>	<b>Alternative #5</b>	<b>Alternative #6</b>
<b>Basic Life / AD&amp;D</b>	<b>Fort Dearborne</b>	<b>Standard</b>	<b>Symetra</b>	<b>Coventry/Aetna</b>
<b>Class</b>	<b>Class Description</b>	<b>Proposed Benefits</b>	<b>Proposed Benefits</b>	<b>Proposed Benefits</b>
<b>Class 1:</b> All Active full-time employees, other than Elected Officials	\$25,000 Life and AD&D			
<b>Class 2:</b> All Active Elected Officials	\$25,000 Life and AD&D			
<b>Class 3:</b> Retirees who retired on or after August 1, 2004	\$15,000 Life	\$15,000 Life (see caveats)	\$15,000 Life	\$15,000 Life
<b>Class 4:</b> Retirees who retired prior to August 1, 2004	\$13,000 Life	\$13,000 Life (see caveats)	\$13,000 Life	\$13,000 Life
<b>Features</b>				
<b>Premium Waiver</b>	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No
<b>Age Reduction</b>	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A	Class 1: Benefits reduce 33% at age 70 and 60% of original amount at age 75 Class 2: Benefits reduce 3% at age 70 and 60% of original amount at age 75 Class 3: N/A Class 4: N/A
<b>Accelerated Benefit</b>	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No	Class 1: Yes Class 2: Yes Class 3: No Class 4: No
<b>Rate Guarantee Period</b>	<b>N/A</b>	<b>24 months</b>	<b>36 months</b>	<b>36 months</b>
<b>Life Rate / \$1,000</b>	\$0.36	0.330	0.360	0.380
<b>AD&amp;D Rate / \$1,000</b>	\$0.04	0.035	0.040	0.020
<b>Total Life and AD&amp;D Rate</b>	<b>\$0.40</b>	<b>\$0.365</b>	<b>\$0.40</b>	<b>\$0.40</b>
<b>Estimated Life Volume</b>	<b>\$12,459,250</b>	<b>\$12,459,250</b>	<b>\$12,459,250</b>	<b>\$12,459,250</b>
<b>Estimated AD&amp;D Volume</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>	<b>\$10,360,250</b>
<b>Total Monthly Premium</b>	<b>\$4,899.74</b>	<b>\$4,474.16</b>	<b>\$4,899.74</b>	<b>\$4,941.72</b>
<b>Total Annual Premium</b>	<b>\$58,796.88</b>	<b>\$53,689.94</b>	<b>\$58,796.88</b>	<b>\$59,300.64</b>
<b>\$ Increase</b>	<b>N/A</b>	<b>-\$5,106.95</b>	<b>\$0.00</b>	<b>\$503.76</b>
<b>% Increase</b>	<b>N/A</b>	<b>-8.69%</b>	<b>0.00%</b>	<b>0.86%</b>

City of Hallandale Beach

Supplemental Life Insurance RFP Benefits Evaluation

Effective Date: October 1, 2013



	CURRENT	RENEWAL	Alternative #1	Alternative #2	Alternative #3
Supplemental Life	Reliance Standard	Reliance Standard	Cigna	Minnesota Life	Unum
Employee Definition	Active, Full-time employee working 30 hours or more per week		Active, Full-time employee working 30 hours or more per week	Active, Full-time employee working 30 hours or more per week	Active, Full-time employee working 30 hours or more per week
Employee Formula	Up to \$500,000 in \$10,000 Increments		Up to \$500,000 in \$10,000 Increments	Up to \$500,000 in \$10,000 Increments	Up to \$500,000 in \$10,000 Increments
Employee Guarantee Issue Amount	Under age of 60: \$100,000 Age 60-69: \$10,000 Age 70+: None		All Ages: \$100,000	All Ages: \$100,000	<b>All Ages: \$150,000</b>
Spouse Formula	Up to \$500,000 in \$10,000 Increments		Up to <b>\$300,000</b> in \$10,000 increments <b>(spouse coverage ends at age 70)</b>	Up to <b>\$250,000</b> in \$5,000 increments <b>(spouse coverage ends at age 70)</b>	Up to \$500,000 in \$10,000 increments
Spouse Benefit Limit	\$500,000		<b>Cannot exceed employee amount</b>	<b>\$250,000</b>	<b>Cannot exceed employee amount</b>
Spouse Guarantee Issue Amount	Under Age 60: \$30,000 Age 60+: None	Did Not Quote	All Ages: \$30,000	All Ages: \$30,000	<b>All Ages: \$25,000</b>
Child Formula	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000		Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000
Age Reduction Formula	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100		Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100	<b>None</b>	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100
Portability	Included		Included	Included	Included
Conversion	Included		Included	Included	Included
Waiver	Included		Included	Included	Included
Dependent Life requires Purchase of Employee Supp Life?	YES		YES	Not Specified	YES
Required Participation	N/A		20%	N/A	20%
<b>Rate Guarantee</b>	N/A		36 months	36 months	36 months

City of Hallandale Beach

Supplemental Life Insurance RFP Benefits Evaluation

Effective Date: October 1, 2013



	<b>CURRENT</b>	<b>Alternative #4</b>	<b>Alternative #5</b>	<b>Alternative #6</b>
Supplemental Life	Reliance Standard	Standard	Symetra	Coventry/Aetna
Employee Definition	Active, Full-time employee working 30 hours or more per week	Active, Full-time employee working 30 hours or more per week	Active, Full-time employee working 30 hours or more per week	Active, Full-time employee working 30 hours or more per week
Employee Formula	Up to \$500,000 in \$10,000 Increments	Up to \$500,000 in \$10,000 Increments	Up to \$500,000 in \$10,000 Increments	Up to \$500,000 in \$10,000 Increments
Employee Guarantee Issue Amount	Under age of 60: \$100,000 Age 60-69: \$10,000 Age 70+: None	All Ages: \$100,000	Under age of 60: \$100,000 Age 60-69: \$10,000 Age 70+: None	The lesser of 3 times annual salary or \$100,000
Spouse Formula	Up to \$500,000 in \$10,000 Increments	Up to <b>\$250,000</b> in \$5,000 increments	Up to \$500,000 in \$10,000 increments	Up to \$500,000 in \$10,000 increments
Spouse Benefit Limit	\$500,000	<b>Cannot exceed employee amount</b>	Not Specified	<b>Cannot exceed 50% of employee amount</b>
Spouse Guarantee Issue Amount	Under Age 60: \$30,000 Age 60+: None	All Ages: \$30,000	Under Age 60: \$30,000 Age 60+: None	<b>All Ages: \$25,000</b>
Child Formula	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000	<b>\$2,500, \$5,000, \$7,500 or \$10,000 regardless of age</b>	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000
Age Reduction Formula	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100	Benefit to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100
Portability	Included	Included	Included	Included
Conversion	Included	Included	Included	Included
Waiver	Included	Included	Included	Included
Dependent Life requires Purchase of Employee Supp Life?	YES	YES	Not Specified	YES
Required Participation	N/A	20%	15%	20%
<b>Rate Guarantee</b>	N/A	24 months	36 months	36 months

City of Hallandale Beach  
 Supplemental Life Insurance RFP Rate Evaluation  
 Effective Date: October 1, 2013



	CURRENT	RENEWAL	Alternative #1	Alternative #2	Alternative #3
Supplemental Life	Reliance Standard	Reliance Standard	Cigna	Minnesota Life	Unum
Rates per \$1,000					
Under Age 20	\$0.095	Did Not Quote	\$0.095	\$0.090	\$0.095
Age 20-24	\$0.095		\$0.095	\$0.090	\$0.095
Age 25-29	\$0.095		\$0.095	\$0.110	\$0.095
Age 30 - 34	\$0.117		\$0.117	\$0.150	\$0.117
Age 35 - 39	\$0.169		\$0.169	\$0.220	\$0.169
Age 40 - 44	\$0.241		\$0.241	\$0.400	\$0.241
Age 45 - 49	\$0.439		\$0.439	\$0.600	\$0.439
Age 50 - 54	\$0.671		\$0.671	\$0.900	\$0.671
Age 55 - 59	\$1.001		\$1.001	\$1.220	\$1.001
Age 60 - 64	\$1.360		\$1.360	\$1.830	\$1.360
Age 65 - 69	\$2.032		\$2.032	\$2.780	\$2.032
Age 70 - 74	\$3.091		\$3.091	\$2.780	\$3.091
Age 75-79	\$3.091		\$3.091	\$2.780	\$3.091
Age 80-84	\$3.091		\$3.091	\$2.780	\$3.091
Age 85-89	\$3.091		\$3.091	\$2.780	\$3.091
Age 90-94	\$3.091		\$3.091	\$2.780	\$3.091
Age 95-99	\$3.091		\$3.091	\$2.780	\$3.091
Dependent Children (One rate for all eligible children regardless of number)					
\$2,500	\$0.49	Did Not Quote	\$0.49	\$0.33	\$0.49
\$5,000	\$0.95		\$0.95	\$0.65	\$0.95
\$7,500	\$1.41		\$1.41	\$0.98	\$1.41
\$10,000	\$1.88		\$1.88	\$1.30	\$1.88

**City of Hallandale Beach**  
**Supplemental Life Insurance RFP Rate Evaluation**  
**Effective Date: October 1, 2013**



**CURRENT**

**Alternative #4**

**Alternative #5**

**Alternative #6**

Supplemental Life	Reliance Standard	Standard	Symetra	Coventry/Aetna
Rates per \$1,000				
Under Age 20	\$0.095	\$0.095	\$0.095	\$0.095
Age 20-24	\$0.095	\$0.095	\$0.095	\$0.095
Age 25-29	\$0.095	\$0.095	\$0.095	\$0.095
Age 30 - 34	\$0.117	\$0.117	\$0.117	\$0.117
Age 35 - 39	\$0.169	\$0.169	\$0.169	\$0.169
Age 40 - 44	\$0.241	\$0.241	\$0.241	\$0.241
Age 45 - 49	\$0.439	\$0.439	\$0.439	\$0.439
Age 50 - 54	\$0.671	\$0.671	\$0.671	\$0.671
Age 55 - 59	\$1.001	\$1.001	\$1.001	\$1.001
Age 60 - 64	\$1.360	\$1.360	\$1.360	\$1.360
Age 65 - 69	\$2.032	\$2.032	\$2.032	\$2.032
Age 70 - 74	\$3.091	\$3.091	\$3.091	\$3.091
Age 75-79	\$3.091	\$3.091	\$3.091	\$3.091
Age 80-84	\$3.091	\$3.091	\$3.091	\$3.091
Age 85-89	\$3.091	\$3.091	\$3.091	\$3.091
Age 90-94	\$3.091	\$3.091	\$3.091	\$3.091
Age 95-99	\$3.091	\$3.091	\$3.091	\$3.091
<b>Dependent Children (One rate for all eligible children regardless of age)</b>				
\$2,500	\$0.49	\$0.45	\$0.49	\$0.49
\$5,000	\$0.95	\$0.90	\$0.95	\$0.95
\$7,500	\$1.41	\$1.35	\$1.41	\$1.41
\$10,000	\$1.88	\$1.80	\$1.88	\$1.88

**City of Hallandale Beach**  
**Long Term Disability Insurance RFP Evaluation**  
**Effective Date: October 1, 2013**



	CURRENT	RENEWAL	Alternative #1	Alternative #2	Alternative #3
Long Term Disability	CIGNA	CIGNA	Coventry/Aetna	Symetra	Standard
Eligible Class Definition	All active, Full-time Employees of City of Hallandale Beach regularly working a minimum of 30 hours per week, excluding Police and Fire Department Employees covered under the Police and Fire Pension Plan	All active, Full-time Employees of City of Hallandale Beach regularly working a minimum of 30 hours per week, excluding Police and Fire Department Employees covered under the Police and Fire Pension Plan	All active, Full-time Employees of City of Hallandale Beach regularly working a minimum of 30 hours per week, excluding Police and Fire Department Employees covered under the Police and Fire Pension Plan	All active, Full-time Employees of City of Hallandale Beach regularly working a minimum of 30 hours per week, excluding Police and Fire Department Employees covered under the Police and Fire Pension Plan	All active, Full-time Employees of City of Hallandale Beach regularly working a minimum of 30 hours per week, excluding Police and Fire Department Employees covered under the Police and Fire Pension Plan
Elimination Period	90 Days				
Monthly Benefit	Base: 50% Buy Up: 10% (60% total)				
Maximum Benefit	Core: to \$1,000 Monthly Buy Up: to \$5,000 Monthly	Core: to \$1,000 Monthly Buy Up: to \$5,000 Monthly	Core: to \$1,000 Monthly Buy Up: to \$5,000 Monthly	Core: to \$1,000 Monthly Buy Up: to \$5,000 Monthly	Core: to \$1,000 Monthly Buy Up: to \$5,000 Monthly
Own Occupation Period	24 Months				
Duration of Benefit	To age 65 or the date of the 42nd monthly benefit if age 62 or younger	To age 65 or the date of the 42nd monthly benefit if age 62 or younger	To age 65 or the date of the 42nd monthly benefit if age 62 or younger	To age 65 or the date of the 42nd monthly benefit if age 62 or younger	To age 65 or the date of the 42nd monthly benefit if age 62 or younger
Conversion	Not Included				
Pre-existing Condition Limitation	3 / 12	3 / 12	3 / 12	3 / 12	3 / 12
Mental Illness, Alcoholism & Drug Abuse Limitation	24 Months				
Survivor Benefit	3 X Monthly Benefit	3 X Monthly Benefit	3 X Monthly Benefit	3 X Monthly Benefit	3 X Monthly Benefit
Rate Guarantee	N/A	36 months	24 months	36 months	24 months
<b>EMPLOYER PAID BASE LTD</b>					
LTD Rate / \$100 - BASE	\$0.360	\$0.360	\$0.315	\$0.360	\$0.485
Estimated Volume - BASE	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
Monthly Premium	\$1,728.00	\$1,728.00	\$1,512.00	\$1,728.00	\$2,328.00
Annual Premium	\$20,736.00	\$20,736.00	\$18,144.00	\$20,736.00	\$27,936.00
\$ Increase	N/A	\$0.00	-\$2,592.00	\$0.00	\$7,200.00
% Increase	N/A	0.0%	-12.5%	0.0%	34.7%
<b>EMPLOYEE PAID BUY-UP LTD</b>					
LTD Rate / \$100 - BUY-UP	\$0.230	\$0.230	\$0.202	\$0.230	\$0.590
Estimated Volume - BUY-UP	\$833,625	\$833,625	\$833,625	\$833,625	\$833,625
Monthly Premium	\$1,917.34	\$1,917.34	\$1,683.92	\$1,917.34	\$4,918.39
Annual Premium	\$23,008.05	\$23,008.05	\$20,207.07	\$23,008.05	\$59,020.65
\$ Increase	N/A	\$0.00	-\$2,800.98	\$0.00	\$36,012.60
% Increase	N/A	0.0%	-12.2%	0.0%	156.5%

Carrier	Proposed Life and Disability Plan Caveats
<b>Cigna</b>	<ul style="list-style-type: none"> <li>- Rates assume employer contributes 100% of premium for all classes</li> <li>- Voluntary rates only valid if sold as part of basic life package</li> <li>- Multi-line discount of .5% off medical proposal available if LTD is renewed</li> </ul>
<b>Coventry/Aetna</b>	<ul style="list-style-type: none"> <li>- We reserve the right to revise the quote if the data provided is not accurate or if the lives or volume change by +/- 10% after initial enrollment.</li> </ul>
<b>Standard</b>	<ul style="list-style-type: none"> <li>- Rates assume 100% participation in Classes 3 and 4</li> <li>- Supp Life rates assume 21% enrollment</li> <li>- Suicide exclusion for 2 years in Classes 3 and 4</li> <li>- Unless identified as a retiree it is assumed all are active employees meeting the hourly requirement</li> <li>- For class 1, this is not our customary reduction schedule. Employer is responsible for determining that the schedule requested complies with the ADEA.</li> <li>- Rates assume billing is centralized in one location.</li> </ul>
<b>Minnesota Life</b>	<ul style="list-style-type: none"> <li>- We reserve the right to adjust rates if volume within a coverage or across coverages changes by 15% or more or other aspects of group composition change materially.</li> <li>- Suicide exclusion applies</li> <li>- Individuals may only be covered once under the policy (i.e. employees cannot also be insured as a spouse or child of another employee)</li> </ul>
<b>Symetra</b>	<ul style="list-style-type: none"> <li>- Employees must be actively at work and working a minimum of 30 hours weekly</li> <li>- Symetra reserves the right to revise the quote if the data provided is not accurate or if the lives or volume change by +/- 10% after initial enrollment.</li> <li>- Policies will be delivered electronically. A fee may apply for printing and delivery of paper certificates.</li> </ul>
<b>Unum</b>	<ul style="list-style-type: none"> <li>- Life rates assume employer pays premiums and 100% participation in all classes</li> <li>- 24 month suicide exclusion applies</li> <li>- The employee must be covered for Life in order to insure dependents for Life</li> </ul>

*\*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.*

**City of Hallandale Beach**  
**Employee Assistance Plan RFP Evaluation**  
**Effective Date: October 1, 2013**



	Current	Alternative #1	Alternative #2	Alternative #3	Alternative #4	Alternative #5
Core Features	Cigna	Aetna	Minnesota Life Essentials Plus	New Directions	Symetra	The Standard
Number of Sessions per member per year	5 visits per issue per year	5 visits per issue per year	5 visits per issue per year	5 visits per issue per year	5 visits per issue per year (5 additional with LTD claim)	<b>6 visits per issue per year</b>
Relationship Issues	Included	Included	Included	Included	Included	Included
Substance Abuse	Consultation Included (Drug testing excluded)	<b>Included</b>	Consultation Included (Drug testing excluded)	Consultation Included (Drug testing excluded)	<b>Included</b>	Consultation Included (Drug testing excluded)
Critical Incident Debriefing	Included	Included	<b>Not Included</b>	Included	Included	Included
Childcare / Eldercare Consultation	Included	Included	Included	Included	Included	Included
Marital Problems	Included	Included	Included	Included	Included	Included
Financial / Legal Issues	Included	Included	Included	Included	Included	Included
Stress Management	Included	Included	Included	Included	Included	Included
Parenting Problems	Included	Included	Included	Included	Included	Included
Assistance with College Selection	Not Specified	Included	Not Included	Included	Not Included	Included
<b>Rate Guarantee</b>	<b>Through 9/30/2014</b>	<b>36 Months</b>	<b>36 Months</b>	<b>24 Months</b>	<b>36 Months</b>	<b>24 Months</b>
<b>Per Employee Per Month Rate</b>	<b>\$2.71</b>	<b>\$1.86</b>	<b>\$1.38</b>	<b>\$1.75</b>	<b>N/A</b>	<b>N/A</b>
<b>Monthly Premium (412 EEs)</b>	<b>\$1,116.52</b>	<b>\$766.32</b>	<b>\$568.56</b>	<b>\$721.00</b>	<b>*Rate Included in LTD Proposal</b>	<b>*Rate Included in LTD Proposal</b>
<b>Annual Premium</b>	<b>\$13,398.24</b>	<b>\$9,195.84</b>	<b>\$6,822.72</b>	<b>\$8,652.00</b>		
<b>\$ Increase</b>	<b>N/A</b>	<b>-\$4,202.40</b>	<b>-\$6,575.52</b>	<b>-\$4,746.24</b>		
<b>% Increase</b>	<b>N/A</b>	<b>-31.4%</b>	<b>-49.1%</b>	<b>-35.4%</b>		



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