CITY OF DANIA BEACH

EMPLOYEE BENEFITS INSURANCE EVALUATION



RENEWAL RECOMMENDATION FOR:

GROUP MEDICAL AND PRESCRIPTION INSURANCE GROUP DENTAL INSURANCE GROUP VISION INSURANCE

PLAN YEAR EFFECTIVE: OCTOBER 1, 2014

August 13, 2014 Presented By:



11505 Fairchild Gardens Ave., Ste. 202
Palm Beach Gardens, FL 33410
Tel: (800) 244-3696 Fax: (561) 626-6970
www.gehringgroup.com

Employee Benefits Renewal Evaluation & Recommendation Plan Year Effective: October 1, 2014

EXECUTIVE SUMMARY

Pursuant to the City's transition from a self-insured medical, dental and vision program to a fully insured arrangement effective October 1, 2013, Gehring Group and City Staff have met regularly to review and monitor current year plan performance. Transitioning to a fully insured arrangement has allowed the City to budget more effectively and limit the City's claims cost exposure under its employee benefits program.

Background Information

The City of Dania Beach currently offers group medical, dental, vision, life & accidental death insurance to its full time employees, retirees and their dependents (subject to eligibility guidelines). In 2013, the City and Gehring Group conducted a formal RFP and evaluation process to investigate all viable options in an attempt to maintain the most cost effective employee benefits program. Based on the results of our analysis, the Florida League of Cities proposed the most competitive medical option on a fully insured basis, providing a guaranteed cost to the City, saving approximately \$700,000 over the 2012/2013 medical self-funded premiums. The current 2013/2014 program is administered by United Health Care and provides City members access to United Healthcare's national provider network. The total annual cost of the medical insurance program for the 2013/2014 plan year is approximately \$2,325,366 (based on current enrollment of 173 employees and retirees).

Medical Insurance Renewal

Using an industry standard renewal calculation, Gehring Group's renewal projection yielded an anticipated premium increase of approximately 27.7% based upon current utilization, a 102% claims to premium loss ratio, large claim information, and additional fees required under the Patient Protection and Affordable Care Act (PPACA). Based on these early projections, Gehring Group diligently worked with the Florida League of Cities (FLOC) and was successful in negotiating the initial FLOC renewal down to a 15.56% increase. The schedule of benefits associated with the FLOC renewal differs slightly from the City's current program as outlined in the chart below. Member benefit enhancements are represented in blue and benefit reductions are shown in red. Under the Affordable Care Act, all deductibles, coinsurance and copays paid by the employee are required to accumulate to the maximum out of pocket. To help offset the additional claims exposure associated with this new requirement and keep their plans as affordable as possible, the FLOC's renewal also includes plan changes to a small number of benefit items as outlined below in red.



		gue of Cities Plan 002	Florida League of Cities UHC Plan 002				
Plan Basics	In Network	Out of Network	In Network	Out of Network			
Lifetime Maximum	Unli	mited	Unlimited				
Calendar Year Deductible							
Single	\$250	\$500	\$250	\$500			
Family	\$500	\$1,000	\$500	\$1,000			
	Includes Deduct	tible, Prescription	Includes Deducti	ble, Copayments,			
Out of Pocket Maximum	Drug costs do	not accumulate	Coinsurance, and	Prescription Drug			
	towards Out-of-	Pocket Maximum		sts			
Single	\$2,500	\$5,000	\$2,500	\$5,000			
Family	\$5,000	\$10,000	\$5,000	\$10,000			
Coinsurance	90%	70%	90%	70%			
Office Visits							
Physician Office Visit	\$10	CYD + 30%	\$15	CYD + 30%			
Specialist Visit	\$20	CYD + 30%	\$30	CYD + 30%			
Preventive Care Services	No Charge	Not Covered	No Charge	Not Covered			
Independent Clinical Lab	No Charge	CYD + 30%	No Charge	CYD + 30%			
Urgent Care Center	\$35	CYD + 30%	\$50	CYD + 30%			
Hospital							
Inpatient	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%			
Outpatient	\$100	CYD + 30%	\$100	CYD + 30%			
Emergency Room Visit	\$100	Copay	\$125 Copay				
Physician Services in Hospital	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%			
Advanced Imaging (Outpatient)	\$100	CYD + 30%	\$100	CYD + 30%			
Mental Health /							
Substance Abuse							
Inpatient	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%			
Outpatient	\$10	CYD + 30%	\$15	CYD + 30%			
Prescription Drugs	440	4.0	410	440			
Tier 1	\$10	\$10	\$10	\$10			
Tier 2	\$30	\$30	\$35	\$35			
Tier 3	\$50	\$50	\$60	\$60			
Tier 4	N/A	N/A	N/A	N/A			
Mail Order	2.5 x Retail Copay	Not Covered	2.5 x Retail Copay	Not Covered			

Dental Insurance Renewal

In 2013, the City transitioned from a self-insured dental program to a fully insured dental arrangement administered by Reliance Standard Life Insurance Company, providing a guaranteed cost to the City, and saving approximately \$150,000 over the 2012/2013 dental self-funded premiums. The Reliance Standard dental PPO also provided a larger dental network, allowing employees to receive additional discounts by utilizing in-network dentists.



Through this year's renewal process, Gehring Group was successful in negotiating an alternate plan option which included an enhancement to the current dental benefits, increasing the coverage level for Class 1: Preventive/Diagnostic Services from 80% to 100% at no rate increase to the City.

Vision Insurance Renewal

In 2013, the City transitioned from a self-insured vision reimbursement program to a more traditional fully insured vision arrangement with an extensive provider network administered by Reliance Standard Life Insurance Company. This program provided a guaranteed cost to the City at no increase over the 2012/2013 vision self-funded premiums.

Through the renewal negotiation process, Gehring Group was successful in negotiating the City's vision renewal at no rate increase to the City for 24 months.

RECOMMENDATION

Upon receipt of the negotiated renewal proposals, City Staff and Gehring Group representatives met with the Insurance Review Committee to evaluate the options proposed. Based on the review of the City's year to date claims experience and the outcome of the renewal negotiation process, Gehring Group, City Staff and the Insurance Review Committee recommend the following for your consideration:

- Maintain current fully insured health insurance program with the Florida League of Cities (United Healthcare) at a 15.56% rate increase; this includes slight plan changes in order to maintain compliance with Health Care Reform and prevent additional costs with requirements;
- Maintain current fully insured dental program with Reliance Standard with plan benefit enhancements at no rate increase;
- Maintain current fully insured vision program with Reliance Standard with no rate increase.



EXHIBITS

- 2012/2013 Medical Claims Experience
- 2013/2014 Medical Claims Experience
- Medical Renewal Evaluation
- Dental Renewal Evaluation
- Vision Renewal Evaluation



City of Dania Beach AvMed - Medical Self Funded Claims Experience



Effective: October 2012

Month	То	tal Funding	Me	dical Claims	F	Pharmacy Claims	Total Paid Claims	AvMed N Admin		FSA	A Admin Fee		Specific Premium		Aggregate Premium	T	OTAL COST	:	Surplus / (Deficit)	EE	Family	Total	Total Members
Oct-12	\$	186,994	\$	63,717	\$	51,250	\$ 114,967	\$	7,904	\$	887	\$	20,833	\$	1,323	\$	145,915	\$	41,078	53	116	169	385
Nov-12	\$	189,423	\$	82,903	\$	49,587	\$ 132,490	\$	8,044	\$	903	\$	21,126	\$	1,347	\$	163,911	\$	25,512	55	117	172	390
Dec-12	\$	190,263	\$	100,161	\$	53,496	\$ 153,657	\$	8,044	\$	903	\$	21,199	\$	1,347	\$	185,150	\$	5,113	54	118	172	394
Jan-13	\$	190,263	\$	55,925	\$	57,586	\$ 113,511	\$	8,044	\$	903	\$	21,199	\$	1,347	\$	145,005	\$	45,259	54	118	172	394
Feb-13	\$	190,263	\$	66,998	\$	41,536	\$ 108,534	\$	8,044	\$	903	\$	21,199	\$	1,347	\$	140,027	\$	50,236	54	118	172	388
Mar-13	\$	188,053	\$	67,090	\$	45,132	\$ 112,222	\$	7,998	\$	898	\$	20,980	\$	1,339	\$	143,436	\$	44,616	55	116	171	389
Apr-13	\$	188,053	\$	96,351	\$	48,431	\$ 144,782	\$	7,998	\$	898	\$	20,980	\$	1,339	\$	175,997	\$	12,056	55	116	171	390
May-13	\$	188,053	\$	124,231	\$	39,953	\$ 164,184	\$	7,998	<u> </u>	898	\$	20,980	\$	1,339	\$	195,398	\$	(7,346)	55	116	171	390
Jun-13	\$	189,642	\$	181,302	Ś	42,038	\$ 223,340	-	8,138	\$	914	Ś	21,200	s	1,362	Ś	254,954	Ś	(65,312)		116	174	389
Jul-13	\$	188,801	\$	138,916	\$	58,871	\$ 197,787		8,138	\$	914	\$	21,127	\$	1,362	Ś	229,328	\$	(40,527)		115	174	386
Aug-13	\$	191,541	¢	86,376	\$	57,595	\$ 143,971		8,232	\$	924	¢	21,420	\$	1,378	Ś	175,924	¢	15,617	59	117	176	391
Sep-13	\$	189,112	ç	150,949	\$	71,481	\$ 222,430		8,091	\$	908	ب د	21,127	\$	1,355	ڔ	253,911	ب د	(64,799)		116	173	385
2012-13	\$	2,270,461	۶ \$	1,214,920	\$	616,956	\$ 1,831,876		6,674	\$	10,852	۶ \$	253,371	\$ \$	16,185	\$	2,208,957	۶ \$	61,504	668	1399	2067	4671

STOP LOSS REIMBURSEMENT DUE (claims exceding \$75,000)

TOTAL SURPLUS/(DEFICIT)

\$ 134,269.90

\$ 72,766.16

Funding Facto	ors		Admini	istration	FSA Admin	Specific	Aggregate
EE Only	\$	529.62	\$	46.77	\$ 5.25	\$ 73.34	\$ 7.83
Family	\$	1,370.03	\$	46.77	\$ 5.25	\$ 146.09	\$ 7.83

RUNOUT	Tot	al Funding	Med	dical Claims	Pharmacy Claims	otal Paid Claims	ed Medical min Fee	F	SA Admin Fee	Stop Loss Reimbursements	тот	AL RUNOUT	Surplus / (Deficit)	EE	Family	Total	Total Members
Oct-13	\$	-	\$	75,944	\$ (587)	\$ 75,357	\$ -	\$	-	\$ 42,539	\$	32,818	n/a	0	0	0	0
Nov-13	\$	-	\$	34,631	\$ (7)	\$ 34,624	\$ -	\$	=	\$ 3,309	\$	31,315	n/a	0	0	0	0
Dec-13	\$	-	\$	56,451	\$ -	\$ 56,451	\$ -	\$	=	\$ 14,767	\$	41,684	n/a	0	0	0	0
Jan-14	\$	-	\$	-	\$ -	\$	\$ -	\$	=	\$ -	\$	-	n/a	0	0	0	0
Feb-14	\$	-	\$	-	\$ -	\$	\$ -	\$	-	\$ -	\$	-	n/a	0	0	0	0
Mar-14	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$ -	\$	-	n/a	0	0	0	0

City of Dania Beach FMIT/UHC Fully Insured Claims Experience



Effective: October 2013

Date	MONTHLY PREMIUM	Medical Claims Payments	Pharmacy Claims Payments	T	OTAL PAID CLAIMS	Loss Ratio	TOTAL EE	C	laims/EE
October-13	\$ 185,231	\$ 37,780	\$ 15,291	\$	53,071	29%	178	\$	298.15
November-13	\$ 239,688	\$ 108,967	\$ 49,255	\$	158,222	66%	181	\$	874.15
December-13	\$ 198,024	\$ 87,061	\$ 33,631	\$	120,692	61%	181	\$	666.81
January-14	\$ 197,654	\$ 124,551	\$ 48,541	\$	173,092	88%	183	\$	945.86
February-14	\$ 198,390	\$ 181,972	\$ 48,583	\$	230,555	116%	181	\$	1,273.78
March-14	\$ 198,468	\$ 344,943	\$ 47,452	\$	392,395	198%	181	\$	2,167.93
April-14	\$ 200,467	\$ 130,443	\$ 48,772	\$	179,215	89%	180	\$	995.64
May-14	\$ 199,735	\$ 259,027	\$ 65,353	\$	324,380	162%	181	\$	1,792.15
June-14									
July-14									
August-14									
September-14									
2013-2014	\$ 1,617,657	\$ 1,274,744	\$ 356,878	\$	1,631,622	101%	1446	\$	1,128.37
Rolling 12 Months	\$ 2,376,753	\$ 1,832,287	\$ 586,863	\$	2,419,150	102%	2143	\$	1,128.86



Current Renewal

	Cur	rent	Renewal					
		gue of Cities lan 002	Florida Leag UHC Pla					
Plan Basics	In Network	Out of Network	In Network	Out of Network				
Lifetime Maximum	Unli	mited	Unlimited					
Calendar Year Deductible								
Single	\$250	\$500	\$250	\$500				
Family	\$500	\$1,000	\$500	\$1,000				
Out of Pocket Maximum	not accumulate tov	escription Drug costs do vards Out-of-Pocket imum	Includes Deductible, Cop and Prescription	•				
Single	\$2,500	\$5,000	\$2,500	\$5,000				
Family	\$5,000	\$10,000	\$5,000	\$10,000				
Coinsurance	90%	70%	90%	70%				
Office Visits								
Physician Office Visit	\$10	CYD + 30%	\$15	CYD + 30%				
Specialist Visit	\$20	CYD + 30%	\$30	CYD + 30%				
Preventive Care Services	No Charge	Not Covered	No Charge	Not Covered				
Independent Clinical Lab	No Charge	CYD + 30%	No Charge	CYD + 30%				
Urgent Care Center	\$35	CYD + 30%	\$50	CYD + 30%				
Hospital								
Inpatient	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%				
Outpatient	\$100	CYD + 30%	\$100	CYD + 30%				
Emergency Room Visit	\$100	Copay	\$125 (Copay				
Physician Services in Hospital	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%				
Advanced Imaging (Outpatient)	\$100	CYD + 30%	\$100	CYD + 30%				
Mental Health / Substance Abuse		•						
Inpatient	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%				
Outpatient	\$10	CYD + 30%	\$15	CYD + 30%				
Prescription Drugs		•	,					
Tier 1	\$10	\$10	\$10	\$10				
Tier 2	\$30	\$30	\$35	\$35				
Tier 3	\$50	\$50	\$60	\$60				
Tier 4	N/A	N/A	N/A	N/A				
Mail Order	2.5 x Retail Copay	Not Covered	2.5 x Retail Copay	Not Covered				
Active / Retiree Pre-65								
Employee Only 4	\$56	9.00	\$660	0.04				
Employee + Family 9		08.00	\$1,74					
Retiree Post-65*			, =,-					
Retiree - Single 1	\$36	6.29	\$408	3.00				
Retiree + Dependent over 65		2.58	\$816.00					
Retiree + 1 Dependent under 65		5.29	\$1,068.04					
Retiree + 2 Dependents under 65		74.29	\$2,157.28					
Monthly Premium 1		780.50	\$2,137.26					
Annual Premium		,366.00	\$2,687,286.72					
\$ Increase		/a	\$361,920.72					
% Increase		/a	15.5					

^{*}Retirees and/or retirees with dependent(s) not eligible for Medicare will be subject to modified pricing.



CURRENT RENEWAL ALTERNATE 1

	CUR	RENT	REN	EWAL	ALTERNATE 1				
SCHEDULE OF BENEFITS		Standard		Standard	Reliance Standard				
		n 1		an 1		an 1			
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network			
Annual Benefit Maximum		000		,000		,000			
Orthodontic Lifetime Max	\$1,	000	\$1	,000	\$1	,000			
<u>Deductibles</u>									
Single	\$50	\$50	\$50	\$50	\$50	\$50			
Family	\$150	\$150	\$150	\$150	\$150	\$150			
Deductible Waived for Preventive Services?	Yes	Yes	Yes	Yes	Yes	Yes			
Frequency Limit for Class 1 Services?	2 / year	2 / year	2 / year	2 / year	2 / year	2 / year			
<u>Benefits</u>									
Class 1 -Preventive / Diagnostic	80%	80%	80%	80%	100%	100%			
Class 2 -Basic Services	80%	80%	80%	80%	80%	80%			
Class 3 -Major Services	50%	50%	50%	50%	50%	50%			
Class 4 -Orthodontia (Up to age 19)	50%	50%	50%	50%	50%	50%			
Waiting Period									
Class 3 -Major Services	No	one	Ne	one	N	one			
Class 4 -Orthodontia (Up to age 19)	No	one	No	one	None				
Coverage Clarification									
Endodontic and Periodontic are covered as:	Class 2	Services	Class 2	Services	Class 2 Services				
Out of Network Benefits Payable Level	80% (of UCR	80%	of UCR	80%	of UCR			
Rate Guarantee	Expires 1	0/1/2014	24 N	lonths	12 N	onths			
Monthly Rates									
Employee 48	\$31	75	\$33	1.75	\$3	1.75			
Employee + Family 120	\$99).74	\$99	9.74	\$9	9.74			
Monthly Premium	\$13	,493	\$13	3,493	\$13,493				
Annual Premium	\$16:	1,914	\$16	1,914	\$161,914				
\$ Increase	N	/A	\$0	0.00	\$0.00				
% Increase	N	/A	0.	0%	0.0%				

City of Dania Beach Vision Insurance Renewal - Reliance Standard Effective Date: October 1, 2014



CURRENT

RENEWAL

SCHEDULE OF BENEFITS		Standard w Plan H		Standard w Plan H			
	In Network	Non Network	In Network	Non Network			
Frequency (Exam/Lenses/Frames)	12 / 12 / 3	24 months	12 / 12 / 24 months				
<u>Services</u>							
Eye Exam	\$15 copay	Up to \$35	\$15 copay	Up to \$35			
Materials	\$15 copay	\$15 copay	\$15 copay	\$15 copay			
Eye Examinations							
Optometrist	\$15 copay	Not Covered	\$15 copay	Not Covered			
Lenses (per pair)							
Single Lenses	\$15 copay	Up to \$25	\$15 copay	Up to \$25			
Bifocal Lenses	\$15 copay	Up to \$40	\$15 copay	Up to \$40			
Trifocal Lenses	\$15 copay	Up to \$55	\$15 copay	Up to \$55			
Contact Lenses							
Contact Lenses (Elective)	Up to \$115	Up to \$92	Up to \$115	Up to \$92			
Medically Necessary	Paid in Full	Up to \$200	Paid in Full	Up to \$200			
<u>Frames</u>	Up to \$100	Up to \$45	Up to \$100	Up to \$45			
Rate Guarantee	Expires 1	0/1/2014	24 M	onths			
Monthly Rates							
Employee 4	7 \$7	.04	\$7.	.04			
Employee + Family 11	\$16	5.80	\$16	5.80			
Monthly Premium	\$2,	330	\$2,330				
Annual Premium	\$27	,961	\$27,961				
\$ Increase	N	/A	\$0.00				
% Increase	N	/A	0.0%				