

City of Dania Beach
Medical Insurance Renewal - FMIT
Effective Date: October 1, 2015



Current

RENEWAL

	Florida League of Cities UHC Plan 002		Florida League of Cities UHC Plan 002	
	In Network	Out of Network	In Network	Out of Network
Plan Basics	Unlimited		Unlimited	
Calendar Year Deductible				
Single	\$250	\$500	\$250	\$500
Family	\$500	\$1,000	\$500	\$1,000
Out of Pocket Maximum	Includes Deductible, Copayments, Coinsurance, and Prescription Drug costs		Includes Deductible, Copayments, Coinsurance, and Prescription Drug costs	
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	\$15	CYD + 30%	\$15	CYD + 30%
Specialist Visit	\$30	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	\$50	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	\$125 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	\$15	CYD + 30%	\$15	CYD + 30%
Prescription Drugs				
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35	\$35
Tier 3	\$60	\$60	\$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	48	\$660.04		\$719.44
Employee + Family	96	\$1,749.28		\$1,906.72
Retiree Post-65*				
Retiree - Single	11	\$408.00		Not Offered
Retiree + Dependent over 65	16	\$816.00		Not Offered
Retiree + 1 Dependent under 65	6	\$1,068.04		Not Offered
Retiree + 2 Dependents under 65	2	\$2,157.28		Not Offered
Monthly Premium	179	\$227,879.60		\$217,578.24
Annual Premium		\$2,734,555.20		\$2,610,938.88
Medicare Supplement No Longer Offered				
Thru FMIT				
Adjusted Monthly Premium		\$207,071.60		\$225,708.32
Adjusted Annual Premium		\$2,484,859.20		\$2,708,499.84
\$ Increase		n/a		\$223,640.64
% Increase		n/a		9.00%

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

**Gehring Group is currently conducting the bid and evaluation process to investigate all viable options for Medicare Supplement Plan.

SCHEDULE OF BENEFITS	CURRENT		RENEWAL	
	Reliance Standard Plan 1		Reliance Standard Plan 1	
<u>Plan Basics</u>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Annual Benefit Maximum	\$2,000		\$2,000	
Orthodontic Lifetime Max	\$1,000		\$1,000	
<u>Deductibles</u>				
Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible Waived for Preventive Services?	Yes	Yes	Yes	Yes
Frequency Limit for Class 1 Services?	2 / year	2 / year	2 / year	2 / year
<u>Benefits</u>				
Class 1 -Preventive / Diagnostic	100%	100%	100%	100%
Class 2 -Basic Services	80%	80%	80%	80%
Class 3 -Major Services	50%	50%	50%	50%
Class 4 -Orthodontia (Up to age 19)	50%	50%	50%	50%
<u>Waiting Period</u>				
Class 3 -Major Services	None		None	
Class 4 -Orthodontia (Up to age 19)	None		None	
<u>Coverage Clarification</u>				
Endodontic and Periodontic are covered as:	Class 2 Services		Class 2 Services	
Out of Network Benefits Payable Level	80% of UCR		80% of UCR	
<u>Rate Guarantee</u>	Expires 10/1/2015		12 Months	
<u>Monthly Rates</u>				
Employee 48	\$31.75		\$31.75	
Employee + Family 120	\$99.74		\$99.74	
Monthly Premium	\$13,493		\$13,493	
Annual Premium	\$161,914		\$161,914	
\$ Increase	N/A		\$0.00	
% Increase	N/A		0.0%	

City of Dania Beach
Vision Insurance - Reliance Standard
Effective Date: October 1, 2015



SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	Reliance Standard TrueView Plan H		Reliance Standard TrueView Plan H	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
Frequency (Exam/Lenses/Frames)	12 / 12 / 24 months		12 / 12 / 12 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
<u>Eye Examinations</u>				
Optometrist	\$15 copay	Not Covered	\$15 copay	Not Covered
<u>Lenses (per pair)</u>				
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
<u>Contact Lenses</u>				
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 10/1/2016		12 Months	
Monthly Rates				
Employee	54	\$7.04	\$7.39	
Employee + Family	120	\$16.80	\$17.64	
Monthly Premium		\$2,396	\$2,516	
Annual Premium		\$28,754	\$30,192	
\$ Increase		N/A	\$1,437.70	
% Increase		N/A	5.0%	

City of Dania Beach
Basic Life and AD&D Insurance RFP Evaluation
Effective Date: October 1, 2015

	CURRENT	RENEWAL
Basic Life / AD&D	Reliance Standard	Reliance Standard
Class Description		
Class 1 – F/T Department Head	\$100,000	\$100,000
Class 2 – F/T Elected Officials and Commissioner	\$5,000	\$5,000
Class 3 – F/T EE < 1 year of service	1 X Salary to a maximum of \$50,000 in increments of \$1,000	1 X Salary to a maximum of \$50,000 in increments of \$1,000
Class 4 – F/T EE >= 1 year of service	2 X Salary to a maximum of \$50,000 in increments of \$1,000	2 X Salary to a maximum of \$50,000 in increments of \$1,000
Class 5 – Retiree	\$5,000	\$5,000
Spouse and Dependent Benefit		
Spouse	\$5,000 to \$50,000 in increments of \$5,000	\$5,000 to \$50,000 in increments of \$5,000
Dependent Child	\$500 –14 days to 6 months \$5,000 – 6 months and above	\$500 –14 days to 6 months \$5,000 – 6 months and above
Features		
Waiver of Premium	Included	Included
Conversion Privileges	Included	Included
Accelerated Benefit	75% to max of \$500,000	75% to max of \$500,000
Age Reduction Schedule:	50% at age 70	50% at age 70
Rate Guarantee		12 months
Rates		
Basic Life Rate / \$1,000	\$0.230	\$0.230
AD&D Rate / \$1,000	\$0.020	\$0.020
Total Life and AD&D Rate	\$0.250	\$0.250
Estimated Volume	\$5,091,000	\$5,091,000
Total Monthly Premium	\$1,272.75	\$1,272.75
Total Annual Premium	\$15,273.00	\$15,273.00
\$ Increase	N/A	\$0.00
% Increase	N/A	0.00%