

City of Hollywood  
Best and Final Offer  
RFP Analysis  
January 1, 2022



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City of Hollywood

# Meeting Agenda

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- **Introduction**

- Timeline of Expectations
- BAFO RFP Proposer Bid List

- **BAFO Medical RFP Analysis**

- 2022 Actuarial Premium Rate Equivalents
- Medical Carrier Proposal Summary
- Proposed Plan Design Evaluation
- Medical ASO/Rx Fixed Costs Evaluation
- Pharmacy Benefits Manager Evaluation
- Medical Carrier Additional Information & Caveats
- Medical Provider Network Disruption Analysis
- Prescription Drug Formulary Disruption Analysis
- Medical Carrier Discounts Analysis

- **BAFO Dental RFP Analysis**

- Proposed Plan Design & ASO Fees
- Dental Carrier Additional Information & Caveats
- Dental Provider Disruption Analysis

- **BAFO Vision RFP Analysis**

- Proposed Plan Design & Cost Evaluation
- Vision Carrier Additional Information & Caveats
- Vision Provider Disruption Analysis

- **BAFO Administration Lines RFP Analysis**

- Administration Lines Cost Summary
- Health Reimbursement Account Evaluation
- Flexible Spending Account Evaluation
- COBRA Evaluation

- **Next Steps:**

- Select Finalists for January 1, 2022

## City of Hollywood

### 2022 Timeline for Renewals

<u>Insurance Coverage</u>	<u>Insurance Carrier</u>	<u>Rate Guarantee Ends</u>	<u>Contract Expiration Dates</u>
Stop Loss	Cigna	January 1, 2022	January 1, 2022
Medical ASO	Cigna	January 1, 2022	January 1, 2022
Dental ASO	Cigna	January 1, 2022	January 1, 2022
Vision Insurance	VSP	January 1, 2023	-
Basic & Voluntary Life & AD&D	Symetra	January 1, 2023	January 1, 2023
Long Term Disability	Symetra	January 1, 2023	January 1, 2023
EAP – Work/Life Assistance	CCA, Inc.	January 1, 2024	-
HRA Administration	P&A Group	January 1, 2022	-
FSA Administration	P&A Group	January 1, 2022	-
COBRA Administration	Discovery	January 1, 2023	-
Group Legal	Preferred Legal	Ongoing	N/A
Identity Theft Protection	Preferred Legal	Ongoing	N/A
Accident/Hospital – Group (AFSCME)	Aflac	Ongoing	N/A
Accident/Hospital/CI/Cancer/STD- Individual	Aflac	Ongoing	N/A

<u>Proposed Schedule of Activities*</u>	
<b>Date</b>	<b>Action</b>
04/23/2021	RFP Released by Gehring Group
05/21/2021	RFP Proposals Due to Gehring Group
05/24/2021 – 06/18/2021	RFP Responses Evaluated by Gehring Group
<b>06/21/2021</b>	<b>RFP Analysis Presented to City Staff</b>
06/22/2021	Best and Final Offers Requested by Gehring Group
07/02/2021	Best and Final Offers Due to Gehring Group
07/05/2021 – 07/07/2021	Best and Final Offers Evaluated by Gehring Group
<b>07/08/2021</b>	<b>Best and Final Offer RFP Analysis Presented to City Staff</b>
07/28/2021	Renewal Recommendation Agenda Item Provided
<b>08/25/2021</b>	<b>Renewal Recommendation Presented to Council</b>
08/26/2021 – 9/24/2021	Open Enrollment Preparation
<b>9/27/2021 – 10/7/2021</b>	<b>Open Enrollment Meetings</b>
9/27/2021 – 10/29/2021	Open Enrollment Period
January 1, 2022	Plan Effective Date

<u>Upcoming Insurance Committee Meeting</u>	
<b>Date</b>	<b>Time</b>
<b>07/13/2021</b>	<b>2:30pm</b>

*\*Dates outlined herein are subject to change based on the goals of the client, service providers and insurance carrier cooperation.*

City of Hollywood  
RFP Proposer Bid List - BAFO Vendors  
Effective Date: January 1, 2022

Vendor	Medical ASO	PBM	Stop Loss	Dental ASO	Vision	FSA	HRA	HSA	COBRA	Notes/Total
20/20 Eyecare Plan Inc.										
24Hour Flex.com										
Aetna	✓	✓	✓	✓	✓	✓	✓	✓	✓	Admin. Via PayFlex
Ameriflex						✓	✓	✓	✓	
Ameritas Group				DTQ	DTQ					DTQ Dent/Vision - Non Competitive Pricing
AvMed	✓	✓	✓			✓	✓	✓	✓	Admin. Via Health Equity
BASIC						✓	✓	✓	✓	
Baycare										
Benefits Workshop										
BrightBenefits										
Chard Snyder						✓	✓	✓	✓	
CIGNA	✓	✓	✓	✓	✓	✓		✓		Admin. Via H.S.A Bank
ComPsych										
Creative Risk Underwriters										
Delta Dental										
Discovery/WEX Benefits						✓	✓	✓	✓	
Eflex group										
Employee Benefits Corporation						✓	✓	✓	✓	
EyeMed					✓					
Florida Blue										
Florida Dental										
Guardian										
Hartford										
Health Equity						✓	✓	✓	✓	
Health First Health plan										
HM Insurance Group										
HSA Bank						✓	✓	✓	✓	
Humana	DTQ	DTQ	DTQ	✓	✓	✓	✓	✓	✓	DTQ Medical - Network Service Area Deficiency
Infinisource						✓	✓	✓	✓	
Liberty Dental Plan										
Lincoln Financial Group				DTQ	DTQ					DTQ Dent/Vision - Non Competitive Pricing
MEDCOM						DTQ	DTQ	DTQ	DTQ	DTQ Admin - Non Competitive Pricing
MetLife				✓	✓	✓	✓	✓		
Mutual of Omaha										
National Vision Administrators					✓					
Optum			DTQ							DTQ Stop Loss - Non Competitive Pricing
P&A Group						✓	✓	✓	✓	
Prime Pay										
Principal										
Reliance Standard				DTQ	DTQ					DTQ Dent/Vision - Non Competitive Pricing
Renaissance Family										
Roundstone Insurance Captive										
RxBenefits										
Solstice				DTQ	DTQ					DTQ Dent/Vision - Non Competitive Pricing
Southern Scripts										
Sun Life										
Symetra			DTQ							DTQ Stop Loss - Non Competitive Pricing
TASC										
The Standard				✓	✓					
TMS Re			DTQ							DTQ Stop Loss - Retiree Prevalence
Tokio Marine										
United Concordia										
United Vision										
UnitedHealthcare	✓	✓	✓	✓		✓	✓	✓	✓	
Unum										
Versant Health										
Voya						✓	✓	✓		
VSP					✓					
WageWorks										
<b>Total</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>15</b>	<b>14</b>	<b>15</b>	<b>12</b>	<b>82</b>

# Medical RFP Analysis

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City of Hollywood			
Cigna Open Access Plus, In-Network + Out-of-Network	2021 Medical Premium	2022 Medical Premium	Percentage Change
Single	\$793.08	\$861.24	8.6%
Employee + 1	\$1,586.15	\$1,722.48	8.6%
Employee + 2 or more	\$2,537.81	\$2,755.93	8.6%
Cigna Open Access Plus - In Network Only	2021 Medical Premium	2022 Medical Premium	Percentage Change
Single	\$710.07	\$771.10	8.6%
Employee + 1	\$1,420.14	\$1,542.20	8.6%
Employee + 2 or more	\$2,272.20	\$2,467.49	8.6%
Comprehensive Dental	2021 Dental Comprehensive Rate	2022 Comprehensive Dental Rate	Percentage Change
Single	\$30.21	\$30.21	0.0%
Employee + 1	\$51.07	\$51.07	0.0%
Employee + 2 or more	\$70.33	\$70.33	0.0%
Premium Dental	2021 Dental Premium Rate	2022 Premium Dental Rate	Percentage Change
Single	\$65.30	\$65.30	0.0%
Employee + 1	\$107.15	\$107.15	0.0%
Employee + 2 or more	\$145.77	\$145.77	0.0%
Buy-up Dental	2021 Dental Buy-up Rate	2022 Buy-up Dental Rate	Percentage Change
Single	\$73.41	\$73.41	0.0%
Employee + 1	\$120.45	\$120.45	0.0%
Employee + 2 or more	\$163.87	\$163.87	0.0%

This document has been prepared to as an estimate of premium equivalent rates for the City of Hollywood who self-funds the employee health and dental plans plan. This document contains the results, data, assumptions, and methods used in our analysis, and satisfies the ASOP 41 reporting requirements. Using the information in this report for other purposes may not be appropriate.

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	Renewal	Option 1
Carrier	Cigna	UnitedHealthcare
Program Expenses		
ASO Fees	\$832,169	\$755,417
Stop Loss Fees	\$523,094	\$502,430
Estimated Claims	\$37,189,000	\$37,749,000
Estimated Rx Rebates	(\$2,800,869)	(\$3,136,000)
<b>Total</b>	<b>\$35,743,394</b>	<b>\$35,870,847</b>
<b>\$ Increase</b>	-	<b>\$127,454</b>
<b>% Increase</b>	-	<b>0.4%</b>
Carrier	Cigna	UnitedHealthcare
Program Details		
Medical Provider Network Match	98.3%	<b>96.4%</b>
Medical Rx Formulary Match	-	<b>16.2% of Members Disrupted</b>
Medical Benefits Proposed	Match	<b>Slight Decrements</b>
Additional Funds Proposed*	\$825,000	<b>\$562,648</b>

\*First Year Funds only shown

Schedule of Benefits	Current/Renewal			Option 1		
	Cigna			UnitedHealthcare		
	In Network Only	In Network	Out of Network	In Network Only	In Network	Out of Network
Network(s) Utilized	OAPIN	OAP		Choice Plus POS	Choice Plus POS	
<b>Deductible -Calendar Year</b>						
Individual Deductible	\$500	\$250	\$750	\$500	\$250	\$750
Family Deductible	\$1,500	\$750	\$2,250	\$1,500	\$750	\$2,250
<b>Out-of-Pocket Maximum</b>						
Individual	\$3,000	\$2,000	\$4,000	\$3,000	\$2,000	\$4,000
Family	\$9,000	\$4,000	\$8,000	\$9,000	\$4,000	\$8,000
<b>Coinsurance</b>						
Member	20%	10%	40%	20%	10%	40%
<b>Non-Hospital Services</b>						
Physician Office Visit Copay	\$30 Copay	\$25 Copay	40% after CYD	\$30 Copay	\$25 Copay	40% after CYD
Preventive Care Copay	No charge	No Charge	40% after CYD	No Charge	No Charge	40% after CYD
Telehealth Copay	\$15 Copay	\$10 Copay	Not Covered	\$15 Copay	\$10 Copay	Not Covered
Specialist Office Visit Copay	\$40 Copay	\$45 Copay	40% after CYD	\$40 Copay	\$45 Copay	40% after CYD
Independent Clinical Lab	No Charge	No Charge	40% after CYD	No Charge	No Charge	40% after CYD
X-rays	\$50 Copay	\$45 Copay	40% after CYD	\$50 Copay	\$45 Copay	40% after CYD
Advanced Imaging (MRI, PET, CT)	\$50 Copay	\$100 Copay	40% after CYD	\$50 Copay	\$100 Copay	40% after CYD
Urgent Care Visit	\$75 Copay	\$60 Copay	40% after CYD	\$75 Copay	\$60 Copay	40% after CYD
<b>Hospital Services</b>						
Outpatient Surgery in Surgical Center	\$250 Copay	\$50 Copay	40% after CYD	\$250 Copay	\$50 Copay	40% after CYD
Physician Services at Surgical Center	No Charge	\$40 Copay	\$40 Copay	\$40 Copay + 20%	\$40 Copay	40% after CYD
Inpatient Hospital (Per Admit)	\$500 Copay	\$250 Copay	\$750 PAD	\$500 Copay	\$350 Copay	\$750 PAD
Outpatient Hospital (Per Visit)	\$250 Copay	\$100 Copay	\$300 PAD	\$250 Copay	\$100 Copay	\$300 PAD
Physician Services at Hospital	\$40 Copay + 20%	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
<b>Mental &amp; Health Substance Abuse</b>						
Inpatient Hospital (Per Admit)	\$500 Copay	\$250 Copay	\$750 PAD	\$500 Copay	\$250 Copay	\$750 PAD
Outpatient Services (Per Visit)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit	\$40 Copay	No Charge	40% after CYD	\$40 Copay	No Charge	40% after CYD
<b>Prescription Drug</b>						
Rx CYD	\$50/Person	\$50/Person	\$50/Person	\$50/Person	\$50/Person	\$50/Person
RX OOP Max (Single/Family)	\$1,500 / \$4,500	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,500 / \$4,500	\$1,000/ \$3,000	\$1,000/ \$3,000
Generic	20% after Rx CYD	\$10 Copay	50% after Rx CYD	20% after Rx CYD	\$10 Copay	50% after Rx CYD
Preferred Brand Name	20% after Rx CYD	20% after Rx CYD	50% after Rx CYD	20% after Rx CYD	20% after Rx CYD	50% after Rx CYD
Non-Preferred Brand Name	20% after Rx CYD	20% after Rx CYD	50% after Rx CYD	20% after Rx CYD	20% after Rx CYD	50% after Rx CYD
90 day supply Mail Order	\$25/\$75/\$150 Copay after Rx CYD	\$20/\$50/\$80 after Rx CYD	Not covered	\$25/\$75/\$150 Copay after Rx CYD	\$20/\$50/\$80 after Rx CYD	Not covered



City of Hollywood  
Medical ASO & Stop Loss RFP Evaluation - BAFO  
Effective Date: January 1, 2022

	Current	Renewal	Option 1
Medical ASO	Cigna	Cigna	UnitedHealthcare
Administrative Services Only			
Medical Network	OAP/OAPIN	OAP/OAPIN	Choice Plus
Rate Guarantee	Expires 12/31/2021	60 Months	60 Months
ASO Rate	\$30.19	\$28.19	\$25.59
ASO Annual Premium 2,460	\$891,209	\$832,169	\$755,417
\$ Increase/Decrease	N/A	-\$59,040	-\$135,792
% Increase/Decrease	N/A	-6.6%	-15.2%

Stop Loss Insurance	Cigna	Cigna	UnitedHealthcare
Specific Stop Loss			
ISL (Individual Specific Limit)	\$750,000	\$750,000	\$750,000
Run In Cap (Per Participant)	N/A	N/A	None
Laser(s)	None	None	None
Benefits Covered	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	72/12	84/12	24/12
Annual Maximum Reimbursement	Unlimited	Unlimited	Unlimited
Composite Specific Stop Loss PEPM	\$13.30	\$13.30	\$12.80
Specific Stop Loss Annual Premium 2,460	\$392,616	\$392,616	\$377,856
Aggregate Stop Loss			
Claims Corridor	125%	120%	125%
Run in Cap	N/A	N/A	None
Benefits Covered	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	60/12	72/12	24/12
Annual Maximum Reimbursement	Unlimited	Unlimited	\$2,000,000
Aggregate PEPM	\$4.42	\$4.42	\$4.22
Agg. Stop Loss Annual Premium 2,460	\$130,478	\$130,478	\$124,574
Firm Stop Loss Rates?	N/A	Yes	Yes
TOTAL Stop Loss Annual Premium	\$523,094	\$523,094	\$502,430
\$ Increase/Decrease	N/A	\$0	-\$20,664
% Increase/Decrease	N/A	0.0%	-4.0%

TOTAL FIXED COSTS (ASO & STOP LOSS)	\$1,414,303	\$1,355,263	\$1,257,847
\$ Increase/Decrease	N/A	-\$59,040	-\$156,456
% Increase/Decrease	N/A	-4.2%	-11.1%

Claims Costs	Cigna	Cigna	UnitedHealthcare
Expected Claims Cost	100%	100%	100%
Annual Expected Claims Costs	\$35,767,154	\$36,093,694	\$32,776,056
Expected Claims & Fixed Costs 2,460	\$37,181,458	\$37,448,958	\$34,033,903
\$ Increase/Decrease	N/A	\$267,500	-\$3,147,554
% Increase/Decrease	N/A	0.7%	-8.5%
Maximum Claims Cost	125%	120%	125%
OAPIN Attachment Factor 1,795	\$1,485.03	\$1,439.34	-
OAP Attachment Factor 665	\$1,594.16	\$1,542.48	-
Composite Attachment Factor	-	-	\$1,387.88
Annual Maximum Claims Cost	\$44,708,943	\$43,312,433	\$40,970,070
Maximum Claims & Fixed Costs 2,460	\$46,123,246	\$44,667,697	\$42,227,917
\$ Increase/Decrease	N/A	-\$1,455,550	-\$3,895,329
% Increase/Decrease	N/A	-3.2%	-8.4%

Claims costs shown are based on current enrollment

	Current	Renewal	Option 1
Pharmacy Benefits Management	Cigna	Cigna	UnitedHealthcare
<b>Contract Details</b>			
Contract Length	-	48 months	36 Months
<b>Network Details</b>			
Network Size (Number of Pharmacies)	66,000	66,000	67,000
Major Pharmacy Chains Excluded	None	None	None
<b>Retail Discounts (30 Day) - AWP</b>			
Brand Discount	18.25%	18.50%	18.20%
Generic Discount	80.00%	80.25%	84.60%
<b>Mail Order/Home Delivery Discounts - AWP</b>			
Brand Discount	26.00%	26.00%	26.00%
Generic Discount	84.00%	84.25%	84.50%
<b>Specialty Discounts - AWP</b>			
Retail Specialty Discount	13.50%	17.50%	18.00%
Mail Specialty Discount	17.50%	17.50%	18.00%
<b>Rebates</b>			
Retail (30 Day)	\$235.80	\$277.83	\$252.58
Mail Order	\$1,136.58	\$777.00	\$793.14
Specialty (MO)	N/A	\$2,173.88	\$2,491.61
<b>Carrier Estimated Annual Pharmacy Rebates for 2022 Plan Year</b>	<b>\$2,164,802</b>	<b>\$2,800,869</b>	<b>\$3,136,000</b>
<b>\$ Increase/(Decrease)</b>	<b>N/A</b>	<b>\$636,067</b>	<b>\$971,198</b>
<b>% Increase/(Decrease)</b>	<b>N/A</b>	<b>29.4%</b>	<b>44.9%</b>

All Estimated Rebate Amounts shown are based on Carrier's Rebate Sharing Methodology

Medical Insurance - Additional Information and Funds Proposed - **BAFO**

Effective Date: January 1, 2022

	Renewal	Option 1
Carrier	Cigna	UnitedHealthcare
<b>Caveats</b>		
ASO Fees Exclude:	-	-
Proposal Contingencies	-	-
<b>Addittional Discounts Proposed</b>		
Bundling Discounts/Packaged Savings	-	Dental
<b>Additional Funds Proposed</b>		
Wellness Fund	\$150,000	\$150,000
Technology Fund	\$70,000	\$70,000
COBRA Fund	\$5,000	\$5,000
On-Site Representative Fund	\$100,000	\$87,648
Discretionary Fund	\$500,000 Year 1 \$200,000 Years 2-5 (\$1.3 Million Total)	\$250,000 Year 1
<b>First Year Annual Total</b>	<b>\$825,000</b>	<b>\$562,648</b>
<b>Five Year Total</b>	<b>\$2,925,000</b>	<b>\$1,813,240</b>

**City of Hollywood**  
**Medical Provider Network Disruption Analysis - Sorted by Claim Count**  
**Experience Period: Claims Paid March 2020 - February 2021**

Provider Name	State	Type	Members	Claims	Billed	Current	Option 1
						Cigna	UHC
						OAP/OAPIN	Choice Plus
QUEST DIAGNOSTICS CLINICAL LABORATORIES INC	PA	FACILITY OUTPATIENT	1,290	3,033	\$1,812,435	Yes	Yes
MEMORIAL REGIONAL HOSPITAL	FL	FACILITY OUTPATIENT	474	970	\$3,137,592	Yes	Yes
CARECENTRIX INC	GA	OTHER MEDICAL SERVICES	157	916	\$493,845	Yes	Yes
MARK D CHIN-LENN	FL	PROFESSIONAL SERVICES	140	536	\$78,494	Yes	Yes
LABORATORY CORPORATION OF AMERICA	FL	FACILITY OUTPATIENT	301	476	\$211,764	Yes	Yes
AMERICAN SPECIALTY HEALTH CLEARINGHOUSE INC	CA	OTHER MEDICAL SERVICES	122	444	\$28,407	Yes	No
MOHAMMAD A ANSARI LARI	FL	PROFESSIONAL SERVICES	224	331	\$33,757	Yes	Yes
UMHC	FL	FACILITY OUTPATIENT	51	300	\$1,828,940	Yes	Yes
MEDSOLUTIONS INC	TN	OTHER MEDICAL SERVICES	217	274	\$31,518	Yes	Yes
MEMORIAL HOSPITAL WEST	FL	FACILITY OUTPATIENT	121	268	\$1,226,792	Yes	Yes
MINUTECLINIC DIAGNOSTIC OF FLORIDA LLC	FL	PROFESSIONAL SERVICES	168	248	\$14,822	Yes	Yes
GREENSBORO PATHOLOGY LLC	NC	FACILITY OUTPATIENT	140	188	\$33,692	Yes	Yes
ARTUR E RANGEL FILHO	FL	PROFESSIONAL SERVICES	109	166	\$11,301	Yes	Yes
BIO REFERENCE LABORATORIES INC	NJ	FACILITY OUTPATIENT	110	159	\$43,970	Yes	Yes
HOWARD M BRAVER	FL	PROFESSIONAL SERVICES	26	147	\$14,923	Yes	Yes
MERCE JORDA	FL	PROFESSIONAL SERVICES	21	146	\$6,871	Yes	Yes
HOLY CROSS HOSPITAL	FL	FACILITY OUTPATIENT	30	143	\$168,213	Yes	Yes
RENE A REYES	FL	PROFESSIONAL SERVICES	49	137	\$21,228	Yes	Yes
JOSHUA Z STEINER	FL	PROFESSIONAL SERVICES	50	131	\$20,561	Yes	Yes
JOEL D STEIN	FL	PROFESSIONAL SERVICES	6	120	\$25,668	Yes	No
YALE M COHEN	FL	PROFESSIONAL SERVICES	29	119	\$73,357	Yes	Yes
SOUTH MIAMI HOSPITAL INC	FL	FACILITY OUTPATIENT	91	118	\$162,465	Yes	Yes
DAVID E STEINER	FL	PROFESSIONAL SERVICES	49	115	\$53,098	Yes	Yes
MEMORIAL HOSPITAL PEMBROKE	FL	FACILITY OUTPATIENT	80	109	\$230,947	Yes	Yes
CHARLES B STONE	FL	PROFESSIONAL SERVICES	33	100	\$13,483	Yes	Yes
LABCORP HOLDINGS	NC	FACILITY OUTPATIENT	89	99	\$12,217	Yes	Yes
MIAMI VAMC	FL	FACILITY OUTPATIENT	15	99	\$134,706	Yes	Yes
CVS PHARMACY INC	IL	OTHER MEDICAL SERVICES	72	94	\$7,398	Yes	Yes
CLEVELAND CLINIC HOSPITAL	FL	FACILITY OUTPATIENT	45	93	\$313,518	Yes	Yes
PALM BEACH PATHOLOGY PA	FL	PROFESSIONAL SERVICES	50	89	\$18,751	Yes	Yes
MICHAEL S SOFMAN	FL	PROFESSIONAL SERVICES	44	84	\$19,725	Yes	Yes
LIFECARE OF FLORIDA LLC	FL	FACILITY OUTPATIENT	2	82	\$7,627	No	Yes
ROTEM AMIR	FL	PROFESSIONAL SERVICES	38	82	\$13,294	Yes	Yes
HOWARD J BARRON	FL	PROFESSIONAL SERVICES	44	81	\$37,276	Yes	Yes
MEMORIAL HOSPITAL MIRAMAR	FL	FACILITY OUTPATIENT	58	80	\$629,117	Yes	Yes
MARTIN E KEISCH	FL	PROFESSIONAL SERVICES	2	79	\$89,488	Yes	Yes
AMERICAN HOMECARE EQUIPMENT	FL	OTHER MEDICAL SERVICES	9	74	\$0	No	Yes
NORMAN MINARS	FL	PROFESSIONAL SERVICES	52	69	\$22,199	Yes	Yes
ANDREW K LEE	TX	PROFESSIONAL SERVICES	1	64	\$44,322	Yes	Yes
PUBLIX SUPER MARKETS INC	FL	PROFESSIONAL SERVICES	39	61	\$4,295	Yes	Yes
ISAAC LEVY	FL	PROFESSIONAL SERVICES	3	61	\$55,651	Yes	Yes
BETH R BRAVER	FL	PROFESSIONAL SERVICES	24	60	\$8,151	Yes	Yes
CAROLINA M DE VARONA	FL	PROFESSIONAL SERVICES	23	59	\$7,490	Yes	Yes
KFIR SHAMIR	FL	PROFESSIONAL SERVICES	14	59	\$19,320	Yes	Yes
AMERIPATH CONSOLIDATED LABS INC	FL	FACILITY OUTPATIENT	45	58	\$12,204	Yes	Yes
PAUL S JELLINGER	FL	PROFESSIONAL SERVICES	21	58	\$18,609	Yes	Yes
JUBRAN A HOCHÉ	FL	PROFESSIONAL SERVICES	13	57	\$13,783	Yes	Yes
RAN HUO	FL	PROFESSIONAL SERVICES	41	57	\$32,835	Yes	Yes
CORAM HEALTHCARE CORPORATION OF FLORIDA	IL	OTHER MEDICAL SERVICES	1	56	\$4,133	No	Yes
ANNA W PONIECKA	FL	PROFESSIONAL SERVICES	47	56	\$5,320	Yes	Yes
Top 50 Providers			In Network			47	48
			Out of Network			3	2
			Total Providers			50	50
			% In Network			94.0%	96.0%
Full Provider List			In Network			15,177	14,882
			Out of Network			266	561
			Total Providers			15,443	15,443
			% In Network			98.3%	96.4%

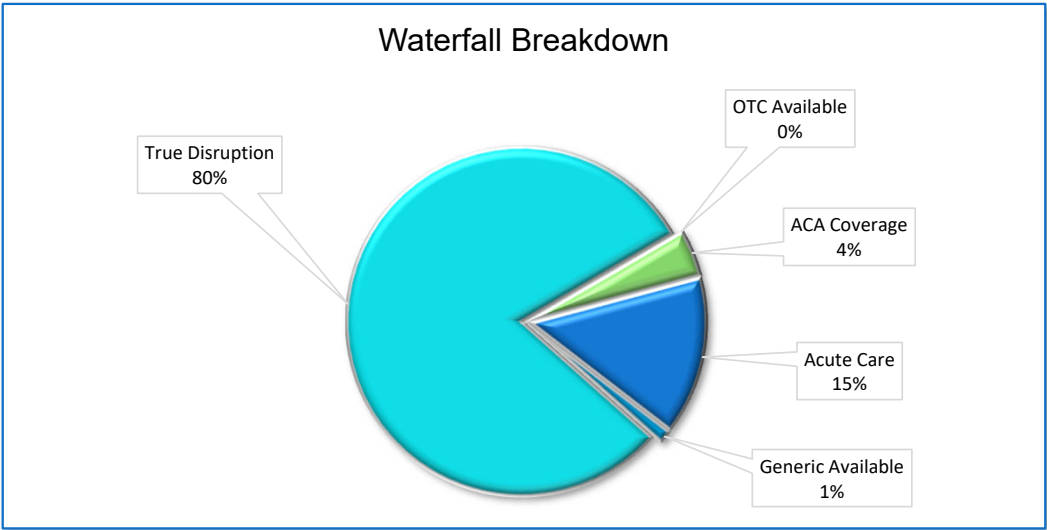
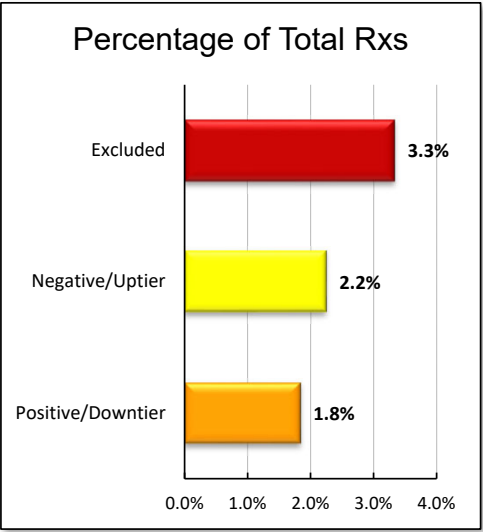
Formulary Disruption - Flex Base

CONFIDENTIAL, PROPRIETARY AND TRADE SECRET INFORMATION OF OPTUMRX

Change Type	Utilizers	Rxs	% of Total Rxs
No Change	3300	67,554	92.6%
Positive/Downtier	279	1,336	1.8%
Negative/Uptier	456	1,636	2.2%
Excluded	369	2427	3.3%
Total	4,404	72,953	100.0%

% of "Covered Lives" disrupted; (includes waterfall subsets)  
16.2%

Waterfall: Breakdown of adversely impacted drugs			%	Rxs
ACA Coverage (\$0 copay)			0.2%	172
Acute Care (non-repeat use)			0.8%	594
OTC			0.0%	-
MSB (generic available)			0.1%	46
Subtotal where disruption is "easy to explain"			1.1%	812
Remaining "True Disruption" % of Rxs			4.5%	3,251



Formulary Disruption Notes

UnitedHealthcare formulary as of January 2021

772 claim(s) could not be assigned a tier; this is typically due to obsolete, missing or non-matched NDC(s)

UnitedHealthcare's Flex Base formulary has a three tier open format.

		Proposed Discounts					
		Renewal			Option 1		
Baseline Data - Billed Amounts		Cigna			UnitedHealthcare		
Claim Types	Network Charges	Network Discount(%)	Network Discount(\$)	Network Allowed(\$)	Network Discount(%)	Network Discount(\$)	Network Allowed(\$)
Inpatient	\$9,427,758	65.37%	\$6,163,176	\$3,264,582	63.7%	\$6,005,482	\$3,422,276
Outpatient	\$19,890,875	72.25%	\$14,371,235	\$5,519,640	67.3%	\$13,386,559	\$6,504,316
Physician/Other	\$18,501,087	61.51%	\$11,379,910	\$7,121,178	61.9%	\$11,452,173	\$7,048,914
<b>Total</b>	<b>\$47,819,720</b>	<b>66.74%</b>	<b>\$31,914,321</b>	<b>\$15,905,399</b>	<b>64.5%</b>	<b>\$30,844,213</b>	<b>\$16,975,506</b>
Estimated Claims Cost \$ Increase/(Decrease)					-	-	\$1,070,107
Estimated Claims Cost % Increase/(Decrease)					-	-	6.7%

Discount Guarantees	Cigna	UnitedHealthcare
	Cigna	UnitedHealthcare
Payment Range	Payment	Payment
Actual Discount < -5%	\$6.00 PEPM	40% Fee Reduction
-4% < Actual Discount < -5%	\$4.00 PEPM	32% Fee Reduction
-3% < Actual Discount < -4%	\$2.00 PEPM	24% Fee Reduction
-2% < Actual Discount < -3%	No Payment	16% Fee Reduction
-1% < Actual Discount < -2%	No Payment	8% Fee Reduction
-0% < Actual Discount < -1%	No Payment	0.0%
<b>Max Amount at Risk</b>	<b>Up to ~ \$177,408</b>	<b>Up to 40% ~ \$302,167</b>

#### Caveats/Assumptions

*This analysis is for illustrative purposes only*  
*Proprietary and Confidential Information shown*  
*Carriers were requested to provide historical claims repricing estimates*  
*All discount and allowed amounts estimated based upon carrier provided discounts*  
*UnitedHealthcare only provided single digit decimal place discounts*  
*Max amounts at risk are estimated based upon current enrollment*  
*Claims Increase/(Decrease) Calculations based upon difference between proposed allowed amounts & Cigna's proposed allowed amounts*  
*Shared savings not shown on exhibit but may be applicable under certain carriers*  
*Proposed guarantees are subject to change and will be re-evaluated prior to effective date*  
*Each carrier's discount guarantees are based upon multiple exclusions & assumptions including but not limited to:*  
*Run in payments, run out payments, capitation payments, non-covered services, high cost claimants, claims for members over 65, out of network payments, major enrollment shifts, etc.*

## Dental RFP Analysis

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City of Hollywood  
Dental Insurance RFP Evaluation - BAFO  
Effective Date: January 1, 2022

SCHEDULE OF BENEFITS	Current						Renewal						Option 1					
	CIGNA						CIGNA						United Healthcare					
	Low		High		Buy Up		Low		High		Buy Up		Low		High		Buy Up	
<b>Plan Basics</b>	IN	OO	IN	OO	IN	OO	IN	OO	IN	OO	IN	OO	IN	OO	IN	OO	IN	OO
Annual Benefit Maximum	\$1,000		\$2,000		\$3,000		\$1,000		\$2,000		\$3,000		\$1,000		\$2,000		\$3,000	
Orthodontic Lifetime Maximum	\$1,000		\$2,000		\$3,000		\$1,000		\$2,000		\$3,000		\$1,000		\$2,000		\$3,000	
<b>Deductibles</b>																		
Single	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Deductible Waived for Orthodontia	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>																		
Preventive (I)	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	100%
Basic (II)	80%	70%	80%	70%	80%	70%	80%	70%	80%	70%	80%	70%	80%	70%	80%	70%	80%	80%
Major (III)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services (IV)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>ASO Fee Guarantee</b>	Expires 12/31/2021						60 Months						60 Months					
ASO Rate PEPM 1,190 419 377	\$2.45						\$2.34						\$2.34					
<b>Annual Premium</b>	\$58,388						\$55,767						\$55,767					
<b>\$ Increase/(Decrease)</b>	N/A						-\$2,622						-\$2,622					
<b>% Increase/(Decrease)</b>	N/A						-4.5%						-4.5%					



## Dental Insurance - Additional Plan Information

Effective Date: January 1, 2022

	Current	Option 1
Carrier	CIGNA	UnitedHealthcare
<b>Network Information</b>		
National Network Proposed?	✓	✓
Out of Network Reimbursement Level	90th percentile	<b>85th percentile</b>
<b>Buy Up Plan Coverage Details</b>		
Composite Fillings on Posterior Teeth	✓	✓
Implants	✓	✓
Gingival Irrigation	✓	✓
Adult Orthodontia	✓	✓
Adult Floride	✓	✓
<b>Other</b>		
Dental Claims Reporting Frequency	Monthly	Monthly

					Current	Option 4
Provider Name	City	State	Claims	Claims Paid	Cigna	UHC
SHERIDAN DENTAL CENTER	HOLLYWOOD	FL	1457	\$146,145	Yes	Yes
THOMAS A PARKER DDS PA	HOLLYWOOD	FL	756	\$36,431	Yes	Yes
KAREN GORDON	HOLLYWOOD	FL	338	\$32,910	No	No
ELISA RAMIREZ DMD	HOLLYWOOD	FL	324	\$17,865	Yes	Yes
URREA-FELDSBERG DDS	HOLLYWOOD	FL	290	\$10,381	Yes	Yes
ARMANDO TORAL DMD LLC	HOLLYWOOD	FL	179	\$8,240	Yes	Yes
CHARLES S MANDELL DDS PA	HOLLYWOOD	FL	175	\$7,747	Yes	Yes
BAITNER PEDIATRIC DENTISTRY	HOLLYWOOD	FL	165	\$5,161	Yes	Yes
SAMIRA ALEMPOUR DMD PA	WESTON	FL	162	\$4,262	Yes	Yes
MICHAEL MARURI DMD PA	PLANTATION	FL	124	\$3,288	Yes	Yes
PEDIATRIC DENTISTRY & ORTHODONTICS	PLANTATION	FL	124	\$5,492	Yes	Yes
PETER M HERNANDEZ DMD	PEMBROKE PINES	FL	119	\$7,786	Yes	No
GROSMAN & MARRANZINI PA	DAVIE	FL	116	\$2,218	Yes	Yes
ZOMBEK ORTHODONTICS	WESTON	FL	115	\$6,813	Yes	Yes
COOPER CITY FAMILY DENTISTRY	COOPER CITY	FL	112	\$8,261	Yes	Yes
PATRICIA TEMPLETON	DAVIE	FL	112	\$2,349	Yes	Yes
ADVANCED DENTAL CARE OF PEMBROKE PINES	PEMBROKE PINES	FL	104	\$4,386	Yes	Yes
RICHARD BALICK, DMD	HOLLYWOOD	FL	104	\$3,829	Yes	Yes
MITCHELL FEUER DMD PA	HOLLYWOOD	FL	104	\$6,818	Yes	Yes
SCOTT I BARR DDS	PLANTATION	FL	103	\$10,037	No	Yes
BRYAN FRIEDLAND DMD	PEMBROKE PINES	FL	102	\$3,511	Yes	Yes
GERMAN SANTANA DDS	HOLLYWOOD	FL	99	\$3,673	Yes	Yes
DENTAL DREAMS OF HOLLYWOOD LLC	HOLLYWOOD	FL	99	\$1,520	Yes	Yes
DAVID BITCHATCHI DMD PA	HOLLYWOOD	FL	95	\$3,479	Yes	Yes
MICHAEL S MARURI DMD	PLANTATION	FL	90	\$2,755	Yes	Yes
MAIN ST CHILDRENS DENT OF S BROWARD PA	COOPER CITY	FL	87	\$2,459	Yes	Yes
THE EMERALD HILLS DENTAL CNTR	HOLLYWOOD	FL	86	\$6,009	Yes	Yes
LILIANA C GONZALEZ DDS PA	PEMBROKE PINES	FL	85	\$1,392	Yes	Yes
TIMOTHY P CHEN DMD PA	MIRAMAR	FL	83	\$2,593	Yes	Yes
NORMAN BLUTH DDS & BARRY BLUTH DMD PA	DAVIE	FL	81	\$2,629	Yes	Yes
HANS SPERLING	HOLLYWOOD	FL	75	\$2,938	Yes	Yes
GARY YANOWITZ DDS	COOPER CITY	FL	75	\$2,866	Yes	Yes
ELIZABETH ZIADIE DDS	COOPER CITY	FL	73	\$2,551	Yes	Yes
KINGA E ROGOWSA DDS PA	HOLLYWOOD	FL	73	\$3,520	Yes	Yes
LARRY C WILNER DDS	HOLLYWOOD	FL	71	\$3,704	Yes	Yes
SANDRA BRENER DDS PA	HOLLYWOOD	FL	70	\$2,782	Yes	Yes
LAURA GONZALES DMD PA	MIRAMAR	FL	68	\$6,739	No	No
JUPITER DENTAL CARE	JUPITER	FL	67	\$3,636	Yes	Yes
HOLLYWOOD ORAL SURGERY PLLC	HOLLYWOOD	FL	64	\$7,104	Yes	Yes
LEE S HAUVER	HOLLYWOOD	FL	63	\$2,889	Yes	Yes
ENDODONTIC SPECIALTY GROUP	PLANTATION	FL	63	\$4,974	Yes	Yes
AVENTURE DENTAL ARTS LLC	AVENTURA	FL	63	\$2,667	Yes	Yes
CHANDY SAMUEL DDS PA	PEMBROKE PINES	FL	61	\$3,035	Yes	Yes
DR TAMARA ROJAS DMD PA	HOLLYWOOD	FL	61	\$4,123	Yes	Yes
EXPERT SMILES CENTER	HIALEAH	FL	61	\$1,650	Yes	Yes
KOCHER & KOCHER DENTISTRY PA	DAVIE	FL	60	\$1,367	Yes	Yes
MARGARET MICHAEL DMD	MIRAMAR	FL	59	\$1,666	Yes	Yes
SAGE DENTAL OF COOPER CITY PLLC	HOLLYWOOD	FL	58	\$2,698	Yes	Yes
PERETZ JOBLOVE PERETZ PA	HOLLYWOOD	FL	58	\$4,211	Yes	Yes
RICHARD SALZMANN DMD	HOLLYWOOD	FL	58	\$8,313	Yes	Yes
Top 50 Providers			In Network		47	47
			Out of Network		3	3
			Total		50	50
			% in Network		94.0%	94.0%
Full Provider List			In Network		1,087	1,024
			Out of Network		141	204
			Total		1,228	1,228
			% in Network		88.5%	83.4%

The Standard did not provide network disruption data in their RFP response

## Vision RFP Analysis

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	Current - VSP						Renewal - VSP					
SCHEDULE OF BENEFITS	Plan 1		Plan 2		Plan 3		Plan 1		Plan 2		Plan 3	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Copays												
Exam	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45
Materials	\$25	Varies	\$20	Varies	\$10	Varies	\$25	Varies	\$20	Varies	\$10	Varies
Frequency												
Exam	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months		24 Months		24 Months		24 Months	
Benefits Payable	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed
Single Lenses	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$45	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$45
Bifocal Lenses	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$65	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$65
Trifocal Lenses	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$85	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$85
Lenses and Frames (Allowances)												
Contact Lenses (Elective)	\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105
Frames	\$100 allowance	Up to \$70	\$130 allowance	Up to \$70	\$150 allowance	Up to \$70	\$120 allowance	Up to \$70	\$150 allowance	Up to \$70	\$170 allowance	Up to \$70
Proposed Rates	1	2	3	Expires 12/31/2022		Expires 12/31/2022		60 Months				
Employee	268	71	418	\$6.08		\$9.94		\$5.12		\$8.38		\$9.62
Employee + 1	129	48	291	\$12.16		\$19.87		\$10.25		\$16.75		\$19.22
Employee + 2 or more	78	15	210	\$19.57		\$31.99		\$16.49		\$26.97		\$30.95
Monthly Premium	475	134	919	\$4,725		\$2,139		\$3,981		\$1,804		\$16,114
Annual Premium	1,528			\$56,694		\$25,672		\$47,768		\$21,642		\$193,364
\$ Increase/Decrease				N/A		N/A		-\$8,927		-\$4,030		-\$36,055
% Increase/Decrease				N/A		N/A		-15.7%		-15.7%		-15.7%
Total Monthly Premium							\$21,898					
Total Annual Premium							\$262,774					
Total \$ Increase/(Decrease)							-\$49,012					
Total % Increase(Decrease)							-15.7%					
							BAFO Offer includes SunCare Benefit					

					Current - VSP						Option 1 - NVA					
SCHEDULE OF BENEFITS					Plan 1		Plan 2		Plan 3		Plan 1		Plan 2		Plan 3	
					In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Copays																
Exam					\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45
Materials					\$25	Varies	\$20	Varies	\$10	Varies	\$25	Varies	\$20	Varies	\$10	Varies
Frequency																
Exam					12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Lenses					12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Frames					24 Months		24 Months		24 Months		24 Months		24 Months		24 Months	
Benefits Payable					Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed
Single Lenses					\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$45	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$30
Bifocal Lenses					\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$65	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$50
Trifocal Lenses					\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$85	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$65
Lenses and Frames (Allowances)																
Contact Lenses (Elective)					\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105
Frames					\$100 allowance	Up to \$70	\$130 allowance	Up to \$70	\$150 allowance	Up to \$70	\$100 allowance	Up to \$70	\$130 allowance	Up to \$70	\$150 allowance	Up to \$70
Proposed Rates		1	2	3	Expires 12/31/2022		Expires 12/31/2022		Expires 12/31/2022		48 Months					
Employee		268	71	418	\$6.08		\$9.94		\$11.41		\$3.45		\$6.88		\$8.05	
Employee + 1		129	48	291	\$12.16		\$19.87		\$22.81		\$6.89		\$13.75		\$16.10	
Employee + 2 or more		78	15	210	\$19.57		\$31.99		\$36.72		\$11.10		\$22.14		\$25.92	
Monthly Premium		475	134	919	\$4,725		\$2,139		\$19,118		\$2,679		\$1,481		\$13,493	
Annual Premium		1,528			\$56,694		\$25,672		\$229,419		\$32,151		\$17,767		\$161,918	
\$ Increase/Decrease					N/A		N/A		N/A		-\$24,544		-\$7,905		-\$67,501	
% Increase/Decrease					N/A		N/A		N/A		-43.3%		-30.8%		-29.4%	
Total Monthly Premium					\$25,982						\$17,653					
Total Annual Premium					\$311,786						\$211,836					
Total \$ Increase/(Decrease)					N/A						-\$99,950					
Total % Increase(Decrease)					N/A						-32.1%					
											BAFO Offer includes \$5,000 PG for Implementation					

	Current - VSP						Option 2 - EyeMed						
SCHEDULE OF BENEFITS	Plan 1		Plan 2		Plan 3		Plan 1		Plan 2		Plan 3		
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network	
Copays													
Exam	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	
Materials	\$25	Varies	\$20	Varies	\$10	Varies	\$25	Varies	\$20	Varies	\$10	Varies	
Frequency													
Exam	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months		
Lenses	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months		
Frames	24 Months		24 Months		24 Months		24 Months		24 Months		24 Months		
Benefits Payable	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	Copay	Reimbursed	
Single Lenses	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$45	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$45	
Bifocal Lenses	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$65	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$65	
Trifocal Lenses	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$85	\$25	Up to \$70	\$20	Up to \$70	\$10	Up to \$85	
Lenses and Frames (Allowances)													
Contact Lenses (Elective)	\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$100 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$150 Allowance	Up to \$105	
Frames	\$100 allowance	Up to \$70	\$130 allowance	Up to \$70	\$150 allowance	Up to \$70	\$100 allowance	Up to \$70	\$130 allowance	Up to \$91	\$150 allowance	Up to \$105	
Proposed Rates	1	2	3	Expires 12/31/2022		Expires 12/31/2022		48 Months					
Employee	268	71	418	\$6.08		\$9.94		\$4.43		\$7.30		\$10.06	
Employee + 1	129	48	291	\$12.16		\$19.87		\$8.86		\$14.59		\$20.11	
Employee + 2 or more	78	15	210	\$19.57		\$31.99		\$14.26		\$23.49		\$32.38	
Monthly Premium	475	134	919	\$4,725		\$2,139		\$3,442		\$1,571		\$16,857	
Annual Premium	1,528			\$56,694		\$25,672		\$41,310		\$18,852		\$202,283	
\$ Increase/Decrease				N/A		N/A		-\$15,385		-\$6,821		-\$27,137	
% Increase/Decrease				N/A		N/A		-27.1%		-26.6%		-11.8%	
Total Monthly Premium				\$25,982				\$21,870					
Total Annual Premium				\$311,786				\$262,444					
Total \$ Increase/(Decrease)				N/A				-\$49,342					
Total % Increase(Decrease)				N/A				-15.8%					

## Vision Insurance - Additional Plan Information

Effective Date: January 1, 2022

	Current	Option 1	Option 2
Carrier	VSP	NVA	EyeMed
<b>Network Information</b>			
National Network?	Yes	Yes	Yes
<b>Coverage Details</b>			
Contact and Eyeglasses Within the Same Benefit period	Yes	Yes	Yes
Materials Copay Applicable to Contact Lenses	No	No	No
Frequency of services based on	Last Date of Service	Either Calendar year or Last date of Service	Either Calendar year or Last date of Service
Standard Progressive vs Custom Progressive Lenses	Standard - Covered in Full Custom - \$150-\$175/\$30 Copay (Plan 1-2/3)	Standard - Covered in Full Custom - \$30 Copay (Plan 3 Only)	<b>Standard - \$10 - \$80 Copay</b> <b>Custom - \$40 - \$200 Copay</b>
<b>Other</b>			
Vision Claims Reporting	Monthly	Monthly	<b>Quarterly</b>

					Current	Option 1	Option 2
Provider Name	State	Claim Count	Total Dollars	Claimants	VSP	EyeMed	NVA
BARRY M KAY OD PA	FL	97	\$16,541.95	92	Yes	Yes	No
HEIDEN & HEIDEN ODS PA	FL	74	\$12,058.29	67	Yes	Yes	No
JAMES M BERANEK OD PA	FL	46	\$7,896.44	38	Yes	Yes	No
ROBERT A DAVIS OD PA	FL	24	\$4,393.80	22	Yes	Yes	Yes
KATHRYN ALVARO ESTEVEZ	FL	23	\$2,886.95	17	Yes	Yes	No
DR WILLIAM PORTER PA	FL	19	\$1,017.25	17	Yes	No	Yes
VISIONWORKS INC	FL	19	\$3,405.95	19	Yes	No	Yes
JAIME A BALAGUER OD PA	FL	16	\$2,049.50	13	Yes	Yes	Yes
THE VISIONCARE FAMILY INC	FL	15	\$1,794.24	11	Yes	Yes	No
COSTCO CORPORATE	FL	14	\$1,664.57	14	Yes	No	No
RHEA BUTCHEY OD LLC	FL	12	\$649.75	12	Yes	No	Yes
PALM VISION CENTER	FL	12	\$1,226.04	10	Yes	Yes	No
DRS KELSO AND KELSO OD PA	FL	12	\$1,106.50	9	Yes	Yes	No
VEO PEMBROKE INC	FL	12	\$597.00	12	Yes	No	No
DUSK J FALKNER MARTINEZ OD PA	FL	12	\$1,536.00	7	Yes	Yes	No
DAVID L POPPER OD PA	FL	11	\$1,552.38	10	Yes	Yes	No
EYECONIC INC	CA	11	\$1,780.46	10	Yes	No	No
ALLYSON DAWN PALGON OD PA	FL	10	\$455.00	10	Yes	Yes	No
JUSTINE N CHEN OD PA	FL	10	\$2,174.68	9	Yes	Yes	Yes
DEBORAH C WESTON OD PA	FL	10	\$988.00	6	Yes	Yes	No
DR Wafa ABDULRAZZAQ PA	FL	9	\$1,664.46	9	Yes	Yes	No
SITE 4 SIGHT OPTICAL	FL	9	\$1,263.50	7	Yes	Yes	Yes
HOPEN & WOLFE MDS	FL	9	\$1,494.95	7	Yes	Yes	No
LISA E NADEL OD PA	FL	9	\$1,519.63	8	Yes	Yes	Yes
LAURA FALCO OD LLC	FL	8	\$1,869.26	4	Yes	Yes	No
STEVEN LOWINGER OD PA	FL	8	\$400.00	8	Yes	No	No
PROVISION EYE CARE CENTER	FL	8	\$807.91	8	Yes	Yes	Yes
ISABELLE RUSZCZYK OD PA	FL	7	\$570.00	7	Yes	No	No
OC EYECARE LLC	FL	7	\$363.00	4	Yes	Yes	No
AW EYECARE LLC	FL	7	\$673.50	5	Yes	Yes	No
DAVID Y SHIPLEY OD PA	FL	7	\$856.50	4	Yes	Yes	Yes
CHRISTOPHER J MILLER OD PA	FL	7	\$1,320.45	5	Yes	Yes	Yes
OPTICAL NA TARGET	FL	7	\$455.00	6	No	Yes	Yes
TIMOTHY J ZEIGLER OD PA	FL	7	\$1,217.68	7	Yes	No	No
DR ENAS SHEHADEH OD	FL	6	\$240.00	6	Yes	Yes	No
VISIONCARE CONSULTANTS OF SOUTH FLORIDA	FL	6	\$319.25	6	Yes	Yes	No
DR MARIA CORDOVA	FL	6	\$937.00	4	Yes	Yes	No
ROUSE FAMILY EYE CARE PA	FL	6	\$800.75	5	Yes	Yes	No
FAMILY EYE CENTER INC	FL	5	\$1,519.09	5	Yes	Yes	No
LEO EDELSBERG AND ASSOCIATES	FL	5	\$973.00	5	Yes	Yes	No
PROFESSIONAL FAMILY EYECARE INC	FL	5	\$506.26	4	Yes	Yes	No
JONATHAN E GORDON OD PA	FL	5	\$1,342.00	4	Yes	Yes	Yes
JS DAVIS LLC	FL	5	\$896.10	5	Yes	Yes	No
NICHOLAS RASHID OD PA	FL	5	\$659.25	4	Yes	No	No
VISION UNLIMITED OF WESTON LLC	FL	4	\$323.50	4	Yes	Yes	Yes
DR STEVE T BUSSA OD PLLC	FL	4	\$674.15	3	Yes	Yes	No
KENNEDY VISION INC	FL	4	\$464.10	3	Yes	Yes	No
BLAKE W TARR	TN	4	\$434.50	3	Yes	Yes	No
ALL EYES OPTICAL	FL	4	\$602.80	4	Yes	Yes	No
FLORIDA VISION OPTIQUE INC	FL	4	\$739.51	3	Yes	Yes	Yes
Top 50 Providers					In Network	49	40
					Out of Network	1	10
					Total Providers	50	50
					% In Network	98.0%	80.0%
							16
							34
							50
							32.0%

Full Provider List					In Network	321	316	194
					Out of Network	86	91	213
					Total Providers	407	407	407
					% In Network	78.9%	77.6%	47.7%



# Administration Lines RFP Analysis

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**City of Hollywood**  
**Administration Services Cost Summary - BAFO**  
**Effective Date: January 1, 2022**

		Current	Renewal
Summary of Costs		P&A Group/WEX	P&A Group/WEX
<b>Health Reimbursement Account</b>		<b>P&amp;A Group</b>	<b>P&amp;A Group</b>
Per Participant Per Month Fee	1,239	\$3.60	\$3.25
Other Admin Fees		-	-
<b>Estimated Monthly Cost</b>		<b>\$4,460</b>	<b>\$4,027</b>
<b>Estimated Annual Cost</b>		<b>\$53,525</b>	<b>\$48,321</b>
<b>Flexible Spending Account</b>		<b>P&amp;A Group</b>	<b>P&amp;A Group</b>
Per Participant Per Month Fee	185	Included in H.R.A	Included in H.R.A
Other Admin Fees		-	-
<b>Estimated Monthly Cost</b>		<b>\$0</b>	<b>\$0</b>
<b>Estimated Annual Cost</b>		<b>\$0</b>	<b>\$0</b>
<b>COBRA Administration</b>		<b>WEX</b>	<b>WEX</b>
Flat Monthly Fee/PEPM Fee	2,674	-	-
Initial Rights Notice to New Hires Fee		\$3.00	\$3.00
Initial Notice to All Employees Fee		\$3.00	\$3.00
Qualifying Event Notice Fee	13	\$22.00	\$22.00
<b>Estimated Monthly Cost</b>		<b>\$286</b>	<b>\$286</b>
<b>Estimated Annual Cost</b>		<b>\$3,432</b>	<b>\$3,432</b>
<b>Rate Guarantee for All Lines</b>		-	60 Months

*Estimated Monthly Costs for COBRA based on estimated number of qualified events*

## HRA RFP Evaluation - BAFO

Effective Date: January 1, 2022

	Current/Renewal	Option 1
General Information	P&A Group	WEX
Debit Card Fee (if separate from primary fee)	\$0.00	\$0.00
Debit card - reactivation, replacement and/or additional card	\$0.00	\$0.00
Set Up Fee(s)	\$0.00	\$0.00
Annual Renewal Fee	\$0.00	\$0.00
Custom reporting and programming	\$0.00	<b>\$150</b> per hour
Any special processing charges for reimbursements	No	No
Creation of plan document	Included.	Included.
Participant Online / Mobile App Access	Included	Included
Other Services Available	N/A	Dedicated account executive, participant services team
Rate Guarantee	60 months	60 months

FSA RFP Evaluation - **BAFO**

Effective Date: January 1, 2022

	Current/Renewal	Option 1
Plan Information	P&A Group	WEX
Debit card fee	INCLUDED	INCLUDED
Setup fee(s)	INCLUDED	INCLUDED
Annual renewal fee	INCLUDED	INCLUDED
Processing of reimbursements (weekly, daily)	INCLUDED	INCLUDED
Claims Submission Method	Participants can submit claims to P&A in the following ways: - Secure online upload	Participants may submit claims through our free mobile app, consumer portal, toll-free fax or US Mail.
Mobile App	INCLUDED	INCLUDED
Adjustments and corrections	INCLUDED	INCLUDED
Mailed account statements	N/A	<b>1</b> paper account statement 60 days prior to the end of the plan year.
Enrollment meetings (In-Person)	INCLUDED	<b>\$350.00</b>
Enrollment kits (Paper, Electronic)	INCLUDED	INCLUDED
Web administration	INCLUDED	INCLUDED
Reporting Capabilities	INCLUDED	INCLUDED
Section 125 Document Fee	INCLUDED	INCLUDED
Non-Discrimination Testing	INCLUDED	INCLUDED
Rate Guarantee	60 months	60 months

COBRA RFP Evaluation - **BAFO**

Effective Date: January 1, 2022

	Current/Renewal	Option 1
COBRA Coverage	WEX	P&A Group
Dedicated Account Manager	Included	Included
Electronic Eligibility File Feeds (Additional Fees)	Included	Included
Web Administration	Included	Included
Payment Options for COBRA Participants	Check, one-time ACH, recurring ACH or an online payment.	Mail, fax, online, mobile
Initial Rights Notice to New Hire (Rate Per Notice)	\$3.00	<b>\$7.00</b>
Initial Notice to ALL Employees (Rate Per Notice)	\$3.00	<b>\$3.25</b>
Qualifying Event Notices (Rate Per Notice)	\$22.00/ <b>\$18.00*</b>	<b>\$18.00</b>
Cost per packet for printed Open Enrollment Kits	Included	Included
Implementation Fee	\$0.00	\$0.00
Renewal Fee	\$0.00	\$0.00
Takeover Fee	-	\$0.00
Monthly Premium Minimum (if applies)	\$0.00	\$0.00
Rate Guarantee	60 months	60 months

\*\$18 COBRA fee if bundling all lines with Wex

