

City of Hollywood
Medical Insurance RFP Evaluation - Dual Plan Option
Effective Date: January 01, 2017

Carrier	CURRENT		PROPOSED		
	Florida Blue		Cigna		
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network Only
Network(s) Utilized	BlueOptions PPO		Open Access Plus		Open Access Plus
Calendar Year Deductible (CYD)					
Individual	\$0	\$500	\$0	\$500	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coins, Copays; Excludes Rx
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000
Member Coinsurance	0%	40%	0%	40%	20%
Non-Hospital Services					
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$30
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40
Preventive Care	No Charge	40%	No Charge	40%	No Charge
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge
Diagnostic X-ray	\$50	CYD + 40%	\$50	CYD + 40%	\$50
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$50
Hospital Services					
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	\$250	\$750	\$500
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	\$100	\$300	\$250
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	CYD + 20%
Emergency Room Visit	\$50	\$50	\$50	\$50	\$200
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$75
Mental Health & Substance Abuse					
Inpatient	\$250	\$750	\$250	\$750	\$500
Outpatient Visits	\$40	\$300	No Charge	CYD	\$40
Prescription Drugs					
Rx Deductible	\$50 per person		\$50 per person		\$50 / \$150 Family
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F
Generic	20%	50%	20%	50%	20%
Preferred Brand	20%	50%	20%	50%	20%
Non-Preferred Brand	20%	50%	20%	50%	20%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150

CYD = Calendar Year Deductible

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	CURRENT		PROPOSED	
	Florida Blue		Cigna	
Network	BlueOptions		Open Access Plus	
Rate Guarantee	Expires 12/31/16		60 Months	
Rate Guarantee Detail by Year	--		1, 2 & 3	Yr. 4 Yr. 5
Composite Rate	2,322	\$38.40	\$29.02	\$29.60 \$30.19
Annual Administration Cost ⁽¹⁾		\$1,069,978	\$808,613	
\$ Increase/Decrease		--	-\$261,364	
% Increase/Decrease		--	-24.4%	
<u>SPECIFIC STOP LOSS</u>		Florida Blue	Cigna	
Specific Deductible		\$350,000	\$350,000	
Covered Benefits		Medical & Rx	Medical & Rx	
Contract Basis		48/12	12/12 TLO	
Annual Max Reimbursement		Unlimited	Unlimited	
Single	1,306	\$18.85	\$31.75	
Family	<u>1,016</u>	\$48.29	\$31.75	
Annual Premium	2,322	\$884,169	\$884,682	
\$ Increase/Decrease		--	\$513	
% Increase/Decrease		--	0.1%	
<u>AGGREGATE STOP LOSS</u>		Florida Blue	Cigna	
Covered Benefits		Medical & Rx	Medical & Rx	
Annual Max Reimbursement		\$1,000,000	\$1,000,000	
Aggregate Premium (PEPM)	2,322	\$1.50	\$2.00	
Annual Premium		\$41,796	\$55,728	
\$ Increase/Decrease		--	\$13,932	
% Increase/Decrease		--	33.3%	
Total Fixed Costs		\$1,995,942	\$1,749,023	
\$ Increase/Decrease		--	-\$246,919	
% Increase/Decrease		--	-12.4%	
<u>EXPECTED CLAIMS COST</u>		Florida Blue	Cigna	
Single	1,306	\$632.94	\$941.70	\$814.40
Family	<u>1,016</u>	\$1,519.06	\$941.70	\$814.40
Annual Expected Claims Cost	2,322	\$28,439,927	\$26,239,417	\$22,692,442
\$ Increase		--	(\$2,200,509)	(\$5,747,485)
% Increase		--	-7.7%	-20.2%
TOTAL EXPECTED COST		\$30,435,869	\$27,988,441	\$22,692,442
\$ Increase/Decrease		--	-\$2,447,429	-\$7,743,428
% Increase/Decrease		--	-8.0%	-25.4%
<u>MAXIMUM CLAIMS COST</u>		125% Corridor	125% Corridor	
Single	1,306	\$791.18	\$1,177.12	\$1,018.00
Family	<u>1,016</u>	\$1,898.83	\$1,177.12	\$1,018.00
Annual Expected Claims Cost	2,322	\$35,549,908	\$32,799,272	\$28,365,552
\$ Increase		--	(\$2,750,637)	(\$7,184,356)
% Increase		--	-7.7%	-20.2%
TOTAL MAXIMUM COST		\$37,545,851	\$34,548,295	\$28,365,552
\$ Increase/Decrease		--	-\$2,997,556	-\$9,180,299
% Increase/Decrease		--	-8.0%	-24.5%

(1) Cigna cost savings based on administrative fee for Years 1-3. Premium increases by 2% in Year 4 and by 4% in Year 5 as compared to fee in Years 1-3.

SCHEDULE OF BENEFITS	CURRENT				PROPOSED			
	Florida Combined Life				CIGNA - Package w/ Medical			
	Low		High		Low		High	
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Plan Basics								
Annual Benefit Maximum	\$1,000		\$2,000		\$1,000		\$2,000	
Deductibles								
Single	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Orthodontia-Specific Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Ded. Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Benefits								
Preventive	100%	80%	100%	80%	100%	80%	100%	80%
Basic	80%	70%	80%	70%	80%	70%	80%	70%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services (Child Only)	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits Payable Level	90% U&C		90% U&C		90% U&C		90% U&C	
Waiting Period (Timely Entrants)	None		None		None		None	
Orthodontic Lifetime Maximum	\$1,000		\$2,000		\$1,000		\$2,000	
Endodontics / Periodontics	Basic		Basic		Basic		Basic	
Rate Guarantee	Expires 12/31/16				36 Months+ 2 yr. Cap			
Fixed Costs								
ASO Fee PEPM	1,864	\$3.77		\$2.35				
Monthly Premium	\$7,027				\$4,380			
Annual Premium	\$84,327				\$52,565			
\$ Increase/Decrease	N/A				-\$31,763			
% Increase/Decrease	N/A				-37.7%			
Proposed Budget Rates								
Employee	623	236	\$29.28	\$63.28	\$29.28	\$63.28	\$63.28	
Employee + One Dependent	310	209	\$49.49	\$103.84	\$49.49	\$103.84	\$103.84	
Employee + Family	279	207	\$68.16	\$141.27	\$68.16	\$141.27	\$141.27	
Combined-Plans Monthly Funding	\$118,480				\$118,480			
Combined Annual Premium	\$1,421,754				\$1,421,754			
\$ Increase/Decrease	N/A				\$0			
% Increase/Decrease	N/A				0.0%			

City of Hollywood
Flexible Spending Account Administration RFP Evaluation
Effective Date: January 1, 2017

	CURRENT / RENEWAL	PROPOSED
	TASC	P&A Group
Account Administration	Flexible Spending Accounts	Flexible Spending Accounts & Health Reimbursement Accounts
Debit card setup fee	Included	Included
First Year Set-up fee	Included	Included
Annual renewal fee	Included	Included
Plan Design, Documents and Forms costs	Included	Included
Claim submission options	TASC Card, Mobile App, Web Wizard/MyTASC, Fax, Auto Claim Feed, Mail	Paper, Fax, Mobile upload
Claims turnaround, processing and payment timing	24 Hours	24/7 claims processing & daily per bank calendar. 2 - 3 business days if direct deposit & 3 - 5 business days for manual check
Direct deposit of reimbursements	Yes	Yes
Secure Employer & Employee Web Portals	www.tasconline.com	www.padmin.com
Electronic enrollment kits	Yes	Yes
Printed/Paper enrollment kits	N/A	Included
Employee Communications	Included	Included
Reporting capabilities	Included; Online, IVR Mobile App. Real time updates	24/7 live reporting via online portals
Customized Group Employee Education Meeting	Included	Included
Non-Discrimination testing	Included	Included
Rate Guarantee	36 Months	60 Months
Monthly Administration Fee PPPM	\$3.25	\$3.60
Monthly Premium	\$4,420	\$4,896
Annual Premium	\$53,040	\$58,752
\$ Increase / Decrease	--	\$5,712
% Increase / Decrease	--	10.8%

City of Hollywood
 Vision Insurance Renewal Evaluation
 Effective Date: January 1, 2017

VSP VISION PLAN OPTIONS	Plan 1		Plan 2		Plan 3		
	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	
Materials	\$25	Varies	\$20	Varies	\$10	Varies	
Frequency							
Exam	12 Months		12 Months		12 Months		
Lenses	12 Months		12 Months		12 Months		
Frames	24 Months		24 Months		24 Months		
Benefits Payable							
	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	
Single Lenses	\$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 \$50	
Trifocal Lenses	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$65	
Polycarbonate Lenses, UV Coating, Scratch Coating and Photochromic lenses	Additional cost	N/A	Covered in Full	N/A	Covered in Full	N/A	
Lenses and Frames							
Contact Lenses (Elective)	\$100 Allowance & Max copay \$60 for CL Exam	Up to \$105	\$130 Allowance & Max copay \$20 for CL Exam	Up to \$105	\$150 Allowance & Max copay \$10 for CL Exam	Up to \$105	
Frames	\$100 allowance \$120 if 'Collection' & 20% off any balance	Up to \$70	\$130 allowance \$150 if 'Collection' & 20% off any balance	Up to \$70	\$150 allowance \$170 if 'Collection' & 20% off any balance	Up to \$70	
Extra Savings & Discounts	20% off additional glasses & sunglasses	N/A	20% off additional glasses & sunglasses	N/A	20% off additional glasses & sunglasses	N/A	
Rate Guarantee							
	24 Months		24 Months		24 Months		
Rates	<u>1</u>	<u>2</u>	<u>3</u>	<i>Current</i>	<i>Renewal</i>	<i>Current</i>	<i>Renewal</i>
Employee	98	57	345	\$4.71	\$6.08	\$7.70	\$9.94
Employee + 1	33	41	250	\$9.42	\$12.16	\$15.40	\$19.87
Employee + 2 or more	22	21	222	\$15.17	\$19.57	\$24.79	\$31.99
Monthly Premium	153	119	817	\$1,106	\$1,428	\$1,591	\$2,053
Annual Premium				\$13,274	\$17,132	\$19,091	\$24,636
\$ Increase				--	\$3,858	--	\$5,546
% Increase				--	29.1%	--	29.0%
Total Combined Annual Premium				2016		2017	
				\$197,820		\$255,258	
\$ Increase				--		\$57,438	
% Increase				--		29.0%	