



City of Lee's Summit

2024 Plan Renewal and Marketing Results

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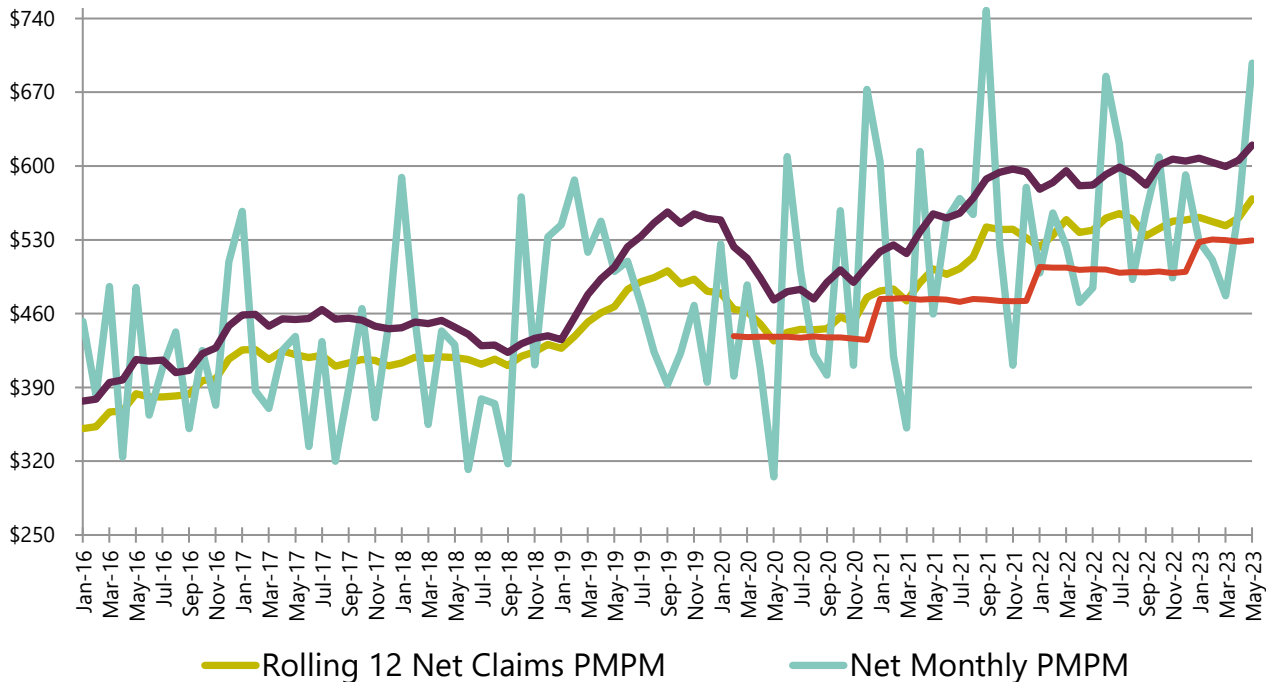
August 14th, 2023



Medical Plan Renewal & Marketing



Historical Trend



		Net Trend	Gross Trend
Annual Trend Over:	36 Months	10.3%	10.4%
Annual Trend Over:	24 Months	6.6%	5.9%
Annual Trend Over:	12 Months	5.5%	6.5%



2024 Renewal Projection – Claims Baseline

Month	Total Members	Gross Med Claims	Rx Claims	Medical & Rx Claims	Cumulative Claims	Monthly Premium
Jun-22	1,477	\$806,994	\$249,468	\$1,056,462	\$806,994	\$937,159
Jul-22	1,480	\$748,565	\$246,004	\$994,570	\$1,555,559	\$933,405
Aug-22	1,475	\$478,147	\$283,524	\$761,672	\$2,033,707	\$931,175
Sep-22	1,477	\$794,230	\$279,285	\$1,073,515	\$2,827,936	\$931,747
Oct-22	1,465	\$1,021,276	\$272,221	\$1,293,498	\$3,849,213	\$926,033
Nov-22	1,461	\$468,249	\$292,289	\$760,538	\$4,317,462	\$920,634
Dec-22	1,467	\$634,678	\$277,901	\$912,579	\$4,952,140	\$926,905
Jan-23	1,482	\$536,876	\$246,569	\$783,446	\$5,489,016	\$989,146
Feb-23	1,463	\$507,811	\$240,086	\$747,898	\$5,996,827	\$981,186
Mar-23	1,482	\$478,689	\$227,991	\$706,680	\$6,475,516	\$992,568
Apr-23	1,493	\$566,932	\$267,854	\$834,786	\$7,042,449	\$996,867
May-23	1,499	\$837,911	\$219,280	\$1,057,191	\$7,880,359	\$1,003,507
Total	17,721	\$7,880,359	\$3,102,473	\$10,982,833	\$7,880,359	\$11,470,332
Avg	1,477	656,697	258,539	915,236		\$955,861
PMPM		\$445	\$175	\$620		\$647

*June Medical & Rx claims surpassed \$1 million



2024 Renewal Projection – Medical

Gross Medical / Rx Claims			\$10,982,833
Less Pooled Claims (Over \$150,000)			(\$904,075)
Rolling 12 Net Claims			\$10,078,757
Rolling 12 Membership			17,721
NET PMPM Claims			\$569
Midpoint Trend	8.3%	19	1.135
Trended Claims PMPM			\$645
Current Month			
Membership*12			17,988
Forecasted Claims - 2024 Plan Year			\$11,610,663
Add Pooling (2023 w/inflation)			\$1,942,704
Less ACA Taxes (Including CER Fee of \$2.39 PMPY)			\$0
Total			\$13,553,367
Projected Loss Ratio			113%
Target Loss Ratio			93.75%
Base Premium Needed	20.1%		\$14,456,925
Experience Credibility			87%
Manual Used (Actual 2023)	14.0%		\$13,727,969
Manual Credibility			13%
Blended Needed Premium			\$14,362,160
Existing Premium			\$12,042,078
Anticipated Calculated Increase for 2024	\$2,320,082		19.3%
Increase Assuming CIGNA Reduction of Formula as 2023 (-7.5%)	\$1,416,926		11.8%

Medical Marketing: Carrier Responses

Carrier Invitation List	Carrier Response
Cigna	Incumbent
Aetna	<i>Declined to Quote</i>
BCBSKC	Quoted
UHC	Quoted
UMR	<i>Declined to Quote</i>



Medical Marketing Summary

	Current 2023 Cigna Rates	2024 Negotiated Renewal Cigna Rates	2024 Proposed BCBSKC Rates	2024 Proposed UHC Rates
Annual Cost	\$12,049,153	\$12,427,090	\$12,325,699	\$12,725,224
% Change from Current		3.1%	2.3%	5.6%
Carrier Notes				
Rate Guarantee	N/A	1 Year	1 Year	1 Year
2nd Year Rate Cap	N/A	9.5% Rate Cap for 1/1/2025	8.9% Rate Cap for 1/1/2025	Includes Benefit Care Ratio Guarantees for Year 2
Contract Type Proposed	Fully-Insured Contract	Fully-Insured Contract	Max Refund Contract	Fully-Insured Contract
Claim Refund Potential	No		Yes	No
Pooling Level	\$150,000	\$150,000	\$125,000	\$150,000
HSA Administrative Fee	\$4.50	\$4.50	\$1.00	\$0.00
Wellness Program/Allowance	\$35,000	\$55,000	\$35,000	\$35,000

*BCBSKC is offering \$100,000 premium credit in January



2023 Medical Benefit Summaries

	Buy Up PPO	Base PPO	HDHP with HSA
Benefit Provisions	In-Network	In-Network	In-Network
Calendar Year Deductible			
Individual	\$0	\$500	\$3,000
Family	\$0	\$1,000	\$6,000
Calendar Year Out-of-Pocket Maximum			
Individual	\$3,000	\$2,800	\$3,000
Family	\$6,000	\$5,600	\$6,000
Coinsurance	100%	90%	100%
Office Visits			
Primary Care Physician	\$20 copay	\$25 copay	0% after deductible
Specialist	\$40 copay	\$50 copay	0% after deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Medical Care			
Emergency Room	\$200 copay	\$200 copay then ded/coins	0% after deductible
Urgent Care	\$40 copay	\$50 copay	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible
Hospital Services			
Inpatient Services	\$300 copay per day	10% after deductible	0% after deductible
Outpatient Services	No member cost share	10% after deductible	0% after deductible
Pharmacy Benefits			
Separate Pharmacy Out of Pocket	Combined with Medical	\$1,500 individual / \$4,500 family	Combined with Medical
Prescription Rx	Retail: \$10 / \$40 / \$65	Retail: \$10 / 40% to \$80 / 60% to \$120	Retail: 0% after deductible
	Mail: \$30 / \$120 / \$195	Mail: \$20 / 40% to \$160 / 60% to \$240	Mail: 0% after deductible



Medical Proposed Rates: Broad Network

Buy Up PPO				
	April Enrollment	2024 Negotiated Renewal Cigna Rates	2024 Proposed BCBSKC Rates	2024 Proposed UHC Rates
Employee Only	63	\$1,030.73	\$1,023.41	\$1,115.23
Employee + Spouse	21	\$2,254.34	\$2,238.06	\$2,438.86
Employee + Children	8	\$2,254.34	\$2,238.06	\$2,438.86
Family	71	\$2,616.62	\$2,598.00	\$2,831.09
Annual Cost	163	\$3,793,102	\$3,766,039	\$4,103,926
% Change from Current		3.0%	2.3%	11.5%

Base PPO				
	April Enrollment	2024 Negotiated Renewal Cigna Rates	2024 Proposed BCBSKC Rates	2024 Proposed UHC Rates
Employee Only	98	\$934.78	\$915.72	\$947.84
Employee + Spouse	27	\$2,057.70	\$2,015.71	\$2,072.80
Employee + Children	25	\$2,057.70	\$2,015.71	\$2,072.80
Family	94	\$2,388.70	\$2,339.97	\$2,406.16
Annual Cost	244	\$5,077,760	\$4,974,176	\$5,122,236
% Change from Current		4.4%	2.3%	5.3%

HDHP with HSA				
	April Enrollment	2024 Negotiated Renewal Cigna Rates	2024 Proposed BCBSKC Rates	2024 Proposed UHC Rates
Employee Only	125	\$823.78	\$830.55	\$813.80
Employee + Spouse	22	\$1,812.63	\$1,827.55	\$1,779.67
Employee + Children	22	\$1,812.63	\$1,827.55	\$1,779.67
Family	54	\$2,104.15	\$2,121.47	\$2,065.89
Annual Cost	223	\$3,556,228	\$3,585,484	\$3,499,062
% Change from Current		1.5%	2.3%	-0.2%

Total Combined Plans				
	April Enrollment	2024 Negotiated Renewal Cigna Rates	2024 Proposed BCBSKC Rates	2024 Proposed UHC Rates
Annual Cost	630	\$12,427,090	\$12,325,699	\$12,725,224
% Change from Current		3.1%	2.3%	5.6%



Medical Marketing: Carrier Disruption

Broad Network Provider Disruption

	Cigna/Current	BCBSKC Preferred Care Blue	UHC Choice Plus
Top Inpatient In-Network	95%	95%	95%
Top Outpatient In-Network	98%	99%	100%
Top Professional In-Network	99%	98%	100%

Broad Network Member Disruption

	Cigna/Current	BCBSKC Preferred Care Blue	UHC Choice Plus
Top Inpatient In-Network	98%	98%	98%
Top Outpatient In-Network	99.8%	99.8%	100%
Top Professional In-Network	99.9%	94%	100%

Medical Marketing: Pharmacy Disruption

Disruption by Pharmacy			
	Cigna/Current	BCBSKC Preferred Care Blue	UHC Choice Plus
Total Pharmacies In-Network	302	295	286
Total % In-Network	98%	96%	93%
Total Pharmacies Out-of-Network	6	13	22
Total % Out-of-Network	2%	4%	7%
Disruption by Claims			
	Cigna/Current	BCBSKC Preferred Care Blue	UHC Choice Plus
Total Claims In-Network	14,165	12,669	12,411
Total % In-Network	100%	89%	87%
Total Claims Out-of-Network	20	1,516	1,774
Total % Out-of-Network	0%	11%	13%



Medical Marketing: Rx Disruption

Distribution by Script						
TIER	Cigna		BCBSKC		UHC	
TIER1	2,087	92%	2,002	88%	1,579	70%
TIER2	143	6%	102	4%	339	15%
TIER3	37	2%	48	2%	177	8%
Not Covered		-	115	5%	172	8%

Distribution by Member						
TIER	Cigna		BCBSKC		UHC	
TIER1	5,807	93%	5,616	90%	4,793	77%
TIER2	377	6%	264	4%	767	12%
TIER3	47	1%	95	2%	318	5%
Not Covered		-	256	4%	353	6%



Medical Marketing: Rx Disruption

BCBSKC Disruption by Script								
Cigna Tier	TIER1	TIER2	TIER3	Not Covered	Total	Impact		
TIER1	2,001	13	1	72	2,087	Positive	Neutral	Negative
TIER2		87	31	25	143	0%	93%	7%
TIER3	1	2	16	18	37			

UHC Disruption by Script								
Cigna Tier	TIER1	TIER2	TIER3	Not Covered	Total	Impact		
TIER1	1,558	290	111	128	2,087	Positive	Neutral	Negative
TIER2	19	46	49	29	143	1%	72%	27%
TIER3	2	3	17	15	37			

BCBSKC Disruption by Member								
Cigna Tier	TIER1	TIER2	TIER3	Not Covered	Total	Impact		
TIER1	5,615	18	3	171	5,807	Positive	Neutral	Negative
TIER2		244	70	63	377	0%	94%	6%
TIER3	1	2	22	22	47			

UHC Disruption by Member								
Cigna Tier	TIER1	TIER2	TIER3	Not Covered	Total	Impact		
TIER1	4,713	640	185	269	5,807	Positive	Neutral	Negative
TIER2	78	124	107	68	377	1%	78%	21%
TIER3	2	3	26	16	47			



Medical Marketing: Rx Disruption

BCBSKC Top Non-Covered Rx	
Rx Name	Members
FLUTICASONE PROP 50 MCG SPRAY	44
FAMOTIDINE TABLET	27
ONETOUCH VERIO & ULTRA TEST STRIP	13
ESOMEPRAZOLE MAG DR CAP	12
ELURYNG VAGINAL RING	9
LO LOESTRIN FE 1-10 TABLET	8
TRESIBA FLEXTOUCH 100 UNIT/ML	8
LEVEMIR FLEXTOUCH 100 UNIT/ML	7
BD NEEDLES 18GX1"	5
MOMETASONE FUROATE 50 MCG SPRY	5

UHC Top Non-Covered Rx	
Rx Name	Members
DEXTROAMP-AMPHET ER CAP	81
METHYLPHENIDATE ER TAB	28
FAMOTIDINE TABLET	27
FARXIGA TABLET	15
CIPROFLOX-DEXAMETH OTIC SUSP	12
ESOMEPRAZOLE MAG DR CAP	12
TESTOSTERONE 1.62% GEL PUMP	8
TRESIBA FLEXTOUCH 100 UNIT/ML	8
LEVEMIR FLEXTOUCH 100 UNIT/ML	7
MESALAMINE DR 1.2 GM TABLET	5



Dental Plan Renewal & Marketing



2023 Plan Performance through May

Month	EE Only	Family	Total Enrollment	Total Paid Claims	Cumulative Paid Claims	Premium	Cumulative Premium	Loss Ratio	Monthly Employee Contributions	Monthly Net City of Lee's Summit Cost
Jan-23	262	408	670	\$42,696	\$42,696	\$49,538	\$49,538	86%	\$7,968	\$41,570
Feb-23	264	404	668	\$38,888	\$81,583	\$49,226	\$98,764	79%	\$7,890	\$41,336
Mar-23	273	407	680	\$39,424	\$121,007	\$49,860	\$148,624	79%	\$7,949	\$41,911
Apr-23	272	410	682	\$48,186	\$169,193	\$50,113	\$198,737	96%	\$8,007	\$42,105
May-23	278	410	688	\$47,216	\$216,409	\$50,244	\$248,981	94%	\$8,007	\$42,237
Jun-23										
Jul-23										
Aug-23										
Sep-23										
Oct-23										
Nov-23										
Dec-23										
Total	1,349	2,039	3,388	\$216,409	\$216,409	\$248,981	\$248,981	87%	\$39,822	\$209,159
AVG	270	408	678	\$43,282		\$49,796			16%	84%



2024 Renewal Projection - Dental

Paid Claims From	6/1/2022
Paid Claims Through	5/31/2023
Employee Count	7,990
Avg Employees / Month	666
Paid Claims	\$512,751
PEPM Dental Claims	\$64.17
Renewal Plan Year Forecast	
Dental Claims PEPM Cost 6/1/2022 - 5/31/2023	\$64.17
Annual Trend	6.00%
Months of Additional Trend (Midpoint)	19
Trend Factor (Compounded)	1.097
Projected Dental Claims PEPM 1/1/2024-12/31/2024	\$70.38
Projected Dental Claims 1/1/2024-12/31/2024 Using Current Enrollment	\$581,028
Current Annual Premium	\$602,932
Desired Loss Ratio	89%
Needed Premium for 2024	\$652,840
Needed Renewal Change	8.3%



Dental Marketing: Carrier Responses

Carrier Invitation List	Carrier Response
Cigna	Incumbent
MetLife	Quoted
Sun Life	Quoted
UHC	Quoted
Ameritas	Quoted
Blue Cross Blue Shield KC	Quoted
<i>Aetna</i>	<i>Declined to Quote</i>
<i>Delta Dental of Missouri</i>	<i>Declined to Quote</i>
<i>Guardian</i>	<i>Declined to Quote</i>
<i>Lincoln Financial</i>	<i>Declined to Quote</i>
<i>Mutual of Omaha</i>	<i>Declined to Quote</i>
<i>New York Life</i>	<i>Declined to Quote</i>
<i>Principal</i>	<i>Declined to Quote</i>
<i>The Standard</i>	<i>Declined to Quote</i>
<i>Prudential</i>	<i>Declined to Quote</i>
<i>UNUM</i>	<i>Declined to Quote</i>
<i>Symetra</i>	<i>Declined to Quote</i>
<i>Voya</i>	<i>Declined to Quote</i>



Dental Marketing: Proposed Rates

Employee Only							Volume	283
	Current	Renewal	BCBS KC	MetLife	Sun Life	UHC	Ameritas	
Rate	\$38.800	\$38.800	\$31.580	\$34.320	\$35.610	\$30.380	\$40.800	
Annual Premium	\$131,764.80	\$131,764.80	\$107,245.68	\$116,550.72	\$120,931.56	\$103,170.48	\$138,556.80	
Premium Savings/Increase		\$0.00	(\$24,519.12)	(\$15,214.08)	(\$10,833.24)	(\$28,594.32)	\$6,792.00	

Employee + Family							Volume	418
	Current	Renewal	BCBS KC	MetLife	Sun Life	UHC	Ameritas	
Rate	\$97.650	\$97.650	\$79.480	\$86.370	\$89.840	\$103.010	\$101.680	
Annual Premium	\$489,812.40	\$489,812.40	\$398,671.68	\$433,231.92	\$450,637.44	\$516,698.16	\$510,026.88	
Premium Savings/Increase		\$0.00	(\$91,140.72)	(\$56,580.48)	(\$39,174.96)	\$26,885.76	\$20,214.48	

	Current	Renewal	BCBS KC	MetLife	Sun Life	UHC	Ameritas
Total Annual Premium	\$621,577	\$621,577	\$505,917	\$549,783	\$571,569	\$619,869	\$648,584
Total Premium Savings/Increase Compared to Current Spend (\$)		\$0	(\$115,660)	(\$71,795)	(\$50,008)	(\$1,709)	\$27,006
Total Premium Savings/Increase Compared to Current Spend (%)		0.00%	-18.61%	-11.55%	-8.05%	-0.27%	4.34%

Rate Guarantee		2 Years	2 Years	2 Years 7% rate cap 2026	3 Years	2 Years	2 Years
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Dental Disruption

Provider Disruption						
	Cigna	BCBS KC	MetLife	SunLife	UHC	Ameritas
<i>Total Providers In-Network</i>	48	46	43	39	36	42
<i>Total % In-Network</i>	96%	92%	86%	78%	72%	84%
<i>Total Providers Out-of-Network</i>	2	4	7	11	14	8
<i>Total % Out-of-Network</i>	4%	8%	14%	22%	28%	16%
Services Disruption						
	Cigna	BCBS KC	MetLife	SunLife	UHC	Ameritas
<i>Number of Services In-Network</i>	4,282	4,036	3,443	3,422	2,815	3,839
<i>Total % In-Network</i>	99%	93%	79%	79%	65%	88%
<i>Number of Services Out-of-Network</i>	60	306	899	920	1527	503
<i>Total % Out-of-Network</i>	1%	7%	21%	21%	35%	12%



Vision Marketing



Vision Marketing: Carrier Responses

Carrier Invitation List	Carrier Response
Ameritas	Quoted
EyeMed	Quoted
MetLife	Quoted
Sun Life	Quoted
UHC	Quoted
Delta Dental of Missouri	DTQ - Uncompetitive
Guardian	DTQ - Uncompetitive
Hartford	DTQ - Uncompetitive
Lincoln Financial	DTQ - Uncompetitive
Mutual of Omaha	DTQ - Uncompetitive
New York Life	DTQ - Uncompetitive
OneAmerica	DTQ - Uncompetitive
Principal	DTQ - Uncompetitive
Prudential	DTQ - Uncompetitive
Reliance Standard	DTQ - Uncompetitive
The Standard	DTQ - Uncompetitive
UNUM	DTQ - Uncompetitive
VSP	DTQ - Uncompetitive



Vision Marketing: Proposed Rates

Employee Only						Volume	294
	Current - MetLife	Renewal - MetLife	UHC	Ameritas	Sun Life	EyeMed	
Rate	\$6.510	\$6.510	\$5.850	\$6.500	\$6.510	\$7.760	
Annual Premium	\$22,967.28	\$22,967.28	\$20,638.80	\$22,932.00	\$22,967.28	\$27,377.28	
Premium Savings/Increase		\$0.00	(\$2,328.48)	(\$35.28)	\$0.00	\$4,410.00	

Employee + Family						Volume	405
	Current - MetLife	Renewal - MetLife	UHC	Ameritas	Sun Life	EyeMed	
Rate	\$15.450	\$15.450	\$13.880	\$15.450	\$15.450	\$18.420	
Annual Premium	\$75,087.00	\$75,087.00	\$67,456.80	\$75,087.00	\$75,087.00	\$89,521.20	
Premium Savings/Increase		\$0.00	(\$7,630.20)	\$0.00	\$0.00	\$14,434.20	

	Current - MetLife	Renewal - MetLife	UHC	Ameritas	Sun Life	EyeMed
Total Annual Premium	\$98,054	\$98,054	\$88,096	\$98,019	\$98,054	\$116,898
Total Premium Savings/Increase Compared to Current Spend (\$)		\$0	(\$9,959)	(\$35)	\$0	\$18,844
Total Premium Savings/Increase Compared to Current Spend (%)		0.00%	-10.16%	-0.04%	0.00%	19.22%

Rate Guarantee		1 Year Will extend to 3 years if sold with Dental	3 Years	2 Years	2 Years	4 Years
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Disruption		85%	61%	77%	94%	75%
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Life & Disability Renewal and Marketing



Life & Disability Marketing: Carrier Responses

Carrier Invitation List	A.M. Best Rating	Carrier Response
Hartford	A+	Incumbent
OneAmerica	A+	Quoted
MetLife	A+	Quoted
Sun Life	A+	Quoted
New York Life	A++	Quoted
UHC	A+	Quoted
Symetra	A	Quoted
<i>Prudential</i>		<i>Declined to Quote - Not Competitive</i>
<i>Reliance Standard</i>		<i>Declined to Quote - Not Competitive</i>
<i>Voya</i>		<i>Declined to Quote - Not Competitive</i>
<i>Guardian</i>		<i>Declined to Quote - Not Competitive</i>
<i>Lincoln Financial</i>		<i>Declined to Quote - Not Competitive</i>
<i>Mutual of Omaha</i>		<i>Declined to Quote - Not Competitive</i>
<i>The Standard</i>		<i>Declined to Quote - Not Competitive</i>
<i>UHC</i>		<i>Declined to Quote - Not Competitive</i>
<i>Unum</i>		<i>Declined to Quote - Not Competitive</i>



Life & Disability Marketing: Proposed Rates

Line of Coverage: Basic Life					
	Current - Hartford	Renewal - Hartford	OneAmerica	MetLife	Sun Life
Rate Per \$1,000	\$0.086	\$0.086	\$0.075	\$0.068	\$0.065
Annual Premium	\$47,513.28	\$47,513.28	\$41,436.00	\$37,568.64	\$35,911.20
Premium Savings/Increase		\$0.00	(\$6,077.28)	(\$9,944.64)	(\$11,602.08)

Line of Coverage: Basic AD&D					
	Current - Hartford	Renewal - Hartford	OneAmerica	MetLife	Sun Life
Rate Per \$1,000	\$0.020	\$0.015	\$0.020	\$0.030	\$0.010
Annual Premium	\$11,049.60	\$8,287.20	\$11,049.60	\$16,574.40	\$5,524.80
Premium Savings/Increase		(\$2,762.40)	\$0.00	\$5,524.80	(\$5,524.80)

Line of Coverage: Basic Dependent Life					
	Current - Hartford	Renewal - Hartford	OneAmerica	MetLife	Sun Life
Rate PEPM	\$1.220	\$1.220	\$1.220	\$1.098	\$1.119
Annual Premium	\$8,300.88	\$8,300.88	\$8,300.88	\$7,470.79	\$7,613.68
Premium Savings/Increase		\$0.00	\$0.00	(\$830.09)	(\$687.20)

Line of Coverage: LTD					
	Current - Hartford	Renewal - Hartford	OneAmerica	MetLife	Sun Life
Rate Per \$100 Payroll	\$0.240	\$0.220	\$0.205	\$0.204	\$0.260
Annual Premium	\$94,026.10	\$86,190.59	\$80,313.96	\$79,922.18	\$101,861.60
Premium Savings/Increase		(\$7,835.51)	(\$13,712.14)	(\$14,103.91)	\$7,835.51

	Current - Hartford	Renewal - Hartford	OneAmerica	MetLife	Sun Life
Total Annual Premium	\$160,890	\$150,292	\$141,100	\$141,536	\$150,911
Total Premium Savings/Increase Compared to Current Spend (\$)		(\$10,598)	(\$19,789)	(\$19,354)	(\$9,979)
Total Premium Savings/Increase Compared to Current Spend (%)		-6.59%	-12.30%	-12.03%	-6.20%
Total Premium Savings/Increase Compared to Renewal Spend (\$)			(\$9,192)	(\$8,756)	\$619
Total Premium Savings/Increase Compared to Renewal Spend (%)			-6.12%	-5.83%	0.41%

*Rate Proposals by line of coverage for the top four carriers ER financials



Life & Disability Marketing: Proposed Rates

	Current - Hartford	Renewal - Hartford	MetLife	Sun Life	New York Life	UHC	Symetra	OneAmerica
Total Annual Employer Premium	\$160,890	\$150,292	\$141,536	\$150,911	\$160,890	\$160,890	\$174,250	\$141,100
Total Annual Employee Premium	\$150,964	\$150,964	\$140,013	\$134,390	\$134,390	\$150,964	\$150,964	\$123,426

Total Annual Premium Spend	\$311,854	\$301,256	\$281,549	\$285,301	\$295,280	\$311,854	\$325,214	\$264,526
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Total Premium Savings/Increase Compared to Current Spend (\$)		(\$10,598)	(\$30,304)	(\$26,552)	(\$16,574)	\$0	\$13,360	(\$47,327)
Total Premium Savings/Increase Compared to Current Spend (%)		-3.40%	-9.72%	-8.51%	-5.31%	0.00%	4.28%	-15.18%
Total Premium Savings/Increase Compared to Renewal Spend (\$)			(\$19,706)	(\$15,955)	(\$5,976)	\$23,958	\$10,598	(\$36,730)
Total Premium Savings/Increase Compared to Renewal Spend (%)			-6.54%	-5.30%	-1.98%	7.95%	3.52%	-12.19%

* Could not quote
CH Vol AD&D

Basic & Voluntary Life Rate Guarantee		2 Years	2 Years; will increase to 3 years if sold with dental	3 Years	3 Years	3 Years	3 Years	2 Years
LTD Rate Guarantee		2 Years	2 Years; will increase to 3 years if sold with dental	3 Years	3 Years	3 Years	3 Years	2 Years

- Aggregate Premium including EE and ER Financials



Worksite Marketing



Worksite Marketing: Carrier Responses

Carrier Invitation List	Quoted/Declined to Quote
Hartford	Incumbent
MetLife	Quoted
Reliance Standard	Quoted
Sun Life	Quoted
Symetra	Quoted
The Standard	Quoted
UHC	Quoted
<i>Guardian</i>	<i>Declined to Quote</i>
<i>Lincoln Financial</i>	<i>Declined to Quote</i>
<i>Mutual of Omaha</i>	<i>Declined to Quote</i>
<i>Principal</i>	<i>Declined to Quote</i>
<i>Prudential</i>	<i>Declined to Quote</i>
<i>Renaissance</i>	<i>Declined to Quote</i>
<i>UNUM</i>	<i>Declined to Quote</i>
<i>Voya</i>	<i>Declined to Quote</i>



Accident Marketing: Proposed Rates

Plan Pricing	<i>Current - Hartford</i>	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
Employee	\$9.38	\$9.54	\$10.16	\$9.38	\$13.39	\$6.84	\$4.25
Employee & Spouse	\$14.76	\$18.85	\$15.98	\$14.76	\$22.50	\$10.61	\$6.78
Employee & Children	\$15.48	\$22.76	\$16.77	\$15.48	\$25.96	\$13.06	\$9.11
Family	\$24.42	\$26.82	\$26.45	\$24.42	\$36.88	\$20.42	\$13.86



Critical Illness: Proposed Rates

Non-Tobacco Monthly Rates - \$10,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$5.04	\$5.40	\$2.50	\$4.40	\$3.96	\$3.10	\$2.00
35	\$6.80	\$8.70	\$4.80	\$6.20	\$6.42	\$4.90	\$3.40
45	\$13.45	\$16.90	\$10.70	\$12.20	\$13.05	\$9.90	\$8.00
55	\$24.39	\$33.60	\$21.60	\$23.70	\$24.50	\$19.50	\$16.20
65	\$47.67	\$61.60	\$43.60	\$34.70	\$41.98	\$37.50	\$31.00

Tobacco Monthly Rates - \$10,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$5.61	\$7.00	\$2.50	\$4.40	\$4.40	\$3.30	\$2.20
35	\$8.65	\$13.20	\$4.80	\$6.20	\$8.30	\$6.20	\$4.40
45	\$21.23	\$28.00	\$10.70	\$12.20	\$21.68	\$15.60	\$13.20
55	\$45.23	\$58.50	\$21.60	\$23.70	\$48.57	\$37.20	\$30.30
65	\$99.73	\$107.90	\$43.60	\$34.70	\$93.18	\$82.50	\$63.50

Non-Tobacco Monthly Rates - \$20,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$8.84	\$10.80	\$5.00	\$8.80	\$6.54	\$6.20	\$4.00
35	\$12.29	\$17.40	\$9.60	\$12.40	\$11.46	\$9.80	\$6.80
45	\$25.36	\$33.80	\$21.40	\$24.40	\$24.72	\$19.80	\$16.00
55	\$47.17	\$67.20	\$43.20	\$47.40	\$47.62	\$39.00	\$32.40
65	\$93.64	\$123.20	\$87.20	\$69.40	\$82.58	\$75.00	\$62.00

Tobacco Monthly Rates - \$20,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$9.98	\$14.00	\$5.00	\$8.80	\$7.41	\$6.60	\$4.40
35	\$15.96	\$26.40	\$9.60	\$12.40	\$15.21	\$12.40	\$8.80
45	\$40.87	\$56.00	\$21.40	\$24.40	\$41.98	\$31.20	\$26.40
55	\$88.65	\$117.00	\$43.20	\$47.40	\$95.77	\$74.40	\$60.60
65	\$197.29	\$215.80	\$87.20	\$69.40	\$184.97	\$165.00	\$127.00

Non-Tobacco Monthly Rates - \$30,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$12.64	\$16.20	\$7.50	\$13.20	\$6.54	\$9.30	\$6.00
35	\$17.77	\$26.10	\$14.40	\$18.60	\$11.46	\$14.70	\$10.20
45	\$37.28	\$50.70	\$32.10	\$36.60	\$24.72	\$29.70	\$24.00
55	\$69.95	\$100.80	\$64.80	\$71.10	\$47.62	\$58.50	\$48.60
65	\$139.60	\$184.80	\$130.80	\$104.10	\$82.58	\$112.50	\$93.00

Tobacco Monthly Rates - \$30,000 Benefit							
Age Band	Current	MetLife	Reliance Standard	Sun Life	Symetra	The Standard	UHC
25	\$14.36	\$21.00	\$7.50	\$13.20	\$7.41	\$9.90	\$6.60
35	\$23.27	\$39.60	\$14.40	\$18.60	\$15.21	\$18.60	\$13.20
45	\$60.51	\$84.00	\$32.10	\$36.60	\$41.98	\$46.80	\$39.60
55	\$132.07	\$175.50	\$64.80	\$71.10	\$95.77	\$111.60	\$90.90
65	\$294.86	\$323.70	\$130.80	\$104.10	\$184.97	\$247.50	\$190.50

*Uni-tobacco Rates

*Uni-tobacco Rates



Thank
you.

