City of Canton
Renewal and Plan Recommendations
April 1, 2015

Medical Plan – Renew with BCBS and Change to Plan 3(Blue Open Access POS 1,000K 80 4.7K A)

Positives

- The City of Canton has been insured through BCBS for 14 years
- Less than 1% increase in premiums
- No disruption in network
- Lower Deductible
  - Current Plan - $1,500 Individual and $3,000 Family
  - Recommended Plan - $1,000 Individual and $2,000 Family
- Matching Copays for Physicians, Specialists, Emergency Room and Prescription Drugs
- Lower Copay for Urgent Care(Current Plan - $75/Recommended Plan $60)
- Employees will no longer have to obtain a referral to visit a specialist
- All Copays will now apply to the Out-of-Pocket Maximum
- National PPO wrap for those employees that wish to seek care out of state

Negatives

- Out-of-Pocket maximum has increased(Please note all copays now apply to OOP Maximum)
  - Current Plan - $3,000 Individual and $9,000 Family
  - Recommended Plan - $4,750 and $9,500 Family

Dental Plan – Change Carriers from MetLife to Guardian

Positives

- The City of Canton was previously insured with Guardian for 11 years
- No Rate Increase
- Includes Dental Rewards and $350 rollover feature
- Online Billing

Negatives

- None

City of Canton

Renewal and Plan Recommendations

April 1, 2015

ShawHankins
Right Partner. Right Benefits.

City of Canton

Medical Renewal Analysis

April 1, 2015

Recommended Plan

				BlueCross BlueShield of Georgia Current/Renewal (negotiated)					
				Plan 1 (Base)		Plan 2 (Buy Up)		Plan 3 (OOA)	
Plan Name				NS GKP5 1.5K 80 A (Base Plan)		NS GKP5 1K 80 A (Buy Up Plan)		OAP5 1K 80 4.7K A	
Provider Network				BCBS Gatekeeper POS		BCBS Gatekeeper POS		Blue Open Access POS	
				In-Network	**Out of Network**	**In-Network**	**Out of Network**	**In-Network**	**Out of Network**
Office Visits (PCP/Specialist)				$25 / $50	60%	$25 / $25	60%	$25 / $50	60%
Preventive Care				100%	70%	100%	60%	100%	60%
Policy or Calendar Year Deductible				Calendar Year		Calendar Year		Calendar Year	
Deductible	Single			$1,500	$3,000	$1,000	$2,000	$1,000	$2,000
	Family			$4,500	$9,000	$3,000	$6,000	$3,000	$6,000
Coinsurance				80%	60%	80%	60%	80%	60%
Out-of-Pocket Maximum				Includes Deductible		Includes Deductible		Includes Deductible	
	Single			$3,000	$6,000	$2,000	$5,000	$4,750	$9,500
	Family			$9,000	$18,000	$6,000	$15,000	$9,500	$19,000
Annual Maximum				Unlimited		Unlimited		Unlimited	
Inpatient Hospital Copay				N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital Coinsurance				80%	60%	80%	60%	80%	60%
Outpatient Hospital Copay				N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Hospital Coinsurance				80%	60%	80%	60%	80%	60%
Urgent Care				$75	60%	$60	60%	$60	60%
Emergency Room				$150 + coins		$150 + coins		$150 + coins	
Prescription Drugs				$3,000 separate OOP maximum		$3,000 separate OOP maximum			
Rx Deductible				None		None		None	
Tier 1 (Preferred Value/Generic)				$15		$15		$15	
Tier 2 (Preferred Brand)				$35		$35		$35	
Tier 3 (Non-preferred)				$60		$60		$60	
Tier 4 (Preferred Specialty)				20% to $200		20% to $200		20% to $200	
Tier 5 (Nonpreferred Specialty)				N/A		N/A		N/A	
Mail Order				1x/2x/3x retail		1x/2x/3x retail		1x/2x/3x retail	
Rates by Plan	**1**	**2**	**3**	**Current**	**Renewal**	**Current**	**Renewal**	**Current**	**Renewal**
Employee	74	0	1	$480.33	$504.65	$566.87	$528.11	$516.53	$483.64
Employee + Spouse	20	0	0	$1,061.26	$1,115.00	$1,252.49	$1,166.83	$1,141.27	$1,068.57
Employee + Child(ren)	9	0	0	$905.41	$951.25	$1,068.55	$995.47	$973.67	$911.64
Family	19	0	0	$1,472.21	$1,546.76	$1,737.49	$1,618.66	$1,583.20	$1,482.35

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City of Canton
Contributory Dental Renewal and Marketing Analysis
April 1, 2015

Recommended Plan

	MetLife (Current/Renewal) FI PPO		Guardian FI PPO
Deductible			
Individual	$50	$50	$50
Family	$150	$150	$150
Coinsurance			
Type A: Preventive Services	100%	100%	100%
Type B: Basic Services	100%	100%	100%
Type C: Major Services	50%	50%	50%
Type D: Orthodontia	50%	50%	50%
Maximums			
Annual Per Member	$1,750	$1,750	$1,750
Lifetime Orthodontia	$1,000	$1,000	$1,000
Annual Roll-Over Amount	None	None	$350
Maximum Roll-Over	None	None	$1,250
Excludes Type A Services?	No	No	No
Procedures			
Oral Exams	Type A	Type A	Type A
Bitewing X-rays	Type A	Type A	Type A
Bitewing X-rays Frequency	1 in 12 Months	1 in 12 Months	N/A
Full Mouth/Panoramic X-rays	Type A	Type A	Type A
Full Mouth/Panoramic X-rays Frequer	1 in 5 Years	1 in 5 Years	1 in 5 Years
Fluoride	Type A	Type A	Type A
Fluoride Age Limit	Under age 14	Under age 14	Under age 14
Sealants	Type A	Type A	Type A
Sealants Age Limit	Under age 16	Under age 16	Under age 16
Space Maintainers	Type A	Type A	Type A
Simple Extractions	Type B	Type B	Type B
Complex Extractions	Type C	Type C	Type C
Simple Periodontics	Type B	Type B	Type B
Periodontial Surgery	Type B	Type B	Type B
Simple Endodontics	Type C	Type C	Type C
Complex Endodontics	Type C	Type C	Type C
Crowns	Type C	Type C	Type C
Crown Frequency	1 in 10 Years	1 in 10 Years	
Implants	Type C	Type C	Type C
Orthodontics (Child and/or Adult)	Child only	Child only	Child only
UCR Percentage	90th	90th	90th
Participation Requirement	Current	Current	Current
Waiting Periods			
Current	None	None	None
Late Entrants	6 months fillings / 12 months Basic / 24 months major & Ortho	6 months fillings / 12 months Basic / 24 months major & Ortho	6 months basic, 12 months basic/major
Rate Guarantee	1 Year	2 Years	1 Year

Estimated Enrollment		MetLife (Current/Renewal)		Guardian
Employee	82	$25.77	$27.57	$25.77
Employee + 1	25	$54.79	$58.63	$54.79
Family	22	$96.69	$103.46	$96.69
Total Monthly Premium By Plan		**$5,610**	**$6,003**	**$5,610**
Total Annual Premium By Plan		**$67,321**	**$72,031**	**$67,321**
Difference from Current ($)		-	**$4,710**	**$0**
Difference from Current (%)		-	**7.0%**	**0.0%**

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City of Canton

Voluntary Vision Renewal and Marketing Analysis

April 1, 2015

Recommended Plan

		BCBS Blue View (EyeMed) Current / Renewal	
		In-Network	Out-of-Network
Plan Name		Blue View Vision	
Network		Blue View (EyeMed)	
Copays (Exams/Materials)		$10 / $20	N/A
Exam		100%	$30
Frequency			
Examination		12 months	
Lenses or Contact Lenses		12 months	
Frames		24 months	
Frames			
Frame Allowance (Retail)		$130	$45
Frame Allowance (Wholesale) [1]		N/A	N/A
Lenses			
Single Vision		Covered in full after $20 copay	$25
Bifocal			$40
Trifocal			$55
Contact Lenses			
Contact Lens Fit and Follow-up		Up to $55	N/A
Elective		$130	$105
Necessary		100%	$210
Other Benefits			
LASIK Coverage		Discounts available	N/A
Add'l Materials Discount		20%	N/A
Rates		Current	Renewal
Single	49	$8.08	$8.56
EE + Spouse	27	$14.13	$14.98
EE + Child(ren)	21	$15.33	$16.25
Family	43	$23.39	$24.79
Monthly Premium		**$2,105**	**$2,231**
Annual Premium		**$25,262**	**$26,773**
Cost Difference ($)		--	**$1,512**
Cost Difference (%)		--	**6%**
Participation Requirement		Current	
ER Contribution Requirement		None	
Rate Guarantee		1 Year	

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City of Canton
Basic Life Renewal Analysis
April 1, 2015

RENEWED

	The Standard Current / Renewal
Eligibility	FT Ees working 30+ hours per week or council members working 5+ hours per week
Life and AD&D Amounts	
Class 1 (City Manager)	$125,000
Class 2 (Council Members)	$25,000
Class 3 (All other members)	$25,000
Rate per $1,000	
Life	**$0.150**
AD&D	**$0.025**
Volume	$3,027,500
Guaranteed Issue	$125,000
Participation Requirement	100%
Rate Guarantee	RG until 4/1/2016
Waiver of Premium	Included
Living Benefit Rider	75% to $500,000
Conversion	Included
Total Monthly Premium	**$530**
Total Annual Premium	**$6,358**
Difference from Current ($)	-
Difference from Current (%)	-

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City of Canton

Voluntary Term Life and AD&D Renewal Analysis

April 1, 2015

RENEWED

	The Standard Current / Renewal			
Eligibility	FT Ees working 30+ hours per week or council members working 5+ hours per week			
Definition of Earnings	Basic earnings excluding OT and bonus			
Benefit Amount				
Employee	$10,000 increments to $500,000			
Spouse	$5,000 increments to $250,000			
Children	$10,000			
Guarantee Issue				
Employee	$100,000			
Spouse	$30,000			
Children	$10,000			
Reduction Schedule				
Benefits Reduced To	Percentage	Age		
	65%	65		
	50%	70		
Coverage Termination				
Employee				
Spouse	Five months after employee dies			
Contract Features				
Waiver of Premium	Included			
Accelerated Benefit	75% to $500,000			
Portability	Included			
Conversion	Included			
Rate Based on Spouse Age	No			
Employee Life Rates per $1,000	Current Employee	Renewal Employee	Current Spouse	Renewal Spouse
Under 20	$0.076	$0.076	$0.076	$0.076
20-24	$0.076	$0.076	$0.076	$0.076
25-29	$0.076	$0.076	$0.076	$0.076
30-34	$0.085	$0.085	$0.085	$0.085
35-39	$0.126	$0.126	$0.126	$0.126
40-44	$0.196	$0.196	$0.196	$0.196
45-49	$0.314	$0.314	$0.314	$0.314
50-54	$0.528	$0.528	$0.528	$0.528
55-59	$0.853	$0.853	$0.853	$0.853
60-64	$1.137	$1.137	$1.137	$1.137
65-69	$1.789	$1.789	$1.789	$1.789
70-74	$3.123	$3.123	$3.123	$3.123
75+	$5.428	$5.428	$5.428	$5.428
AD&D Rate per $1,000	N/A		N/A	
Child Life Coverage	Life		AD&D	
Child Rates (monthly per $1,000)	$0.200		N/A	
Participation Requirement	Current			
Rate Guarantee	Until 4/1/2016			

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

City of Canton

Voluntary Short Term Disability Renewal Analysis

April 1, 2015

RENEWED

	Standard Current	Standard Renewal
Eligibility	Active FT Employee working 30+ hours per week	Active FT Employee working 30+ hours per week
Benefit Percentage	60%	60%
Maximum Weekly Benefit	$1,000	$1,000
Elimination Period		
Accident	14 days	14 days
Sickness	14 days	14 days
Duration of Benefits	13 weeks	13 weeks
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings
Employer Contribution	0%	0%
Pre-Existing Condition Limits	None	None
Additional Waiting Period		
Mental & Nervous	60 day waiting period during first 12 months	
Pregnancy	60 day waiting period during first 12 months	
Physical Disease	60 day waiting period during first 12 months	
Benefit is offset by sick leave	Yes	Yes
Rate Guarantee	1 Year	1 Year
Participation Requirement	Current	Current
Rate per $10 of Weekly Benefit		
Age		
<25	$0.510	$0.510
25-29	$0.510	$0.510
30-34	$0.550	$0.550
35-39	$0.390	$0.390
40-44	$0.330	$0.330
45-49	$0.380	$0.380
50-54	$0.440	$0.440
55-59	$0.590	$0.590
60-64	$0.730	$0.730
65-69	$0.730	$0.730
70+	$0.730	$0.730

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

City of Canton

Voluntary Long Term Disability Renewal Analysis

April 1, 2015

		RENEWED
	Standard Current	**Standard Renewal**
Eligibility	FT working 30+ hours per week	FT working 30+ hours per week
Definition of Earnings	Gross monthly earnings minus bonuses and overtime	
Benefit Outline		
Benefit Percentage	60%	60%
Monthly Benefit Maximum	$6,000	$6,000
Elimination Period	90 Days	90 Days
Own Occupation		
Safety Employees	1 Year	1 Year
All other employees	2 Years	2 Years
Duration of Benefits	SSNRA	SSNRA
Benefit Offset by Sick Leave?	Yes	Yes
Contract Features		
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings
Pre-Existing Condition Limitation	3 / 12	3 / 12
Mental & Nervous	2 Years	2 Years
Alcohol & Drug	2 Years	2 Years
Self-reported Conditions	No limit	No limit
Recurrent Disability		
Residual Disability		
Return to Work		
Survivor Benefit	Included	Included
Waiver of Premium	Included	Included
Conversion	N/A	N/A
Employer Contribution	0%	0%
Participation Requirement	Current	Current
Rate Guarantee	RG until 4/1/17	RG until 4/1/17
Value Adds	Includes EAP	
Rate per $100 of Covered Payroll		
Age		
<25	$0.130	$0.130
25-29	$0.130	$0.130
30-34	$0.200	$0.200
35-39	$0.400	$0.400
40-44	$0.590	$0.590
45-49	$0.900	$0.900
50-54	$1.310	$1.310
55-59	$1.490	$1.490
60-64	$1.410	$1.410
65-69	$1.270	$1.270
70-74	$2.270	$2.270
75+	$3.170	$3.170

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.