



City of Canton

Renewal and Marketing Analysis

April 1, 2016



City of Canton

Renewal and Marketing Analysis

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City of Canton

April 1, 2016

Carrier Marketing Survey	
Medical Carriers	Status
Aetna	Proposal received
BlueCross BlueShield of Georgia	Renewal received
Cigna	Renewal received
Humana	Proposal received (uncompetitive)
Kaiser	Proposal received
UnitedHealthcare	No response by deadline
Dental Carriers	Status
AlwaysCare	Proposal received
Ameritas	Proposal received
BlueCross BlueShield of Georgia	Proposal received
Guardian	Renewal received
MetLife	Proposal received (uncompetitive)
United Concordia	Proposal received
Vision Carriers	Status
EyeMed	Rate guarantee until 4/1/2017
Life and Disability Carriers	Status
Aetna	Pending
Cigna	Declined to quote
Greater Georgia Life	Declined to quote
Guardian	Declined to quote
Hartford	No response by deadline
Lincoln	Proposal received
MetLife	Proposal received (DTQ Disability)
Standard	Renewal received (STD RG until 4/1/2018)
Unum	Declined to quote

City of Canton

Total Cost Financial Summary

April 1, 2016

Line of Business	Current		Initial Renewal		Negotiated Renewal		Option 1		Option 2	
Medical	BCBSGA	\$1,107,485	BCBSGA	\$1,273,845	BCBSGA	\$1,207,160	BCBS Alt 1	\$1,162,922	Aetna	\$1,107,001
Dental	Guardian	\$68,946	Guardian	\$75,151	Guardian	\$73,087	BCBSGA	\$67,988	UCCI	\$68,271
Life Insurance	Standard	\$7,340	Standard	\$8,598	Standard	\$7,340	Standard	\$7,340	Standard	\$7,340
Total Annual Cost	\$1,183,771		\$1,357,594		\$1,287,586		\$1,238,250		\$1,182,612	
\$ Change	-		\$173,822		\$103,815		\$54,479		-\$1,159	
% Change	-		14.7%		8.8%		4.6%		-0.1%	

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.

Costs shown include Employer Paid Coverages only.

Premium discount of 2% may apply towards medical renewal if combined with BCBS Dental.

City of Canton

Medical Renewal Analysis

April 1, 2016

Blue Cross Blue Shield of Georgia					
Current/Renewal			Revised Renewal		
Plan Name	OAP5 1K 80 4.7K A		OAP5 1K 80 4.7K A		
Provider Network	Blue Open Access POS		Blue Open Access POS		
	In-Network	Out of Network	In-Network	Out of Network	
Office Visits (PCP/Specialist)	\$25 / \$50	60%	\$25 / \$50	60%	
Preventive Care	100%	60%	100%	60%	
Policy or Calendar Year Deductible	Calendar Year		Calendar Year		
Deductible	Single	\$1,000	\$2,000	\$1,000	\$2,000
	Family	\$3,000	\$6,000	\$3,000	\$6,000
Coinsurance		80%	60%	80%	60%
Out-of-Pocket Maximum	Includes Deductible		Includes Deductible		
	Single	\$4,750	\$9,500	\$4,750	\$9,500
	Family	\$9,500	\$19,000	\$9,500	\$19,000
Annual Maximum	Unlimited		Unlimited		
Inpatient Hospital Copay	N/A	N/A	N/A	N/A	
Inpatient Hospital Coinsurance	80%	60%	80%	60%	
Outpatient Hospital Copay	N/A	N/A	N/A	N/A	
Outpatient Hospital Coinsurance	80%	60%	80%	60%	
Urgent Care	\$60	60%	\$60	60%	
Emergency Room	\$150 + coins		\$150 + coins		
Prescription Drugs	\$3,000 separate OOP maximum		\$3,000 separate OOP maximum		
Rx Deductible	None		None		
Tier 1 (Preferred Value/Generic)	\$15		\$15		
Tier 2 (Preferred Brand)	\$35		\$35		
Tier 3 (Non-preferred)	\$60		\$60		
Tier 4 (Preferred Specialty)	20% to \$200		20% to \$300*		
Tier 5 (Nonpreferred Specialty)	NA		NA		
Mail Order	1x/2x/3x retail		1x/2x/3x retail		
Rates by Plan	Lives	Current	Renewal	Current	Renewal
Employee	75	\$483.64	\$556.29	\$483.64	\$527.17
Employee + Spouse	17	\$1,068.57	\$1,229.08	\$1,068.57	\$1,164.74
Employee + Child(ren)	9	\$911.64	\$1,048.58	\$911.64	\$993.68
Family	20	\$1,482.35	\$1,705.02	\$1,482.35	\$1,615.76
Monthly Premium by Plan		\$92,290	\$106,154	\$92,290	\$100,597
Annual Premium by Plan		\$1,107,485	\$1,273,845	\$1,107,485	\$1,207,160
Change From Current					
		\$	%	\$	%
Employee		\$72.65	15.0%	\$43.53	9.0%
Employee + Spouse		\$160.51	15.0%	\$96.17	9.0%
Employee + Child(ren)		\$136.94	15.0%	\$82.04	9.0%
Family		\$222.67	15.0%	\$133.41	9.0%
Total Cost Difference-Monthly		\$13,863	15.0%	\$8,306	9.0%
Current					
Renewal					
Combined Annual Plan Totals		\$1,107,485	\$1,273,845	\$1,207,160	
Combined Annual Cost Difference (\$)		-	\$166,359	\$99,674	
Combined Annual Cost Difference (%)		-	15.0%	9.0%	

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Premium discount of 2% may apply towards medical renewal if combined with BCBS Dental.

City of Canton

Medical Renewal Analysis - BlueCross BlueShield Alternates

April 1, 2016

Blue Cross Blue Shield of Georgia											
Current / Renewal			Alternate 1		Alternate 2		Alternate 3		Alternate 4		
Plan Name	OAP5 1K 80 4.7K A		OAP5 1K/20 4K K		OAP5 1.5K/20 A		OAP5 1.5K/20 K		GKP5 1.5K/20 K *		
Provider Network	Blue Open Access POS		Blue Open Access POS		Blue Open Access POS		Blue Open Access POS		Blue Open Access POS		
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	
Office Visits (PCP/Specialist)	\$25 / \$50	60%	\$25 / \$50	60%	\$25 / \$50	60%	\$25 / \$50	60%	\$25 / \$50	60%	
Preventive Care	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%	
Policy or Calendar Year Deductible	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year		
Deductible	Single	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
	Family	\$3,000	\$6,000	\$3,000	\$6,000	\$4,500	\$9,000	\$4,500	\$9,000	\$4,500	\$9,000
Coinsurance		80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Out-of-Pocket Maximum	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		
	Single	\$4,750	\$9,500	\$4,000	\$12,000	\$4,500	\$13,500	\$4,500	\$13,500	\$6,600	\$19,800
	Family	\$9,500	\$19,000	\$12,000	\$36,000	\$9,000	\$27,000	\$9,000	\$27,000	\$13,200	\$39,600
Annual Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		
Inpatient Hospital Copay		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Inpatient Hospital Coinsurance		80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient Hospital Copay		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Outpatient Hospital Coinsurance		80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Urgent Care		\$60		\$60		\$60		\$60		\$60	
Emergency Room		\$150 + coins		\$150 + coins		\$150 + coins		\$150 + coins		\$150 + coins	
Prescription Drugs											
Rx Deductible		None		\$200		None		\$200		\$200	
Tier 1 (Preferred Value/Generic)		\$15		\$15		\$15		\$15		\$15	
Tier 2 (Preferred Brand)		\$35		\$45		\$35		\$45		\$45	
Tier 3 (Non-preferred)		\$60		\$85		\$60		\$85		\$85	
Tier 4 (Preferred Specialty)		20% to \$300		20% to \$300		20% to \$300		20% to \$300		20% to \$300	
Tier 5 (Nonpreferred Specialty)		NA		NA		NA		NA		NA	
Mail Order		1x/2x/3x retail		1x/2x/3x retail		1x/2x/3x retail		1x/2x/3x retail		1x/2x/3x retail	
Rates by Plan	Lives	Current	Renewal	Alternate 1	Alternate 2	Alternate 3	Alternate 4				
Employee	75	\$483.64	\$527.17	\$507.85	\$514.81	\$491.44	\$468.86				
Employee + Spouse	17	\$1,068.57	\$1,164.74	\$1,122.06	\$1,137.44	\$1,085.81	\$1,035.92				
Employee + Child(ren)	9	\$911.64	\$993.68	\$957.27	\$970.39	\$926.35	\$883.78				
Family	20	\$1,482.35	\$1,615.76	\$1,556.55	\$1,577.88	\$1,506.27	\$1,437.05				
Monthly Premium by Plan		\$92,290	\$100,597	\$96,910	\$98,238	\$93,779	\$89,470				
Annual Premium by Plan		\$1,107,485	\$1,207,160	\$1,162,922	\$1,178,860	\$1,125,352	\$1,073,642				
Change From Current											
	\$	%	\$	%	\$	%	\$	%	\$	%	
Employee	\$43.53	9.0%	\$24.21	5.0%	\$31.17	6.4%	\$7.80	1.6%	(\$14.78)	-3.1%	
Employee + Spouse	\$96.17	9.0%	\$53.49	5.0%	\$68.87	6.4%	\$17.24	1.6%	(\$32.65)	-3.1%	
Employee + Child(ren)	\$82.04	9.0%	\$45.63	5.0%	\$58.75	6.4%	\$14.71	1.6%	(\$27.86)	-3.1%	
Family	\$133.41	9.0%	\$74.20	5.0%	\$95.53	6.4%	\$23.92	1.6%	(\$45.30)	-3.1%	
Total Cost Difference-Monthly	\$8,306	9.0%	\$4,620	5.0%	\$5,948	6.4%	\$1,489	1.6%	(\$2,820)	-3.1%	
	Current	Renewal	Alternate 1	Alternate 2	Alternate 3	Alternate 4					
Combined Annual Plan Totals	\$1,107,485	\$1,207,160	\$1,162,922	\$1,178,860	\$1,125,352	\$1,073,642					
Combined Annual Cost Difference (\$)	-	\$99,674	\$55,437	\$71,375	\$17,866	(\$33,843)					
Combined Annual Cost Difference (%)	-	9.0%	5.0%	6.4%	1.6%	-3.1%					

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.

Plans shown were chosen as the best fit for City of Canton. Other options are available. Please see complete BCBS list of alternate plans in Appendix.

*GKP5 POS plans require a referral to see a specialist, except OB/GYN, dermatologists, ophthalmologists and optometrists for treatment of acute eye conditions.

Premium discount of 2% may apply towards medical renewal if combined with BCBS Dental.

City of Canton

Medical Renewal and Marketing Analysis

April 1, 2016

Blue Cross Blue Shield of Georgia				Humana		Kaiser		Aetna		Cigna	
Current/Renewal				Alternate 1		Alternate 2		Alternate 3 (revised)		Alternate 4	
Plan Name		OAP5 1K 80 4.7K A		NPOS16 Copay F/8060		Standard DHMO5 2016		OAMC \$1K		OAP (5229840)	
Provider Network		Blue Open Access POS		National POS Open Access		Kaiser Georgia HMO		Open Access Managed Choice		Open Access Plus (OAP)	
		In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network				
Office Visits (PCP/Specialist)		\$25 / \$50	60%	\$25 / \$50	60%	\$20 / \$30	No benefit	\$25 / \$50	60%	\$25 / \$50	60%
Preventive Care		100%	60%	100%	60%	100%	No benefit	100%	60%	100%	60%
Policy or Calendar Year Deductible		Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Deductible	Single	\$1,000	\$2,000	\$1,000	\$3,000	\$500	No benefit	\$1,000	\$2,000	\$1,000	\$2,000
	Family	\$3,000	\$6,000	\$2,000	\$6,000	\$1,000	No benefit	\$3,000	\$6,000	\$3,000	\$6,000
Coinsurance		80%	60%	80%	60%	80%	No benefit	80%	60%	80%	60%
Out-of-Pocket Maximum		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
	Single	\$4,750	\$9,500	\$5,000	\$15,000	\$3,000	No benefit	\$4,750	\$9,500	\$4,750	\$9,500
	Family	\$9,500	\$19,000	\$10,000	\$30,000	\$6,000	No benefit	\$9,500	\$19,000	\$9,500	\$19,000
Annual Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Inpatient Hospital Copay		N/A	N/A	N/A	N/A	N/A	No benefit	N/A	N/A	N/A	N/A
Inpatient Hospital Coinsurance		80%	60%	80%	60%	80%	No benefit	80%	60%	80%	60%
Outpatient Hospital Copay		N/A	N/A	N/A	N/A	N/A	No benefit	N/A	N/A	N/A	N/A
Outpatient Hospital Coinsurance		80%	60%	80%	60%	80%	No benefit	80%	60%	80%	60%
Urgent Care		\$60	60%	\$75	60%	\$40	No benefit	\$60	60%	\$60	60%
Emergency Room		\$150 + coins		\$150		\$200		\$150 + coin		\$150 + coins	
Prescription Drugs		\$3,000 separate OOP maximum								\$1,850 OOP maximum	
Rx Deductible		None		None		None		None		None	
Tier 1 (Preferred Value/Generic)		\$15		\$10		\$5 / \$15		\$15		\$15	
Tier 2 (Preferred Brand)		\$35		\$35		\$15 / \$25		\$35		\$35	
Tier 3 (Non-preferred)		\$60		\$55		\$30 / \$40		\$60		\$60	
Tier 4 (Preferred Specialty)		20% to \$300		25%		20% to \$300		NA		NA	
Tier 5 (Nonpreferred Specialty)		NA		NA		NA		NA		NA	
Mail Order		1x/2x/3x retail		2 x retail		2 x retail		3 x retail		3 x retail less \$10	
Wellness Allowance				\$0		\$0		\$5,000		\$0	
Rates by Plan		Lives	Current	Renewal	Alternate 1	Alternate 2		Alternate 3 (revised)		Alternate 4	
Employee		75	\$483.64	\$527.17	\$539.54	\$499.21		\$483.43		\$518.34	
Employee + Spouse		17	\$1,068.57	\$1,164.74	\$1,192.39	\$941.00		\$1,068.10		\$1,145.54	
Employee + Child(ren)		9	\$911.64	\$993.68	\$1,014.34	\$1,102.98		\$911.24		\$974.49	
Family		20	\$1,482.35	\$1,615.76	\$1,651.00	\$1,530.08		\$1,481.70		\$1,586.12	
Monthly Premium by Plan			\$92,290	\$100,597	\$102,885	\$93,966		\$92,250		\$98,842	
Annual Premium by Plan			\$1,107,485	\$1,207,160	\$1,234,622	\$1,127,594		\$1,107,001		\$1,186,110	
Change From Current				Change From Current		Change From Current		Change From Current		Change From Current	
		\$	%	\$	%	\$	%	\$	%	\$	%
Employee		\$43.53	9.0%	\$55.90	11.6%	\$15.57	3.2%	(\$0.21)	0.0%	\$34.70	7.2%
Employee + Spouse		\$96.17	9.0%	\$123.82	11.6%	(\$127.57)	-11.9%	(\$0.47)	0.0%	\$76.97	7.2%
Employee + Child(ren)		\$82.04	9.0%	\$102.70	11.3%	\$191.34	21.0%	(\$0.40)	0.0%	\$62.85	6.9%
Family		\$133.41	9.0%	\$168.65	11.4%	\$47.73	3.2%	(\$0.65)	0.0%	\$103.77	7.0%
Total Cost Difference-Monthly		\$8,306	9.0%	\$10,595	11.5%	\$1,676	1.8%	(\$40)	0.0%	\$6,552	7.1%
		Current	Renewal	Alternate 1		Alternate 2		Alternate 3 (revised)		Alternate 4	
Combined Annual Plan Totals		\$1,107,485	\$1,207,160	\$1,234,622		\$1,127,594		\$1,107,001		\$1,186,110	
Combined Annual Cost Difference (\$)		-	\$99,674	\$127,137		\$20,109		(\$484)		\$78,624	
Combined Annual Cost Difference (%)		-	9.0%	11.5%		1.8%		0.0%		7.1%	

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.

Cigna quote is a level funded quote. Any surplus after the end of the plan year will be split between Cigna and City of Canton.

Cigna quote does not include paying on behalf of the Plan the Comparative Effectiveness Research Fee required under section 4376 of the Internal Revenue Code as added by the Patient Protection and Affordable Care Act. Cigna HealthCare is prohibited from calculating, collecting and paying the fee on behalf of the Plan.

Cigna quote does not include the Transitional Reinsurance Assessment required to be paid under section 1341 of the Public Health Service Act as added by the Patient Protection and Affordable Care Act.

Premium discount of 2% may apply towards medical renewal if combined with BCBS Dental.

City of Canton

Medical GeoAccess Analysis

Geographic Accessibility		
Total Number Employees Used in GeoAccess Analysis	127	127
Confirm that the geographic access analysis provide complies with the following:	Humana	Aetna
2 Primary Care Physicians within 10 miles	Confirmed	Confirmed
2 OB/GYN within 15 miles	Not confirmed	Confirmed
2 Pediatricians within 15 miles	Not confirmed	Confirmed
1 Hospital within 15 miles	Confirmed	Confirmed
Percentage of Employees within Driving Distance of Network Providers	Humana	Aetna
Primary Care Physician	100%	100%
OB/GYN	95%	100%
Pediatrician	91%	87%
Hospital	98%	100%
Average Distance to 2 Providers (in miles)	Humana	Aetna
Primary Care Physician	2.3	1.9
OB/GYN	4.5	4.9
Pediatrician	4.7	6.3
Hospital	14.5	NA

Humana used 2 providers in 10 miles for OBG and Pediatrician reports.

City of Canton

Dental Renewal Analysis

April 1, 2016

		Guardian		
		Current	Renewal	Revised Renewal
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		\$350	\$350	\$350
Maximum Roll-Over		\$1,250	\$1,250	\$1,250
Annual max 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				
Full Mouth/Panoramic X-rays		Type A	Type A	Type A
Full Mouth/Panoramic X-rays Frequency		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
Periodontal 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	1 in 10 Years
Implants		Type C	Type C	Type C
Orthodontics (Child and/or Adult)		Child only	Child only	Child only
UCR Percentage		90%		90%
Participation Requirement		Current		Current
Waiting Periods				
Current		None		None
Late Entrants		6 months basic, 12 months basic/major, 24 months ortho		6 months basic, 12 months basic/major, 24 months ortho
Rate Guarantee		1 Year		1 Year
Ees				
		Current	Renewal	Revised Renewal
Employee	75	\$25.77	\$28.09	\$27.32
Employee + 1	29	\$54.79	\$59.72	\$58.08
Family	23	\$96.69	\$105.39	\$102.49
Total Monthly Premium By Plan		\$5,746	\$6,263	\$6,091
Total Annual Premium By Plan		\$68,946	\$75,151	\$73,087
Annual Change from Current (\$)		-	\$6,205	\$4,141
Annual Change from Current (%)		-	9.0%	6.0%

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

Contributory Dental Marketing Analysis

April 1, 2016

		Guardian (current) PPO	United Concordia Proposed	Ameritas Proposed	AlwaysCare Proposed	BCBSGA Proposed
Deductible						
Individual		\$50	\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150	\$150
Coinsurance						
Type A: Preventive Services		100%	100%	100%	100%	100%
Type B: Basic Services		100%	100%	100%	100%	100%
Type C: Major Services		50%	50%	50%	50%	50%
Type D: Orthodontia		50%	50%	50%	50%	50%
Maximums						
Annual Per Member		\$1,750	\$1,750	\$1,750	\$1,750	\$1,750
Lifetime Orthodontia		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Annual Roll-Over Amount		\$350	\$300	\$400	\$350	Included
Maximum Roll-Over		\$1,250	\$1,200	\$1,200	\$1,250	Included
Excludes Type A Services?		No	No	No	No	No
Procedures						
Oral Exams		Type A	Type A	Type A	Type A	Type A
Bitewing X-rays		Type A	Type A	Type A	Type A	Type A
Bitewing X-rays Frequency	1 in 12 months		1 every 18 months (12 months child)	2 per benefit period	2 per benefit period	1 in 12 months
Full Mouth/Panoramic X-rays	Type A		Type A	Type A	Type A	Type A
Full Mouth/Panoramic X-rays Frequency	1 in 5 Years		1 in 5 Years	1 in 5 Years	1 in 2 Years	1 in 5 Years
Fluoride	Type A		Type A	Type A	Type A	Type A
Fluoride Age Limit	Under age 14		Under age 16	Under age 14	Under age 16	Under age 18
Sealants	Type A		Type A	Type A	Type A	Type A
Sealants Age Limit	Under age 16		Under age 16	Under age 16	Under age 16	Under age 16
Space Maintainers	Type A		Type A	Type A	Type A	Type B
Simple Extractions	Type B		Type B	Type B	Type B	Type B
Complex Extractions	Type C		Type C	Type B	Type C	Type C
Simple Periodontics	Type B		Type B	Type B	Type B	Type B
Periodontal Surgery	Type B		Type B	Type B	Type B	Type B
Simple Endodontics	Type C		Type C	Type B	Type C	Type C
Complex Endodontics	Type C		Type C	Type B	Type C	Type C
Crowns	Type C		Type C	Type C	Type C	Type C
Crown Frequency	1 in 10 Years		1 in 5 Years	1 in 5 Years	1 in 5 Years	1 in 7 Years
Implants	Type C		Type C	Type C	Type C	Type C
Orthodontics (Child and/or Adult)	Child only		Child only	Child only	Child only	Child only
UCR Percentage		90th	90th	90th	90th	90th
Participation Requirement		Current	Assumes current	Assumes current	80%	Current
Waiting Periods						
Current	None		None	None	None	None
Late Entrants	6 months basic, 12 months basic/major, 24 months ortho		None	12 months for all except exams, cleanings, fluoride	12 months for basic, major and ortho	N/A
Rate Guarantee		1 Year	2 Years	1 Year	2 Years	2 Years
Estimated Enrollment						
		Current	United Concordia	Ameritas	AlwaysCare	BCBSGA
Employee	75	\$25.77	\$25.52	\$25.77	\$27.06	\$25.41
Employee + 1	29	\$54.79	\$54.25	\$54.79	\$57.53	\$54.03
Family	23	\$96.69	\$95.74	\$96.69	\$101.52	\$95.35
Total Monthly Premium By Plan		\$5,746	\$5,689	\$5,746	\$6,033	\$5,666
Total Annual Premium By Plan		\$68,946	\$68,271	\$68,946	\$72,394	\$67,988
Annual Difference from Current (\$)		-	-\$675	\$0	\$3,448	-\$958
Annual Difference from Current (%)		-	-1.0%	0.0%	5.0%	-1.4%

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.

All proposals assume current policy provisions, where available. Items listed above are intended as an outline only.

Premium discounts may apply for BCBSGA if combined with other lines.

City of Canton

Dental GeoAccess Analysis

Geographic Accessibility

Total Number of Employees Used in GeoAccess Analysis

Confirm that the geographic access analysis provide complies with the following:

- 2 general dentists within 10 miles
- 2 orthodontist within 15 miles
- 2 endodontists within 15 miles
- 2 periodontists within 15 miles

Percentage of Employees within Driving Distance of Network Providers

General dentist
Orthodontist
Endodontist
Periodontist

Average Distance to 2 Providers (in miles)

General dentist
Orthodontist
Endodontist
Periodontist

127

United Concordia

Confirmed
Confirmed
Confirmed
Confirmed

127

Ameritas

Confirmed
Not confirmed
Not confirmed
Not confirmed

127

AlwaysCare

Confirmed
Confirmed
Confirmed
Confirmed

United Concordia

Ameritas

AlwaysCare

100%

97%

99%

95%

N/A

88%

84%

N/A

85%

76%

N/A

65%

United Concordia

Ameritas

AlwaysCare

3.0

3.4

2.9

5.9

N/A

7.5

8.5

N/A

8.1

11.7

N/A

13.7

Ameritas did not provide reports as requested, but only ran a single specialist report combined.



City of Canton

Vision Renewal Analysis

April 1, 2016

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)	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	50	\$8.32
EE + Spouse	19	\$14.55
EE + Child(ren)	5	\$15.79
Family	16	\$24.09
Monthly Premium		\$1,157
Annual Premium		\$13,882
Annual Cost Difference (\$)		\$0
Annual Cost Difference (%)		0%
Participation Requirement		Current
ER Contribution Requirement		None
Rate Guarantee		2 Years (until 4/1/2017)

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

Basic Life Renewal and Marketing Analysis

April 1, 2016

Life only - no DI

	The Standard		Lincoln	MetLife
	Current	Renewal (revised)	Proposed	Proposed
Eligibility	FT Ees working 30+ hours per week or council members working 5+ hours per week	FT Ees working 30+ hours per week or council members working 5+ hours per week	FT Ees working 30+ hours per week unless otherwise agreed upon	Active FT City Managers or Employees working 30 hours+ per week
Life and AD&D Amounts				
Class 1	\$125,000	\$125,000	\$125,000	\$100,000
Class 2	\$25,000	\$25,000	\$25,000	\$25,000
Class 3	\$25,000	\$25,000	\$25,000	\$25,000
Rate per \$1,000				
Life	\$0.150	\$0.150	\$0.150	\$0.137
AD&D	\$0.025	\$0.025	\$0.025	\$0.034
Volume	\$3,495,000	\$3,495,000	\$3,495,000	\$3,495,000
Lives	138	138	138	138
Guaranteed Issue	\$125,000	\$125,000	\$125,000	\$100,000
Participation Requirement	100%	100%	100%	100%
Rate Guarantee	RG until 4/1/2016	Until 4/1/2018	2 Years	2 Years
Waiver of Premium	Included	Included	Included	Included
Living Benefit Rider	Included	Included	Included	Included
Conversion	Included	Included	Included	Included
Total Monthly Premium	\$612	\$612	\$612	\$598
Total Annual Premium	\$7,340	\$7,340	\$7,340	\$7,172
Annual Difference from Current (\$)	-	\$0	\$0	(\$168)
Annual Difference from Current (%)	-	0.0%	0.0%	-2.3%

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.

Standard age reduction included in all quotes.

MetLife maximum and GI amounts are based on original cert. Approval for current amounts of \$125,000 is pending.

City of Canton

Voluntary Term Life and AD&D Renewal and Marketing Analysis

April 1, 2016

Life only - no DI

Life Only - No DL								
The Standard Current / Renewal					Lincoln Option 1 (revised)		MetLife Option 2	
Eligibility	FT Ees working 30+ hours per week or council members working 5+ hours per				FT Ees working 30+ hours per week unless otherwise agreed		FT Ees working 30+ hours per week	
Definition of Earnings	Basic earnings excluding OT and bonus				NA		Basic monthly earnings	
Benefit Amount								
Employee	\$10,000 increments to \$500,000				\$10,000 increments to \$500,000 or 7 x salary		\$10,000 increments to \$500,000 or 5 x salary	
Spouse	\$5,000 increments to \$250,000				\$5,000 increments to \$250,000 or 50% of ee amount		\$5,000 increments to \$100,000 or 50% of ee amount	
Children (6 months+)	\$10,000				\$10,000		\$1,000, \$2,000, \$4,000 \$5,000 or \$10,000	
Guarantee Issue								
Employee	\$100,000				\$100,000		\$100,000	
Spouse	\$30,000				\$30,000		\$25,000	
Children (6 months+)	\$10,000				\$10,000		\$10,000	
Reduction Schedule								
	Percentage		Age		Percentage	Age	Percentage	Age
Benefits Reduced To	65%		65		65%	65	None	None
	50%		70		50%	70	None	None
Contract Features								
Waiver of Premium	Included				Included		Included	
Accelerated Benefit	Included				Included		Included	
Portability	Included				Included		Included	
Conversion	Included				Included		Included	
Rate Based on Spouse Age	No				No		No	
Volume	\$3,600,000				\$3,600,000		\$3,600,000	
# of Employees	46				46		46	
Employee Life Rates per \$1,000	Current	Renewal	Current	Renewal	Option 1 (revised)		Option 2	
	Employee		Spouse		Employee	Spouse	Employee	Spouse
< 20	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.041	\$0.041
20-24	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.041	\$0.041
25-29	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.076	\$0.041	\$0.041
30-34	\$0.085	\$0.085	\$0.085	\$0.085	\$0.085	\$0.085	\$0.050	\$0.050
35-39	\$0.126	\$0.126	\$0.126	\$0.126	\$0.126	\$0.126	\$0.091	\$0.091
40-44	\$0.196	\$0.196	\$0.196	\$0.196	\$0.196	\$0.196	\$0.161	\$0.161
45-49	\$0.314	\$0.314	\$0.314	\$0.314	\$0.314	\$0.314	\$0.279	\$0.279
50-54	\$0.528	\$0.528	\$0.528	\$0.528	\$0.528	\$0.528	\$0.493	\$0.493
55-59	\$0.853	\$0.853	\$0.853	\$0.853	\$0.853	\$0.853	\$0.818	\$0.818
60-64	\$1.137	\$1.137	\$1.137	\$1.137	\$1.137	\$1.137	\$1.102	\$1.102
65-69	\$1.789	\$1.789	\$1.789	\$1.789	\$1.789	\$1.789	\$1.754	\$1.754
70-74	\$3.123	\$3.123	\$3.123	\$3.123	\$3.123	\$3.123	\$3.088	\$3.088
75+	\$5.428	\$5.428	\$5.428	\$5.428	\$5.428	\$5.428	\$3.088	\$3.088
AD&D Rate per \$1,000	N/A		N/A		N/A	N/A	\$0.035	\$0.035
EE Only Monthly Premium	\$894.39		\$894.39		\$894.39		\$768.39	
Child Life Coverage	Life		AD&D		Life	AD&D	Life	AD&D
Child Rates (per \$1,000)	\$0.200		N/A		\$0.200	N/A	\$0.240	\$0.051
Participation Requirement	Current				25%		36%	
Rate Guarantee	Until 4/1/2018				2 Years		2 Years	
Value Adds	Travel assistance, beneficiary counseling				Online will prep, grief counseling, travel connect		Will prep, grief counseling	

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.

NOTE: EE Only Monthly Premium is an illustration based on current elections and volume is subject to change.

Lincoln proposal assumes mandatory enrollment meetings will be held and at least 75% of all eligible employees will be seen during these meetings.

City of Canton

Voluntary Short Term Disability Renewal and Marketing Analysis

April 1, 2016

	The Standard		Lincoln
	Current	Renewal	Proposed
Eligibility	Active FT Employee working 30+ hours per week	Active FT Employee working 30+ hours per week	FT Ees working 30+ hours per week unless otherwise agreed upon
Benefit Percentage	60%	60%	60%
Maximum Weekly Benefit	\$1,000	\$1,000	\$1,000
Elimination Period			
Accident	14 days	14 days	14 days
Sickness	14 days	14 days	14 days
Duration of Benefits	13 weeks	13 weeks	11 weeks
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings	Loss of Duties and Earnings
Employer Contribution	0%	0%	0%
Pre-Existing Condition Limits	None	None	3 / 6
Additional Waiting Period			
Mental & Nervous	60 day waiting period during first 12 months		None
Pregnancy	60 day waiting period during first 12 months		None
Physical Disease	60 day waiting period during first 12 months		None
Benefit is offset by sick leave	Yes	Yes	No (backdoor integration)
Annual Open Enrollment	?	?	Yes, with pre-ex
Rate Guarantee	Until 4/1/2018	Until 4/1/2018	2 Years
Participation Requirement	Current	Current	15%
Current Lives	26	26	26
Current Volume	\$11,202.63	\$11,202.63	\$11,202.63
Rate per \$10 of Weekly Benefit			
Age			
< 25	\$0.510	\$0.510	\$0.450
25-29	\$0.550	\$0.550	\$0.450
30-34	\$0.390	\$0.390	\$0.430
35-39	\$0.330	\$0.330	\$0.350
40-44	\$0.380	\$0.380	\$0.300
45-49	\$0.440	\$0.440	\$0.410
50-54	\$0.590	\$0.590	\$0.420
55-59	\$0.730	\$0.730	\$0.550
60-64	\$0.730	\$0.730	\$0.790
65-69	\$0.730	\$0.730	\$0.900
70+	\$0.730	\$0.730	\$0.900

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.

Lincoln proposal assumes mandatory enrollment meetings will be held and at least 75% of all eligible employees will be seen during these meetings.

City of Canton

Voluntary Long Term Disability Renewal and Marketing Analysis
April 1, 2016

	The Standard		Lincoln
	Current	Revised Renewal	Proposed
Eligibility	FT working 30+ hours per week	FT Ees working 30+ hours per week	FT Ees working 30+ hours per week unless otherwise agreed upon
Class Definition			
Class 1	Safety Employees	Safety Employees	Safety Employees
Class 2	All Other Employees	All Other Employees	All Other Employees
Benefit Outline			
Benefit Percentage	60.00%	60.00%	60.00%
Maximum Benefit	\$6,000	\$6,000	\$6,000
Elimination Period	90 Days	90 Days	90 Days
Own Occupation Period			
Class 1	1 Year	1 Year	1 Year
Class 2	2 Years	2 Years	2 Years
Benefit Duration	SSNRA	SSNRA	Later of 65 and SSNRA
Gainful Occupation clause	No	No	Yes*
Benefit Offset by Sick Leave?	Yes	Yes	NA
Contract Features			
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings	Loss of Duties and Earnings
Pre-Existing Condition Limits	3 / 12	3 / 12	3 / 12
Mental & Nervous	2 Years	2 Years	2 Years
Alcohol & Drug	2 Years	2 Years	2 Years
Limited Conditions	2 Years	2 Years	?
Self-Reported Limitation	No limit	No limit	No limit
Specified Illness	No limit	No limit	2 Years
Residual Disability	Included	Included	Included
Return to Work	Included	Included	Included
Survivor Benefit	Included	Included	Included
Rehab Incentive (10% more benefit)	Included	Included	Included
Waiver of Premium	Included	Included	Included
Conversion	N/A	N/A	N/A
Annual Open Enrollment			Yes, with Pre-Ex
Employer Contribution	Contributory	Contributory	Contributory
W-2 Issuance	Included	Included	NA
FICA Match	Included	Included	NA
Participation Requirement	Current	Current	15%
Rate Guarantee	Until 4/1/2016	Until 4/1/2018	2 Years
Current Lives	33	33	33
Current Volume	\$111,096	\$111,096	\$111,096
Value Adds	EAP (for participants only)	EAP (participants only)	EAP (all ees)
Rate per \$100 of Covered Payroll			
Age			
< 25	\$0.130	\$0.130	\$0.110
25-29	\$0.130	\$0.130	\$0.110
30-34	\$0.200	\$0.200	\$0.160
35-39	\$0.400	\$0.400	\$0.270
40-44	\$0.590	\$0.590	\$0.440
45-49	\$0.900	\$0.900	\$0.640
50-54	\$1.310	\$1.310	\$0.710
55-59	\$1.490	\$1.490	\$0.790
60-64	\$1.410	\$1.410	\$0.540
65-69	\$1.270	\$1.270	\$0.430
70-74	\$2.270	\$2.270	\$0.370
75+	\$3.170	\$3.170	\$0.520
EAP for non-participating ees	\$0.250	\$0.250	\$0.000

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.

*A gainful occupation is an occupation in which it would be possible to earn at least as much as the person's schedule amount of benefit within 12 months of the person's return to work.

Lincoln proposal assumes mandatory enrollment meetings will be held and at least 75% of all eligible employees will be seen during these meetings.

Standard EAP is a full-service EAP and includes 10 hours of free onsite trauma support and 3 face-to-face visits per issue.

Lincoln's EAP is not full service, does not include onsite support and only includes 4 face-to-face visits in total per year.

City of Canton

Disability Premium Comparison Examples

April 1, 2016

Short Term Disability (per \$10 of weekly benefit)	Salary	Weekly Benefit	Standard Current	Standard Renewal	Standard Revised Renewal	Lincoln Proposed
Age 27, \$25,000	\$25,000	\$288	\$15.87	\$15.87	\$15.87	\$12.98
Age 30, \$40,000	\$40,000	\$462	\$18.00	\$18.00	\$18.00	\$19.85
Age 40, \$55,000	\$55,000	\$635	\$24.12	\$24.12	\$24.12	\$19.04
Age 45, \$35,000	\$35,000	\$404	\$17.77	\$17.77	\$17.77	\$16.56
Age 55, \$45,000	\$45,000	\$519	\$37.90	\$37.90	\$37.90	\$28.56
Age 44, \$41,666 (average)	\$41,666	\$481	\$18.27	\$18.27	\$18.27	\$14.42

Long Term Disability (per \$100 of covered payroll)	Salary	Monthly Payroll	Standard Current	Standard Renewal	Standard Revised Renewal	Lincoln Proposed
Age 27, \$25,000	\$25,000	\$2,083	\$2.71	\$3.13	\$2.71	\$2.29
Age 30, \$40,000	\$40,000	\$3,333	\$6.67	\$7.67	\$6.67	\$5.33
Age 40, \$55,000	\$55,000	\$4,583	\$27.04	\$31.12	\$27.04	\$20.17
Age 45, \$35,000	\$35,000	\$2,917	\$26.25	\$30.19	\$26.25	\$18.67
Age 55, \$45,000	\$45,000	\$3,750	\$55.88	\$64.28	\$55.88	\$29.63
Age 44, \$41,666 (average)	\$41,666	\$3,472	\$20.49	\$20.49	\$20.49	\$15.28

Combined Premium (STD/LTD)	Salary	Monthly Payroll	Standard Current	Standard Renewal	Standard Revised Renewal	Lincoln Proposed
Age 27, \$25,000	\$25,000	\$2,083	\$18.57	\$18.99	\$18.57	\$15.27
Age 30, \$40,000	\$40,000	\$3,333	\$24.67	\$25.67	\$24.67	\$25.18
Age 40, \$55,000	\$55,000	\$4,583	\$51.16	\$55.24	\$51.16	\$39.21
Age 45, \$35,000	\$35,000	\$2,917	\$44.02	\$47.96	\$44.02	\$35.22
Age 55, \$45,000	\$45,000	\$3,750	\$93.78	\$102.18	\$93.78	\$58.18
Age 44, \$41,666 (average)	\$41,666	\$3,472	\$38.75	\$38.75	\$38.75	\$29.70

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.

Current lives = 26 STD, 33 LTD