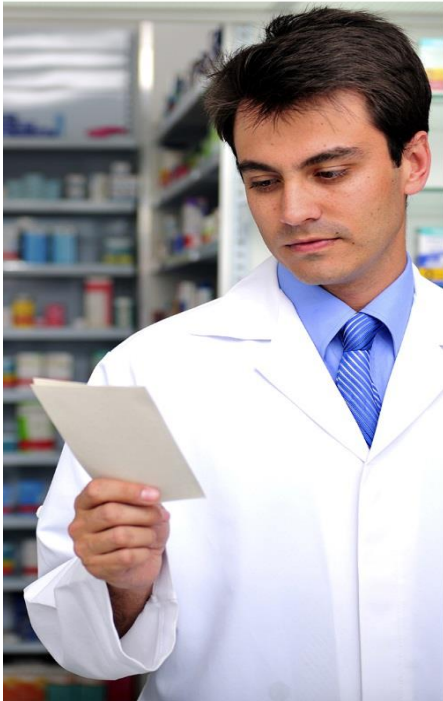


A G E N D A
SPECIAL WORK SESSION MEETING
City of Moberly
November 18, 2019
4:30 PM

Requests, Ordinances, and Miscellaneous

[Discussion](#) of Health Insurance



November 18, 2019

GROUP BENEFITS RENEWAL REPORT

City of Moberly

Derek Duncan
Benefits Consultant

Terri Grace
Account Executive

Jake Hurley
Benefits Analyst

Marcy Erhart
Ancillary Analyst





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Section Two	Medical Experience
Section Three	Medical Plan
Section Four	Ancillary Plans



Section One

Executive Summary



Executive Summary

City of Moberly's employee benefits plans are due to renew on 1/1/20. In preparation of this renewal, USI has received the incumbent renewals, conducted a market review, and reviewed benefit alternatives. The results of this renewal activity are summarized below and illustrated within. Also included is medical experience for the first 9 months of the 2019 plan year.

Medical Experience – Section II

The current plan year is performing at 107.3% of expected,
This Expected to Net is a difference of -\$62,443.
September 2019 Net Claims were at 127% of Expected.
Claims net of amounts over SSL, on a per employee basis, is +24.6% vs prior year.
Observed Medical/Rx Trend is +7% to +9.5%.
There are currently 4 claimants over the SSL deductible of \$50,000.
Through all of prior year, there were 3 claimants over SSL.
Rx Claims account for 21.8% of total gross claims for the plan year to date.
USI Book of Business is approximately 21.4%.

January 01, 2020 Renewal Summary Renewal - Section III

Plan	Carrier	Current \$	Renewal \$	\$ Change	% Change
Annual Administration Premium	UMR	\$23,589	\$25,599	\$2,010	8.5%
Annual Stop Loss Premium	Sun Life	\$291,557	\$350,813	\$59,256	20.3%
Annual Total Fixed Costs		\$315,147	\$376,412	\$61,266	19.4%
<i>Annual Expected Claims Total</i>		<i>\$1,114,781</i>	<i>\$1,114,781</i>	<i>\$0</i>	<i>0.0%</i>
<i>Annual Maximum Claims Total</i>		<i>\$1,393,477</i>	<i>\$1,393,477</i>	<i>\$0</i>	<i>0.0%</i>
Annual Total Expected Costs		\$1,429,928	\$1,491,194	\$61,266	4.3%
Annual Total Maximum Costs		\$1,708,623	\$1,769,889	\$61,266	3.6%

Medical Plan – Section III

The UMR administration renewal is an 8.5% increase over current rates. This equates to an approximate increase of \$2,010 annually. UMR is providing about \$52,000 in pharmacy credit which makes this percentage increase look bigger. With the pharmacy credit not factored in, the administration increase is 2.6%. UMR has also offered \$3,000 in wellness credit for 2020 and 2021. Additionally, they guaranteed 2020 admin fees for 2021 as well.

The Sun Life stop loss renewal is a 20.3% increase, which is an annual increase of roughly \$59,256.

USI shopped the market for competitive stop loss quotes. Out of the 9 carriers we requested quotes from, Crum & Forster provided the most competitive option. Each of the other carriers were unable to be competitive with the Crum & Forster or the Sun Life renewal. Please see the market review page for a comprehensive overview on the carriers we requested proposals from.

The Crum & Forster quote is 5.8% over current fixed costs and offers roughly \$43,000 in savings against the Sun Life renewal. Crum & Forster has placed a 12/12 contract on a large claimant (heart attack) with \$185,000 in pended claims. City of Moberly would bear the risk of having no coverage should any of those claims get paid after December 31st. Crum & Forster also provided an additional option that places a \$235,000 laser on the high claimant instead of the 12/12 contract.

Also presented is a fully insured option from UHC. Keep in mind, if there was a switch to fully insured, City of Moberly would be liable for all run out claims and have no protection on those claims paid after December 31st. We have included a calculation of estimated run out claims along with termination fees that UMR would charge for processing those run out claims.



Section Two

Medical Experience



City of Moberly
Medical/Rx Plan

Claims Experience Dashboard

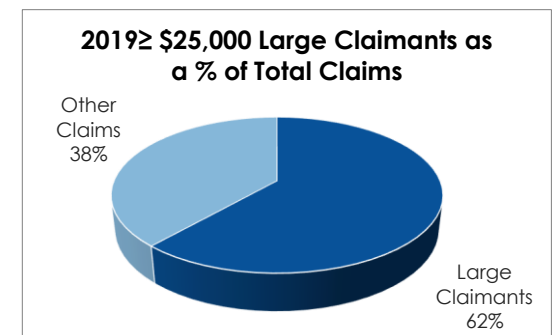
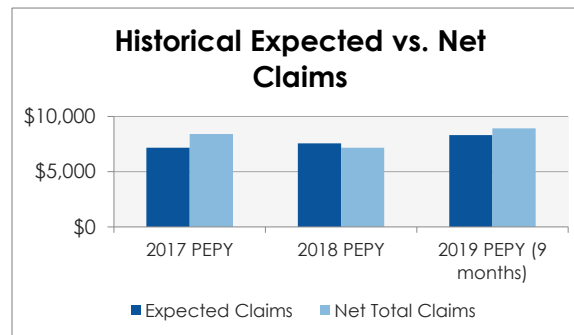
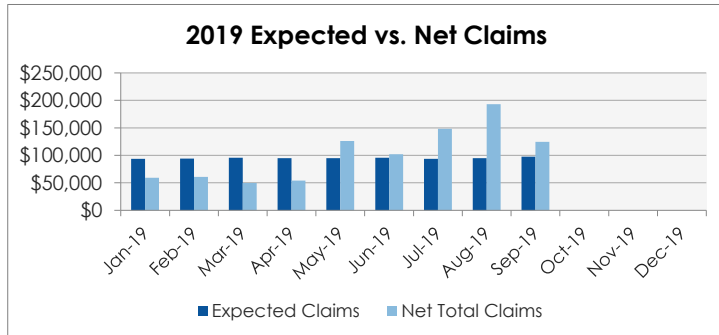
Plan Year to Date (Data through September 2019)

Experience Summary	Plan Year to Date		
	2017	2018	2019
1 Expected Claims	986,545	1,022,262	855,498
2 PEPY Δ from prior year	+8.3%	+5.6%	+10.0%
3 Paid Claims	1,158,695	968,581	917,940
4 Claims PEPY	8,412	7,166	8,926
5 PEPY Δ from prior year	+37.0%	-14.8%	+24.6%
6 Claims Variance to Expected	117.4%	94.7%	107.3%
7 Average Employees	138	135	137
8 Δ from prior year	-2.5%	-1.9%	+1.4%

Large Claimants	Plan Year to Date		
	2017	2018	2019
11 Claimants Over \$25k	14	8	12
12 Total Paid Over \$25k	1,195,096	336,372	598,195
13 Claimants Over SSL	7	3	4
14 Total Paid Over SSL	622,188	9,532	63,517

Executive Summary / Observations

- The current plan year is performing at 107.3% of expected, This Expected to Net is a difference of -\$62,443.
- September 2019 Net Claims were at 127% of Expected.
- Claims net of amounts over SSL, on a per employee basis, is +24.6% vs prior year. Observed Medical/Rx Trend is +7% to +9.5%.
- There are currently 4 claimants over the SSL deductible of \$50,000. Through all of prior year, there were 3 claimants over SSL.
- Rx Claims account for 21.8% of total gross claims for the plan year to date. USI Book of Business is approximately 21.4%.

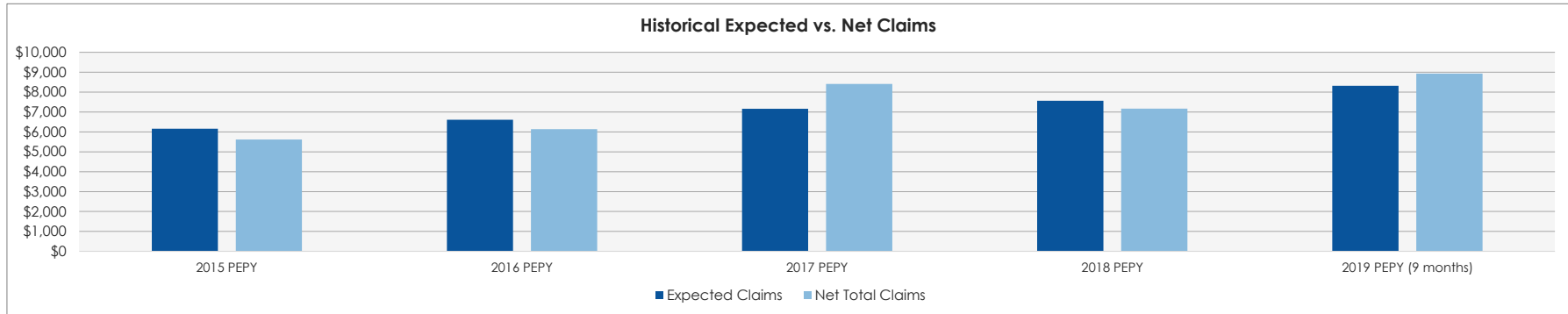


Notes

1. PEPY = Per Employee Per Year
2. 2019 includes 9 month(s) of data.
3. SSL = Specific Stop Loss



City of Moberly
Medical/Rx Plan
Historical Cost Summary



Time Period	Average Total Subscribers	Expected Claims	Gross Medical Claims	Gross Rx Claims	SSL Credit	Net Total Claims	Net Claims/Expected	Admin Fee	Stop Loss Premium	Total Fixed Costs	Actual Net*
2015	139	859,127	772,772	193,570	(170,192)	783,003	91%	43,916	238,218	282,135	1,065,138
2016	141	934,487	769,744	205,314	(83,679)	867,541	93%	44,520	262,965	307,485	1,175,026
2017	138	986,545	1,506,130	273,353	(602,188)	1,158,695	117%	44,218	301,998	346,216	1,504,911
2018	135	1,022,262	713,576	264,535	0	968,581	95%	75,293	271,065	346,358	1,314,939
2019 YTD (9 months)	137	855,498	760,099	211,958	(53,916)	917,940	107%	57,282	224,573	281,856	1,199,796

	Average Total Subscribers	Δ from prior year	Expected Claims	Δ from prior year	Gross Medical Claims	Δ from prior year	Gross Rx Claims	Δ from prior year	SSL Credit	Δ from prior year	Net Total Claims	Δ from prior year	Admin Fee	Δ from prior year	Stop Loss Premium	Δ from prior year	Total Fixed Costs	Δ from prior year	Actual Net*	Δ from prior year
2015 PEPY	139		6,162		5,543		1,388		(1,221)		5,616		315		1,709		2,024		7,640	
2016 PEPY	141	+1%	6,612	+7%	5,446	-2%	1,453	+5%	(592)	-51%	6,138	+9%	315	0%	1,861	+9%	2,176	+8%	8,314	+9%
2017 PEPY	138	-3%	7,162	+8%	10,934	+101%	1,984	+37%	(4,372)	+638%	8,412	+37%	321	+2%	2,192	+18%	2,513	+16%	10,925	+31%
2018 PEPY	135	-2%	7,563	+6%	5,279	-52%	1,957	-1%	0	-100%	7,166	-15%	557	+74%	2,005	-9%	2,562	+2%	9,728	-11%
2019 PEPY (9 months)	137	+1%	8,319	+10%	7,392	+40%	2,061	+5%	(524)		8,926	+25%	557	-0%	2,184	+9%	2,741	+7%	11,667	+20%

Notes

1. 2019 includes 9 month(s) of data.

2. PEPY = Per Employee Per Year

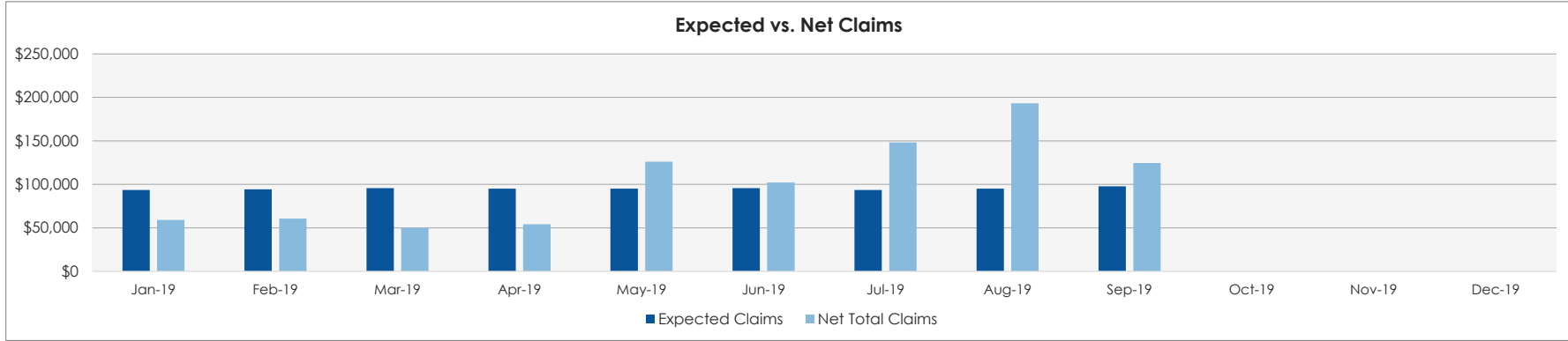
Actual Net includes all additional 'Other' costs from subsequent 'Cost Summary' page, not explicitly illustrated on this page.



City of Moberly

Medical/Rx Plan - UMR

Plan Year to Date (Data through September 2019) Cost Summary



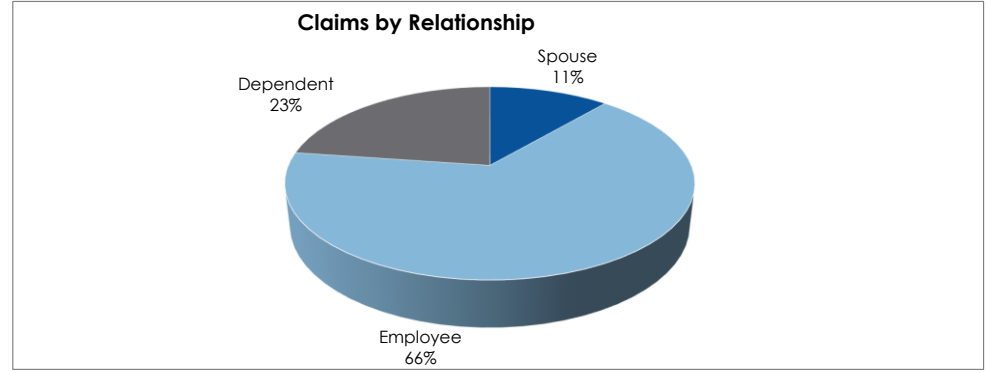
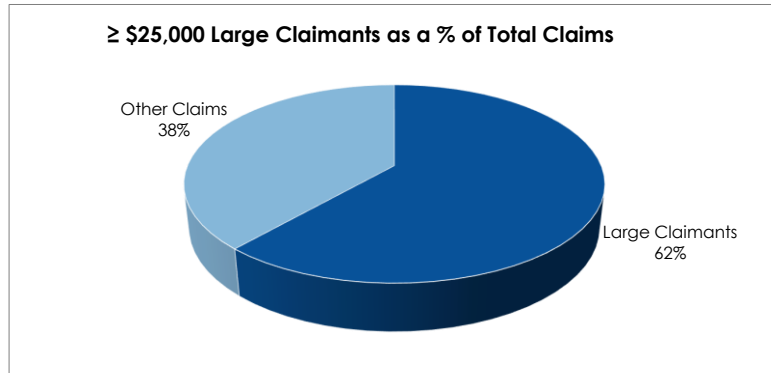
A	Enrollment		Fixed Costs			Claims						Total Plan Costs			Loss Ratio			
	F	G	H	I	J = H + I	K	L	M	N	P	Q	R = sum(M:Q)	W = J + K	X = J + L	Y = J + R	Z = R / L	AA = K - R	AB = L - R
	Total Subscribers	Total Members	Admin Fee	Stop Loss Premium	Total Fixed Costs	Maximum Claims	Expected Claims	Gross Medical Claims	Gross Rx Claims	Non Agg Claims	SSL Credit	Net Total Claims	Maximum	Expected	Actual Net	Net Claims/ Expected	Maximum to Net	Expected to Net
Jan-19	135	267	6,267	24,425	30,692	116,990	93,592	36,111	22,983	-	-	59,094	147,681	124,283	89,786	63.1%	57,896	34,498
Feb-19	136	267	6,313	24,554	30,867	117,856	94,285	43,834	16,891	-	-	60,725	148,723	125,152	91,592	64.4%	57,131	33,560
Mar-19	138	269	6,406	24,811	31,217	119,589	95,672	36,751	13,106	-	-	49,857	150,806	126,888	81,073	52.1%	69,733	45,815
Apr-19	137	270	6,360	24,836	31,195	118,723	94,978	25,254	28,915	-	-	54,169	149,918	126,174	85,364	57.0%	64,554	40,809
May-19	137	273	6,360	24,990	31,349	118,723	94,978	94,984	31,029	-	-	126,012	150,072	126,327	157,361	132.7%	(7,290)	(31,034)
Jun-19	138	274	6,406	25,118	31,524	119,589	95,672	85,005	17,178	-	-	102,183	151,113	127,196	133,707	106.8%	17,407	(6,511)
Jul-19	135	273	6,267	24,886	31,153	116,990	93,592	116,468	31,979	(200)	-	148,246	148,143	124,745	179,399	158.4%	(31,257)	(54,655)
Aug-19	137	274	6,360	25,143	31,503	118,723	94,978	216,165	26,290	-	(49,321)	193,134	150,226	126,481	224,637	203.3%	(74,411)	(98,156)
Sep-19	141	179	6,545	25,811	32,356	122,189	97,751	105,529	23,586	-	(4,595)	124,520	154,546	130,108	156,877	127.4%	(2,331)	(26,769)
Oct-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dec-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	1,234	2,346	57,282	224,573	281,856	1,069,372	855,498	760,099	211,958	(200)	(53,916)	917,940	1,351,228	1,137,353	1,199,796	107.3%	151,432	(62,443)
PEPY	137	261	557	2,184	2,741	10,399	8,319	7,392	2,061	(2)	(524)	8,926	13,140	11,060	11,667		1,473	(607)

Notes

1. PEPY = Per Employee Per Year
2. Aggregate corridor is 125%. Specific stop loss is \$50,000.
3. Claims not covered by the aggregate include prior period voids/refunds, claims paid outside the contract, claims incurred prior to the SL contract, laser claims over the normal specific, and aggregating specific amounts.



City of Moberly
 Medical/Rx Plan - UMR
 Large Claimant Report
 Plan Year to Date (Data through September 2019)



Category	Total (\$)	% of Total
Claims > \$50k	\$263,517	27.1%
Claims \$25k-\$50k	\$334,678	34.4%
All Other Claims <\$25k	\$373,662	38.4%
Total	\$971,857	100.0%

Paid Claims > \$25,000

	Relationship	Diagnosis	Status	Pended Claims	Δ From Prior Month	Medical Amount	Pharmacy Amount	Total Amount	Claims Over SSL (\$)
1	Employee	Cervical Disc D/O W/ Myelopathy High Cervical Reg	Active	\$0	\$2,725	\$83,990	\$1,500	\$85,490	-\$35,490
2	Employee	Non-St Elevation Myocardial Infarction	Active	\$211,370	\$10,444	\$68,772	\$2,085	\$70,857	-\$20,857
3	Child	Partial Traumatic Mcp Amp Lt Ring Finger Initial	Active	\$0	\$0	\$54,338	\$0	\$54,338	-\$4,338
4	Employee	Diverticulitis Part Uns W/Perf & Absc W/O Bleed	Termed	\$0	\$12	\$47,619	\$5,213	\$52,832	-\$2,832
5	Employee	Congenital Complete Absence Of Left Upper Limb	Active	\$0	New	\$48,353	\$0	\$48,353	
6	Employee	Psoriasis Vulgaris	Active	\$0	\$166	\$0	\$48,200	\$48,200	
7	Employee	Nonrheumatic Aortic Valve Stenosis	Active	\$0	\$911	\$38,346	\$7,777	\$46,123	
8	Child	Displaced Fx Base Fifth Mc Bone Lh Init Clos Fx	Active	\$0	\$3,145	\$45,084	\$5	\$45,089	
9	Employee	Unspecified Ovarian Cyst Right Side	Active	\$0	\$0	\$42,308	\$300	\$42,608	
10	Spouse	Pain In Unspecified Limb	Active	\$0	\$9,019	\$6,041	\$35,927	\$41,968	
11	Child	Pyogenic Arthritis	Active	\$0	\$111	\$36,614	\$133	\$36,747	
12	Spouse	Oth Ia Fx Lower Rt Radius Initial Enc Clos Fx	Active	\$1,349	New	\$25,495	\$95	\$25,590	
Total				\$212,719	\$26,533	\$496,960	\$101,235	\$598,195	-\$63,517

Aggregating Specific remaining: \$0
 Total Claims over SSL: -\$43,517

Notes

Specific stop loss is \$50,000.
 Aggregating Specific is \$20,000.
 Pended Claims are just an estimation



Section Three

Medical Plan



City of Moberly
Market Review List
January 01, 2020 Renewal

Carrier	Coverage Requested	Status	Comments	A.M. Best Rating
Berkley AH	Stop Loss	Received, Not Presented	Uncompetitive	A+
Berkshire Hathaway	Stop Loss	Declined	Uncompetitive	A++
Crum & Forster	Stop Loss	Received, Presented	\$50k stop loss options	A
HM Insurance Group	Stop Loss	Received, Not Presented	Uncompetitive	A-
Optum (a UHC Company)	Stop Loss	Received, Not Presented	Uncompetitive	A
Sun Life	Stop Loss	Incumbent	\$50k stop loss renewal	A+
SwissRe	Stop Loss	Declined	Uncompetitive	A+
Symetra	Stop Loss	Declined	Uncompetitive	A
UMR	ASO	Incumbent	Admin Renewal	Not Rated
United Healthcare	Medical	Received, Presented	Illustrative fully insured quote	A
Voya (ING)	Stop Loss	Declined	Declined due to size	A
Zurich	Stop Loss	Received, Not Presented	Uncompetitive	A+

Any carrier with an A.M. Best financial rating lower than A- does not meet the minimum financial requirements for USI's Errors & Omissions insurance. In the absence of a rating by A.M. Best, or in the case of an NR designation, a Standard & Poor Company rating lower than A will apply. A liability waiver must be signed by the client if insurance coverage is placed with a carrier that does not meet the required financial rating.



City of Moberly
 Medical Plan
 Administrative Fees
 January 01, 2020 Renewal

Stop Loss Outline	Current	Renewal	Non Preferred
Medical Carrier/TPA	UMR	UMR	UMR
Network(s)	Choice Plus	Choice Plus	Choice Plus
Stop Loss Carrier	Sun Life	Sun Life	Crum & Forster
Pharmacy Benefit Manager (PBM)	OptumRx	OptumRx	OptumRx
Per Employee Per Month Fees			
Medical Admin	42.17	43.37	43.37
Pharmacy Credit	(31.75)	(31.75)	(31.75)
Dental Admin	3.25	3.25	3.25
Vision Admin	1.00	1.05	1.05
Non Preferred Vendor Fee	-	-	5.00
Total Cost			
	EE		
Total PEPM Fees	134	14.67	15.92
Annual Total		\$23,589	\$25,599
<i>Change from Current</i>		<i>2,010</i>	<i>10,050</i>
<i>Percentage Change</i>		<i>8.5%</i>	<i>42.6%</i>



12/12 placed on large claimant
No runout coverage on the
\$185,000 in pended claims

Stop Loss Outline	Current		Initial Renewal		Option 1		Option 2	
Medical Carrier/TPA	UMR		UMR		UMR		UMR	
Network(s)	Choice Plus		Choice Plus		Choice Plus		Choice Plus	
Stop Loss Carrier	Sun Life		Sun Life		Crum & Forster		Crum & Forster	
Pharmacy Benefit Manager (PBM)	OptumRx		OptumRx		OptumRx		OptumRx	
Specific Stop Loss (SSL)	\$50,000		\$50,000		\$50,000		\$50,000	
Contract Basis	Paid		Paid		24/12		24/12	
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Reimbursement Max	Unlimited		Unlimited		Unlimited		Unlimited	
Laser Waiver at Renewal Included?	Included		Included		Included		Included	
Rate Cap at Renewal (amount)	50%		50%		50%		50%	
Laser Liability	\$0		\$0		\$0		1 - \$235,000	
Aggregating Specific	\$20,000		\$20,000		\$20,000		\$20,000	
Advanced Specific Funding	Included		Included		Included		Included	
Rates Firm with	Firm		Firm through 11/19		Firm through 11/20		Firm through 11/20	
Aggregate Stop Loss (ASL) <i>Corridor:</i>	125%		125%		125%		125%	
Contract Basis	Paid		Paid		24/12		24/12	
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Reimbursement Max	\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000	
Minimum Attachment	\$1,393,477		\$1,393,477		\$1,403,141		\$1,403,141	
Run-in Limit	\$0		\$0		\$282,800		\$282,800	
Fixed Costs	Enrollment	Premium	Enrollment	Premium	Enrollment	Premium	Enrollment	Premium
Administration (PEPM) <i>Composite</i>	134	\$14.67	134	\$15.92	134	\$20.92	134	\$20.92
Estimated Runout Fees		\$0		\$0		\$0		\$0
Annual Administration Premium		\$23,589		\$25,599		\$33,639		\$33,639
<i>Change from Current</i>				\$2,010		\$10,050		\$10,050
<i>Percentage Change</i>				8.5%		42.6%		42.6%
Specific SL Premium (PEPM) <i>Composite</i>	134	\$172.25	134	\$209.10	134	\$177.25	134	\$177.25
Aggregate SL Premium (PEPM) <i>Composite</i>	134	\$9.07	134	\$9.07	134	\$9.09	134	\$9.09
Annual Stop Loss Premium		\$291,557		\$350,813		\$299,635		\$299,635
<i>Change from Current</i>				\$59,256		\$8,077		\$8,077
<i>Percentage Change</i>				20.3%		2.8%		2.8%
Annual Total Fixed Costs		\$315,147		\$376,412		\$333,274		\$333,274
<i>Change from Current</i>				\$61,266		\$18,127		\$18,127
<i>Percentage Change</i>				19.4%		5.8%		5.8%
Claims Liability	Expected	Maximum	Expected	Maximum	Expected	Maximum	Expected	Maximum
Expected / Maximum Claims (PEPM) <i>Composite</i>	\$693.27	\$866.59	\$693.27	\$866.59	\$698.08	\$872.60	\$698.08	\$872.60
Annual Expected / Maximum Claims	\$1,114,781	\$1,393,477	\$1,114,781	\$1,393,477	\$1,122,513	\$1,403,141	\$1,122,513	\$1,403,141
Maximum Additional Laser Liability		\$0		\$0		\$0		\$100,000
Annual Expected / Max Claims Total	\$1,114,781	\$1,393,477	\$1,114,781	\$1,393,477	\$1,122,513	\$1,403,141	\$1,122,513	\$1,503,141
<i>Change from Current Expected</i>				\$0		\$7,731		\$7,731
<i>Percentage Change</i>				0.0%		0.7%		0.7%
Total Cost	Total All Plans		Total All Plans		Total All Plans		Total All Plans	
Annual Total Expected Costs	\$1,429,928		\$1,491,194		\$1,455,787		\$1,455,787	
<i>Change from Current</i>			\$61,266		\$25,859		\$25,859	
<i>Percentage Change</i>			4.3%		1.8%		1.8%	
Annual Total Maximum Costs	\$1,708,623		\$1,769,889		\$1,736,415		\$1,836,415	
<i>Change from Current</i>			\$61,266		\$27,792		\$127,792	
<i>Percentage Change</i>			3.6%		1.6%		7.5%	



**City of Moberly
Medical Plan
Benefit Outline and Cost Summary
January 01, 2020 Renewal**

Benefit Outline	Current				FI Option							
	Plan 1		Plan 2		Plan 1		Plan 2					
Plan Type	PPO		PPO		PPO		PPO					
Plan Name	Core		Buy Up		Core		Buy Up					
Network	Choice Plus		Choice Plus		Choice Plus		Choice Plus					
Deductible (Individual / Family)	\$1,000	/	\$3,000	\$500	/	\$1,500	\$1,000	/	\$3,000	\$500	/	\$1,500
Deductible Type	Embedded		Embedded		Embedded		Embedded					
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,250	/	\$3,750	\$1,250	/	\$3,750	\$1,250	/	\$3,750	\$1,250	/	\$3,750
Coinsurance (In)	80/20%		90/10%		80/20%		90/10%					
Wellness / Preventive Care	\$0		\$0		\$0		\$0					
Primary Care Office Visit	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Specialist Office Visit	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Walk-In / Urgent Care Visit	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Emergency Room	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Outpatient Lab / X-Ray	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Complex Imaging (MRI, CAT, PET, et.al)	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Outpatient Surgical Facility	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Inpatient Hospital Facility	Ded, 80/20%		Ded, 90/10%		Ded, 80/20%		Ded, 90/10%					
Prescription OOP Max (Ind./ Fam.)	Included in medical			Included in medical			Included in medical			Included in medical		
Retail Prescription Drug Copays	\$10	\$25	\$45	\$10	\$25	\$45	\$10	\$25	\$45	\$10	\$25	\$45
Mail Order Prescription Drug Copays	\$20	\$50	\$90	\$20	\$50	\$90	\$20	\$50	\$90	\$20	\$50	\$90
Specialty Prescription Drugs	\$500			\$500			\$500			\$500		
Non-network Deductible (Ind. / Fam.)	\$1,000	/	\$3,000	\$500	/	\$1,500	\$1,000	/	\$3,000	\$500	/	\$1,500
Non-network OOP Max (Ind. / Fam.)	\$2,000	/	\$6,000	\$2,000	/	\$6,000	\$2,000	/	\$6,000	\$2,000	/	\$6,000
Non-network Coinsurance	60/40%		70/30%		60/40%		70/30%					
Rates & Total Cost	Enroll.	Premium		Enroll.	Premium		Enroll.	Premium		Enroll.	Premium	
Employee	82			6			82	\$703.99		6	\$706.68	
Family	44			2			44	\$1,619.18		2	\$1,625.37	
Total Employees = 134	126	\$0		8	\$0		126	\$1,547,653		8	\$89,890	
<i>Estimated Run Out</i>											N/A	
<i>Admin Termination Fees (12 Mo.)</i>											N/A	
Annual Total											\$142,000	
<i>Change from Current</i>											\$17,205	
<i>Percentage Change</i>											\$1,796,748	
											\$366,820	
											25.7%	
Notes												
1. All Coinsurance amounts after deductible, unless otherwise noted							City of Moberly holds all liability on the \$185,000 in pended claims					



City of Moberly
 Estimated Premium Equivalent Rates
 January 01, 2020 Renewal

Assumes Sun Life Initial Renewal

		<u>PEPM</u>	<u>Annual @ 100%</u>	<u>Annual @ 110%</u>	<u>Annual @ 115%</u>	<u>Annual @ 125%</u>
Projected Claim Costs:	134	\$693.27	\$1,114,781	\$1,226,260	\$1,281,999	\$1,393,477
Funding % of Expected Claims			100%	110%	115%	125%
Projected Fixed Costs:	134	\$234.09	\$376,412	\$376,412	\$376,412	\$376,412

<u>Core Plan</u>	<u>Enrollment</u>	<u>Current</u>	<u>Proposed @ 100%</u>	<u>Proposed @ 110%</u>	<u>Proposed @ 115%</u>	<u>Proposed @ 125%</u>
EE	82	\$546.49	\$638.11	\$685.82	\$709.67	\$757.37
Family	44	\$1,256.93	\$1,467.66	\$1,577.38	\$1,632.24	\$1,741.96
Annual	126	\$1,201,405	\$1,402,830	\$1,507,702	\$1,560,138	\$1,665,011

<u>Buy Up Plan</u>						
EE	6	\$594.94	\$694.69	\$746.62	\$772.59	\$824.52
Family	2	\$1,368.35	\$1,597.76	\$1,717.21	\$1,776.93	\$1,896.38
Annual	8	\$75,676	\$88,364	\$94,970	\$98,273	\$104,878

Combined Annual	134	\$1,277,081	\$1,491,194 16.8%	\$1,602,672 25.5%	\$1,658,411 29.9%	\$1,769,889 38.6%
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City of Moberly
 Estimated Premium Equivalent Rates
 January 01, 2020 Renewal

Assumes Crum & Forster

		<u>PEPM</u>	<u>Annual @ 100%</u>	<u>Annual @ 110%</u>	<u>Annual @ 115%</u>	<u>Annual @ 125%</u>
Projected Claim Costs:	134	\$698.08	\$1,122,513	\$1,234,764	\$1,290,890	\$1,403,141
Funding % of Expected Claims			100%	110%	115%	125%
Projected Fixed Costs:	134	\$207.26	\$333,274	\$333,274	\$333,274	\$333,274

<u>Core Plan</u>	<u>Enrollment</u>	<u>Current</u>	<u>Proposed @ 100%</u>	<u>Proposed @ 110%</u>	<u>Proposed @ 115%</u>	<u>Proposed @ 125%</u>
EE	82	\$546.49	\$622.96	\$671.00	\$695.01	\$743.05
Family	44	\$1,256.93	\$1,432.82	\$1,543.30	\$1,598.54	\$1,709.02
Annual	126	\$1,201,405	\$1,369,521	\$1,475,121	\$1,527,920	\$1,633,520

<u>Buy Up Plan</u>						
EE	6	\$594.94	\$678.19	\$730.48	\$756.63	\$808.92
Family	2	\$1,368.35	\$1,559.83	\$1,680.10	\$1,740.24	\$1,860.51
Annual	8	\$75,676	\$86,266	\$92,917	\$96,243	\$102,895

Combined Annual	134	\$1,277,081	\$1,455,787	\$1,568,038	\$1,624,164	\$1,736,415
			14.0%	22.8%	27.2%	36.0%



City of Moberly
 Estimated Premium Equivalent Rates
 January 01, 2020 Renewal

Assumes Crum & Forster

		<u>PEPM</u>	<u>Annual @ 100%</u>	<u>Annual @ 110%</u>	<u>Annual @ 115%</u>	<u>Annual @ 125%</u>
Projected Claim Costs:	134	\$698.08	\$1,122,513	\$1,234,764	\$1,290,890	\$1,403,141
Funding % of Expected Claims			100%	110%	115%	125%
Projected Fixed Costs:	134	\$207.26	\$333,274	\$333,274	\$333,274	\$333,274

<u>Core Plan</u>	<u>Enrollment</u>	<u>Current</u>	<u>Proposed @ 100%</u>	<u>Proposed @ 110%</u>	<u>Proposed @ 115%</u>	<u>Proposed @ 125%</u>
EE	82	\$546.49	\$622.96	\$671.00	\$695.01	\$743.05
Family	44	\$1,256.93	\$1,432.82	\$1,543.30	\$1,598.54	\$1,709.02
Annual	126	\$1,201,405	\$1,369,521	\$1,475,121	\$1,527,920	\$1,633,520

<u>Buy Up Plan</u>						
EE	6	\$594.94	\$678.19	\$730.48	\$756.63	\$808.92
Family	2	\$1,368.35	\$1,559.83	\$1,680.10	\$1,740.24	\$1,860.51
Annual	8	\$75,676	\$86,266	\$92,917	\$96,243	\$102,895

<u>HSA Plan</u>						
EE			\$558.67	\$601.75	\$623.29	\$666.37
Family			\$1,284.95	\$1,384.03	\$1,433.57	\$1,532.65
Annual	0	\$0	\$0	\$0	\$0	\$0
Combined Annual	134	\$1,277,081	\$1,455,787	\$1,568,038	\$1,624,164	\$1,736,415
			14.0%	22.8%	27.2%	36.0%

City of Moberly

Plan Design Options

January 01, 2020 Renewal



Plan Change	USI Estimated Book of Business Decrement	Claims by Plan	Estimated Claim Liability Savings	Percent Savings
Core Plan (001) \$1000 Deductible Expected Claims (Current Plan Design)		\$1,189,252		
\$1500 Ded; \$1750 OOP Max	0.9610	\$1,142,871	-\$46,381	-3.9%
\$1750 Ded; \$2000 OOP Max	0.9440	\$1,122,654	-\$66,598	-5.6%
\$2000 Ded; \$2250 OOP Max	0.9280	\$1,103,626	-\$85,626	-7.2%
\$2500 Ded; \$2750 OOP Max	0.8980	\$1,067,948	-\$121,304	-10.2%
Buy Up Plan (002) \$500 Deductible Expected Claims (Current Plan Design)		\$135,246		
\$1000 Ded; \$1750 OOP Max	0.9540	\$129,024	-\$6,221	-4.6%
\$1250 Ded; \$2000 OOP Max	0.9350	\$126,455	-\$8,791	-6.5%
\$1500 Ded; \$2250 OOP Max	0.9170	\$124,020	-\$11,225	-8.3%
\$2000 Ded; \$2750 OOP Max	0.8850	\$119,692	-\$15,553	-11.5%
Combined Expected Claims (Current Plan Design)		\$1,324,498		
\$2000 Ded; \$2250 OOP Max & \$1250 Ded; \$2000 OOP Max		\$1,230,080	-\$94,417	-7.1%

* Claims by plan are based on rolling 12 data.

* Savings are estimates based on USI's estimated decrement.

* Savings are calculated using final 2019 enrollment. Actual savings will vary based on enrollment.

City of Moberly
 Medical Plan
 Premium and Contribution Overview
 January 01, 2020 Renewal

Benefit Outline	Current				Renewal - Crum & Forster			
	Core		Buy Up		Core		Buy Up	
Deductible (Individual / Family)	\$1,000	/ \$3,000	\$500	/ \$1,500	\$1,000	/ \$3,000	\$500	/ \$1,500
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$1,250	/ \$3,750
Coinsurance (In)	80%		90%		80%		90%	
Total Medical Premiums	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium
Employee	82	\$546.49	6	\$594.94	82	\$638.11	6	\$694.69
Employee + Family	44	\$1,256.93	2	\$1,368.35	44	\$1,467.66	2	\$1,597.76
Total Employees = 134	126	\$1,201,405	8	\$75,676	126	\$1,402,830	8	\$88,364
Annual Total Premium				\$1,277,081				\$1,491,194
\$ Change from Current				n/a				\$214,112
% Change from Current				n/a				16.8%

City of Moberly
 Medical Plan
 Premium and Contribution Overview
 January 01, 2020 Renewal

Benefit Outline	Current				Renewal - Crum & Forster			
	Core		Buy Up		Core		Buy Up	
Deductible (Individual / Family)	\$1,000	/ \$3,000	\$500	/ \$1,500	\$1,000	/ \$3,000	\$500	/ \$1,500
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$1,250	/ \$3,750
Coinsurance (In)	80%		90%		80%		90%	
Total Medical Premiums	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium
Employee	82	\$546.49	6	\$594.94	82	\$622.96	6	\$678.19
Employee + Family	44	\$1,256.93	2	\$1,368.35	44	\$1,432.82	2	\$1,559.83
Total Employees = 134	126	\$1,201,405	8	\$75,676	126	\$1,369,521	8	\$86,266
Annual Total Premium				\$1,277,081				\$1,455,787
\$ Change from Current				n/a				\$178,705
% Change from Current				n/a				14.0%

City of Moberly
 Medical Plan
 Premium and Contribution Overview
 January 01, 2020 Renewal

Benefit Outline	Current				Crum & Forster with Plan Changes			
	Core		Buy Up		Core		Buy Up	
Deductible (Individual / Family)	\$1,000	/ \$3,000	\$500	/ \$1,500	\$2,000	/ \$6,000	\$1,250	/ \$3,750
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$2,250	/ \$6,750	\$2,000	/ \$6,000
Coinsurance (In)	80%		90%		80%		90%	
Total Medical Premiums	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium
Employee	82	\$546.49	6	\$594.94	82	\$587.08	6	\$642.93
Employee + Family	44	\$1,256.93	2	\$1,368.35	44	\$1,350.29	2	\$1,478.72
Total Employees = 134	126	\$1,201,405	8	\$75,676	126	\$1,290,637	8	\$81,780
Annual Total Premium				\$1,277,081				\$1,372,416
\$ Change from Current				n/a				\$95,335
% Change from Current				n/a				7.5%

City of Moberly
 Medical Plan
 Premium and Contribution Overview
 January 01, 2020 Renewal

Assuming 10% shift in enrollment to HSA

Benefit Outline	Current				Crum & Forster Plan Changes and HSA					
	Core		Buy Up		Core		Buy Up		HSA	
Deductible (Individual / Family)	\$1,000	/ \$3,000	\$500	/ \$1,500	\$2,000	/ \$6,000	\$1,250	/ \$3,750	\$1,000	/ \$2,000
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,250	/ \$3,750	\$1,250	/ \$3,750	\$2,250	/ \$6,750	\$2,000	/ \$6,000	\$5,000	/ \$10,000
Coinsurance (In)	80%		90%		80%		90%		70%	
Total Medical Premiums	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium
Employee	82	\$546.49	6	\$594.94	74	\$587.08	5	\$634.11	9	\$558.67
Employee + Family	44	\$1,256.93	2	\$1,368.35	40	\$1,350.29	2	\$1,458.44	4	\$1,284.95
Total Employees = 134	126	\$1,201,405	8	\$75,676	114	\$1,169,463	7	\$73,049	13	\$122,014
Annual Total Premium				\$1,277,081						\$1,364,527
\$ Change from Current				n/a						\$87,445
% Change from Current				n/a						6.8%



Section Four

Ancillary Plans

Ancillary Marketing Summary

Basic Life/AD&D, LTD, Vol. Life	Response Status	Notes	AM Best Rating
Guardian	Quote Declined	Uncompetitive Rates	A++
Hartford	Quote Received	Illustrated	A
Lincoln Financial	Quote Declined	Due to Industry	A+
MetLife	Quote Received	Illustrated	A+
Mutual of Omaha	Quote Received	Illustrated	A+
Sun Life Financial / Assurant	Quote Received	Not Illustrated due to Uncompetitive Rates (+26%)	A+
United Healthcare	Quote Received	Not Illustrated due to Uncompetitive Rates compared to other carriers (matching current)	A
Unum	Current/Renewal	Illustrated	A



City of Moberly
Life/AD&D, LTD Package Cost Summary
January 01, 2020 Renewal Date

Life/AD&D	Current: Unum	Renewal: Unum	Hartford	MetLife	Mutual of Omaha	Sun Life	United Healthcare
Number of Employees	117	117	117	117	117	117	117
Benefit Volume	4,593,100	4,593,100	4,593,100	4,593,100	4,593,100	4,593,100	4,593,100
Life Rate per \$1,000	\$0.160	\$0.170	\$0.105	\$0.125	\$0.100	\$0.190	\$0.160
AD&D Rate per \$1,000	\$0.025	\$0.025	\$0.020	\$0.028	\$0.020	\$0.027	\$0.025
Rate Guarantee		1 Year	2 Years	2 Years	2 Years	2 Years	3 Years

Long Term Disability	Current: Unum	Renewal: Unum	Hartford	MetLife	Mutual of Omaha	Sun Life	United Healthcare
Number of Employees	117	117	117	117	117	117	117
Covered Payroll	381,866	381,866	381,866	381,866	381,866	381,866	381,866
Rate per \$100 of Covered Payroll	\$0.380	\$0.410	\$0.375	\$0.312	\$0.250	\$0.498	\$0.380
Rate Guarantee		1 Year	2 Years	2 Years	2 Years	2 Years	3 Years

Annual Totals	Current: Unum	Renewal: Unum	Hartford	MetLife	Mutual of Omaha	Sun Life	United Healthcare
Life/AD&D	\$10,197	\$10,748	\$6,890	\$8,433	\$6,614	\$11,960	\$10,197
LTD	\$17,413	\$18,788	\$17,184	\$14,297	\$11,456	\$22,820	\$17,413
Annual Package Total	\$27,610	\$29,536	\$24,074	\$22,730	\$18,070	\$34,781	\$27,610
Change from Current		\$1,926	-\$3,536	-\$4,880	-\$9,540	\$7,171	\$0
Percentage Change		7.0%	-12.8%	-17.7%	-34.6%	26.0%	0.0%

Notes

All rates assume package sale.



City of Moberly
 Life/AD&D Benefit Outline and Cost Summary
 January 01, 2020 Renewal Date

	Current: Unum	Renewal: Unum	Renewal: Unum	Hartford Option 1	Hartford Option 2	MetLife	MetLife Option 2	Mutual of Omaha	
Contributions	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	
Eligibility	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	
Benefit Amount	1 x earnings	1 x earnings	1 x earnings	1 x earnings	1 x earnings	1 x earnings	1 x earnings	1 x earnings	
Maximum	\$100,000	\$100,000	\$150,000	\$100,000	\$150,000	\$100,000	\$150,000	\$100,000	
Guarantee Issue	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit	
Benefit Reductions	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80
Waiver of Premium	90 day EP; If disabled prior to age 60, benefits extend to age 65	90 day EP; If disabled prior to age 60, benefits extend to age 65	90 day EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	3 month EP; If disabled prior to age 60, benefits extend to age 65	
Accelerated Benefits	Terminal condition and < 12 months life expectancy, able to access up to 100% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 100% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 100% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 80% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 80% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 80% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 80% of benefit	Terminal condition and < 12 months life expectancy, able to access up to 80% of benefit	
Portability	Included with medical evidence	Included with medical evidence	Included with medical evidence	Included	Included	Included	Included	Included	
Conversion	Included	Included	Included	Included	Included	Included	Included	Included	
Rate Guarantee		1 Year	1 Year	2 Years	2 Years	2 Years	2 Years	2 Years	
Volumes, Rates & Total Cost									
Number of Employees	117	117	117	117	117	117	117	117	
Benefit Volume	4,593,100	4,593,100	4,643,100	4,593,100	4,643,100	4,593,100	4,643,100	4,593,100	
Life Rate per \$1,000	\$0.160	\$0.170	\$0.170	\$0.105	\$0.105	\$0.125	\$0.125	\$0.100	
AD&D Rate per \$1,000	\$0.025	\$0.025	\$0.025	\$0.020	\$0.020	\$0.028	\$0.028	\$0.020	
Annual Total	\$10,197	\$10,748	\$10,865	\$6,890	\$6,965	\$8,433	\$8,525	\$6,614	
Change from Current		\$551	\$668	-\$3,307	-\$3,232	-\$1,764	-\$1,672	-\$3,583	
Percentage Change		5.4%	6.6%	-32.4%	-31.7%	-17.3%	-16.4%	-35.1%	



City of Moberly
 Long Term Disability Benefit Outline and Cost Summary
 January 01, 2020 Renewal Date

	Current: Unum	Renewal: Unum	Hartford	MetLife	Mutual of Omaha
Contributions	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib	Non-Contrib
Eligibility	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees
Benefit Percentage	60%	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Activities of Daily Living Benefit	Not Included	Not Included	Not Included	Not Included	Not Included
Definition of Disability	Loss of Duty AND Income	Loss of Duty AND Income	Loss of Duty ONLY during EP; Loss of Duty AND Income after EP	Loss of Income ONLY	Loss of Duty ONLY during EP; Loss of Duty AND Income after EP
Own Occ Period	24 months	24 months	24 months	24 months	24 months
Earnings Test	80/80	80/80	80/60	80/60	99/85
Elimination Period	90 Days	90 Days	90 Days	90 Days	90 Days
Benefit Duration	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Work Incentive Period	12 months	12 months	12 months	24 months	SSNRA
Social Security Integration	Family	Family	Family	Family	Family
Survivor Benefit	3 months	3 months	3 months	3 months	3 months
Alcohol and Drug Benefit Limitation	Unlimited	Unlimited	24 months per lifetime	24 months per lifetime	24 months per lifetime
Mental Nervous Benefit Limitation	24 months per lifetime	24 months per lifetime	24 months per lifetime	24 months per occurrence	24 months per lifetime
Self-Reported Benefit Limitation	Unlimited	Unlimited	Unlimited	24 months per lifetime	Unlimited
Pre-existing Conditions	3 / 12	3 / 12	3 / 12	3 / 12	3 / 12
Rehabilitation Benefit	Additional 10%	Additional 10%	Additional 5%	Additional 10%	Additional 10%
FICA Match	Included	Included	Included	Not Included	Included
W-2 Reporting	Included	Included	Included	Included	Included
Rate Guarantee		1 Year	2 Years	2 Years	2 Years
Rates & Total Cost					
Number of Employees	117	117	117	117	117
Covered Payroll	381,866	381,866	381,866	381,866	381,866
Rate per \$100 of Covered Payroll	\$0.380	\$0.410	\$0.375	\$0.312	\$0.250
Annual Total Premium	\$17,413	\$18,788	\$17,184	\$14,297	\$11,456
Change from Current		\$1,375	-\$229	-\$3,116	-\$5,957
Percentage Change		7.9%	-1.3%	-17.9%	-34.2%



City of Moberly

Voluntary Life/AD&D Benefit Outline and Cost Summary

January 01, 2020 Renewal Date

	Current: Unum		Renewal: Unum		Hartford	MetLife	Mutual of Omaha		
Eligibility	All Active Full Time Employees		All Active Full Time Employees		All Active Full Time Employees	All Active Full Time Employees	All Active Full Time Employees		
Benefit Increments									
Employee	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Spouse	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	
Children	14 days to 6 months: \$1,000; 6 months to 19 years (26 if FTS): Opts of \$2,000 to max of \$10,000	14 days to 6 months: \$1,000; 6 months to 19 years (26 if FTS): Opts of \$2,000 to max of \$10,000	14 days to 6 months: \$1,000; 6 months to 19 years (26 if FTS): Opts of \$2,000 to max of \$10,000	6 months to 19 years (26 if FTS): Opts of \$2,000 to max of \$10,000	15 days to 6 months: \$1,000; 6 months to 26 years: Opts of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000	14 days to 26 years: Opts of \$2,000 to max of \$10,000			
Benefit Maximums									
Employee	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	5x salary to \$500,000	
Spouse	100% of EE Amt to \$500,000	100% of EE Amt to \$500,000	100% of EE Amt to \$500,000	100% of EE Amt to \$250,000	50% of EE Amt to \$100,000	100% of EE Amt to \$500,000	100% of EE Amt to \$500,000	100% of EE Amt to \$500,000	
Children	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Guarantee Issue EE/SP/	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	\$100,000/\$25,000/\$10,000	
Benefit Reductions	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 70; 45% at age 75; 30% at age 80; 20% at age 85	Reduces to: 65% at age 70; 45% at age 75; 30% at age 80; 20% at age 85	None	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	Reduces to: 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80	
Waiver of Premium	9 month EP; If disabled prior to age 60, benefits extend to age 65	9 month EP; If disabled prior to age 60, benefits extend to age 65	9 month EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	6 month EP; If disabled prior to age 60, benefits extend to age 65	9 month EP; If disabled prior to age 60, benefits extend to age 65	9 month EP; If disabled prior to age 60, benefits extend to age 65	9 month EP; If disabled prior to age 60, benefits extend to age 65	
Portability	Included with medical evidence	Included with medical evidence	Included with medical evidence	Included	Included	Included	Included	Included	
Conversion	Included	Included	Included	Included	Included	Included	Included	Included	
Open Enrollment	N/A	N/A	N/A	Modified Included	Not Included	Not Included	Included	Included	
Annual Enrollment	Not Included; EOI required for all increases	Not Included; EOI required for all increases	Not Included; EOI required for all increases	Not Included	Increase by 1 unit up to the GI amount	Increase by 1 unit up to the GI amount	Increase by 1 unit up to the GI amount	Increase by 1 unit up to the GI amount	
Participation	Currently 21%	Currently 21%	Currently 21%	19%	25%	25%	25%	25%	
Eligible Employees	117	117	117	117	117	117	117	117	
Rate Guarantee		1 Year	1 Year	2 Years	2 Years	2 Years	2 Years	2 Years	
Life per \$1,000	Employee	Spouse	Employee/Spouse	Employee/Spouse	Employee/Spouse	Employee/Spouse	Employee/Spouse	Employee/Spouse	
< 25	\$0.094	\$0.098	\$0.094	\$0.098		\$0.094	\$0.094	\$0.094	\$0.098
25-29	\$0.094	\$0.098	\$0.094	\$0.098		\$0.094	\$0.094	\$0.094	\$0.098
30-34	\$0.106	\$0.112	\$0.106	\$0.112		\$0.106	\$0.106	\$0.106	\$0.112
35-39	\$0.129	\$0.136	\$0.129	\$0.136		\$0.129	\$0.129	\$0.129	\$0.136
40-44	\$0.200	\$0.210	\$0.200	\$0.210		\$0.200	\$0.200	\$0.200	\$0.210
45-49	\$0.341	\$0.358	\$0.341	\$0.358		\$0.341	\$0.341	\$0.341	\$0.358
50-54	\$0.564	\$0.594	\$0.564	\$0.594	Hartford matching current rates	\$0.564	\$0.564	\$0.564	\$0.594
55-59	\$0.882	\$0.928	\$0.882	\$0.928		\$0.882	\$0.882	\$0.882	\$1.446
60-64	\$1.375	\$1.446	\$1.375	\$1.446		\$1.375	\$1.375	\$1.375	\$0.758
65-69	\$2.468	\$2.596	\$2.468	\$2.596		\$2.468	\$2.468	\$2.468	\$1.361
70-74	\$4.420	\$7.187	\$4.420	\$7.187		\$4.420	\$4.420	\$4.420	Terms ee age 70
75-99	\$7.288	N/A	\$7.288	N/A		\$4.420	\$4.420	\$7.288	
Child Life		\$0.100	\$0.100	\$0.100	1.739 per child unit	\$0.240		\$0.100	
EE/SP AD&D		N/A	N/A	N/A	N/A	\$0.029		N/A	
Child AD&D		N/A	N/A	N/A	N/A	\$0.043		N/A	