Where Experience and Independence Matter

Corporate Benefits Consulting
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City of Seabrook
RFP Analysis and Plan Options

Brent A. Weegar, MBA
Principal

Brian Wilson
Account Manager

June 10, 2016

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ips ADVISORS

Medical RFP Results – Best and Final

CITY OF SEABROOK

MEDICAL RATES - BEST AND FINAL

MEDICAL BENEFITS				BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	Cigna	Cigna	Cigna
				RM03	RM14	RMH9 HSA	MM03	MM14	MMH9 HSA	MM03	MM14	MMH9 HSA	Buy Up	Core	HSA
FINANCIALS				Current	Current	Current	Renewal	Renewal	Renewal	Renegotiated Renewal	Renegotiated Renewal	Renegotiated Renewal	Proposed	Proposed	Proposed
Employee Only	45	1	7	$533.62	$481.22	$363.99	$748.14	$675.63	$500.12	$669.69	$604.89	$448.07	$634.81	$579.03	$513.26
Employee & Spouse	3	0	1	$1,338.32	$1,206.90	$912.90	$1,876.32	$1,694.49	$1,254.32	$1,679.59	$1,517.07	$1,123.78	$1,592.09	$1,452.20	$1,295.04
Employee & Child(ren)	12	0	2	$983.11	$886.57	$670.61	$1,378.32	$1,244.74	$921.42	$1,233.80	$1,114.42	$825.52	$1,169.31	$1,066.57	$949.77
Employee & Family	8	1	1	$1,711.64	$1,543.57	$1,167.56	$2,399.72	$2,167.17	$1,604.23	$2,148.11	$1,940.27	$1,437.27	$2,036.46	$1,857.52	$1,657.93
	68	2	11												
Monthly Premium				**$53,518**	**$2,025**	**$5,970**	**$75,033**	**$2,843**	**$8,202**	**$67,165**	**$2,545**	**$7,349**	**$63,666**	**$2,437**	**$8,445**
Annual Premium				**$642,220**	**$24,298**	**$71,635**	**$900,394**	**$34,114**	**$98,427**	**$805,984**	**$30,542**	**$88,183**	**$763,993**	**$29,239**	**$101,344**
Combined Annual				**$738,153**			**$1,032,935**			**$924,708**			**$894,576.00**		
$ Change from Current				**N/A**			**$294,782**			**$186,556**			**$156,423**		
% Change from Current				**N/A**			**39.94%**			**25.27%**			**21.19%**		

Note: This is a brief summary and not intended to be a contract. Final rates are based on final medical disclosure and underwriting approval.

CITY OF SEABROOK

CURRENT MEDICAL BENEFITS - PLAN COMPARISON

Original Cigna Quote - These plans can not be paired with KelseyCare. See Cigna Option 1 for Cigna alternates that can be paired with KelseyCare.

MEDICAL BENEFITS	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	Cigna	Cigna	Cigna
	RM03	RM14	RMH9 HSA	Buy Up	Core	HSA
	Current	Current	Current	Proposed	Proposed	Proposed
Deductible						
In-Network	$500 Ind. /$1,500 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.	$500 Ind. /$1,500 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.
Non-Network	$1,000 Ind. / $3,000 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.	$1,000 Ind. / $3,000 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.
Out Of Pocket Max	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible
In-Network	$2,000 Ind. / $6,000 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.	$2,000 Ind. / $6,000 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.
Non-Network	$4,000 Ind. / $12,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.	$4,000 Ind. / $12,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.
Coinsurance						
In-Network	20%	20%	0%	20%	20%	0%
Non-Network	40%	40%	30%	40%	40%	30%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Room						
In-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%
Non-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%
Maternity						
Physician Office Visit						
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%
Specialist Office Visit						
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%
Preventive Care						
In-Network	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Urgent Care						
In-Network	$40 Copay	$45 Copay	Ded./ 0%	$40 Copay	$45 Copay	Ded./ 0%
Non-Network	Ded./ 30%/ 40%	Ded./ 30%/ 40%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%
Diagnostic Lab & X-Ray						
In-Network	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%	Lab/Radiology $15 OV Copay Advanced Imaging: 20% Independent Lab 100%	Lab/Radiology $20 OV Copay Advanced Imaging: 20% Independent Lab 100%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 30%	Ded./ 30%
In-Patient Hospital						
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
In-patient Substance						
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Out-patient Substance						
In Network	$25 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
In-patient Mental Health						
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Out-patient Mental Health						
In-Network	$25 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Prescriptions						
Network Retail Pharmacy	$15/$30/$45	$15/$30/$45	Ded./ 0%	$15/$30/$45	$15/$30/$45	Ded./ 0%
Mail Order	x 3	x 3	Ded./ 0%	x 2.5	x 2.5	Ded./ 0%

Note: This is a brief summary and not intended to be a contract.

CITY OF SEABROOK

MEDICAL RATES - BCBS ALTERNATES

MEDICAL BENEFITS				BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross Blue Shield	BlueCross BlueShield	BlueCross BlueShield	BlueCross Blue Shield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield
				RM03	RM14	RMH9 HSA	RM03	RM14	RMH9 HSA	MM05	MM16	RMH9/MMH9 HSA	MM07	MM18	RMH9/MMH9 HSA
FINANCIALS				Current	Current	Current	Renegotiated Renewal	Renegotiated Renewal	Renegotiated Renewal	Option 1	Option 1	Option 1	Option 2	Option 2	Option 2
Employee Only	45	1	7	$533.62	$481.22	$363.99	$669.69	$604.89	$448.07	$646.02	$583.14	$448.07	$630.97	$573.93	$448.07
Employee & Spouse	3	0	1	$1,338.32	$1,206.90	$912.90	$1,679.59	$1,517.07	$1,123.78	$1,620.21	$1,462.48	$1,123.78	$1,582.47	$1,439.42	$1,123.78
Employee & Child(ren)	12	0	2	$983.11	$886.57	$670.61	$1,233.80	$1,114.42	$825.52	$1,190.19	$1,074.48	$825.52	$1,162.46	$1,057.37	$825.52
Employee & Family	8	1	1	$1,711.64	$1,543.57	$1,167.56	$2,148.11	$1,940.27	$1,437.27	$2,072.17	$1,870.43	$1,437.27	$2,023.88	$1,840.92	$1,437.27
	68	2	11												
Monthly Premium				**$53,518**	**$2,025**	**$5,970**	**$67,165**	**$2,545**	**$7,349**	**$64,791**	**$2,454**	**$7,349**	**$63,282**	**$2,415**	**$7,349**
Annual Premium				**$642,220**	**$24,298**	**$71,635**	**$805,984**	**$30,542**	**$88,183**	**$777,494**	**$29,443**	**$88,183**	**$759,379.44**	**$28,978**	**$88,182.96**
Combined Annual				**$738,153**			**$924,708**			**$895,119.84**			**$876,540.60**		
$ Change from Current				**N/A**			**$186,556**			**$156,967**			**$138,388**		
% Change from Current				**N/A**			**25.27%**			**21.26%**			**18.75%**		

Note: This is a brief summary and not intended to be a contract. Final rates are based on final medical disclosure and underwriting approval.

CITY OF SEABROOK

MEDICAL BENEFITS - BCBS ALTERNATES

	Current			BCBS - Option 1			BCBS - Option 2		
MEDICAL BENEFITS	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**
	RM03/MM03	**RM14/MM14**	**RMH9/MMH9 HSA**	**MM05**	**MM16**	**RMH9/MMH9 HSA**	**MM07**	**MM18**	**RMH9/MMH9 HSA**
	Current	**Current**	**Current**	**Proposed**	**Proposed**	**Current**	**Proposed**	**Proposed**	**Current**
Deductible									
In-Network	$500 Ind. /$1,500 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.	$750 Ind. /$2,250 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.	$1,000 Ind. /$3,000 Fam.	$2,000 Ind. /$6,000 Fam.	$3,500 Ind./ $7,000 Fam.
Non-Network	$1,000 Ind. / $3,000 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.	$1,500 Ind. / $4,500 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.	$2,000 Ind. / $6,000 Fam.	$4,000 Ind. / $12,000 Fam.	$7,000 Ind./ $14,000 Fam.
Out Of Pocket Max	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible
In-Network	$2,000 Ind. / $6,000 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.	$3,000 Ind. / $7,950 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.	$2,500 Ind. / $7,200 Fam.	$3,000 Ind. / $4,200 Fam.	$0 Ind. / $0 Fam.
Non-Network	$4,000 Ind. / $12,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.	$6,000 Ind. / $18,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.	$5,000 Ind. / $15,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.
Coinsurance									
In-Network	20%	20%	0%	20%	20%	0%	20%	20%	0%
Non-Network	40%	40%	30%	40%	40%	30%	40%	40%	30%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Room									
In-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%
Non-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%
Maternity									
Physician Office Visit									
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$20 Copay	$30 Copay	Ded./ 0%	$20 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%
Specialist Office Visit									
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$20 Copay	$30 Copay	Ded./ 0%	$20 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 30%
Preventive Care									
In-Network	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Urgent Care									
In-Network	$40 Copay	$45 Copay	Ded./ 0%	$45 Copay	$55 Copay	Ded./ 0%	$45 Copay	$45 Copay	Ded./ 0%
Non-Network	Ded./ 30%/ 40%	Ded./ 30%/ 40%	Ded./ 30%	Ded./ 30%/ 40%	Ded./ 30%/ 40%	Ded./ 30%	Ded./ 30%/ 40%	Ded./ 30%/ 40%	Ded./ 30%
Diagnostic Lab & X-Ray									
In-Network	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
In-Patient Hospital									
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
In-patient Substance									
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Out-patient Substance									
In Network	$25 Copay	$20 Copay	Ded./ 0%	$20 Copay	$30 Copay	Ded./ 0%	$20 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
In-patient Mental Health									
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Out-patient Mental Health									
In-Network	$25 Copay	$20 Copay	Ded./ 0%	$20 Copay	$30 Copay	Ded./ 0%	$20 Copay	$20 Copay	Ded./ 0%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
Prescriptions				Rx Out of Pocket $1,000 Ind./$3,000 Fam.	Rx Out of Pocket $1,000 Ind./$3,000 Fam.		Rx Out of Pocket $1,000 Ind./$3,000 Fam.	Rx Out of Pocket $1,000 Ind./$3,000 Fam.	
Network Retail Pharmacy	$15/$30/$45	$15/$30/$45	Ded./ 0%	$15/$30/$45	$20/$35/$50	Ded./ 0%	$15/$30/$45	$15/$40/$55	Ded./ 0%
Mail Order	x 3	x 3	Ded./ 0%	x 3	x 3	Ded./ 0%	x 3	x 3	Ded./ 0%

Note: This is a brief summary and not intended to be a contract.

CITY OF SEABROOK

MEDICAL RATES - CIGNA ALTERNATES

MEDICAL BENEFITS				BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna
				RM03	RM14	RMH9 HSA	Buy Up	Core	HSA	Buy Up	Core	HSA	KelseyCare 3K	Buy Up 1K	Core 2K	HSA	KelseyCare 3K
FINANCIALS				Current	Current	Current	Original Renegotiated	Original Renegotiated	Original Renegotiated	Option 1	Option 1	Option 1	Option 1	Option 2	Option 2	Option 2	Option 2
Employee Only	45	1	7	$533.62	$481.22	$363.99	$634.81	$579.03	$513.26	$637.43	$582.96	$517.42	$562.25	$619.23	$577.69	$517.42	$562.25
Employee & Spouse	3	0	1	$1,338.32	$1,206.90	$912.90	$1,592.09	$1,452.20	$1,295.04	$1,598.69	$1,462.09	$1,304.75	$1,410.12	$1,553.03	$1,448.85	$1,304.75	$1,410.12
Employee & Child(ren)	12	0	2	$983.11	$886.57	$670.61	$1,169.31	$1,066.57	$949.77	$1,174.16	$1,073.83	$957.03	$1,035.66	$1,140.62	$1,064.11	$957.03	$1,035.66
Employee & Family	8	1	1	$1,711.64	$1,543.57	$1,167.56	$2,036.46	$1,857.52	$1,657.93	$2,044.90	$1,870.16	$1,670.22	$1,803.69	$1,986.49	$1,853.24	$1,670.22	$1,803.69
	68	2	11										KelseyCare is 9.2% Below Buy Up Plan				KelseyCare is 9.2% Below Buy Up Plan
Monthly Premium				**$53,518**	**$2,025**	**$5,970**	**$63,666**	**$2,437**	**$8,445**	**$63,930**	**$2,453**	**$8,511**		**$62,104**	**$2,431**	**$8,511**	
Annual Premium				**$642,220**	**$24,298**	**$71,635**	**$763,993**	**$29,239**	**$101,344**	**$767,154**	**$29,437**	**$102,132**		**$745,246**	**$29,171**	**$102,132**	
Combined Annual				**$738,153**			**$894,576**			**$898,723.56**				**$876,548.40**			
$ Change from Current				**N/A**			**$156,423**			**$160,571**				**$138,396**			
% Change from Current				**N/A**			**21.19%**			**21.75%**				**18.75%**			

Note: This is a brief summary and not intended to be a contract. Final rates are based on final medical disclosure and underwriting approval.

CITY OF SEABROOK

MEDICAL BENEFITS - CIGNA ALTERNATES

	Current			Cigna - Option 1				Cigna - Option 2			
MEDICAL BENEFITS	**BlueCross BlueShield**	**BlueCross BlueShield**	**BlueCross BlueShield**	**Cigna**	**Cigna**	**Cigna**	**Cigna**	**Cigna**	**Cigna**	**Cigna**	**Cigna**
	RM03	**RM14**	**RMH9 HSA**	**Buy Up 500**	**Core 1500**	**HSA**	**KelseyCare 3K**	**Buy Up 1K**	**Core 2K**	**HSA**	**KelseyCare 3K**
	Current	**Current**	**Current**	**Option**	**Option**	**Option**	**New Option**	**Option**	**Option**	**Option**	**New Option**
Deductible											
In-Network	$500 Ind. /$1,500 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.	$500 Ind. /$1,500 Fam.	$1,500 Ind. /$4,500 Fam.	$3,500 Ind./ $7,000 Fam.	N/A	$1,000 Ind. /$2,000 Fam.	$2,000 Ind. /$4,000 Fam.	$3,500 Ind./ $7,000 Fam.	N/A
Non-Network	$1,000 Ind. / $3,000 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.	$1,000 Ind. / $3,000 Fam.	$3,000 Ind. / $9,000 Fam.	$7,000 Ind./ $14,000 Fam.	N/A	$5,000 Ind. / $10,000 Fam.	$5,000 Ind. / $10,000 Fam.	$7,000 Ind./ $14,000 Fam.	N/A
Out Of Pocket Max	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible	Excludes Deductible		Excludes Deductible	Excludes Deductible	Excludes Deductible	
In-Network	$2,000 Ind. / $6,000 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.	$2,000 Ind. / $6,000 Fam.	$3,000 Ind. / $5,700 Fam.	$0 Ind. / $0 Fam.	$3,000 Ind. / $6,000 Fam.	$3,000 Ind. / $6,000 Fam.	$4,000 Ind. / $6,000 Fam.	$0 Ind. / $0 Fam.	$3,000 Ind. / $6,000 Fam.
Non-Network	$4,000 Ind. / $12,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.	$4,000 Ind. / $12,000 Fam.	$6,000 Ind. / $18,000 Fam.	$7,000 Ind./ $14,000 Fam.	N/A	$5,000 Ind. / $10,000 Fam.	$5,000 Ind. / $10,000 Fam.	$7,000 Ind./ $14,000 Fam.	N/A
Coinsurance											
In-Network	20%	20%	0%	20%	20%	0%	10%	20%	20%	0%	10%
Non-Network	40%	40%	30%	40%	40%	30%	N/A	50%	50%	30%	N/A
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Room											
In-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$200 Copay	$250 Copay + 20%	$250 Copay + 20%	Ded./ 0%	$200 Copay
Non-Network	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	$100 Copay + 20%	$100 Copay + 20%	Ded./ 0%	N/A	$200 Copay + 20%	$250 Copay + 20%	Ded./ 0%	N/A
Maternity											
Physician Office Visit											
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%	$20 Copay	$25 Copay	$30 Copay	Ded./ 0%	$20 Copay
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
Specialist Office Visit											
In-Network	$15 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%	$40 Copay	$50 Copay	$60 Copay	Ded./ 0%	$40 Copay
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
Preventive Care											
In-Network	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
Urgent Care											
In-Network	$40 Copay	$45 Copay	Ded./ 0%	$40 Copay	$45 Copay	Ded./ 0%	$25 Copay	$75 Copay	$75 Copay	Ded./ 0%	$25 Copay
Non-Network	Ded./ 30%/ 40%	Ded./ 30%/ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
Diagnostic Lab & X-Ray											
In-Network	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	$0 Lab/$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%	Lab/Radiology 100% OP Lab/Radiology 100% Independent Lab 100%	Lab/Radiology 100% OP Lab/Radiology 100% Independent Lab 100%	Ded./ 0%	Lab/Radiology $200 Copay OP Lab/Radiology Ded./ 10% Independent Lab Ded./ 10%	Lab/Radiology $25 OV Copay OP Lab/Radiology 100% Independent Lab 100%	Lab/Radiology $30 OV Copay OP Lab/Radiology 100% Independent Lab 100%	Ded./ 0%	Lab/Radiology $200 Copay OP Lab/Radiology Ded./ 10% Independent Lab Ded./ 10%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
In-Patient Hospital											
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
In-patient Substance											
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 50%	Ded./ 50%	Ded./ 30%	N/A
Out-patient Substance											
In Network	$25 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%	$20 Copay	$25 Copay	$30 Copay	Ded./ 0%	$20 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 40%	Ded./ 50%	Ded./ 30%	N/A
In-patient Mental Health											
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 0%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%	Ded./ 20%	Ded./ 20%	Ded./ 0%	10%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 40%	Ded./ 50%	Ded./ 30%	N/A
Out-patient Mental Health											
In-Network	$25 Copay	$20 Copay	Ded./ 0%	$15 Copay	$20 Copay	Ded./ 0%	$20 Copay	$25 Copay	$30 Copay	Ded./ 0%	$20 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%	N/A	Ded./ 40%	Ded./ 50%	Ded./ 30%	N/A
Prescriptions											
Network Retail Pharmacy	$15/$30/$45	$15/$30/$45	Ded./ 0%	$15/$30/$45	$15/$30/$45	Ded./ 0%	$15/$35/$60	$15/$35/$70	$15/$35/$70	Ded./ 0%	$15/$35/$60
Mail Order	x 3	x 3	Ded./ 0%	2.5 x	2.5 x	Ded./ 0%	$30/$70/$120	$38/$88/$175	$38/$88/$175	Ded./ 0%	$30/$70/$120

Note: This is a brief summary and not intended to be a contract.

Dental RFP Results – Best and Final

City of Seabrook-
Best and Final Dental

DENTAL BENEFITS		Aetna	Aetna	Aetna	Aetna	BCBS	Lincoln		Cigna	
		Freedom of Choice	DMO- Freedom of Choice	Freedom of Choice	DMO- Freedom of Choice	PPO	HI DPPO	DHMO	DPPO HIGH	DPPO LOW
		Current	Current	Renewal	Renewal	Proposed	Proposed	Proposed	Proposed	Proposed
Type I – Preventive Services		100%	100%	100%	100%	100%	100%	See Schedule	100%	100%
Waiting Period		None	None	None	None	None	None		None	None
Oral Examinations										
X-rays										
- Bite Wings Freqency										
- Full Mouth Frequency										
Cleanings										
Topical Fluoride Treatment										
Sealants										
Type II – Basic Services		80%	100%	80%	100%	80%	80%	See Schedule	80%	90%
Waiting Period		None	None	None	None	None	None		None	None
Fillings										
- Amalgam										
- Composite										
Space Maintainers		Type I		Type I		Type I	Type I		Type I	Type I
Root Canal Treatment										
Root Planning										
Periodontic Maintenance										
Periodontal Surgery										
Extractions										
General Anesthesia		Type III		Type III		Type III	Type III		Type III	Type II
Palliative Treatment (Relief of Pain)									Type I	
Type III – Major Services		50%	60%	50%	60%	50%	50%	See Schedule	50%	60%
Waiting Period		None	None	None	None	None	None		None	None
Crowns										
Inlays and Onlays										
Removable / Fixed Bridge-Work										
Partial or Complete Dentures										
Denture Relines / Rebases									Type II	
Implants									Type IX	
Type IV - Orthodontia		50%	$2,300 Copay	50%	$2,300 Copay	50%	50%	See Schedule	50%	50%
Waiting Period		None	None	None	None	None	None		None	
Orthodontia Lifetime Maximum		$1,500	N/A	$1,500	N/A	$1,500	$1,500		$1,500	
Orthodontia Eligibility		Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Child Only	Adult & Child	Adult & Child	Child Only
Calendar Year Deductible		Type (II, III)		Type (II, III)		Type (II, III)	(II, III)	N/A	(II, III)	N/A
Individual		$50		$50		$50	$50		$50	
Family		$150		$150		$150	$150		$150	
Dental Annual Maximum		$2,000		$2,000		$1,500	$2,000	N/A	$2,000	N/A
Maximum Rollover		Not Included		Not Included		Not Included	Not Included	Not Included	Not Included	Not Included
Preventive Max Waiver		Not Included		Not Included		Not Included	Not Included	Not Included	Not Included	Not Included
UCR Out of Network Percentile		90th		90th		90th	N/A	90th	90th	N/A
Participation Requirement							10 Employees	2 Employees	60%	20%
FINANCIALS										
Employee Only	**53**	$35.00		$36.00		$33.61	$34.26	$12.81	$32.72	$16.83
Employee & Spouse	**9**	$68.50		$70.50		$67.21	$68.34	$24.97	$65.28	$29.77
Employee & Child(ren)	**11**	$82.00		$84.40		$84.35	$81.81	$27.02	$78.14	$41.09
Employee & Family	**12**	$115.60		$119.00		$129.64	$115.33	$39.06	$110.16	$58.23
Monthly Premium	**85**	$4,760.70		$4,898.90		$4,869.75	$4,714.71	$0.00	$4,503.14	
Annual Premium		$57,128.40		$58,786.80		$58,437.00	$56,576.52	$0.00	$54,037.68	$0.00
$ Change from Current		n/a		$1,658.40		$1,308.60	-$551.88	-$57,128.40	-$3,090.72	
% Change from Current		n/a		2.90%		2.29%	-0.97%	-100.00%	-5.41%	-100.00%
Effective Date		8/1/2015		8/1/2016		8/1/2016	8/1/2016		8/1/2016	
Rate Guarantee		N/A	N/A	12 Months	12 Months	12 Months	12 Months		12 Months	

Note: This is a brief summary and not intended to be a contract.

Single Plan Option

Assumes sold with Medical

Vendor Selection Matrix

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Vendor Selection Matrix – Medical

	BCBS	Cigna
Cost / Benefit(30%)	24	25
Financial Stability (15%)	20	20
Communication (5%)	5	5
Claims Processing (25%)	25	25
Claims Management Reports (10%)	10	9
Integrated Systems / Technology Initiative (10%)	9	9
References / Past Performance (5%)	5	4
TOTAL	98	97

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Vendor Selection Matrix – Dental

	Aetna	BCBS	Lincoln	Cigna
Cost / Benefit(25%)	25	23	23	24
Financial Stability (20%)	20	20	20	20
Communication (5%)	5	5	5	5
Claims Processing (25%)	25	25	25	25
Claims Management Reports (10%)	9	9	9	9
Integrated Systems / Technology Initiative (10%)	9	10	9	9
References (5%)	5	4	3	4
TOTAL	98	96	94	96

CODE KEY:

60 Below Average
70 Average
80 Average / No Basis for Comparison
90 Above Average
100 Clearly Demonstrable Advantage

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Recommendations

SEABROOK

Recommendations

MEDICAL

- IPS is recommending renewal with BCBS for the 2016-2017 plan year. BCBS has presented a competitive renewal (within 5%) against market competition and within IPS projections.
- The City has also changed providers last year from UHC to BCBS and IPS would advise against another carrier change to preserve carrier history and limit disruption to employees.
- IPS has provided recommended plan considerations for the City's review in this analysis for both BCBS and Cigna. IPS can provide additional contribution modeling with the City's input.

Dental

- Renewal with Aetna is recommended for the 2016 – 2017 plan year. Considering both rates and plan design, Aetna has provided a competitive renewal increase against market competition.
- The competition could also not match the Freedom of Choice plan allowing employees to migrate freely between the DPPO and DHMO providers. The City would be forced to have employees elect either the DPPO or DHMO plans if moving carriers.

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