

# HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

# 2019-2020 RFP Analysis

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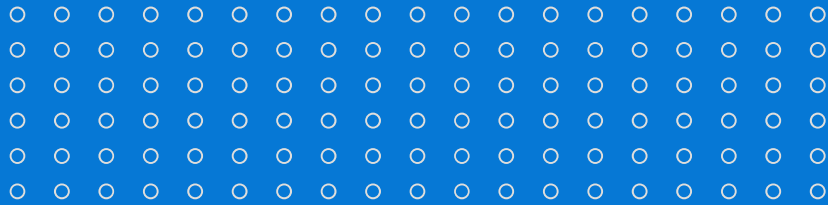
# Table of Contents

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- I. Vendor List*
- II. Medical RFP Results*
- III. Dental RFP Results*
- IV. Vendor Selection Matrix*
- V. Recommendations*

# 1



## Vendor List

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# Vendor List

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## Medical/Rx

Aetna – Quoted/**Finalist**

BCBSTX – Incumbent – Quoted/**Finalist**

United Healthcare – Quoted/**Finalist**

Cigna – Quoted

## Dental

Aetna – Incumbent – Quoted/**Finalist**

BCBSTX – Quoted/**Finalist**

Cigna – Quoted/**Finalist**

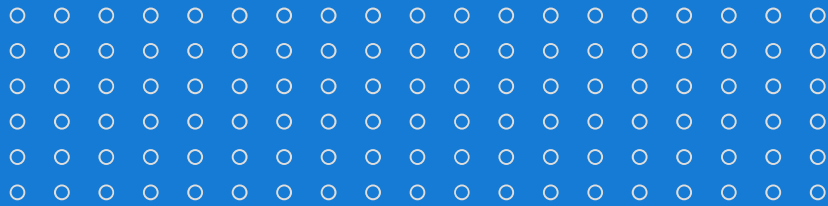
Guardian – Quoted – Not Competitive

United Concordia – Quoted – Not Competitive

United Healthcare – Quoted – Not Competitive

UNUM – Quoted – Not Competitive

# 2



## Medical RFP Results

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**CITY OF SEABROOK**  
**MEDICAL FINANCIAL ANALYSIS**

MEDICAL BENEFITS				Renewal			Renegotiated Renewal			UHC			Aetna			Cigna					
				BlueCross BlueShield			BlueCross BlueShield														
				MM07	MM18	MMH9 HSA	MM07	MM18	MMH9 HSA	MM07	MM18	MMH9 HSA	BCYD	BCYF	AE3K	TX19 OAMC 1000	TX19 OAMC 2000	TX19 OAMC 3000	Local Plus 1000	Local Plus 2000	Local Plus HSA
			Buy Up	Core	HSA	Buy Up	Core	HSA	Buy Up	Core	HSA	Buy Up	Core	HSA	Buy Up	Core	HSA	Buy Up	Core	HSA	
Employee Only	12	38	12	\$666.13	\$606.11	\$477.94	\$723.53	\$658.99	\$534.15	\$639.76	\$582.70	\$472.31	\$589.85	\$541.11	\$513.88	\$607.03	\$540.12	\$563.15	\$593.52	\$553.16	\$521.19
Employee & Spouse	1	2	2	\$1,670.65	\$1,520.12	\$1,198.68	\$1,814.61	\$1,652.75	\$1,339.65	\$1,604.52	\$1,461.41	\$1,184.55	\$1,479.34	\$1,357.10	\$1,288.81	\$1,699.69	\$1,512.34	\$1,576.82	\$1,488.55	\$1,387.35	\$1,307.12
Employee & Child(ren)	7	12	2	\$1,227.25	\$1,116.66	\$880.54	\$1,333.00	\$1,214.09	\$984.10	\$1,178.67	\$1,073.53	\$870.16	\$1,086.70	\$996.91	\$946.74	\$1,335.47	\$1,188.26	\$1,238.93	\$1,093.27	\$1,018.94	\$960.01
Employee & Family	1	7	1	\$2,136.72	\$1,944.18	\$1,533.68	\$2,320.84	\$2,113.81	\$1,713.35	\$2,052.14	\$1,869.09	\$1,514.99	\$1,892.02	\$1,735.68	\$1,648.34	\$2,003.21	\$1,782.40	\$1,858.40	\$1,904.02	\$1,774.54	\$1,671.94
	47	33	11																		
Monthly Premium				\$20,392	\$53,082	\$11,427	\$22,149	\$57,713	\$12,771	\$19,584	\$51,031	\$11,292	\$18,056	\$47,389	\$12,286	\$20,336	\$50,285	\$14,248	\$18,168	\$48,444	\$12,460
Annual Premium				\$244,700	\$636,979	\$137,129	\$265,786	\$692,554	\$153,248	\$235,014	\$612,377	\$135,506	\$216,678	\$568,669	\$147,432	\$244,027	\$603,422	\$170,972	\$218,012	\$581,326	\$149,526
Combined Annual				\$1,018,808			\$1,111,588			\$982,896			\$932,778			\$1,018,421			\$948,864		
\$ Change from Current				N/A			\$92,780			-\$35,912			-\$86,030			-\$387			-\$69,944		
% Change from Current				N/A			9.11%			-3.52%			-8.44%			-0.04%			-6.87%		

Note: This is a brief summary and not intended to be a contract. These rates exclude premium taxes.

CITY OF SEABROOK

MEDICAL BENEFITS - RFP RESULTS

MEDICAL BENEFITS	BlueCross BlueShield MM07	BlueCross BlueShield MM18	BlueCross BlueShield MMH9 HSA	United Healthcare BCYD	United Healthcare BCYF	United Healthcare AE3K	Aetna TX19 OAMC 1000	Aetna TX19 OAMC 2000	Aetna TX19 OAMC 3000	Cigna Local Plus - Narrow	Cigna Local Plus - Narrow	Cigna Local Plus - Narrow
	Proposed	Proposed	Current	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
<b>Deductible</b>												
In-Network	\$1,000 Ind. /\$3,000 Fam.	\$2,000 Ind. /\$6,000 Fam.	\$3,500 Ind. / \$7,000 Fam.	\$1,000 Ind. / \$2,000 Fam.	\$2,000 Ind. / \$4,000 Fam.	\$3,500 Ind. / \$7,000 Fam.	\$1,000 Ind. /\$2,000 Fam.	\$2,000 Ind. /\$4,000 Fam.	\$3,000 Ind. / \$6,000 Fam.	\$1,000 Ind. /\$3,000 Fam.	\$2,000 Ind. /\$6,000 Fam.	\$3,500 Ind. / \$7,000 Fam.
Non-Network	\$2,000 Ind. / \$6,000 Fam.	\$4,000 Ind. / \$12,000 Fam.	\$7,000 Ind./ \$14,000 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$3,250 Ind. / \$9,750 Fam.	\$4,000 Ind. / \$12,000 Fam.	\$6,000 Ind./ \$18,000 Fam.	\$2,000 Ind. / \$6,000 Fam.	\$4,000 Ind. / \$12,000 Fam.	\$7,000 Ind./ \$14,000 Fam.
<b>Out Of Pocket Max</b>												
In-Network	Includes Deductible \$3,500 Ind. / \$10,200 Fam.	Includes Deductible \$5,000 Ind. / \$10,200 Fam.	Includes Deductible \$3,500 Ind. / \$7,000 Fam.	Includes Deductible \$4,000 Ind. / \$8,000 Fam.	Includes Deductible \$6,000 Ind. / \$12,000 Fam.	Includes Deductible \$6,000 Ind. / \$12,000 Fam.	Includes Deductible \$3,000 Ind. / \$6,000 Fam.	Includes Deductible \$6,000 Ind. / \$12,000 Fam.	Includes Deductible \$4,000 Ind. / \$8,000 Fam.	Includes Deductible \$3,500 Ind. / \$10,200 Fam.	Includes Deductible \$5,000 Ind. / \$10,200 Fam.	Includes Deductible \$3,500 Ind. / \$7,000 Fam.
Non-Network	\$7,000 Ind. / \$21,000 Fam.	\$10,000 Ind. / \$30,000 Fam.	\$14,000 Ind. / \$28,000 Fam.	\$10,000 Ind. / \$20,000 Fam.	\$10,000 Ind. / \$20,000 Fam.	\$10,000 Ind. / \$20,000 Fam.	\$6,000 Ind. / \$18,000 Fam.	\$12,000 Ind. / \$36,000 Fam.	\$12,500 Ind./ \$37,500 Fam.	\$7,000 Ind. / \$21,000 Fam.	\$10,000 Ind. / \$30,000 Fam.	\$14,000 Ind./ \$28,000 Fam.
<b>Coinsurance</b>												
In-Network	20%	20%	0%	20%	20%	0%	20%	20%	0%	20%	20%	0%
Non-Network	40%	40%	30%	50%	50%	30%	50%	50%	30%	40%	40%	30%
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Emergency Room</b>												
In-Network	\$100 Copay + 20%	\$100 Copay + 20%	Ded./ 0%	\$250 Copay + 20%	\$250 Copay + 20%	Ded./ 0%	\$500 Copay + 20%	\$500 Copay + 20%	Ded./ 0%	\$100 Copay + 20%	\$100 Copay + 20%	Ded./ 0%
Non-Network	\$100 Copay + 20%	\$100 Copay + 20%	Ded./ 0%	\$250 Copay + 20%	\$250 Copay + 20%	Ded./ 0%	\$500 Copay + 20%	\$500 Copay + 20%	Ded./ 0%	\$100 Copay + 20%	\$100 Copay + 20%	Ded./ 0%
<b>Maternity</b>	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness	Same as any illness
<b>Physician Office Visit</b>												
In-Network	\$20 Copay	\$20 Copay	Ded./ 0%	\$25 Copay	\$30 Copay	Ded./ 0%	\$25 Copay	\$25 Copay	Ded./ 0%	\$20 Copay	\$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
<b>Specialist Office Visit</b>												
In-Network	\$20 Copay	\$20 Copay	Ded./ 0%	\$25 / \$50 Copay	\$30 / \$60 Copay	Ded./ 0%	\$50 Copay	\$50 Copay	Ded./ 0%	\$20 Copay	\$20 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
<b>Preventive Care</b>												
In-Network	100% Covered	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./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
<b>Urgent Care</b>												
In-Network	\$45 Copay	\$45 Copay	Ded./ 0%	\$75 Copay	\$75 Copay	Ded./ 0%	\$75 Copay	\$75 Copay	Ded./ 0%	\$45 Copay	\$45 Copay	Ded./ 0%
Non-Network	Ded./ 30%	Ded./ 30%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%	Ded./ 40%	Ded./ 40%	Ded./ 30%
<b>Diagnostic Lab &amp; X-Ray</b>												
In-Network	\$0 Lab/\$0 X-ray/Ded./20% CT/PET/MRI	\$0 Lab/\$0 X-ray/Ded./20% CT/PET/MRI	Ded./ 0%	IP Ded./ 20% OP \$0	IP Ded./ 20% OP \$0	IP Ded./0% OP \$0	Ded./ 20%	Ded./ 20%	Ded./ 0%	Copay if done in office visit or Ded./ 20% OP	Copay if done in office visit or Ded./ 20% OP	Ded./ 0%
Non-Network	Ded./30%/ 40%	Ded./ 30%/40%	Ded./ 30%/30%	Ded. / 50%	Ded. / 50%	Ded./ 30%	Ded./ 50%	Ded./ 50%	Ded./ 30%/30%	Ded./30%/ 40%	Ded./ 40%	Ded./ 30%/30%
<b>Prescriptions</b>												
	Rx Out of Pocket \$1,000 Ind./\$3,000 Fam.	Rx Out of Pocket \$1,000 Ind./\$3,000 Fam.				Deductible, then			Deductible, then	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/\$40/\$55	Ded./ 0%	\$15/\$40/\$75	\$15/\$40/\$75	\$10/\$35/\$60	\$3/\$15/\$50/\$90	\$3/\$15/\$50/\$90	\$3/\$15/\$50/\$90	\$15/\$30/\$45	\$15/\$40/\$55	Ded./ 0%
Mail Order	x 3	x 3	Ded./ 0%	x 2.5	x 2.5	x 2.5	\$7.50/\$37.50/\$125/\$225	\$7.50/\$37.50/\$125/\$225	\$7.50/\$37.50/\$125/\$225	x 3	x 3	Ded./ 0%
Specialty Rx	n/a	n/s	n/a	n/a	n/a	n/a	\$150/\$300	\$150/\$300	\$150/\$300	n/a	n/a	n/a

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

**City of Seabrook  
2018-2019 Contributions**

Enrollment		Unit Costs				Total Employee Cost
PPO Plan \$1,000 Ind / 80% / \$3,500 OOP	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)
Employee	21	\$666.13	\$606.11	91.0%	\$60.02	\$60.02
+ Spouse	1	\$1,004.52	\$548.41	54.6%	\$456.11	\$516.13
+ Children	7	\$561.12	\$306.33	54.6%	\$254.79	\$314.81
+ Family	1	\$1,470.59	\$802.84	54.6%	\$667.75	\$727.77
Premium Contributions	21	\$244,700.16	\$194,686.42	79.6%	\$50,013.74	

PPO Plan \$2,000 Ind / 80% / \$5,000 OOP	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)
Employee	59	\$606.11	\$606.11	100.0%	\$0.00	\$0.00
+ Spouse	2	\$914.01	\$548.41	60.0%	\$365.60	\$365.60
+ Children	12	\$510.55	\$306.33	60.0%	\$204.22	\$204.22
+ Family	7	\$1,338.07	\$802.84	60.0%	\$535.23	\$535.23
Premium Contributions	59	\$636,979.20	\$553,837.87	86.9%	\$83,141.33	

HSA Plan \$3,500 Ind / 100% / \$0 OOP	Full Time Employees	Medical Rate	HSA Contribution	Total Rate With HSA	City Contribution of Medical Rate	City Contribution of HSA	Total Contribution With HSA	City Contribution of Medical Rate (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)
Employee	17	\$477.94	\$104.17	\$582.11	\$477.94	\$104.17	\$582.11	100.0%	\$0.00	\$0.00
+ Spouse	2	\$720.74	\$104.17	\$824.91	\$432.44	\$104.17	\$536.61	60.0%	\$288.30	\$288.30
+ Children	2	\$402.60	\$104.17	\$506.77	\$241.56	\$104.17	\$345.73	60.0%	\$161.04	\$161.04
+ Family	1	\$1,055.74	\$104.17	\$1,159.91	\$633.44	\$104.17	\$737.61	60.0%	\$422.30	\$422.30
Premium Contributions	17	\$137,128.80	\$27,500.00	\$164,628.80	\$121,277.18	\$27,500.00	\$148,777.18	88.4%	\$15,851.62	

HSA Contributions \$1,250 Individual, \$2,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	97	\$1,046,308.16	\$897,301.47	85.8%	\$149,006.69



**City of Seabrook  
2019-2020 Contributions**

Enrollment		Unit Costs				Total Employee Cost		
PPO Plan \$1,000 Ind / 80% / \$3,500 OOP	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)	Change From Current Monthly (\$)	Change From Current Monthly (%)
Employee	21	\$639.76	\$582.70	91.0%	\$57.06	\$57.06	(\$2.96)	-4.9%
+ Spouse	1	\$964.76	\$527.23	54.6%	\$437.53	\$494.59	(\$21.54)	-4.2%
+ Children	7	\$538.91	\$294.50	54.6%	\$244.41	\$301.47	(\$13.34)	-4.2%
+ Family	1	\$1,412.38	\$771.83	54.6%	\$640.55	\$697.61	(\$30.16)	-4.1%
<b>Premium Contributions</b>	<b>21</b>	<b>\$235,013.64</b>	<b>\$187,166.95</b>	<b>79.6%</b>	<b>\$47,846.69</b>			

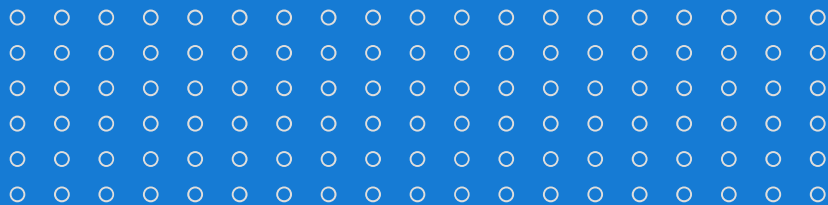
PPO Plan \$2,000 Ind / 80% / \$5,000 OOP	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)	Change From Current Monthly (\$)	Change From Current Monthly (%)
Employee	59	\$582.70	\$582.70	100.0%	\$0.00	\$0.00	\$0.00	n/a
+ Spouse	2	\$878.71	\$527.23	60.0%	\$351.48	\$351.48	(\$14.12)	-3.9%
+ Children	12	\$490.83	\$294.50	60.0%	\$196.33	\$196.33	(\$7.89)	-3.9%
+ Family	7	\$1,286.39	\$771.83	60.0%	\$514.56	\$514.56	(\$20.67)	-3.9%
<b>Premium Contributions</b>	<b>59</b>	<b>\$612,376.92</b>	<b>\$532,446.79</b>	<b>86.9%</b>	<b>\$79,930.13</b>			

HSA Plan \$3,500 Ind / 100% / \$0 OOP	Full Time Employees	Medical Rate	HSA Contribution	Total Rate With HSA	City Contribution of Medical Rate	City Contribution of HSA	Total Contribution With HSA	City Contribution of Medical Rate (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)	Change From Current Monthly (\$)	Change From Current Monthly (%)
Employee	17	\$472.31	\$104.17	\$576.48	\$472.31	\$104.17	\$576.48	100.0%	\$0.00	\$0.00	\$0.00	n/a
+ Spouse	2	\$712.24	\$104.17	\$816.41	\$427.34	\$104.17	\$531.51	60.0%	\$284.90	\$284.90	(\$3.40)	-1.2%
+ Children	2	\$397.85	\$104.17	\$502.02	\$238.71	\$104.17	\$342.88	60.0%	\$159.14	\$159.14	(\$1.90)	-1.2%
+ Family	1	\$1,042.68	\$104.17	\$1,146.85	\$625.61	\$104.17	\$729.77	60.0%	\$417.07	\$417.07	(\$5.22)	-1.2%
<b>Premium Contributions</b>	<b>17</b>	<b>\$135,505.56</b>	<b>\$27,500.00</b>	<b>\$163,005.56</b>	<b>\$119,843.83</b>	<b>\$27,500.00</b>	<b>\$147,343.83</b>	<b>88.4%</b>	<b>\$15,661.73</b>			

HSA Contributions \$1,250 Individual, \$2,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	97	\$1,010,396.12	\$866,957.58	85.8%	\$143,438.54
Per Capita		(\$35,912)	(\$30,344)		(\$5,568)
% Change from Current		-3.4%	-3.4%		-3.7%

# 3



## Dental RFP Results

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**City of Seabrook-  
Best and Final Dental**

DENTAL BENEFITS	Aetna - Freedom of Choice Plan		Aetna - Freedom of Choice Plan		Cigna		BCBSTX		
	PPO	DMO	PPO	DMO	DPPO	DHMO	DPPO DTNHR02	DPPO DDTNLM08	
	Current	Current	Renewal	Renewal	Proposed	Proposed	Proposed	Proposed	
<b>Type I – Preventive Services</b>	100%	100%	100%	100%	100%		100%	100%	
<b>Waiting Period</b>	None	None	None	None					
Oral Examinations						See Schedule			
X-rays									
Cleanings						See Schedule			
Topical Fluoride Treatment						See Schedule			
Space Maintainers									
Sealants					Type II	See Schedule			
<b>Type II – Basic Services</b>	80%	100%	80%	100%	80%	N/A	80%	80%	
<b>Waiting Period</b>	None	None	None	None					
Fillings									
- Amalgam						See Schedule			
- Composite						See Schedule			
Root Canal Treatment						See Schedule			
Periodontal Surgery						See Schedule			
Extractions						See Schedule			
Palliative Treatment (Relief of Pain)						See Schedule			
<b>Type III – Major Services</b>	50%	60%	50%	60%	50%	N/A	50%	50%	
<b>Waiting Period</b>	None	None	None	None	None	None	None	None	
Crowns						See Schedule			
Inlays and Onlays						See Schedule			
Removable / Fixed Bridge-Work						See Schedule			
General Anesthesia						See Schedule			
Partial or Complete Dentures						See Schedule			
Implants		Not Covered		Not Covered	Ded./50% \$2,000 CYM	See Schedule		Not Covered	
<b>Type IV - Orthodontia</b>	50%	\$2,300 Copay	50%	\$2,300 Copay	50%		50%	50%	
<b>Waiting Period</b>	None	None	None	None	None		None	None	
Orthodontia Lifetime Maximum	\$1,500	N/A	\$1,500	N/A	\$1,500	See Schedule	\$2,000	\$1,000	
Orthodontia Eligibility	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	
<b>Calendar Year Deductible</b>	Type (II, III)		Type (II, III)		Type (II, III)		(II,III)	(II,III)	
Individual	\$50		\$50		\$50	N/A	\$50	\$50	
Family	\$150		\$150		\$150	N/A	\$150	\$150	
<b>Dental Annual Maximum</b>	\$2,000		\$2,000		\$2,000	N/A	\$2,000	\$1,500	
<b>UCR Out of Network Percentile</b>	90th		90th		90th	N/A	90th	MAC	
<b>FINANCIALS</b>									
Employee Only	60	\$37.00		\$37.56		\$32.92	\$17.27	\$33.73	\$21.44
Employee & Spouse	11	\$72.50		\$73.59		\$64.50	\$31.07	\$67.46	\$42.89
Employee & Child(ren)	17	\$86.80		\$88.10		\$77.22	\$35.95	\$85.89	\$56.22
Employee & Family	12	\$122.50		\$124.34		\$108.98	\$52.99	\$131.62	\$85.68
<b>Monthly Premium</b>	100	\$5,963.1		\$6,052.9		\$4,844.44	\$225.27	\$5,311.65	\$318.75
<b>Annual Premium</b>		\$71,557.2		\$72,634.4		\$58,133.28	\$2,703.24	\$63,739.80	\$3,825.00
<b>\$ Change from Current</b>		N/A		\$1,077.2		-\$10,720.68		-\$3,992.40	
<b>% Change from Current</b>		N/A		1.51%		-15%		-6%	
<b>Rate Guarantee</b>		1 Year		1 Year		1 Yr with 5% Cap Yr 2		1 Year	

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

**CITY OF SEABROOK  
DENTAL DHMO COPAY COMPARISON**

ADA Code	Description	Cigna
D0120	periodic oral evaluation	\$0
D0140	limited oral evaluation - problem focused	\$0
D0150	comprehensive oral evaluation - new or established patient	\$0
D0210	intraoral - complete series (including bitewings)	\$0
D0220	intraoral - periapical first film	\$0
D0230	intraoral - periapical each additional film	\$0
D0272	bitewings - two films	\$0
D0274	bitewings - four films	\$0
D0330	panoramic film	\$0
D1110	prophylaxis - adult	\$0
D1120	prophylaxis - child	\$0
D1208	topical application of fluoride (prophylaxis not included) - child	\$0
D1351	sealant - per tooth	\$7
D2140	amalgam - one surface, primary or permanent	\$0
D2150	amalgam - two surfaces, primary or permanent	\$0
D2160	amalgam - three surfaces, primary or permanent	\$0
D2330	resin-based composite - one surface, anterior	\$0
D2331	resin-based composite - two surfaces, anterior	\$0
D2391	resin-based composite - one surface, posterior	\$45
D2792	crown - full cast noble metal	\$130
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$35
D4910	periodontal maintenance	\$25
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$3
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$390
D8090	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$390

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

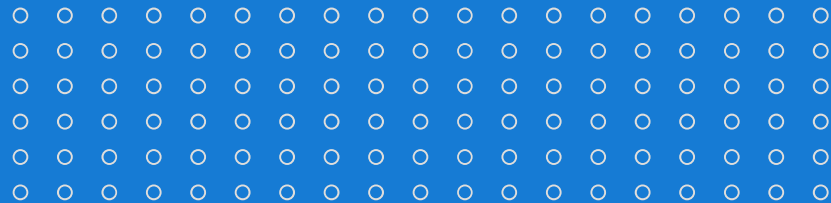
**City of Seabrook  
2018-2019 Dental Contributions**

Enrollment		Unit Costs				Total Employee Cost
Freedom of Choice Plan	Full Time Employees	Dental Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)
Employee	100	\$37.00	\$37.00	100.0%	\$0.00	\$0.00
+ Spouse	11	\$35.50	\$0.00	0.0%	\$35.50	\$35.50
+ Children	17	\$49.80	\$0.00	0.0%	\$49.80	\$49.80
+ Family	12	\$85.50	\$0.00	0.0%	\$85.50	\$85.50
Premium Contributions	100	\$71,557.20	\$44,400.00	62.0%	\$27,157.20	

**City of Seabrook  
2019-2020 Contributions**

Enrollment		Unit Costs				Total Employee Cost		
Freedom of Choice Plan	Full Time Employees	Dental Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution Monthly (\$)	Change From Current Monthly (\$)	Change From Current Monthly (%)
Employee	100	\$37.56	\$37.56	100.0%	\$0.00	\$0.00	\$0.00	0.0%
+ Spouse	11	\$36.03	\$0.00	0.0%	\$36.03	\$36.03	\$0.53	1.5%
+ Children	17	\$50.54	\$0.00	0.0%	\$50.54	\$50.54	\$0.74	1.5%
+ Family	12	\$86.78	\$0.00	0.0%	\$86.78	\$86.78	\$1.28	1.5%
Premium Contributions	100	\$72,634.44	\$45,072.00	62.1%	\$27,562.44			
\$ Change from Current		\$1,077	\$672		\$405			
% Change from Current		1.5%	1.5%		1.5%			

# 4



## Vendor Selection Matrix – Best and Final

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# Medical Vendor Selection Matrix



Carrier/Vendor	Finalist	Finalist	Finalist	
	BCBS	UHC	Aetna	Cigna
<u>Cost (30%)</u>	30	28	28	26
<u>Claims Processing (20%)</u>	20	20	20	20
<u>Financial Stability (20%)</u>	20	20	20	20
<u>Claims Management Reports (10%)</u>	10	9	8	9
<u>Integrated Systems / Technology Initiative (10%)</u>	10	9	9	9
<u>Communication (5%)</u>	4	5	5	5
<u>References (5%)</u>	5	4	4	4
<b>TOTAL SCORE</b>	<b>99</b>	<b>95</b>	<b>94</b>	<b>93</b>

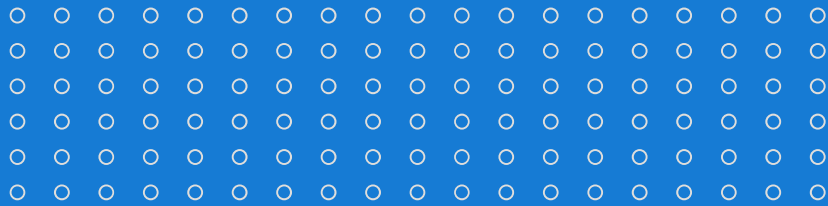


# Dental Vendor Selection Matrix



<b>Carrier/Vendor</b>	<b>Finalist</b> <b>Aetna</b>	<b>Finalist</b> <b>Cigna</b>	<b>Finalist</b> <b>BCBS</b>
<b><u>Cost (30%)</u></b>	28	30	27
<b><u>Claims Processing (20%)</u></b>	20	20	20
<b><u>Financial Stability (20%)</u></b>	20	20	20
<b><u>Claims Management Reports (10%)</u></b>	10	10	10
<b><u>Integrated Systems / Technology Initiative (10%)</u></b>	10	9	9
<b><u>Communication (5%)</u></b>	5	5	5
<b><u>References (5%)</u></b>	5	4	4
<b><u>TOTAL SCORE</u></b>	<b>98</b>	<b>98</b>	<b>95</b>

# 5



## Recommendations

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# Recommendations

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## **Medical**

It is recommended for the City to renew with Blue Cross Blue Shield for the 2019-2020 plan year. The renegotiated renewal represents a -3.5% savings from the prior year with no changes to benefit design. Although the City did receive pricing from alternative carriers below the final renewal, differences in plan design and / or network access minimize potential savings. Blue Cross Blue Shield has come in below HUB's projected renewal increase and budget projections to remain competitive with the market.

## **Dental**

Renewal with Aetna is recommended for the 2019 plan year at a 1.5% increase to rates. Both Cigna and BCBS provided quotes under current however they were unable to match the current Freedom of Choice plan design with Aetna. The Aetna plan allows for employees to move amongst the DPPO and DHMO mid plan year to extend the annual maximum during the year. Members would be required to choose the DPPO or DHMO during open enrollment with alternate carriers.

## **Vision**

The Vision plan with Superior is in a rate guarantee for the 8/1/19 renewal. No changes are recommended to plan design at this time.

## **Life and Disability**

The Life and Disability plans with Lincoln Financial are in a rate guarantee for the 8/1/19 renewal. No changes are recommended to the plan design at this time.

**Thank you.**