



DAY INSURANCE

SOLUTIONS, LLC

Today's health insurance solutions



City of Anthony Alternative Renewal Options

- *Medical Expense Reimbursement Options*
- *Dental options*
- *Vision options*
- *Life/Disability/Other as needed Options*



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City of Anthony

Insurance Carrier: Plan Name Network	PPO		PPO		PPO		PPO		PPO	
	BCBS Level Funded Blue Choice	BCBS Level Funded Blue Choice	BCBS Level Funded Blue Choice	ANG Trad 1000 2000 Cigna	Freedom Choice Cigna	Angle Health EZ MERP Cigna	Angle Health EZ MERP Cigna	ANG Trad 1000 2000 Cigna	Freedom Choice Cigna	Angle Health EZ MERP Cigna
Office Visit Preventive/Limited Drug Card In Network: Generic-Preferred-Non- International RX	Current In Net/Out Net \$35 / \$70 100% Rx Integrated: \$15/\$50/\$75/\$150/\$250	35.7% Increase Renewal In Net/Out Net \$35 / \$70 100% Rx Integrated: \$15/\$50/\$75/\$150/\$250	8.7% Increase Alternative 1 In Net/Out Net \$10 / \$30 100% Rx Integrated: \$10/\$30/\$60/Ded 0%	8.7% Increase Alternative 1 In Net/Out Net \$10 / \$30 100% Rx Integrated: \$10/\$30/\$60/Ded 0%	0% Increase Alternative 2 In Net/Out Net \$25 / \$50 100% Rx Integrated: \$5/\$35/\$55/Ded 0%	5% Decrease Alternative 3 In Net/Out Net \$25 / \$50 100% Rx Integrated: \$5/\$35/\$55/Ded 0%	5% Decrease Alternative 3 In Net/Out Net \$25 / \$50 100% Rx Integrated: \$5/\$35/\$55/Ded 0%	8.7% Increase Alternative 1 In Net/Out Net \$10 / \$30 100% Rx Integrated: \$10/\$30/\$60/Ded 0%	0% Increase Alternative 2 In Net/Out Net \$25 / \$50 100% Rx Integrated: \$5/\$35/\$55/Ded 0%	5% Decrease Alternative 3 In Net/Out Net \$25 / \$50 100% Rx Integrated: \$5/\$35/\$55/Ded 0%
Single Deductible Family Deductible	\$1,500 \$3,000	\$1,500 \$3,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000
Co-Insurance Single Out of Pocket Family Out of Pocket Copay Out of Pocket	80% \$6,350 \$12,700 N/A	80% \$6,350 \$12,700 N/A	80% \$2,000 \$4,000 N/A	80% \$2,000 \$4,000 N/A	50% \$4,000 \$8,000 N/A	50% \$4,000 \$8,000 N/A	50% \$4,000 \$8,000 N/A	50% \$4,000 \$8,000 N/A	50% \$4,000 \$8,000 N/A	50% \$4,000 \$8,000 N/A
Hospital In-Patient Therapies Chiropractor Urgent Care Emergency Diagnostics (CAT, MRI) Lifetime Maximum Maternity Lab & X-Ray Telemed Claims Account	Ded & Coins Ded & Coins \$70 Ded & Coins?? \$250 + Ded & Coins Ded & Coins Unlimited \$35 / Ded \$300 then Ded 100%	Ded & Coins Ded & Coins \$70 Ded & Coins?? \$250 + Ded & Coins Ded & Coins Unlimited \$35 / Ded \$300 then Ded 100%	Ded & Coins Ded & Coins \$30 \$30 \$50 \$200 + Ded & Coins Ded & Coins Unlimited Ded & Coins \$10 \$0	Ded & Coins Ded & Coins \$30 \$30 \$50 \$200 + Ded & Coins Ded & Coins Unlimited Ded & Coins \$10 \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0	Ded & Coins Ded & Coins \$25 \$50 Ded & Coins Ded & Coins Unlimited \$25 / Ded \$300 then Ded \$0
EMPLOYEE EE & SPOUSE EE & CHILD FAMILY	\$612.07 \$1,229.49 \$1,163.08 \$1,780.52	\$817.21 \$1,667.96 \$1,576.45 \$2,427.19	\$638.59 \$1,341.03 \$1,213.32 \$1,979.62	\$638.59 \$1,341.03 \$1,213.32 \$1,979.62	\$612.07 \$1,229.49 \$1,163.08 \$1,780.52	\$612.07 \$1,229.49 \$1,163.08 \$1,780.52	\$612.07 \$1,229.49 \$1,163.08 \$1,780.52	\$638.59 \$1,341.03 \$1,213.32 \$1,979.62	\$612.07 \$1,229.49 \$1,163.08 \$1,780.52	\$578.62 \$1,169.14 \$1,061.77 \$1,708.97
Employee	9	9	9	9	9	9	9	9	9	9
Employee Spouse	2	2	2	2	2	2	2	2	2	2
Employee Child	4	4	4	4	4	4	4	4	4	4
Employee Family	11	11	11	11	11	11	11	11	11	11
Monthly Premium	26	26	26	26	26	26	26	26	26	26
Annual Premium	\$386,467.80	\$524,348.40	\$420,701.64	\$420,701.64	\$386,467.80	\$386,467.80	\$386,467.80	\$420,701.64	\$386,467.80	\$367,099.32



ANG TRAD 1000 2000

Plan ID: BENLFUT9001008

Quote ID: 294059

\$1000 Deductible Individual	\$2000 Deductible Family	\$2000 OOPM Individual	\$4000 OOPM Family
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Deductible Individual OON	\$5000
OOPM Individual OON	\$10000
Deductible Family OON	\$10000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates	
Employee Only	\$636.12
Employee + Spouse	\$1335.86
Employee + Child(ren)	\$1208.64
Employee + Family	\$1971.99

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$10.00	No
Specialist (Office)	\$30.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	\$200.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$30.00	No
Non-Preferred Brand	\$60.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$30.00	No
Physical / Occupational Therapy - OP Prof.	\$30.00	No
Independent Laboratory	\$10.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes



ANG HDHP 7000 7000

Plan ID: BENLFUT9001004

Quote ID: 294059

\$7000 Deductible Individual	\$14000 Deductible Family	\$7000 OOPM Individual	\$14000 OOPM Family
Deductible Individual OON	\$14000	Rates	
OOPM Individual OON	\$15400	Employee Only	\$444.24
Deductible Family OON	\$28000	Employee + Spouse	\$932.90
OOPM Family OON	\$30800	Employee + Child(ren)	\$844.05
Coinsurance OON	50%	Employee + Family	\$1377.14
Deductible Embedded	Yes		

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes



Proposal for:

City of Anthony

Presented by: The Benefits Group

MERP Administration Services, Inc.
P.O. Box 4826, Greenwood Village, Colorado 80155
1-888-553-6426 www.ezmerp.com



COST COMPARISON

		Renewal	Angle	MERP OPT 1	Total Angle and MERP
Census					
EE	8	\$817.21	\$444.24	\$134.38	\$578.62
ES	2	\$1,667.96	\$932.90	\$236.24	\$1,169.14
EC	4	\$1,576.45	\$844.05	\$217.72	\$1,061.77
EF	12	\$2,427.19	\$1,377.14	\$331.83	\$1,708.97
Monthly	26	\$45,305.68	\$25,321.60	\$6,400.41	\$31,722.01
Annually		\$543,668.16	\$303,859.20	\$76,804.92	\$380,664.12
		\$163,004.04			Annual Savings

PPO	PPO	PPO	PPO	PPO	PPO
BCBS Comprehensive Dental Blue Choice Dental	BCBS Comprehensive Dental Blue Choice Dental	Delta Dental Comprehensive Dental PPO + Premier Dental	Ameritas Comprehensive Dental Classic Dental	TruAssure Comprehensive Dental Dentamax + Dental	Ameritas VSP Vision VSP Choice Vision
0% Increase	0% Increase	6.4% Increase	7.8% Decrease	6.3% Decrease	
Basic/Major Ded \$25 Ded Ind \$75 Ded Fam	Eye Exam \$10 Glasses \$25				
Diagnostic & Preventative 100%	Basic Service 50%				
Basic Service 80%	Frames & Contacts \$150				
Major Service 50%	Contact Fit & Followup 15% Discount				
Annual Benefit \$1,500	Lens Options \$15 - \$110 per option				
Orthodontic 3 year max to \$1500	Orthodontic 3 year max to \$1500	Orthodontic \$1500 Lifetime	Orthodontic \$500 max	Orthodontic \$1500 Lifetime	
\$41.79 \$89.64 \$90.48 \$137.85	\$41.85 \$89.77 \$90.33 \$137.77	\$37.89 \$75.03 \$101.67 \$153.66	\$38.15 \$75.05 \$89.57 \$126.47	\$39.15 \$83.96 \$84.84 \$129.19	\$8.84 \$19.00 \$15.44 \$25.60
8 2 4 10 24	8 2 4 10 24	8 2 4 10 24	8 2 4 10 24	8 2 4 10 24	8 2 4 10 24
\$334.32 \$179.28 \$361.92 \$1,378.50 \$2,254.02 \$27,048.24	\$334.80 \$179.54 \$361.32 \$1,377.70 \$2,253.36 \$27,040.32	\$303.12 \$150.06 \$406.68 \$1,536.60 \$2,396.46 \$28,757.52	\$305.20 \$150.10 \$358.28 \$1,264.70 \$2,078.28 \$24,939.36	\$313.20 \$167.92 \$339.36 \$1,291.90 \$2,112.38 \$25,348.56	\$70.72 \$38.00 \$61.76 \$256.00 \$426.48 \$5,117.76