

Town of Cortland - Medical Alternatives for 1/1 renewal

MEDICAL CARRIER:	Current - Humana		BCBSIL ACA Proposal (1/1 Eff)		
	Current Plan		Option #1		
Plan (Network)	IL 100/70 ChoicePOS 08 Coins w/ HRA		G508OPT - Blue Choice Options PPO		
	In-Network	Out-of-Network	Tier 1: BCO	Tier 2: PPO	Out-of-Network
Individual Deductible	\$5,000	\$15,000	\$1,500	\$3,750	\$7,500
Family Deductible	\$10,000	\$30,000	\$4,500	\$11,250	\$22,500
Coinsurance (Member Pays)	0%	30%	10%	30%	50%
Individual OOP*	\$5,000	\$23,000	\$5,850	\$7,850	Unlimited
Family OOP*	\$10,000	\$46,000	\$14,650	\$18,200	Unlimited
Primary Care Physician Services	Deductible	Deductible + 30%	\$35/visit	\$60/visit	Ded + 50%
Specialist Services	Deductible	Deductible + 30%	\$50/visit	\$100/visit	Ded + 50%
Urgent Care	Deductible	Deductible + 30%	\$75/visit	\$75/visit	Ded + 50%
Emergency Room	Deductible		\$600 + Deductible + 10%		
Inpatient Hospital Services	Deductible	Deductible + 30%	\$250 + Ded + 10%	\$500 + Ded + 30%	\$600 + Ded + 50%
Outpatient Hospital Services	Deductible	Deductible + 30%	\$200 + Ded + 10%	\$400 + Ded + 30%	\$500 + Ded + 50%
Rx Copay (Retail Preferred)	\$10 / \$40 / \$65 / 25% coinsurance		\$10/\$20/\$50/\$100/\$250/\$350		
Monthly Rates	Current Rates		Proposed Rates		
Employee Only	10	\$807.33	10	\$806.99	
Employee + Spouse	2	\$1,776.12	2	\$1,613.98	
Employee + Child(ren)	2	\$1,533.93	2	\$1,492.93	
Family	0	\$2,502.73	0	\$2,299.92	
TOTAL Monthly	\$14,693		\$14,284		
TOTAL Annually	\$176,321		\$171,405		
Proposal vs. Current (\$)			-\$4,916		
Proposal vs. Current (%)			-3%		

*Out-of-Pocket limits include the deductible

*This spreadsheet is for comparison purposes only. Refer to your contract for actual benefits

CBIZ has made every effort to supply you with an accurate and comprehensive proposal, however, we will not be bound by any typographical errors or omissions contained

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DENTAL CARRIER:	SunLife - Current		
Plan (Network)	Dental PPO (MAC Plan)		
	In-Network	Out-of-Network	
Deductible			
Individual	\$50	\$50	
Family	\$150	\$150	
Waived for Preventive?	Yes		
Coinsurance			
Preventive	100%	100%	
Basic	100%	80%	
Major	60%	50%	
Calendar Year Maximum	\$1,000		
Monthly Rates		Inforce	Renewal
Employee:	10	\$28.86	\$28.86
Employee + Spouse:	3	\$58.00	\$58.00
Employee + Child(ren):	1	\$76.07	\$76.07
Family:	0	\$105.20	\$105.20
		Inforce	Renewal
TOTAL Monthly	14	\$539	\$539
TOTAL Annually		\$6,464	\$6,464
Plan Difference vs Inforce	\$0		
Plan % Change vs Inforce	0%		
Rate Guarantee	1 Year		

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VISION CARRIER:		Humana - Current	
Plan (Network)		Vision PPO Plan	
		In-Network	Out-of-Network
Eye Exam		Reimbursement:	
Frequency		Once every 12 months	
Benefit		\$10 copay	Up to \$30
Lenses			
Frequency		Once every 12 months	
Benefit		Reimbursement:	
Single Vision		\$15 copay	Up to \$25
Bifocal		\$15 copay	Up to \$40
Trifocal		\$15 copay	Up to \$60
Lenticular		\$15 copay	Up to \$100
Contact Lenses		Reimbursement:	
Frequency		Once every 12 months	
Allowance		\$130 allowance; 15% off balance over \$130	\$105 allowance
Frames		Reimbursement:	
Frequency		Once every 24 months	
Allowance		\$130 allowance; 20% off amount over allowance	Up to \$65
Monthly Rates		Inforce	Renewal
EE:		11 \$6.90	\$7.31
EE + Spouse:		2 \$13.80	\$14.63
EC:		1 \$13.11	\$13.90
Family:		1 \$20.60	\$21.84
		Inforce	Renewal
TOTAL Monthly		15 \$137	\$145
TOTAL Annually		\$1,647	\$1,745
Plan Annual Total			
Plan Difference vs Inforce		\$98	
Plan % Change vs Inforce		6%	
Plan Difference vs Renewal			
Plan % Change vs Renewal			
Rate Guarantee			

Current

Life and AD&D	Principal
Benefit Amount	\$50,000
Total Employees	16
Life/AD&D Rate	\$0.334
Total Volume	\$782,500
Total Monthly	\$261
Total Annually	\$3,136
Rate Guarantee	