



## 2025 Employee Benefits Renewal

April 21, 2025



**A Strategic Partner for Planning, Designing and Implementing  
Your Employee Benefits Program:**



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Integrity  
Service & Accountability  
Respect

**John Leggett, Sr. Benefits Consultant**

# Monthly Healthcare Detail Experience Report (Mar 2023 – Feb 2025)

MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	TOTAL CLAIMS	BILLED PREMIUM	LOSS RATIO	TOTAL SUBS	TOTAL MBRS
Mar-23	(\$222)	\$166,824	\$3,598	\$108,977	\$279,178	\$383,329	73%	243	550
Apr-23	\$3,450	\$215,095	\$396	\$147,680	\$366,621	\$387,220	95%	244	552
May-23	\$3,465	\$195,049	\$915	\$107,586	\$307,015	\$385,205	80%	247	550
Jun-23	\$3,354	\$178,989	\$319	\$74,400	\$257,061	\$376,244	68%	240	531
Jul-23	\$3,440	\$166,833	\$341	\$68,896	\$239,510	\$371,816	64%	241	519
Aug-23	\$2,630	\$192,913	\$0	\$57,269	\$252,812	\$379,813	67%	253	552
Sep-23	\$3,892	\$148,045	\$1,273	\$145,095	\$298,304	\$397,538	75%	262	570
Oct-23	\$2,882	\$282,124	\$128	\$84,325	\$369,458	\$409,406	90%	267	579
Nov-23	\$3,065	\$277,076	\$200	\$117,372	\$397,713	\$417,627	95%	271	595
Dec-23	\$6,555	\$398,556	\$884	\$85,871	\$491,865	\$422,074	117%	273	599
Jan-24	\$3,647	\$204,973	\$637	\$78,812	\$288,069	\$427,835	67%	277	609
Feb-24	\$3,807	\$272,909	\$0	\$57,911	\$334,627	\$431,486	78%	275	601
<b>Total</b>	<b>\$39,963</b>	<b>\$2,699,385</b>	<b>\$8,692</b>	<b>\$1,134,192</b>	<b>\$3,882,232</b>	<b>\$4,789,593</b>	<b>81%</b>	<b>3,093</b>	<b>6,807</b>
PMPM:					<b>\$570</b>	<b>\$704</b>		<b>258</b>	<b>567</b>
Mar-24	\$3,032	\$146,087	\$389	\$125,369	\$274,878	\$421,331	65%	271	589
Apr-24	\$3,813	\$253,053	\$0	\$71,201	\$328,066	\$416,619	79%	276	598
May-24	\$3,897	\$218,099	\$264	\$126,276	\$348,536	\$428,601	81%	279	592
Jun-24	\$4,587	\$216,765	\$0	\$77,054	\$298,407	\$422,591	71%	274	583
Jul-24	\$3,894	\$195,818	\$663	\$89,118	\$289,493	\$449,198	64%	280	601
Aug-24	\$4,070	\$557,724	\$0	\$104,570	\$666,364	\$460,961	145%	283	604
Sep-24	\$3,984	\$374,342	\$0	\$99,703	\$478,029	\$461,060	104%	281	601
Oct-24	\$4,670	\$247,127	\$0	\$133,424	\$385,221	\$455,701	85%	279	599
Nov-24	\$4,202	\$366,007	\$0	\$122,623	\$492,832	\$449,958	110%	280	607
Dec-24	\$4,692	\$373,476	\$247	\$104,176	\$482,592	\$451,617	107%	275	599
Feb-25	\$6,203	\$389,932	\$0	\$109,243	\$505,378	\$467,790	108%	287	618
Jan-25	\$3,819	\$372,814	\$0	\$102,618	\$479,251	\$454,607	105%	281	610
<b>Total</b>	<b>\$50,864</b>	<b>\$3,711,245</b>	<b>\$1,562</b>	<b>\$1,265,376</b>	<b>\$5,029,047</b>	<b>\$5,340,033</b>	<b>94%</b>	<b>3,346</b>	<b>7,201</b>
					24%				
PMPM:					<b>\$698</b>	<b>\$742</b>		<b>279</b>	<b>600</b>
					22%	5%		8%	6%
<b>Total Period</b>	<b>\$90,827</b>	<b>\$6,410,630</b>	<b>\$10,254</b>	<b>\$2,399,569</b>	<b>\$8,911,279</b>	<b>\$10,129,626</b>	<b>88%</b>	<b>9,790</b>	<b>21,382</b>

# Cigna Renewal – Marketing Offer



		LocalPlus Plan - Option 1				OAPin Plan - Option 2				OAP Plan - Option 3	
		Current	Renewal			Current	Renewal			Current	Renewal
Employee	80	865.29	969.12	27	934.79	1,046.96	17	970.85	1,087.35		
Employee + 1 Dependent	33	1,873.36	2,098.16	22	2,023.81	2,266.67	8	2,101.90	2,354.13		
Employee + Family	25	2,473.87	2,770.73	48	2,672.54	2,993.24	17	2,775.67	3,108.75		
Monthly Total	138	192,890.83	216,037.73	97	198,045.07	221,810.48	42	80,506.04	90,166.76		
Percentage of Change			12.00%			12.00%			12.00%		
In-Network		LocalPlus Plan			OAPin			OAP			
Plan Deductible (Individual / Family)		\$500 / \$1,500			\$1,000 / \$3,000			\$500 / \$1,500			
HRA Amount:		\$500 / \$1,500			\$500 / \$1,500			\$500 / \$1,500			
Employee Deductible after HRA:		\$0			\$500 / \$1,500			\$0			
Coinsurance		100%			100%			100%			
PCP Copay		\$20			\$25			\$15			
Preventive Care		100%			100%			100%			
Specialist Copay		\$40			\$50			\$25			
ER Copay		\$250			\$250			\$100			
Urgent Copay		\$60			\$60			\$60			
Outpatient Surgery		Deductible			Deductible			Deductible			
Inpatient Surgery		Deductible			Deductible			Deductible			
Out-of-pocket (Individual / Family) (Includes Prescription)		\$6,600 / \$13,200			\$6,600 / \$13,200			\$6,600 / \$13,200			
Level 1		\$10			\$10			\$10			
Level 2		\$25			\$25			\$25			
Level 3		\$50			\$50			\$50			
Level 4		20% up to a \$200			20% up to a \$200			20% up to a \$200			
Out-of-Network											
Deductible (Individual / Family)		Emergency			Emergency			\$1,000 / \$3,000			
Coinsurance		Only			Only			70%			
Out-of-pocket (Individual / Family)								\$6,600 / \$13,200			
		EMPLOYEE WEEKLY DEDUCTIONS									
Employee	80	0.00	0.00	27	10.00	10.00	17	24.00	24.00		
Employee + 1 Dependent	33	10.50	10.50	22	17.00	17.00	8	62.00	62.00		
Employee + Family	25	13.00	13.00	48	20.00	20.00	17	81.50	81.50		
		Current	Renewal								
Combined Monthly Total		\$471,442	\$528,015								
Combined Annual Total		\$5,657,303	\$6,336,180	12.00%							
Combined Monthly Net Cost		\$451,660	\$508,233								
Combined Annual Net Cost		\$5,419,923	\$6,098,800	Annual Net Increase \$678,876.39							
Percentage of Change			12.53%								

# Cigna Renewal – Non-Marketing Offer



		LocalPlus Planv - Option 1			OAPin Plan - Option 2			OAP Plan - Option 3	
		Current	Renewal		Current	Renewal		Current	Renewal
Employee	80	865.29	925.86	27	934.79	1,000.23	17	970.85	1,038.81
Employee + 1 Dependent	33	1,873.36	2,004.50	22	2,023.81	2,165.48	8	2,101.90	2,249.03
Employee + Family	25	2,473.87	2,647.04	48	2,672.54	2,859.62	17	2,775.67	2,969.97
Monthly Total	138	192,890.83	206,393.19	97	198,045.07	211,908.22	42	80,506.04	86,141.46
Percentage of Change			7.00%			7.00%			7.00%
In-Network		LocalPlus Plan			OAPin			OAP	
Plan Deductible (Individual / Family)		\$500 / \$1,500			\$1,000 / \$3,000			\$500 / \$1,500	
HRA Amount:		\$500 / \$1,500			\$500 / \$1,500			\$500 / \$1,500	
Employee Deductible after HRA:		\$0			\$500 / \$1,500			\$0	
Coinsurance		100%			100%			100%	
PCP Copay		\$20			\$25			\$15	
Preventive Care		100%			100%			100%	
Specialist Copay		\$40			\$50			\$25	
ER Copay		\$250			\$250			\$100	
Urgent Copay		\$60			\$60			\$60	
Outpatient Surgery		Deductible			Deductible			Deductible	
Inpatient Surgery		Deductible			Deductible			Deductible	
Out-of-pocket (Individual / Family) (Includes Prescription		\$6,600 / \$13,200			\$6,600 / \$13,200			\$6,600 / \$13,200	
Level 1		\$10			\$10			\$10	
Level 2		\$25			\$25			\$25	
Level 3		\$50			\$50			\$50	
Level 4		20% up to a \$200			20% up to a \$200			20% up to a \$200	
Out-of-Network									
Deductible (Individual / Family)		Emergency			Emergency			\$1,000 / \$3,000	
Coinsurance		Only			Only			70%	
Out-of-pocket (Individual / Family)								\$6,600 / \$13,200	
		EMPLOYEE WEEKLY DEDUCTIONS							
Employee	80	0.00	0.00	27	10.00	10.00	17	24.00	24.00
Employee + 1 Dependent	33	10.50	10.50	22	17.00	17.00	8	62.00	62.00
Employee + Family	25	13.00	13.00	48	20.00	20.00	17	81.50	81.50
		Current	Renewal						
Combined Monthly Total		\$471,442	\$504,443						
Combined Annual Total		\$5,657,303	\$6,053,315	7.00%					
Combined Monthly Net Cost		\$451,660	\$484,661						
Combined Annual Net Cost		\$5,419,923	\$5,815,935						
Percentage of Change			7.31%						
								Annual Net Increase	\$396,011.23

7.00%



# City Contributions

		Current Contributions					
		Option 1		Option 2		Option 3	
Employee	80	865.29	27	934.79	17	970.85	
Employee + 1 Dependent	33	1,873.36	22	2,023.81	8	2,101.90	
Employee + Family	25	2,473.87	48	2,672.54	17	2,775.67	
Monthly Total	138	192,890.83	97	198,045.07	42	80,506.04	
EMPLOYEE WEEKLY DEDUCTIONS							
Employee	80	0.00	27	10.00	17	24.00	
Employee + 1 Dependent	33	10.50	22	17.00	8	62.00	
Employee + Family	25	13.00	48	20.00	17	81.50	
CITY MONTHLY CONTRIBUTION							
Employee		865.29		891.46		866.85	
Employee + 1 Dependent		1,827.86		1,950.14		1,833.23	
Employee + Family		2,417.54		2,585.87		2,422.50	
CITY MONTHLY CONTRIBUTION							
Employee		100.00%		95.36%		89.29%	
Employee + 1 Dependent		95.49%		97.21%		85.44%	
Employee + Family		96.50%		97.51%		86.19%	
Current							
Combined Monthly Total		\$471,442					
Combined Annual Total		\$5,657,303					
Combined Monthly Net Cost		\$451,660					
Combined Annual Net Cost		\$5,419,923					
Annual Net Increase							
Percentage of Change							

Cost Neutral		
Option 1	Option 2	Option 3
925.86	990.67	1,060.02
2,004.50	2,144.81	2,294.95
2,647.04	2,832.33	3,030.60
206,393.19	209,885.94	87,900.02
EMPLOYEE WEEKLY DEDUCTIONS		
0.00	14.96	30.96
10.50	42.88	77.53
13.00	55.76	101.51
CITY MONTHLY CONTRIBUTION		
925.86	925.86	925.86
1,959.00	1,959.00	1,959.00
2,590.71	2,590.71	2,590.71
CITY MONTHLY CONTRIBUTION		
100.00%	93.46%	87.34%
95.78%	89.52%	83.66%
96.73%	90.40%	84.49%
Proposed		
504,179		
6,050,150		
471,387		
5,656,645		
\$237,122		
4.38%		

- If the City elected to change the contribution model to “Cost Neutral” where all deductions were based on Option 1 premiums, the Non-Marketing Offer proposed annual net increase of \$396K would be reduced by \$159K. This would result in increased deductions for employees enrolled in Option 2 and Option 3.

# Public Sector Group Health Benchmark Report

	Current City of Forest Park HMO	Renewal HMO	56 All Average	26 County Average	30 City Average	SHBP Anthem HMO      UHC HMO	
Effective Date	7/1/2024	7/1/2025				1/1/2025	1/1/2025
Active Employees	298	298	246	329	166	625,000	625,000
<b>Monthly Premium</b>							
Employee	\$865	\$926	\$906	\$944	\$873	\$1,022	\$1,061
Employee + Spouse	\$1,873	\$2,005	\$1,918	\$1,991	\$1,854	\$2,146	\$2,228
Employee + Child(ren)	\$1,873	\$2,005	\$1,837	\$1,915	\$1,769	\$1,737	\$1,803
Employee + Family	\$2,474	\$2,647	\$2,693	\$2,809	\$2,594	\$2,861	\$2,970
<b>Employee Monthly Cost</b>							
Employee	\$0	\$0	\$43	\$58	\$31	\$158	\$197
Employee + Spouse	\$46	\$46	\$394	\$418	\$374	\$405	\$487
Employee + Child(ren)	\$46	\$46	\$358	\$390	\$330	\$292	\$359
Employee + Family	\$56	\$56	\$633	\$620	\$645	\$539	\$649
<b>Employer Contribution</b>							
Employee	100%	100%	95%	94%	96%	85%	81%
Add Spouse	95%	96%	67%	66%	67%	78%	75%
Add Child(ren)	95%	96%	67%	66%	67%	81%	78%
Add Family	96%	97%	69%	69%	68%	79%	76%
<b>Health Plan Design</b>							
HRA Included	Yes	Yes	20%	15%	23%	No	No
HRA Amount	\$500	\$500	\$397	\$423	\$375	\$0	\$0
Deductible	\$500	\$500	\$2,087	\$2,362	\$1,848	\$1,300	\$1,300
Coinsurance	100%	100%	86%	83%	89%	80%	80%
Out of Pocket	\$6,600	\$6,600	\$5,573	\$6,250	\$4,987	\$4,000	\$4,000
PCP Copay	\$20	\$20	\$29	\$28	\$31	\$35	\$35
Specialist Copay	\$40	\$40	\$51	\$54	\$49	\$45	\$45
Rx Deductible	No	No	Yes - 39%	Yes - 38%	Yes - 40%	No	No
Generic Copay	\$10	\$10	\$12	\$11	\$13	\$20	\$20
Brand Copay	\$25	\$25	\$40	\$43	\$37	\$50	\$50

# Cigna Dental Renewal



				100% EE / 50% Dep	100% EE / 0% Dep
		Current	Renewal	Option 1	Option 2
Employee Only	128	31.48	38.09	38.09	38.09
Employee +1 Dependent	61	67.99	82.27	82.27	82.27
Employee + Family	92	89.67	108.50	108.50	108.50
Monthly Premium	281	16,426.47	19,876.03	19,876.03	19,876.03
Deductible		\$50 Indiv. (\$150 Family)			
Preventive		100%			
Basic		80%			
Major		60%			
Annual Maximum Benefit		\$2,000			
Fillings		80%			
Simple Extractions		80%			
Oral Surgery		80%			
Periodontics		80%			
Endodontics (Root Canals)		80%			
Crowns		60%			
Dentures / Bridges		60%			
Implants		60%			
Orthodontia Coverage		50% up to \$2,000 max			
		WEEKLY DEDUCTIONS			
Employee		0.00		0.00	0.00
Employee + 1 Dependent		0.00		5.10	10.20
Employee + Family		0.00		8.12	16.25
Annual Premium		\$197,117.64	\$238,512.34	\$183,477.26	\$128,442.18
Annual Net Cost Impact			\$41,394.70	-\$13,640.38	-\$68,675.46
Annual Net Change			21.00%	-6.92%	-34.84%

Annual Net Cost PEY	\$701.49	\$848.80	\$652.94	\$457.09
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## Notes:

- Pending official renewal (projected at +21%)
- RFPs sent out to market (MetLife, Standard, and Guardian)
- 266 enrolled during the 2024 renewal period (6% growth)
- City covers 100% of overall cost for employees and dependents
- Consider unbundling from medical

**Option 1** – City pays 100% of Employee and 50% of Family

**Option 2** – City pays 100% of Employee and nothing towards Family

## Proposals:

- Standard +50.07%
- MetLife +25.20%



# Cigna Vision Renewal







				100% EE / 0% Dep
		Current	Renewal	Option 1
Employee	130	6.92	7.27	7.27
Employee + 1 Dependent	59	12.10	12.71	12.71
Employee + Family	91	19.37	20.33	20.33
Monthly Total	280	3,376.56	3,545.39	3,545.39
Eye Exam Frequency		\$10 Every 12 months		
Lenses Single, Bifocal, Trifocal Frequency		\$20 Every 12 months		
Contacts Elective Medically Necessary Frequency		Up to \$150 Allowance Included Every 12 months		
Frames Frequency		Up to \$150 Allowance plus 20% discount on Every 12 months		
		WEEKLY DEDUCTIONS		
Employee		0.00	0.00	0.00
Employee + 1 Dependent		1.00	1.00	1.25
Employee + Family		2.56	2.56	3.01
Annual Premium		\$40,519	\$42,545	42,544.63
Annual Net Cost		\$25,337	\$27,363	24,431.35
Annual Net Change			\$2,026	-905.43
Percent of Change			8.00%	-3.57%

## Notes:

- 273 enrolled during the 2024 renewal period
- City covers 63% of overall cost for employees and dependents
- Option 1 – 100% EE / 0% FAM

# Basic Life Insurance - Options

	Current / Renewal - No Chg	Bundled with Vol Life	Proposal	Proposal
Basic Life and AD&D Insurance				
Basic Life Benefits and AD&D Amount:				
Class 1: All Full-Time Upper Management Employees:	\$150,000	\$150,000	\$150,000	\$150,000
Class 2: All Full-Time Middle Management Employees:	\$40,000	\$40,000	\$40,000	\$40,000
Class 3 All Other Full-Time Employees:	\$20,000	\$20,000	\$20,000	\$20,000
Reduction Schedule:	No Reduction	No Reduction	No Reduction	35% at Age 65, 50% at Age 70
Life Rate:	0.330	0.297	0.230	0.264
AD&D Rate:	0.035	0.035	0.025	0.028
			Includes Line of Duty Benefit	
Projected Volume:	\$7,970,000	\$7,970,000	\$7,970,000	\$7,970,000
Covered Lives:	280	280	280	280
Basic Life Monthly Premium:	\$2,909	\$2,646	\$2,032	\$2,327
Annual Cost:	\$34,909	\$31,752	\$24,388	\$27,927
Rate Guarantee:	7/1/2027	7/1/2027	7/1/2027	7/1/2027
Percentage Change:		-9.04%	-30.14%	-20.00%

## Notes:

- LFG to reduce basic life rates if Voluntary Life is added

# City 2025 Renewal Options

	<i>Current</i>	Renewal <i>Option 1</i>	NM Renewal <i>Option 2</i>	NM Renewal <i>Option 3</i>	NM Renewal <i>Option 4</i>	NM Renewal <i>Option 5</i>
<b>MEDICAL</b>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>
Annual Billed Premium	\$5,657,303	\$6,336,180	\$6,053,315	\$6,053,315	\$6,053,315	\$6,053,315
Employee Annual Deductions	\$237,380	\$237,380	\$237,380	\$396,670	\$396,670	\$396,670
City Annual Net Cost	<b>\$5,419,923</b>	<b>\$6,098,800</b>	<b>\$5,815,935</b>	<b>\$5,656,645</b>	<b>\$5,656,645</b>	<b>\$5,656,645</b>
<b>DENTAL</b>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 2</i>
Annual Billed Premium	\$197,117	\$238,512	\$238,512	\$238,512	\$238,512	\$238,512
Employee Annual Deductions	\$0	\$0	\$0	\$0	\$55,035	\$110,070
City Annual Net Cost	<b>\$197,117</b>	<b>\$238,512</b>	<b>\$238,512</b>	<b>\$238,512</b>	<b>\$183,477</b>	<b>\$128,442</b>
<b>VISION</b>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 1</i>	<i>Cigna - Opt 1</i>
Annual Billed Premium	\$40,519	\$42,454	\$42,454	\$42,454	\$42,454	\$42,454
Employee Annual Deductions	\$15,182	\$15,091	\$15,091	\$18,023	\$18,023	\$18,023
City Annual Net Cost	<b>\$25,337</b>	<b>\$27,363</b>	<b>\$27,363</b>	<b>\$24,431</b>	<b>\$24,431</b>	<b>\$24,431</b>
<b>BASIC LIFE</b>	<i>Lincoln</i>	<i>Lincoln</i>	<i>Lincoln</i>	<i>Standard</i>	<i>Standard</i>	<i>Standard</i>
Expected Annual Cost	<b>\$34,909</b>	<b>\$34,909</b>	<b>\$34,909</b>	<b>\$24,388</b>	<b>\$24,388</b>	<b>\$24,388</b>
<b>Total Expected Annual Cost</b>	<b>\$5,677,286</b>	<b>\$6,399,584</b>	<b>\$6,116,719</b>	<b>\$5,943,976</b>	<b>\$5,888,941</b>	<b>\$5,833,906</b>

Percentage of Change

12.7%

7.7%

4.7%

3.7%

2.8%

Annual Budget Impact

\$722,298

\$439,433

\$266,690

\$211,655

\$156,620

**Option 1** – Renewal rates if City doesn't accept Cigna Non-Marketing Offer / No Changes to Employee Deductions

**Option 2** – Cigna Non-Marketing Offer / No Change to Employee Deductions

**Option 3** – Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City

**Option 4** – Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Dental Contributions to 50% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard

**Option 5** – Cigna Non-Marketing Offer / Set Plan 2 & 3 to be Cost Neutral to the City / Change Dental Contributions to 0% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard

# Tentative Open Enrollment Timeline

Major Action Items	Owner	Target Date
→ Conduct Pre-Renewal Meeting	MSI / COFP	✓
→ Obtain Renewals	MSI	✓
→ Initiate Marketing	MSI	April
→ Conduct Renewal Meeting	MSI / COFP	✓
→ Finalize Benefit Offerings and Contributions	COFP	April/May
→ Initiate Benefits Build-out in Enrollment Platform (ADP or Zevo)	MSI	April/May
→ Test Benefits Build-out in Enrollment Platform (ADP or Zevo)	MSI	April/May
→ Provide Open Enrollment Letter and Benefits Guide for Review	MSI	May
→ Provide Benefit Packets for Distribution (Townhall Meeting)	MSI	May/June
<b>Target Open Enrollment: late May / early June</b>		
→ Benefit Counselor Onsite Enrollments (2024 Dates: Mon/Tue – 6/10 & 6/11)	MSI	May/June

# City 2025 Renewal Options Summarized

	Total Budget	Budget Impact	% Change	Summary
<b>Option 1</b>	\$6,399,584	\$722,298	12.7%	Renewal rates if City elects to market the group health
<b>Option 2</b>	\$6,116,719	\$439,433	7.7%	Cigna Non-Marketing Offer / No Change to Employee Deductions
<b>Option 3</b>	\$5,943,976	\$266,690	4.7%	Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Basic Life to The Standard
<b>Option 4</b>	\$5,888,941	\$211,655	3.7%	Cigna Non-Marketing Offer / Plan 2 & 3 Deductions Designed to be Cost Neutral to the City / Change Dental Contributions to 50% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard
<b>Option 5</b>	\$5,833,906	\$156,620	2.8%	Cigna Non-Marketing Offer / Set Plan 2 & 3 to be Cost Neutral to the City / Change Dental Contributions to 0% for Family / Change Vision Deductions to 0% Family / Change Basic Life to The Standard