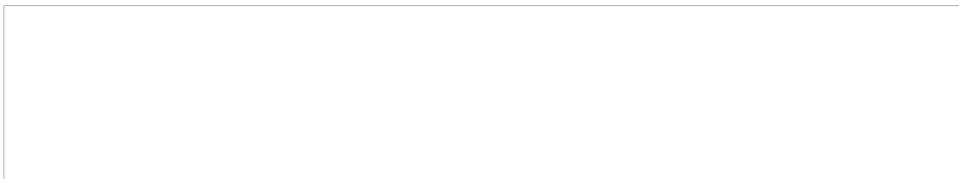


		CURRENT/RENEWAL		Renewal
		CIGNA - Fully Insured Q1P1		
		Open Access Local Plus	In-Network Only (FI)	
Plan Highlights	In-Network YOU PAY	Out-of-Network PAY	YOU	
Deductible - Individual	\$500	Non-Emergency Services covered	Not	
Deductible - Family	\$1,500			
Coinsurance	0%			
Out-of-Pocket Maximum - Individual	\$6,600			
Out-of-Pocket Maximum - Family	\$13,200			
Life Time Maximum	Unlimited			
Hospitalization	Ded., then 0%			
Outpatient Surgery	Ded., then 0%			
Emergency Room (Emergencies Only)	\$250 Copay			
Urgent Care	\$60 Copay			
Diagnostic Test (X-Ray, Blood work)*	Ded., then 0%			
Imaging (CT/PET scans, MRIs)*	Ded., then 0%			
Office Visit:				
Primary Care Physician	\$20 Copay			
Specialist	\$40 Copay			
Preventive Care	Plan Pays 100%-No Charge			
Prescription Drugs				
Rx Deductible	N/A	Not covered		
Tier 1 - Generic	\$10 Copay			
Tier 2- Preferred Brand Drugs	\$25 Copay			
Tier 3 - Non-Preferred Brand Drugs	\$50 Copay			
Tier 4 - Specialty Drugs	20% up to \$200			
Mail Order	\$25/\$63/\$125			
Rates	Counts	CURRENT	RENEWAL	Final
Employee	86	\$853.14	\$853.14	\$832.03
Employee + 1 Dependent	37	\$1,847.69	\$1,847.69	\$1,801.35
Family	57	\$2,439.11	\$2,439.11	\$2,378.78
Estimated Monthly Premium		\$280,763.84	\$280,763.84	\$273,794.99
Estimated Annual Premium		\$3,369,166.08	\$3,369,166.08	\$3,285,539.88
Percentage Change From Current			0.0%	-2.5%
Annual Dollar Change From Current			\$0.00	-\$83,626.20

*Cost Sharing May Apply
 Depending On Where Service Is
 Performed



City Of Forest Park

Medical Plan Analysis

July 1, 2023 Renewal

OAP In-Network Only - CIGNA R

		CURRENT/RENEWAL	Renewal	
		CIGNA - Fully Insured Q1P1 Open Access Plus (FI) In-Network Only		
Plan Highlights		In-Network YOU PAY	Out-of-Network YOU PAY	
Deductible - Individual		\$1,000	Non-Emergency Services Not covered	
Deductible - Family		\$3,000		
Coinsurance		0%		
Out-of-Pocket Maximum - Individual		\$6,600		
Out-of-Pocket Maximum - Family		\$13,200		
Life Time Maximum		Unlimited		
Hospitalization		Ded. Then 0%		
Outpatient Surgery		Ded. Then 0%		
Emergency Room (Emergencies Only)		\$250 Copay		
Urgent Care		\$60 Copay		
Diagnostic Test (X-Ray, Blood work)*		Ded. Then 0%		
Imaging (CT/PET scans, MRIs)*		Ded. Then 0%		
Office Visit:				
Primary Care Physician		\$25 Copay		
Specialist		\$50 Copay		
Preventive Care		Plan Pays 100%-No Charge		
Prescription Drugs				
Rx Deductible		N/A	Not covered	
Tier 1 - Generic		\$10 Copay		
Tier 2- Preferred Brand Drugs		\$25 Copay		
Tier 3 - Non-Preferred Brand Drugs		\$50 Copay		
Tier 4 - Specialty Drugs		20% up to \$200		
Mail Order		\$25/\$63/\$125/NA		
Rates	Counts	CURRENT	RENEWAL	Final
Employee	12	\$921.65	\$921.65	\$898.87
Employee + 1 Dependent	10	\$1,995.81	\$1,995.81	\$1,946.06
Family	21	\$2,634.57	\$2,634.57	\$2,569.87
Estimated Monthly Premium		\$86,343.87	\$86,343.87	\$84,214.31
Estimated Annual Premium		\$1,036,126.44	\$1,036,126.44	\$1,010,571.72
Percentage Change From Current			0.0%	-2.5%
Annual Dollar Change From Current			\$0.00	-\$25,554.72

*Cost Sharing May Apply
Depending On Where Service Is
Performed

City Of Forest Park

Medical Plan Analysis

July 1, 2023 Renewal

OAP - CIGNA Renewal & Altern

		CURRENT/RENEWAL		Renewal
		CIGNA - Fully Insured Q1P1		
		Open Access Plus		
Plan Highlights		In-Network YOU PAY	Out-of-Network YOU PAY	
Deductible - Individual		\$500	\$1,000	
Deductible - Family		\$1,500	\$3,000	
Coinsurance		0%	30%	
Out-of-Pocket Maximum - Individual		\$6,600	\$6,600	
Out-of-Pocket Maximum - Family		\$13,200	\$13,200	
Life Time Maximum		Unlimited		
Hospitalization		Ded. then 0%	Ded., then 30%	
Outpatient Surgery		Ded. then 0%	Ded., then 30%	
Emergency Room (Emergencies Only)		\$100 Copay		
Urgent Care		\$60 Copay	Ded., then 30%	
Diagnostic Test (X-Ray, Blood work)*		Ded. then 0%	Ded., then 30%	
Imaging (CT/PET scans, MRIs)*		Ded. then 0%	Ded., then 30%	
Office Visit:				
Primary Care Physician		\$15 Copay	Ded., then 30%	
Specialist		\$25 Copay	Ded., then 30%	
Preventive Care		Plan Pays 100%-No Charge	Ded., then 30%	
Prescription Drugs				
Rx Deductible		N/A		
Tier 1 - Generic Drugs		\$10 Copay		
Tier 2 - Preferred Brand Drugs		\$25 Copay		
Tier 3 - Non-Preferred Drugs		\$50 Copay		
Tier 4 - Specialty Drugs		20% up to \$200		
Mail Order		\$25/\$63/\$125/NA		
Rates	Counts	CURRENT	RENEWAL	Final
Employee	5	\$957.14	\$957.14	\$933.50
Employee + 1 Dependent	9	\$2,072.54	\$2,072.54	\$2,021.03
Family	5	\$2,735.82	\$2,735.82	\$2,668.88
Estimated Monthly Premium		\$37,117.66	\$37,117.66	\$36,201.17
Estimated Annual Premium		\$445,411.92	\$445,411.92	\$434,414.04
Percentage Change From Current			0.0%	-2.5%
Annual Dollar Change From Current			\$0.00	-\$10,997.88

*Cost Sharing May Apply
Depending On Where Service Is
Performed

City of Forest Park

Dental Plan Analysis

July 1, 2023 Renewal

		CURRENT / RENEWAL Anthem BCBS Employer-Sponsored Dental PPO 1500 100/80/50		ALTERNATE 1 Anthem BCBS Employer-Sponsored Dental PPO 2000 100/80/60	
Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (waived for Preventive)					
	Individual	\$50	\$50	\$50	\$50
	Family	\$150	\$150	\$150	\$150
Annual Maximum					
	Individual	\$1,500	\$1,500	\$2,000	\$2,000
	Carry Over	No	No	Yes	Yes
Diagnostic & Preventive					
	Exams & Cleanings	100%	100%	100%	100%
	Fluoride Treatment	100%	100%	100%	100%
	Space Maintainers	100%	100%	100%	100%
	X-Rays	100%	100%	100%	100%
	Sealants	100%	100%	100%	100%
Basic Services					
	Emergency Pain Treatment	80%	80%	80%	80%
	Fillings, Stainless Crowns	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
Major Services					
	Crowns, Inlays, Outlays	50%	50%	50%	50%
	Repairs and Adjustments	50%	50%	50%	50%
	Implants	50%	50%	50%	50%
Orthodontics (Adult & Child)		50%	50%	50%	50%
Lifetime Maximum		\$2,000	\$2,000	\$2,000	\$2,000
Dependent Eligibility					
	Dependents Eligible to Age	26	26	26	26
	Full-Time Students to Age	26	26	26	26
Endodontics (Root Canal)		80%	80%	80%	80%
Periodontics (Gum Disease)		80%	80%	80%	80%
Oral Surgery		80%	80%	80%	80%
Percentile		Negotiated Fee Schedule	90th UCR	Negotiated Fee Schedule	90th UCR
Rates		Counts	CURRENT	RENEWAL	ALTERNATE 1
	Employee	102	\$31.48	\$33.93	\$36.21
	Employee + One	60	\$67.99	\$73.27	\$78.20
	Family	83	\$89.67	\$96.64	\$103.14
Estimated Monthly Premium			\$14,732.97	\$15,878.18	\$16,946.04
Estimated Annual Premium			\$176,795.64	\$190,538.16	\$203,352.48
Percentage Change From Current				7.8%	15.0%

* Dependent Child up to age 19

* Dependent Child up to age 19

City of Forest Park

Vision Plan Analysis

July 1, 2022 Renewal

		CURRENT / RENEWAL Anthem BCBS Vision 10.20.130 12/24/12		ALTERNATE 1 Anthem BCBS Vision 10.20150 12/12/12		ALTERNATE 2 Cigna Vision Serviced by EyeMed Vision 10.20150 12/12/12	
BENEFITS		In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam		\$10 copay	\$30 allowance	\$10 copay	\$42 allowance	\$10 copay	\$45 allowance
Frames		\$130 allowance, then 20% off	\$45 allowance	\$150 allowance	\$45 allowance	\$150 allowance	\$45 allowance
Standard Plastic Lenses							
	Single Vision	\$20 copay	\$25 allowance	\$20 copay	\$40 allowance	\$20 copay	\$40 allowance
	Bifocal	\$20 copay	\$40 allowance	\$20 copay	\$60 allowance	\$20 copay	\$65 allowance
	Trifocal	\$20 copay	\$55 allowance	\$20 copay	\$80 allowance	\$20 copay	\$75 allowance
Eyeglass lens enhancements							
	Transitions lenses for child under 19	\$0 copay	No allowance on lens enhancements when out-of-network	\$0 copay	No allowance on lens enhancements when out-of-network	\$0 copay	No allowance on lens enhancements when out-of-network
	Standard polycarbonate for child under 19	\$0 copay		\$0 copay		\$0 copay	
	Factory Scratch Coating	\$0 copay		\$0 copay		\$0 copay	
Frequency							
	Lenses or Contacts	Once every 12 months		Once every 12 months		Once every 12 months	
	Frames	Once every 24 months		Once every 12 months		Once every 12 months	
	Exam	Once every 12 months		Once every 12 months		Once every 12 months	
Contact Lenses (in lieu of glasses)							
	Elective Disposable Lenses	\$130 allowance	\$105 allowance	\$150 allowance	\$105 allowance	\$150 allowance	\$120 allowance
	Medically Necessary Lenses	Covered in full		Covered in full		Covered in full	
Rate Guarantee		2 years - until 7/1/25		2 years - until 7/1/25		2 years - until 7/1/25	
Rates	Counts	CURRENT	RENEWAL	ALTERNATE 1		ALTERNATE 2	
	Employee	100	\$5.54	\$5.54	\$7.72	\$6.92	\$6.92
	Employee + One	60	\$9.68	\$9.68	\$13.49	\$12.10	\$12.10
	Family	81	\$15.49	\$15.49	\$21.59	\$19.37	\$19.37
Estimated Monthly Premium			\$2,389.49	\$2,389.49	\$3,330.19	\$2,986.97	\$2,986.97
Estimated Annual Premium			\$28,673.88	\$28,673.88	\$39,962.28	\$35,843.64	\$35,843.64
Percentage Change From Current				0.0%	39.4%	25.0%	25.0%

City of Forest Park

Life and AD&D Plan Analysis

July 1, 2023 Renewal

	CURRENT / RENEWAL LINCOLN FINANCIAL Employer-Paid Life/AD&D		ALTERNATE 1 LINCOLN FINANCIAL Employer-Paid Life/AD&D	
Benefits				
Rate Guarantee	Rates guaranteed until 7/1/25		Rates guaranteed until 7/1/23	
Class 1	All Full-time Upper Management	Flat \$150,000	All Full-time Upper Management	Flat \$150,000
Class 2	All Full-time Middle Management	Flat \$40,000	All Full-time Middle Management	Flat \$50,000
Class 3	All Other Full-time Employees	Flat \$20,000	All Other Full-time Employees	Flat \$30,000
Waiver of Premium	YES		YES	
Accelerated Benefit	YES		YES	
Reduction Schedule	NONE		NONE	
Value Added Features	Portability, Will Preparation, TravelConnect		Portability, Will Preparation, TravelConnect	
Rates	CURRENT	RENEWAL	ALTERNATE 1	
Volume	\$6,670,000	\$6,670,000	\$9,300,000	
Rate per \$1,000	\$0.365	\$0.365	\$0.365	
Estimated Monthly Premium	\$2,434.55	\$2,434.55	\$3,394.50	
Estimated Annual Premium	\$29,214.60	\$29,214.60	\$40,734.00	

2022 - 2023 CONTRIBUTIONS

Local Plus OAPIN & Dental	Employee Contribution	
	Weekly	Monthly
Employee Only	\$0.00	\$0.00
Employee + 1	\$10.50	\$42.00
Family	\$13.00	\$52.00

City Contribution		
Medical	Dental	Total Monthly
\$853.14	\$31.48	\$884.62
\$1,847.69	\$67.99	\$1,915.68
\$2,439.11	\$89.67	\$2,528.78

OAPIN & Dental	Employee Contribution	
	Weekly	Monthly
Employee Only	\$10.00	\$40.00
Employee + 1	\$17.00	\$68.00
Family	\$20.00	\$80.00

City Contribution		
Medical	Dental	Total Monthly
\$921.65	\$31.48	\$953.13
\$1,995.81	\$67.99	\$2,063.80
\$2,634.57	\$89.67	\$2,724.24

OAP & Dental	Employee Contribution	
	Weekly	Monthly
Employee Only	\$24.00	\$96.00
Employee + 1	\$62.00	\$248.00
Family	\$81.50	\$326.00

City Contribution		
Medical	Dental	Total Monthly
\$957.14	\$31.48	\$988.62
\$2,072.54	\$67.99	\$2,140.53
\$2,735.82	\$89.67	\$2,825.49

2023 - 2024 CONTRIBUTIONS

Local Plus OAPIN & Dental	Employee Contribution		
	Weekly	Monthly	
Employee Only	\$0.00	\$0.00	86
Employee + 1	\$10.50	\$42.00	37
Family	\$13.00	\$52.00	57

City Contribution		
Medical	Dental	Total Monthly
\$832.03	\$31.48	\$863.51
\$1,801.35	\$67.99	\$1,869.34
\$2,378.78	\$89.67	\$2,468.45

OAPIN & Dental	Employee Contribution		
	Weekly	Monthly	
Employee Only	\$10.00	\$40.00	12
Employee + 1	\$17.00	\$68.00	10
Family	\$20.00	\$80.00	21

City Contribution		
Medical	Dental	Total Monthly
\$898.87	\$31.48	\$930.35
\$1,946.06	\$67.99	\$2,014.05
\$2,569.87	\$89.67	\$2,659.54

Difference	Difference Annual	Could be spread over 24 months equally	
		2023	2024
\$26.84	3864.96	\$53.42	\$66.84
\$76.71	9205.2	\$106.35	\$144.71
\$111.09	27994.68	\$135.54	\$191.09

OAP & Dental	Employee Contribution		
	Weekly	Monthly	
Employee Only	\$24.00	\$96.00	5
Employee + 1	\$62.00	\$248.00	9
Family	\$81.50	\$326.00	5

City Contribution		
Medical	Dental	Total Monthly
\$933.50	\$31.48	\$964.98
\$2,021.03	\$67.99	\$2,089.02
\$2,668.88	\$89.67	\$2,758.55

Difference	Difference Annual	2023	2024
\$5.47	328.2	\$98.74	
-\$28.32	-3058.56	\$219.68	
-\$35.90	-2154	\$290.10	

Group Meeting	June 2nd
Breakout Meetings	June 8-15.
Next Steps	Cigna Paperwork Contributions Confirmations
ADP	Crystal helping set up