

2024 Employee Benefits Renewal

May 20, 2024



2024 Cigna Health Plan - Initial Renewal

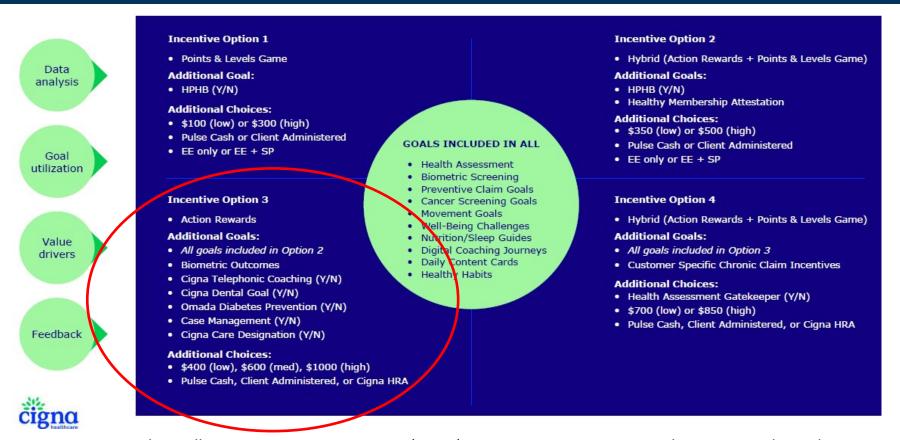
| cigna | | LocalPlus Plan | | | OAPii | n Plan | 1 | OAP | Plan |
|---------------------------------------|----------------------------------|----------------------------|--------------|---------------------------|--------------------|------------|-------------------|-------------------|-------------|
| healthcare | | Current | Renewal | | Current | Renewal | | Current | Renewal |
| Employee | 78 | 832.03 | 927.14 | 24 | 898.87 | 946.79 | 14 | 933.50 | 1,019.07 |
| Employee + 1 Dependent | 41 | 1,801.35 | 2,007.27 | 16 | 1,946.06 | 2,049.81 | 8 | 2,021.03 | 2,206.30 |
| Employee + Family | 36 | 2,378.78 | 2,650.70 | 40 | 2,569.87 | 2,706.87 | 9 | 2,668.88 | 2,913.54 |
| Monthly Total | 155 | 224,389.77 | 250,040.19 | 80 | 155,504.64 | 163,794.72 | 31 | 53,257.16 | 58,139.24 |
| Percentage of Change | | | 11.43% | | | 5.33% | | · | 9.17% |
| In-Network | | LocalPlus Plan | | | <u>OAPin</u> | | | 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 | | 10 | 0% | | 10 | 0% | | 10 | 0% |
| PCP Copay | | \$2 | 20 | | \$20 | | | \$15 | |
| Preventive Care | | 10 | 0% | | 100% | | | 100% | |
| Specialist Copay | | \$4 | 40 | | \$40 | | | \$25 | |
| ER Copay | | \$250 | | | \$250 | | | \$100 | |
| Jrgent Copay | | \$60 | | | \$60 | | | \$60 | |
| Outpatient Surgery | | Deductible | | | Deductible | | | Deductible | |
| npatient Surgery | | Deductible | | | Deductible | | | Deductible | |
| Out-of-pocket (Individual / Family) | | | | | | | | | |
| Includes Deductible) | | \$6,600 / \$13,200 | | | \$6,600 / \$13,200 | | | \$6.600 / | \$13,200 |
| Prescription | | , , , , , , , , | , ,, | | , , , , , , , , , | , | | , , , , , , , , , | , |
| · | Level 1 | \$ | 0 \$10 | | | \$10 | | | |
| | Level 2 | \$25 | | 25 | | \$25 | | | |
| | Level 3 | \$5 | 50 | \$50 20% up to a \$200 | | | \$50 | | |
| | Level 4 | 20% up | to a \$200 | | | | 20% up to a \$200 | | |
| Out-of-Network | | • | • | | · · | | | | |
| Deductible (Individual / Family) | | Emer | gency | | Emergency | | | \$1,000 | / \$3,000 |
| Coinsurance | | | nly | | Only | | | 70% | |
| Out-of-pocket (Individual / Family) | | | , | | | , | | | \$13,200 |
| 7, | | | | | | | | , | , |
| | | EMPLOYEE WEEKLY DEDUCTIONS | | | | | | | |
| Employee | 78 | 0.00 | 0.00 | 24 | 10.00 | 10.00 | 14 | 24.00 | 24.00 |
| Employee + 1 Dependent | 41 | 10.50 | 10.50 | 16 | 17.00 | 17.00 | 8 | 62.00 | 62.00 |
| Employee + Family | 36 | 13.00 | 13.00 | 40 | 20.00 | 20.00 | 9 | 81.50 | 81.50 |
| | | Current | Renewal | ļ | | | | | |
| Combined Monthly Total | | 433,151.57 | 471,974.15 |] | | | | | |
| Combined Annual Total | | 5,197,818.84 | 5,663,689.80 | | 8.96% | | | | |
| Combined Monthly Net Cost | | 416,788.90 | 455,611.48 | | | | | | |
| Combined Annual Net Cost | t Cost 5,001,466.84 5,467,337.80 | | 5,467,337.80 | 1 | | | Annı | ual Net Increase | \$465,870.9 |
| | | , , | 9.31% | 1 | | | | | |
| Percentage of Change | | | 9.51% | I | | | | | |

2024 Cigna Health Plan – Final Offer

| LIZIIU | | LocalPlus Plan | | | OAPi | n Plan | | OAP Plan | |
|--|---------|----------------------------|--------------|------|--------------------|------------|------|--------------------|-------------|
| healthcare | | Current | Renewal | | Current | Renewal | | Current | Renewal |
| Employee | 78 | 832.03 | 865.29 | 24 | 898.87 | 934.79 | 14 | 933.50 | 970.85 |
| Employee + 1 Dependent | 41 | 1,801.35 | 1,873.36 | 16 | 1,946.06 | 2,023.81 | 8 | 2,021.03 | 2,101.90 |
| Employee + Family | 36 | 2,378.78 | 2,473.87 | 40 | 2,569.87 | 2,672.54 | 9 | 2,668.88 | 2,775.67 |
| Monthly Total | 155 | 224,389.77 | 233,359.70 | 80 | 155,504.64 | 161,717.52 | 31 | 53,257.16 | 55,388.13 |
| Percentage of Change | | | 4.00% | | | 4.00% | | | 4.00% |
| In-Network | | LocalP | lus Plan | | <u>OA</u> | <u>Pin</u> | | <u>OA</u> | <u>.P</u> |
| 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 | | 10 | 0% | | 100% | | | 100% | |
| PCP Copay | | \$2 | 20 | | \$20 | | | \$15 | |
| Preventive Care | | 100% | | | 100% | | | 100% | |
| Specialist Copay | | \$40 | | | \$40 | | | \$25 | |
| ER Copay | | \$250 | | | \$250 | | | \$100 | |
| Jrgent Copay | | \$60 | | | \$60 | | | \$60 | |
| Outpatient Surgery | | Deductible | | | Deductible | | | Deductible | |
| npatient Surgery | | Deductible | | | Deductible | | | Deductible | |
| Out-of-pocket (Individual / Family) | | Deductible | | | 20001210 | | | | |
| (Includes Deductible) | | \$6,600 / \$13,200 | | | \$6,600 / \$13,200 | | | \$6,600 / \$13,200 | |
| Prescription | | \$0,000 / \$13,200 | | | φο,σσο / φ10,2σο | | | ψ0,000 / 1 | φ10,200 |
| rescription | Level 1 | \$10 | | \$10 | | | \$10 | 1 | |
| Level 1 Level 2 Level 3 | | * * * * | | | · | 25 | | \$25 | |
| | | • | | | · · | 50 | | \$50 | |
| | Level 3 | • | to a \$200 | | 20% up to a \$200 | | | 20% up to | |
| Out-of-Network | Level 4 | 20 / up | ιο α ψ200 | | 20 / up | ιο α ψ200 | | 2070 up to | σα ψ200 |
| Deductible (Individual / Family) | | Emor | gency | | Emor | gency | | \$1,000 / \$3,000 | |
| Coinsurance | | | nly | | | • . | | 70% | |
| Out-of-pocket (Individual / Family) | | U | riiy | | Only | | | \$6,600 / \$13,200 | |
| Out-oi-pocket (ilidividual / Faitiliy) | | | | | | | | φ0,000 / . | \$13,200 |
| | | EMPLOYEE WEEKLY DEDUCTIONS | | | | | | | |
| Employee | 78 | 0.00 | 0.00 | 24 | 10.00 | 10.00 | 14 | 24.00 | 24.00 |
| Employee + 1 Dependent | 41 | 10.50 | 10.50 | 16 | 17.00 | 17.00 | 8 | 62.00 | 62.00 |
| Employee + Family | 36 | 13.00 | 13.00 | 40 | 20.00 | 20.00 | 9 | 81.50 | 81.50 |
| | | Current | Renewal | | | | | | |
| Combined Monthly Total | | 433,151.57 | 450,465.35 | 1 | | | | | |
| Combined Annual Total | | 5,197,818.84 | 5,405,584.20 | | 4.00% | | | | |
| Combined Monthly Net Cost | | 416,788.90 | 434,102.68 | | | | | | |
| Combined Annual Net Cost | | 5,001,466.84 | 5,209,232.20 | | | | Annı | ual Net Increase | \$207,765.3 |
| Percentage of Change | | · | 4.15% | 1 | | | | | |
| reiceillage of Change | | | 4.13 /0 | | | | | | |

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Cigna - Virgin Pulse (Health and Wellness)



- The wellness program MotivateMe (MMe) is transitioning to Virgin Pulse. Option 1 best aligns with what the City has now through MMe.
- Virgin Pulse is personalized, based on the employees' health assessments, preferences, claims and prior interactions.
- Provides health incentives based on behaviors
- The City is going with Option 3 for employees only up to an annual benefit of \$400
- Cigna agreed to increase the annual Health & Wellness Fund to \$30K (currently \$20K).



2024 Cigna Dental Plan Renewal

0.00%





| healthcare | Cigila. | | | |
|---------------------------|----------------------------|------------|------------|--|
| | | Current | Renewal | |
| Employee Only | 120 | 31.48 | 31.48 | |
| Employee +1 Dependent | 83 | 67.99 | 67.99 | |
| Employee + Family | | 89.67 | 89.67 | |
| | 271 | 15,518.33 | 15,518.33 | |
| 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 | | | |
| | | Current | Renewal | |
| Annual Prer | nium | 186,219.96 | 186,219.96 | |
| | | | | |

* Dental coverage is a second-year rate guarantee until 7.1.2025

Annual Net Change

2024 Cigna Vision Plan Renewal





| | | Current | Renewal | | |
|---------------------------|--|-----------------------|----------------|--|--|
| Employee | 124 | 6.92 | 6.92 | | |
| Employee + 1 Dependent | 80 | 12.10 | 12.10 | | |
| Employee + Family | 69 | 19.37 | 19.37 | | |
| Monthly Total | 273 | 3,163.06 | 3,163.06 | | |
| Eye Exam | | \$10 | | | |
| Frequency | Every 12 months | | | | |
| Lenses | | | | | |
| Single, Bifocal, Trifocal | | \$20 | | | |
| Frequency | | Every 12 months | | | |
| Contacts | | | | | |
| Flooding | | Up to \$150 Allowance | | | |
| Elective | | Included | | | |
| Medically Necessary | | Every 12 months | | | |
| Frequency | | | | | |
| | | Un to \$150 Allo | wansa nius 20% | | |
| Frames | Up to \$150 Allowance plus 20% discount on overage | | | | |
| | | discount on overage | | | |
| Frequency | | Every 12 months | | | |
| | | WEEKLY DEDUCTIONS | | | |
| Emp | oloyee | 0.00 | 0.00 | | |
| Employee + 1 Depe | 1.00 | 1.00 | | | |
| Employee + I | 2.56 | 2.56 | | | |
| Monthly Pre | emium | 3,163.06 | 3,163.06 | | |
| Annual Pre | emium | 37,956.70 | 37,956.70 | | |
| Percent of C | hange | | 0.00% | | |

* Vision coverage is a second-year rate guarantee until 7.1.2025

2024 Basic Life AD&D Plan Renewal

| Basic Life and AD&D Insurance | Lincoln Financial Group |
|---|----------------------------|
| Basic Life Benefits and AD&D Amount: | |
| Class 1: All Full-Time Upper Management Employees: | \$150,000 |
| Class 2: All Full-Time Middle Management Employees: | \$40,000 |
| Class 3 All Other Full-Time Employees: | \$20,000 |
| Life Rate: | 0.330 |
| AD&D Rate: | 0.035 |
| Projected Volume: | \$7,750,000 |
| Covered Lives: | 271 |
| Basic Life Monthly Premium: | \$2,829 |
| Annual Cost: | \$33,945 |
| Rate Guarantee: | 7/1/2025 |

- Rate hold until 2025

HRA, FSA, and DCA

| | - | | | | New Benefit |
|---------------------------|--------------------|---|------------|------------------|--------------------|
| | | WEDCOM Your employee benefit solution center | | Admin * America. | Admin* America. |
| | | Current | Renewal | Proposal - HRA | Proposal - FSA/DCA |
| Medical Enrollment | 275 | | | | |
| HRA Enrollment | HRA Enrollment 275 | | \$2.00 | \$4.00 | \$4.50 |
| HRA Fee | | | | | |
| Monthly Total | | \$550.00 | \$550.00 | \$1,100.00 | N/A |
| Annual Cost | | \$6,600.00 | \$6,600.00 | \$13,200.00 | N/A |

- Recommending a change in administrators for the Health Reimbursement
 Arrangement (HRA) for a better member experience and to also offer a Flexible
 Spending Account (FSA) and Dependent Care Account (DCA)
- Cost under each proposal includes setup and Debit Cards
- IRS allows individual FSA contributions up to \$3,200
- City would set the minimum FSA contribution to \$250
- Employees would have the ability to rollover up to \$640 of unused FSA funds into the next plan year
- Married employees could elect up to \$5,000 under the DCA and \$2,500 for single employees



Recommended Option

Renew Medical, Dental, and Vision with Cigna. No change to the plans or employe costs. Renew the Basic Life and AD&D Insurance with Lincoln Financial with no change. Change HRA administrators from MedCom to AdminAmerica and offer an FSA/DCA to employees.

Overall Budget Cost: **\$5,482,471** (4.07% increase)

Cost Includes: Medical, HRA, Dental, Vision, and Basic Life