

City of Lake Worth Beach
Medical Insurance Evaluation
Effective Date: October 1, 2020

		Current	Renewal	Negotiated Renewal
SCHEDULE OF BENEFITS		Cigna OAPIN	Cigna OAPIN	Cigna OAPIN
Plan Basics		In Network	In Network	In Network
Deductible		Calendar	Calendar	Calendar
Single		\$2,000	\$2,000	\$2,000
Family		\$4,000	\$4,000	\$4,000
Out of Pocket Maximum				
Single		\$7,150	\$7,150	\$7,150
Family		\$14,300	\$14,300	\$14,300
Coinsurance (Member Pays)		20%	20%	20%
Physician Services				
Preventive Care		No Charge	No Charge	No Charge
Physician Office Visit		\$45	\$45	\$35
Specialist Office Visit		\$75	\$75	\$70
Telehealth/Virtual Visit		\$40	\$40	\$35
Lab / X-Ray		20% after CYD	20% after CYD	20% after CYD
Advanced Imaging		\$500	\$500	\$500
Urgent Care Visit		\$75	\$75	\$60
Hospital Services				
Inpatient		20% after CYD	20% after CYD	20% after CYD
Outpatient		20% after CYD	20% after CYD	20% after CYD
Emergency Room		\$350 after CYD	\$350 after CYD	\$350 after CYD
Physician Services at Hospital		20% after CYD	20% after CYD	20% after CYD
Mental Health / Substance Abuse				
Inpatient Hospital		20% after CYD	20% after CYD	20% after CYD
Outpatient (OV/Other)		\$75/20% after CYD	\$75/20% after CYD	\$75/20% after CYD
Pharmacy Plan				
Tier 1 / Generic		\$20	\$20	\$20
Tier 2 / Preferred Brand		\$50	\$50	\$50
Tier 3 / Non Preferred Brand		\$100	\$100	\$100
Tier 4 / Specialty Drug		\$20/\$50/\$100	\$20/\$50/\$100	\$20/\$50/\$100
Mail Order (Excluding Specialty)		2.5x retail	2.5x retail	2.5x retail
Rates		Minimum Premium Rates	Minimum Premium Rates	Minimum Premium Rates
Employee	212	\$722.87	\$769.76	\$769.76
Employee + Spouse	45	\$1,493.58	\$1,590.45	\$1,590.45
Employee + Child(ren)	29	\$1,356.73	\$1,444.73	\$1,444.73
Family	33	\$2,257.08	\$2,403.47	\$2,403.47
Monthly Premium	330	\$334,288	\$355,971	\$355,971
Annual Premium		\$4,011,460	\$4,271,653	\$4,271,653
\$ Increase/(Decrease)		-	\$260,192	\$260,192
% Increase/(Decrease)		-	6.5%	6.5%

City of Lake Worth Beach
Minimum Premium Evaluation
Effective Date: October 1, 2020

CURRENT						
Cigna	Administration Fees			Liability		Funding
	Expenses	Admin Fee (Access Fee)	Stop Loss Charge (EPB)	Bank Account Liability	Terminal Liability	Suggested Funding
OAPIN						
Employee 212	\$77.71	\$23.16	\$135.83	\$481.08	\$5.09	\$722.87
Employee + Spouse 45	\$163.96	\$23.16	\$280.65	\$1,015.08	\$10.73	\$1,493.58
Employee + Child(ren) 29	\$148.65	\$23.16	\$254.94	\$920.25	\$9.73	\$1,356.73
Employee + Family 33	\$249.41	\$23.16	\$424.12	\$1,544.06	\$16.33	\$2,257.08
Total 319						
Monthly Cost	\$36,394	\$7,388	\$62,814	\$225,309	\$2,383	\$334,288
Annual Cost	\$436,729	\$88,656	\$753,773	\$2,703,705	\$28,595.88	\$4,011,460
	<u>Total Administration Cost</u> \$1,279,159			<u>Total Claims Liability</u> \$2,703,705	<u>Terminal Liability</u> \$28,596	<u>Maximum Cost</u> \$4,011,460

RENEWAL					
Administration Fees			Liability		Funding
Expenses	Admin Fee (Access Fee)	Stop Loss Charge (EPB)	Bank Account Liability	Terminal Liability	Suggested Funding
\$81.91	\$23.36	\$154.85	\$509.64	\$0.00	\$769.76
\$171.83	\$23.36	\$319.94	\$1,075.32	\$0.00	\$1,590.45
\$155.87	\$23.36	\$290.63	\$974.87	\$0.00	\$1,444.73
\$260.92	\$23.36	\$483.50	\$1,635.69	\$0.00	\$2,403.47
\$38,228	\$7,452	\$71,609	\$238,682	\$0	\$355,971
\$458,734	\$89,422	\$859,311	\$2,864,185	\$0.00	\$4,271,653
	<u>Total Administration Cost</u> \$1,407,468		<u>Total Claims Liability</u> \$2,864,185	<u>Terminal Liability</u> \$0	<u>Maximum Cost</u> \$4,271,653

TOTAL ANNUAL MAXIMUM COST:	\$4,011,460
TOTAL ANNUAL MAXIMUM COST CHANGE:	-
TOTAL ANNUAL % CHANGE	-

\$4,271,653
\$260,192
6.5%

**City of Lake Worth Beach
Dental Evaluation - PPO
Effective Date: October 1, 2020**

		Current		Renewal		Negotiated Renewal	
		Cigna Total DPPO		Cigna Total DPPO		Cigna Total DPPO	
Deductible		<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Annual Benefit Maximum		\$1,000		\$1,000		\$1,000	
Single		\$50	\$50	\$50	\$50	\$50	\$50
Family Aggregate		\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Class 1		Yes	Yes	Yes	Yes	Yes	Yes
Benefits							
Class I: Preventive / Diagnostic		100%	100%	100%	100%	100%	100%
Class II: Basic / Restorative		80% After CYD	80% After CYD	80% After CYD	80% After CYD	80% After CYD	80% After CYD
Class III: Major / Replacement		50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Periodontics and Endodontics		Major		Major		Major	
Class IX: Implants		50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Class IV: Orthodontic Treatment		50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Maximum		\$1,500		\$1,500		\$1,500	
Orthodontia Coverage		Children to age 19		Children to age 19		Children to age 19	
Waiting period (Timely Entrants)		12 Months – Class III & IV		12 Months – Class III & IV		12 Months – Class III & IV	
Out of Network Benefits Payable		UCR 90th Percentile		UCR 90th Percentile		UCR 90th Percentile	
Rate Guarantee Ends		9/30/2020		9/30/2021		9/30/2021	
Rates							
Employee	111	\$27.68		\$29.89		\$29.20	
Employee + Spouse	36	\$51.09		\$55.17		\$53.90	
Employee + Child(ren)	17	\$69.53		\$75.08		\$73.35	
Employee + Family	20	\$106.51		\$115.01		\$112.36	
Monthly Premium	184	\$8,224		\$8,880		\$8,676	
Annual Premium		\$98,687		\$106,566		\$104,109	
\$ Increase		-		\$7,878		\$5,422	
% Increase		-		8.0%		5.5%	

City of Lake Worth Beach
Dental Evaluation - DHMO
Effective Date: October 1, 2020

		Current	Renewal	Negotiated Renewal
		Cigna P4XVO	Cigna P4XVO	Cigna P4XVO
Calendar Year Maximum		<i>In Network</i>	<i>In Network</i>	<i>In Network</i>
Per Member		Does Not Apply	Does Not Apply	Does Not Apply
Per Family		Does Not Apply	Does Not Apply	Does Not Apply
Deductible Waived for Class 1		Does Not Apply	Does Not Apply	Does Not Apply
Class I Services: Preventative/ Diagnostic	Code			
Office Visit		\$5	\$5	\$5
Routine Oral Exam (2 Per Year)	120	No Charge	No Charge	No Charge
Routine Cleanings (2 Per Year)	1110	No Charge	No Charge	No Charge
Bitewing X-rays (2 Per Year)	270	No Charge	No Charge	No Charge
Complete X-rays	210	No Charge	No Charge	No Charge
Fluoride Treatments to Age 16 (2 Per Year)	1206	No Charge	No Charge	No Charge
Sealant per tooth	1351	\$7	\$7	\$7
Palliative (emergency) treatment of dental pain- minor procedure	9110	\$3	\$3	\$3
Class II Services: Basic Restorative				
Fillings (Amalgam, 3 Surface)	2160	No Charge	No Charge	No Charge
Fillings (Resin, 3 Surface Anterior)	2332	No Charge	No Charge	No Charge
Fillings (Resin, 3 Surface Posterior)	2393	\$65	\$65	\$65
Simple Extractions	7140	\$3	\$3	\$3
Endodontic Therapy (Root Canal) - Molar, Excluding Final Restoration	3330	\$195	\$195	\$195
Class III Services: Major Restorative				
Bridges	6242	\$130	\$130	\$130
Crowns (Porcelain Fused to Metal)	2750	\$130	\$130	\$130
Dentures	5110	\$135	\$135	\$135
Orthodontia ¹				
Treatment Benefit- Child	8670	\$1,224	\$1,224	\$1,224
Treatment Benefit- Adult	8670	\$1,728	\$1,728	\$1,728
Rate Guarantee Ends		9/30/2020	9/30/2021	9/30/2021
Rates				
Employee	93	\$17.84	\$18.55	\$17.84
Employee + Spouse	18	\$32.78	\$34.09	\$32.78
Employee + Child(ren)	13	\$40.19	\$41.80	\$40.19
Employee + Family	17	\$59.03	\$61.39	\$59.03
Monthly Premium:	141	\$3,775	\$3,926	\$3,775
Annual Premium:		\$45,302	\$47,110	\$45,302
\$ Increase:		-	\$1,808	\$0
% Increase:		-	4.0%	0.0%

¹ Orthodontia Treatment Code represent a typical orthodontia treatment plan. Actual costs may vary for an individual's plan.