



MSI Benefits Renewal Presentation

October 5, 2026



MSI

Presented by MSI Benefits Group

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



MSI Benefits Group, Inc.
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 770-425-1231
Fax: 770-425-4722
www.msibg.com

Integrity
Service & Accountability
Respect

Tommy Hayes

MSI Solutions:

Benefits Consulting	Enrollment and Eligibility	Member Advocacy	Administrative Support
Reporting/Benchmarking	MSI Enrollment Platform	Live Customer Service	Invoice Reconciliation
Marketing Evaluations	New Hire/OE Enrollments	Claims Assistance	1094/1095 Filings
Wellness Initiatives	Custom Communications	Provider Outreach	MSI Client/HR Portal

Your Designated MSI Team:

Benefits Consultant:	Account Manager:	Enrollment Coordinator:	Technology Director:	Billing Specialist:	Member Advocates:
Benefits Strategy Plan Reporting Renewal Planning	Implementations Communications Day-to-Day Support	New Hire Scheduling OE Coordination Personalized Support	Benefits Administration Carrier File Feeds 1094/1095 Reporting	Invoice Reconciliation Billing Discrepancies Monthly Statements	Live Customer Support Claims Resolution Proactive Follow-up

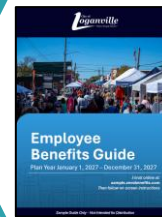
Enrollment Support



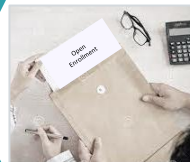
Online Enrollment Portal



In-Person New Hire and OE Meetings



Employee Benefits Guide



Employee OE Packets

A screenshot of an "Employee Benefit Statement" from the City of Loganville, showing a table of employee data with columns for employee ID, name, and various benefit details.

Employee Benefit Statements

GMA 2027 Health Insurance Renewal



	BASE			BUY-UP		
		Current	Renewal		Current	Renewal
Employee	20	1,105.00	1,182.00	18	1,213.00	1,298.00
Employee + Spouse	3	2,212.00	2,367.00	19	2,428.00	2,598.00
Employee + Child(ren)	3	2,101.00	2,248.00	15	2,307.00	2,468.00
Employee + Family	9	3,314.00	3,546.00	31	3,639.00	3,894.00
Monthly Total	35	64,865.00	69,399.00	83	215,380.00	230,460.00
Percent of Change			6.99%			7.00%
In-Network		POS			POS	
Deductible (Indiv. / Family)		\$1,500 / \$4,500			\$500 / \$1,500	
Coinsurance		90%			90%	
PCP Copay		\$35			\$25	
Preventive Care		100%			100%	
Specialist Copay		\$45			\$35	
ER Copay		\$200			\$200	
Urgent Copay		\$60			\$60	
Outpatient Surgery		Deductible / Coinsurance			Deductible / Coinsurance	
Inpatient Surgery		Deductible / Coinsurance			Deductible / Coinsurance	
Medical Out-of-pocket (Indiv. / Fam)		\$4,000 / \$8,000			\$2,000 / \$4,000	
Rx Out-of-Pocket (Indiv. / Fam)		\$1,600 / \$3,200			\$1,600 / \$3,200	
Tier 1		\$10			\$10	
Tier 2		\$35			\$35	
Tier 3		\$60			\$60	
Out-of-Network						
Deductible (Indiv. / Family)		\$3,000 / \$9,000			\$1,000 / \$3,000	
Coinsurance		70%			70%	
Med Out-of-pocket (Indiv. / Family)		\$7,500 / \$15,000			\$3,500 / \$7,000	
Rx Out-of-Pocket (Indiv. / Family)		\$3,200 / \$6,400			\$3,200 / \$6,400	
	EMPLOYEE SEMI-MONTHLY DEDUCTIONS (24/Year)					
Employee	20	0.00	0.00	18	35.00	35.00
Employee + Spouse	3	144.75	144.75	19	158.25	158.25
Employee + Child(ren)	3	130.88	130.88	15	143.13	143.13
Employee + Family	9	282.50	282.50	31	309.63	309.63
		Current	Renewal	7.00%		
Monthly Total		\$280,245	\$299,859			
Annual Total		\$3,362,940	\$3,598,308			
Monthly Net Cost		\$242,742	\$262,356			
Annual Net Cost		\$2,912,901	\$3,148,269			
Annual Budget Difference			\$235,368			
Percentage of Change			8.08%			

Cigna Health Insurance Proposal



	BASE			BUY-UP		
		Current	Proposal		Current	Proposal
Employee	20	1,105.00	1,027.75	18	1,213.00	1,128.08
Employee + Spouse	3	2,212.00	2,057.38	19	2,428.00	2,258.01
Employee + Child(ren)	3	2,101.00	1,954.14	15	2,307.00	2,145.49
Employee + Family	9	3,314.00	3,082.36	31	3,639.00	3,384.23
Monthly Total	35	64,865.00	60,330.80	83	215,380.00	200,301.11
Percent of Change			-6.99%			-7.00%
In-Network		POS	OAP		POS	OAP
Deductible (Indiv. / Family)		\$1,500 / \$4,500	\$1,500 / \$4,500		\$500 / \$1,500	\$500 / \$1,500
Coinsurance		90%	90%		90%	90%
PCP Copay		\$35	\$35		\$25	\$25
Preventive Care		100%	100%		100%	100%
Specialist Copay		\$45	\$45		\$35	\$35
ER Copay		\$200	\$200		\$200	\$200
Urgent Copay		\$60	\$60		\$60	\$60
Outpatient Surgery		Deductible / Coinsurance	Deductible / Coinsurance		Deductible / Coinsurance	Deductible / Coinsurance
Inpatient Surgery		Deductible / Coinsurance	Deductible / Coinsurance		Deductible / Coinsurance	Deductible / Coinsurance
Medical Out-of-pocket (Indiv. / Fam)		\$4,000 / \$8,000	\$4,000 / \$8,000		\$2,000 / \$4,000	\$2,000 / \$4,000
Rx Out-of-Pocket (Indiv. / Fam)		\$1,600 / \$3,200	\$1,600 / \$3,200		\$1,600 / \$3,200	\$1,600 / \$3,200
Tier 1		\$10	\$15		\$10	\$10
Tier 2		\$35	\$35		\$35	\$35
Tier 3		\$60	\$60		\$60	\$60
Out-of-Network						
Deductible (Individual / Family)		\$3,000 / \$9,000	\$3,000 / \$9,000		\$1,000 / \$3,000	\$1,000 / \$3,000
Coinsurance		70%	70%		70%	70%
Out-of-pocket (Individual / Family)		\$7,500 / \$15,000	\$7,500 / \$15,000		\$3,500 / \$7,000	\$3,500 / \$7,000
Rx Out-of-Pocket (Indiv. / Fam)		\$3,200 / \$6,400	\$3,200 / \$6,400		\$3,200 / \$6,400	\$3,200 / \$6,400
EMPLOYEE SEMI-MONTHLY DEDUCTIONS (24/Year)						
Employee	20	0.00	0.00	18	35.00	35.00
Employee + Spouse	3	144.75	144.75	19	158.25	158.25
Employee + Child(ren)	3	130.88	130.88	15	143.13	143.13
Employee + Family	9	282.50	282.50	31	309.63	309.63
		Current	Proposal	-7.00%		
Monthly Total		\$280,245	\$260,632			
Annual Total		\$3,362,940	\$3,127,583			
Monthly Net Cost		\$242,742	\$223,129			
Annual Net Cost		\$2,912,901	\$2,677,544			
Annual Budget Difference			-\$235,357			
Percentage of Change			-8.08%			

NOTES:

- Cigna plans mirror the current GMA plans.
- Cigna rates include a dental bundling discount.
- GMA and Cigna proposals maintain current employee deductions.
- Additional \$10k admin credit if Cigna voluntary benefits are included.

Dental



		Current	Renewal	Proposal
Employee Only	36	25.00	30.00	36.67
Employee + Spouse	20	76.00	90.00	72.45
Employee + Child(ren)	17	76.00	90.00	99.54
Employee + Family	45	76.00	90.00	149.12
	118	7,132.00	8,460.00	11,171.70
Deductible		\$50 Indiv. (\$150 Family)	\$50 Indiv. (\$150 Family)	\$50 Indiv. (\$150 Family)
Preventive		100%	100%	100%
Basic		80%	80%	80%
Major		50%	50%	50%
Annual Maximum Benefit		\$1,500	\$1,750	\$1,750
Fillings		80%	80%	80%
Simple Extractions		80%	80%	80%
Oral Surgery		80%	80%	80%
Periodontics		80%	80%	80%
Endodontics (Root Canals)		80%	80%	80%
Crowns		50%	50%	50%
Dentures / Bridges		50%	50%	50%
Orthodontia Coverage		\$1,000 Lifetime	\$1,500 Lifetime	\$1,500 Life Maximum
Out of Network Reimbursement		MAC	80%	90%
EMPLOYEE SEMI-MONTHLY DEDUCTIONS (24/YEAR)				
Employee Only		0.00	0.00	0.00
Employee + Spouse		25.50	30.00	17.89
Employee + Child(ren)		25.50	30.00	31.44
Employee + Family		25.50	30.00	56.23
Monthly Premium		\$7,132.00	\$8,460.00	\$11,171.70
Annual Premium		\$85,584.00	\$101,520.00	\$134,060.40
Net Monthly Premium		\$2,950.00	\$3,540.00	\$4,327.06
Net Annual Premium		\$35,400.00	\$42,480.00	\$51,924.72
Percentage of Change			18.62%	56.64%

NOTES:

- Current GMA dental plan uses the Anthem network.
- GMA dental renewal increases annual maximum, orthodontic, and out-of-network benefits.
- Cigna proposal includes 90% out-of-network dental reimbursement.
- GMA offers 2-tier coverage (Employee Only / Employee + Family); Cigna offers 4-tier coverage (Employee Only / Employee + Spouse / Employee + Child(ren) / Employee + Family).

Vision



		Current	Proposal
Employee Only	30	10.23	9.21
Employee + Spouse	18	18.09	18.41
Employee + Child(ren)	3	18.09	17.49
Employee + Family	34	27.01	27.62
IN-NETWORK			
Routine Eye Exam		\$10 copay (1 per year)	\$10 copay (1 per year)
Eyeglass Frames		\$150 allowance + 20% Discount (Every 12 months)	\$200 allowance + 20% Discount (Every 24 months)
Eyeglass Lenses		Every 12 months	Every 12 months
Standard Plastic Single		\$10 copay	\$10 copay
Standard Plastic Bifocal		\$10 copay	\$10 copay
Standard Plastic Trifocal		\$10 copay	\$10 copay
Contact Lenses		Every 12 months	Every 12 months
Non-Elective Contact Lenses		Covered in full	Covered in full
Elective Conventional Lenses		\$130 allowance	\$200 allowance + 15% Discount
Elective Disposable Lenses		\$130 allowance	\$200 allowance
OUT-OF-NETWORK			
Routine Eye Exam		\$35 allowance	\$45 allowance
Eyeglass Lenses		\$25 - \$80 allowance	\$32 - \$80 allowance
Contact Lenses - Elective		\$110 allowance	\$160 allowance
Non-Elective		\$250 allowance	\$210 allowance
Frame		\$45 allowance	\$110 allowance
		EMPLOYEE SEMI-MONTHLY DEDUCTIONS (24 / YR)	
Employee		5.12	4.61
Employee + Spouse		9.05	9.21
Employee + Child(ren)		9.05	8.75
Employee + Family		13.51	13.81

- Vision is 100% employee paid.
- Cigna increases the frame/contact lens allowance to \$200.
- Current plan offers 3 tiers; Cigna moves to traditional 4-tier coverage (EE Only / EE + Spouse / EE + Child(ren) / EE + Family).

Basic Life and AD&D

Employer Paid Basic Life and AD&D Insurance	Current / Renewal	Proposal
		
Basic Life Benefits and AD&D Amount	\$50,000	\$50,000
Reduction Schedule:	35% at age 70, 55% age 70	35% at age 70, 50% age 70
Life Rate:	0.320	0.160
AD&D Rate:	0.060	0.030
Projected Volume:	\$6,500,000	\$6,500,000
Covered Lives:	130	130
Basic Life Monthly Premium:	\$2,470	\$1,235
Annual Premium:	\$29,640	\$14,820
Rate Guarantee:	1/1/2028	1/1/2029
Percentage of Change:		-50.00%

- Basic Life and AD&D are currently with GMA/The Standard.
- Multiple carriers were marketed, with Mutual of Omaha providing the most favorable proposal.
- Mutual of Omaha offers a 2-year rate guarantee.
- Voluntary Long-Term Disability coverage already under Mutual of Omaha.

Voluntary Life and AD&D

VOLUNTARY LIFE INSURANCE & AD&D	
Employee Eligible Amounts:	\$10,000 - \$300,000
Spouse Eligible Amounts:	\$5,000 - \$150,000
	(Not to exceed 100% of EE amount)
Children Eligible Amounts:	\$10,000
Employee Guaranteed Issue Amount:	\$150,000 at initial enrollment
Spouse Guaranteed Issue Amount:	\$30,000 at initial enrollment
Reduction Schedule:	35% at age 70 / 50% at age 75
Participation Requirement:	30%
Portability:	Yes
Rate Guarantee	1/1/2029
Employee Monthly Deductions:	AD&D Included
<Age 25 / \$50,000	\$5.50
Age 25 - 29 / \$50,000	\$6.00
Age 30 - 34 / \$50,000	\$7.50
Age 35 - 39 / \$50,000	\$8.50
Age 40 - 44 / \$50,000	\$9.00
Age 45 - 49 / \$50,000	\$12.50
Age 50 - 54 / \$50,000	\$18.00
Age 55 - 59 / \$50,000	\$32.00
Age 60 - 64 / \$50,000	\$48.00
Age 65 - 69 / \$50,000	\$90.50

- Voluntary Term Life is not currently offered.
- Term Life coverage is 100% voluntary and employee-paid.
- Mutual of Omaha offers \$150,000 of Guaranteed Issue for employees at initial enrollment.

Group Short-Term Disability



GROUP SHORT TERM DISABILITY	Current / Renewal	Proposal
Benefit Schedule:	N/A	70% of weekly earnings
Maximum Benefit:	\$300 per week	\$300 per week
Day Injury Benefit Commences:	15th day	8th day
Day Sickness Benefit Commences:	15th day	15th day
Benefit Duration:	26 Weeks	26 Weeks
Participation Requirements:	100%	100%
Rate Guarantee:	1/1/2028	1/1/2029
Rate per \$10 Benefit:	0.500	0.350
Total Weekly Benefit:	39,000	39,000
Monthly Premium:	\$1,950	\$1,365
Annual Premium:	\$23,400	\$16,380
Percent of Change:		-30.00%

- Mutual of Omaha proposal matches the current \$300 maximum STD benefit.
- Mutual of Omaha proposal reduces the STD elimination period for injury/accident from 14 days to 7 days.
- Mutual of Omaha offers a voluntary Buy-Up option, allowing employees to increase the \$300 weekly benefit to 70% of earnings, up to \$1,500 a week.

Voluntary Consideration – Cigna Group VB Plans

Critical Illness (CI)	Cigna			
Wellness Benefit	\$50			
Employee Benefit	\$10k, \$20k, or \$30k (Guaranteed Issue)			
Spouse Benefit	50% of EE			
Children Benefit	25% of EE			
Cancer, Heart Attack and Stroke	100%			
Organ Transplant/ESRD	100%			
Alzheimer's, Parkinson's, ALS, MS	25%			
Skin Cancer	\$250			
CI Monthly Rates (per \$10k)	Employee	Employee + Spouse	Employee + Children	Employee + Family
0-24	\$3.24	\$6.68	\$4.73	\$8.06
25-29	\$3.37	\$7.13	\$5.15	\$8.52
30-34	\$4.46	\$7.97	\$5.85	\$9.35
35-39	\$5.90	\$9.98	\$7.29	\$11.37
40-44	\$7.61	\$12.57	\$9.00	\$13.96
45-49	\$11.05	\$17.80	\$12.43	\$19.19
50-54	\$15.06	\$24.06	\$16.45	\$25.44
55-59	\$22.03	\$34.57	\$23.41	\$35.96
60-64	\$28.45	\$44.27	\$29.84	\$45.66

Hospital Indemnity	Cigna
Hospital Admission Benefit	\$1,000
Hospital Confinement per Day	\$100
Hospital ICU Confinement per Day	\$200
Hospital Monthly Rates	Group
Employee Only	\$18.68
Employee + Spouse	\$47.14
Employee + Child(ren)	\$29.39
Family	\$57.85

Accident	Cigna
Wellness Benefit	\$50
ER/Urgent Care	\$200
Air Ambulance/Ground Ambulance	\$1,600/\$400
Physician Office Visit	\$100
Diagnostic Exam	\$75
Hospital Admission	\$1,000
Hospital Confinement per Day	\$200
Hospital ICU Confinement per Day	\$400
Accident Monthly Rates	Group
Employee Only	\$8.10
Employee + Spouse	\$14.34
Employee + Child(ren)	\$18.99
Family	\$25.23



City of Loganville 2027 Cost Summary

	<i>Current</i>	<i>Renewal</i>	<i>Proposal</i>
MEDICAL	<i>GMA / Anthem</i>	<i>GMA / Anthem</i>	<i>Cigna</i>
Annual Billed Premium	\$3,362,940	\$3,598,308	\$3,127,583
Employee Annual Deductions	\$450,039	\$450,039	\$450,039
City Annual Net Cost	\$2,912,901	\$3,148,269	\$2,677,544
DENTAL	<i>GMA / Anthem</i>	<i>GMA / Anthem</i>	<i>Cigna</i>
Annual Billed Premium	\$85,584	\$101,520	\$134,060
Employee Annual Deductions	\$50,184	\$59,040	\$82,136
City Annual Net Cost	\$35,400	\$42,480	\$51,925
BASIC LIFE	<i>GMA / Standard</i>	<i>GMA / Standard</i>	<i>Mutual of Omaha</i>
Expected Annual Cost	\$29,640	\$29,640	\$14,820
GROUP STD	<i>GMA / Standard</i>	<i>GMA / Standard</i>	<i>Mutual of Omaha</i>
Expected Annual Cost	\$23,400	\$23,400	\$16,380
Total Expected Annual Cost	\$3,001,341	\$3,243,789	\$2,760,669

Percentage of Change

8.1%

-8.0%

Annual Budget Impact

\$242,448

-\$240,672

Notes:

- Cigna/Mutual of Omaha proposals are more than \$480K below the GMA renewal.
- An additional \$10K administrative credit is available if Cigna voluntary benefits are added.



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