

Mutual of Omaha - Renewal
Voluntary Vision / Employer Paid Life/AD&D

City of Los Fresnos

Voluntary - Vision		Renewal
Network:	EyeMed Insight	
EO: Employee Only ES: Employee+Spouse EC: Employee+Child(ren) EF: Employee+Family TOTAL GROUP EMPLOYEE COST TOTAL DEPENDENT COST TOTAL GROUP COST	Current \$5.70 $\$5.70 + \$5.30 = \$11.00$ $\$5.70 + \$5.72 = \$11.42$ $\$5.70 + \$11.30 = \$17.00$ \$216.60 \$88.72 \$305.32	Renewal \$5.97 $\$5.97 + \$5.55 = \$11.52$ $\$5.97 + \$5.99 = \$11.96$ $\$5.97 + \$11.83 = \$17.80$ \$226.86 \$92.90 \$319.76
	4% Increase	

Based on 38 Employees: EO=25, ES=6, EC=6, EF=2

Employer Paid Life/AD&D: \$20,000		Renewal
	Life \$0.15 / AD&D \$0.02	Life \$0.19 / AD&D \$0.02
Rate per EE:	\$3.40	\$4.20
Life:	\$174.00	\$220.40
AD&D:	\$23.20	\$23.20
Cost for Entire Group	\$197.20	\$243.60

Based on 58 Total Employees

Voluntary Dental

DTQ - Not Available

United Healthcare

Voluntary Dental - Current/Renewal

Adding: Voluntary Vision & Employer-Paid Life/AD&D

City of Los Fresnos

Voluntary Dental		Renewal
Deductible - Calendar Year <i>{Waived for Preventive Services}</i>	\$50 (3 per family)	
Preventative: <i>(deductible waived)</i>	100%	
Basic:	80%	
Major:	50%	
Annual Maximum:	\$1,000	
Dental Premium:	Current	Renewal
EO: Employee Only	\$16.21	\$18.16
ES: Employee+Spouse	\$16.21+\$16.22=\$32.43	\$18.16+\$18.16=\$36.32
EC: Employee+Child(ren)	\$16.21+\$21.59=\$37.80	\$18.16+\$24.18=\$42.34
EF: Employee+Family	\$16.21+\$40.69=\$56.90	\$18.16+\$45.57=\$63.73
TOTAL GROUP EMPLOYEE COST	\$586.72	\$690.08
TOTAL DEPENDENT COST	\$314.00	\$351.64
TOTAL GROUP COST	\$900.72	\$1,041.72

Based on 38 Employees: EO=26, ES=4, EC=4, EF=4

Voluntary - Vision		Add
Network:	UHC (12/12/12 - \$150 Allowance)	
	Plan: SH107	
EO: Employee Only	\$9.63	
ES: Employee+Spouse	\$9.63+\$9.90=\$19.53	
EC: Employee+Child(ren)	\$9.63+\$12.46=\$22.09	
EF: Employee+Family	\$9.63+\$23.61=\$33.24	
TOTAL GROUP EMPLOYEE COST	\$365.94	
TOTAL DEPENDENT COST	\$181.38	
TOTAL GROUP COST	\$547.32	

Based on 38 Employees: EO=25, ES=6, EC=6, EF=2

Employer Paid Life/AD&D	\$20000	Add
<i>Rate per EE:</i>	\$6.00	
Life \$0.28	\$324.80	
AD&D \$0.02	\$23.20	
Cost for Entire Group	\$348.00	

Based on 58 Total Employees

MetLife

Voluntary Dental / Vision & Employer-Paid Life/AD&D

City of Los Fresnos

Voluntary - Vision		Plan: M150D-10/25-M
Network:	VSP Choice	
EO: Employee Only	\$7.12	
ES: Employee+Spouse	\$7.12+\$7.15= \$14.27	
EC: Employee+Child(ren)	\$7.12+\$4.96= \$12.08	
EF: Employee+Family	\$7.12+\$12.80= \$19.92	
TOTAL GROUP EMPLOYEE COST	\$270.56	
TOTAL DEPENDENT COST	\$98.26	
TOTAL GROUP COST	\$368.82	

Based on 38 Employees: EO=25, ES=6, EC=6, EF=2

Employer Paid Life/AD&D: \$20,000	
<i>Rate per EE:</i>	\$3.56
Life \$0.158	\$183.28
AD&D \$0.020	\$23.20
Cost for Entire Group	\$206.48

Based on 58 Total Employees

Voluntary Dental	
Deductible - Calendar Year	\$50 (3 per family)
<i>{Waived for Preventive Services}</i>	
Preventative: (deductible waived)	100%
	80%
Major:	50%
Annual Maximum:	\$1,250
Dental Premium:	
EO: Employee Only	\$27.02
ES: Employee+Spouse	\$27.02+\$27.61= \$54.63
EC: Employee+Child(ren)	\$27.02+\$30.46= \$57.48
EF: Employee+Family	\$27.02+\$63.73= \$90.75
TOTAL GROUP EMPLOYEE COST	\$1,026.76
TOTAL DEPENDENT COST	\$487.20
TOTAL GROUP COST	\$1,513.96

Based on 38 Employees: EO=26, ES=4, EC=4, EF=4