

City of Pahokee

2023-2024 RFP Evaluation

Medical, Dental, Vision, Life & Voluntary Life

August 9th, 2023

2023-2024 Medical RFP Evaluation

City of Pahokee
Renewal & RFP Evaluation - Medical
Effective Date: October 1, 2023



Schedule of Benefits	CURRENT		RENEWAL		ALTERNATE #1	
	Florida Blue - BlueCare 16253 <i>In Network Only</i>	Florida Blue - BlueCare 14256 <i>In Network Only</i>	Florida Blue - BlueCare 16253 <i>In Network Only</i>	Florida Blue - BlueCare 14256 <i>In Network Only</i>	Florida Blue - BlueCare 17251 <i>In Network Only</i>	Florida Blue - BlueCare 14253 <i>In Network Only</i>
Deductible (Calendar Year - CYD)						
Single	\$3,400	\$1,000	\$4,250	\$1,000	\$0	\$500
Family	\$6,800	\$3,000	\$8,500	\$3,000	\$0	\$1,500
Coinsurance	0%	20%	0%	20%	0%	20%
Maximum Out of Pocket (MOOP)						
Single	\$8,200	\$4,500	\$9,050	\$4,900	\$8,400	\$2,000
Family	\$16,400	\$9,000	\$18,100	\$9,800	\$16,800	\$6,000
Non-Hospital Services						
Physician Office Visit	\$25	\$20	\$25	\$20	\$40	\$10
Specialist Visit	\$55	\$45	\$55	\$45	\$80	\$25
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Clinical Laboratory Services	\$55	\$25	\$55	\$25	\$50	\$25
Advanced Imaging (MRI, PET, CT scans)	\$350	\$250	\$350	\$250	\$750	\$75
Outpatient Surgery in Surgical Center	\$400	\$200	\$400	\$200	\$1,000	\$100
Physician Services at Surgical Center	\$150	\$100	\$150	\$100	\$50	No Charge
Urgent Care Center	\$60	\$50	\$60	\$50	\$85	\$30
Hospital Services						
Inpatient Hospital	CYD + \$1,000/adm	\$500/day; \$2,500 max	CYD + \$1,000/adm	\$500/day; \$2,500 max	\$2,000/day; \$6,000 max	\$250/day; \$750 max
Outpatient Hospital	\$500	\$350	\$500	\$350	\$1,800	\$200
Physician Services at Hospital	\$150	\$100	\$150	\$100	\$50	No Charge
Emergency Room Visit	\$300 after CYD	\$350	\$300 after CYD	\$350	\$700	\$100
Mental Health / Substance Abuse Services						
Inpatient Facility	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drug Benefits						
Tier 1	\$0 / \$4 / \$15	\$0 / \$4 / \$15	\$0 / \$4 / \$15	\$0 / \$4 / \$15	\$0 / \$4 / \$25	\$0 / \$4 / \$10
Tier 2	\$30 / \$75	\$30 / \$60	\$30 / \$75	\$30 / \$60	\$75 / \$150	\$15 / \$30
Tier 3	\$150	\$100	\$150	\$100	\$250	\$50
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A
Tier 5 - Specialty	\$300	\$200	\$300	\$200	\$350	\$150
Mail Order (90 day supply)	2x Retail	2x Retail	2x Retail	2x Retail	2x Retail	2x Retail
Rates	1 2¹					
Employee Only	2 21	\$668.39	\$799.49	\$699.78	\$816.76	\$711.88
Employee + Spouse	0 1	\$1,336.77	\$1,598.99	\$1,399.56	\$1,633.52	\$1,423.76
Employee + Child(ren)	0 3	\$1,236.52	\$1,479.06	\$1,294.59	\$1,511.00	\$1,316.98
Employee + Family	0 0	\$1,904.90	\$2,278.56	\$1,994.37	\$2,327.76	\$2,028.86
Monthly Premium	2 25	\$1,337	\$22,825	\$1,400	\$23,318	\$1,424
Annual Premium	27	\$16,041	\$273,906	\$16,795	\$279,822	\$17,085
TOTAL Premium		\$289,947		\$296,616		\$339,865
Annual \$ Increase/(Decrease)		N/A		\$6,670		\$49,918
Annual % Increase/(Decrease)		N/A		2.3%		17.2%

¹Lives from July Invoice

City of Pahokee
Renewal & RFP Evaluation - Medical
Effective Date: October 1, 2023



Schedule of Benefits	CURRENT		ALTERNATE #2	
	Florida Blue - BlueCare 16253	Florida Blue - BlueCare 14256	UnitedHealthcare NHP - NHP HMO CWCY	UnitedHealthcare NHP - NHP HMO CWA4
	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Deductible (Calendar Year - CYD)				
Single	\$3,400	\$1,000	\$3,500	\$1,500
Family	\$6,800	\$3,000	\$7,000	\$3,000
Coinsurance	0%	20%	50%	30%
Maximum Out of Pocket (MOOP)				
Single	\$8,200	\$4,500	\$9,100	\$5,000
Family	\$16,400	\$9,000	\$18,200	\$10,000
Non-Hospital Services				
Physician Office Visit	\$25	\$20	\$50	\$30
Specialist Visit	\$55	\$45	\$100	\$120
Preventive Services (Wellness)	No Charge	No Charge	No Charge	No Charge
Clinical Laboratory Services	\$55	\$25	\$50	\$50
Advanced Imaging (MRI, PET, CT scans)	\$350	\$250	DDP: 50% after CYD , NDDP: \$500 POD + 50% after CYD	DDP: 50% after CYD , NDDP: \$500 POD + 50% after CYD
Outpatient Surgery in Surgical Center	\$400	\$200	50% after CYD	30% after CYD
Physician Services at Surgical Center	\$150	\$100	50% after CYD	30% after CYD
Urgent Care Center	\$60	\$50	\$75	\$75
Hospital Services				
Inpatient Hospital	CYD + \$1,000/adm	\$500/day; \$2,500 max	50% after CYD	30% after CYD
Outpatient Hospital	\$500	\$350	50% after CYD	30% after CYD
Physician Services at Hospital	\$150	\$100	50% after CYD	30% after CYD
Emergency Room Visit	\$300 after CYD	\$350	50% after CYD	\$750
Mental Health / Substance Abuse Services				
Inpatient Facility	No Charge	No Charge	50% after CYD	30% after CYD
Outpatient Services	No Charge	No Charge	\$100	\$60
Prescription Drug Benefits				
Tier 1	\$0 / \$4 / \$15	\$0 / \$4 / \$15	\$15	\$10
Tier 2	\$30 / \$75	\$30 / \$60	\$50	\$40
Tier 3	\$150	\$100	\$150	\$140
Tier 4	N/A	N/A	\$300	\$300
Tier 5 - Specialty	\$300	\$200	\$15/\$50/\$150/\$500	\$10/\$40/\$140/\$500
Mail Order (90 day supply)	2x Retail	2x Retail	2.5x Retail	2.5x Retail
Rates	1 2¹			
Employee Only	2 21	\$668.39	\$799.49	\$828.14
Employee + Spouse	0 1	\$1,336.77	\$1,598.99	\$1,656.28
Employee + Child(ren)	0 3	\$1,236.52	\$1,479.06	\$1,532.06
Employee + Family	0 0	\$1,904.90	\$2,278.56	\$2,360.19
Monthly Premium	2 25	\$1,337	\$22,825	\$1,656
Annual Premium	27	\$16,041	\$273,906	\$19,875
TOTAL Premium		\$289,947		\$353,311
Annual \$ Increase/(Decrease)		N/A		\$63,364
Annual % Increase/(Decrease)		N/A		21.9%

¹Lives from July Invoice

Quoted UHC plans include CareCash.
 UHC rates may vary based on final enrollment.

2023-2024 Dental RFP Evaluation

City of Pahokee
Renewal & RFP Evaluation - Dental PPO
Effective Date: October 1, 2023



SCHEDULE OF BENEFITS	Current		Renewal		Alternate #1		Alternate #2	
	Humana		Humana		Guardian		The Standard	
	<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>	<i>In Network</i>	<i>Out of Network</i>
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	\$3,000	\$3,000	\$5,000	\$5,000
Do Class 1 services apply toward Annual Max?	Yes		Yes		Yes		Yes	
Waiting Period(s)	None		None		Ortho - 12 months		None	
Deductible	<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>	
Single/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Is deductible waived for Class 1 services?	Yes		Yes		Yes		Yes	
Class 1 Services: Preventive and Diagnostic								
Office Visit	100%	100%	100%	100%	100%	100%	100%	100%
Routine Oral Exam	100%	100%	100%	100%	100%	100%	100%	100%
Routine Cleaning	100% (2x/year)	100%	100% (2x/year)	100%	100% (1x/6months)	100%	100% (4x/year)	100%
Complete X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 Services: Basic Restorative								
Fillings	80%	80%	80%	80%	80%	80%	80%	80%
Simple Extractions (Oral Surgery)	80%	80%	80%	80%	80%	80%	80%	80%
Class 3 Services: Major Restorative								
Periodontics	50%	50%	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%	50%	50%
Bridges	50%	50%	50%	50%	50%	50%	50%	50%
Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Dentures	50%	50%	50%	50%	50%	50%	50%	50%
Implants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Class 4 Services: Orthodontia								
Orthodontia Lifetime Maximum (Adult & Child)	50% up to \$2,000		50% up to \$2,000		50% up to \$2,000		50% up to \$2,000	
Dental Plan Reimbursement Level								
Benefits Reimbursement Level	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Required Participation	<i>Current</i>		<i>Current</i>		<i>75% of eligible employees</i>		<i>Greater of 20% or 10 enrolled</i>	
Rate Guarantee	<i>Expires 9/30/2023</i>		<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>	
Rates	<i>Lives</i> ¹							
Employee	4	\$37.02	\$36.62	\$27.98	\$31.00			
Employee + Spouse	1	\$74.05	\$73.24	\$56.80	\$61.37			
Employee + Child(ren)	2	\$106.61	\$105.58	\$78.64	\$87.18			
Employee + Family	2	\$146.88	\$145.44	\$115.25	\$117.56			
Monthly Premium	9	\$729	\$722	\$557	\$595			
Annual Premium		\$8,749	\$8,661	\$6,678	\$7,138			
Annual \$ Increase/Decrease		N/A	-\$88	-\$2,071	-\$1,611			
Annual % Increase/Decrease		N/A	-1.0%	-23.7%	-18.4%			

¹ Lives from July Invoice

City of Pahokee
Renewal & RFP Evaluation - Dental PPO
Effective Date: October 1, 2023



SCHEDULE OF BENEFITS	Current		Alternate #3		Alternate #4		Alternate #5	
	Humana		MetLife		Principal		Lincoln	
	<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>	<i>In Network</i>	<i>Out of Network</i>
Annual Benefit Maximum	Unlimited	Unlimited	\$2,500	\$2,500	\$3,000	\$3,000	\$3,000	\$3,000
Do Class 1 services apply toward Annual Max?	Yes		Yes		Yes		Yes	
Waiting Period(s)	None		None		None		None	
Deductible	<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>	
Single/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Is deductible waived for Class 1 services?	Yes		Yes		Yes		Yes	
Class 1 Services: Preventive and Diagnostic								
Office Visit	100%	100%	100%	100%	100%	100%	100%	100%
Routine Oral Exam	100%	100%	100%	100%	100%	100%	100%	100%
Routine Cleaning	100% (2x/year)	100%	100% (2x/year)	100%	100% (4x/year)	100%	100% (2x/year)	100%
Complete X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 Services: Basic Restorative								
Fillings	80%	80%	80%	80%	80%	80%	80%	80%
Simple Extractions (Oral Surgery)	80%	80%	80%	80%	80%	80%	80%	80%
Class 3 Services: Major Restorative								
Periodontics	50%	50%	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%	50%	50%
Bridges	50%	50%	50%	50%	50%	50%	50%	50%
Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Dentures	50%	50%	50%	50%	50%	50%	50%	50%
Implants	N/A	N/A	50%	50%	N/A	N/A	N/A	N/A
Class 4 Services: Orthodontia								
Orthodontia Lifetime Maximum (Adult & Child)	50% up to \$2,000		50% up to \$2,000		50% up to \$2,000		50% up to \$2,000 (Child Only)	
Dental Plan Reimbursement Level								
Benefits Reimbursement Level	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	90th Percentile
Required Participation	<i>Current</i>		<i>75% and 10 enrolled</i>		<i>Greater of 20% or 5 enrolled</i>		<i>10 enrolled and 5 dependent children</i>	
Rate Guarantee	<i>Expires 9/30/2023</i>		<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>	
Rates	<i>Lives</i> ¹							
Employee	4	\$37.02	\$35.30	\$35.30	\$35.65	\$35.65	\$51.32	\$51.32
Employee + Spouse	1	\$74.05	\$71.38	\$71.38	\$71.31	\$71.31	\$99.42	\$99.42
Employee + Child(ren)	2	\$106.61	\$83.15	\$83.15	\$102.66	\$102.66	\$112.21	\$112.21
Employee + Family	2	\$146.88	\$128.10	\$128.10	\$141.43	\$141.43	\$174.66	\$174.66
Monthly Premium	9	\$729	\$635	\$635	\$702	\$702	\$878	\$878
Annual Premium		\$8,749	\$7,621	\$7,621	\$8,425	\$8,425	\$10,541	\$10,541
Annual \$ Increase/Decrease		N/A	-\$1,128	-\$1,128	-\$324	-\$324	\$1,792	\$1,792
Annual % Increase/Decrease		N/A	-12.9%	-12.9%	-3.7%	-3.7%	20.5%	20.5%

¹ Lives from July Invoice

City of Pahoee
Renewal & RFP Evaluation - Dental PPO
Effective Date: October 1, 2023



SCHEDULE OF BENEFITS	Current		Alternate #6		Alternate #7		Alternate #8	
	Humana		Beam		Unum		Ameritas	
	<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>	<i>In Network</i>	<i>Out of Network</i>
Annual Benefit Maximum	Unlimited	Unlimited	\$5,000	\$5,000	\$5,000	\$5,000	\$1,500	\$1,500
Do Class 1 services apply toward Annual Max?	Yes		Yes		Yes		Yes	
Waiting Period(s)	None		None		None		None	
Deductible	<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>		<i>Calendar Year</i>	
Single/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Is deductible waived for Class 1 services?	Yes		Yes		Yes		Yes	
Class 1 Services: Preventive and Diagnostic								
Office Visit	100%	100%	100%	100%	100%	100%	100%	100%
Routine Oral Exam	100%	100%	100%	100%	100%	100%	100%	100%
Routine Cleaning	100% (2x/year)	100%	100% (2x/year)	100%	100% (2x/year)	100%	100% (2x/year)	100%
Complete X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Class 2 Services: Basic Restorative								
Fillings	80%	80%	80%	80%	80%	80%	80%	80%
Simple Extractions (Oral Surgery)	80%	80%	50%	50%	80%	80%	80%	80%
Class 3 Services: Major Restorative								
Periodontics	50%	50%	80%	80%	50%	50%	50%	50%
Endodontics	50%	50%	80%	80%	50%	50%	50%	50%
Bridges	50%	50%	50%	50%	50%	50%	50%	50%
Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Dentures	50%	50%	50%	50%	50%	50%	50%	50%
Implants	N/A	N/A	50%	50%	50%	50%	N/A	N/A
Class 4 Services: Orthodontia								
Orthodontia Lifetime Maximum (Adult & Child)	50% up to \$2,000		50% up to \$2,000 (Child Only)		50% up to \$2,000		50% up to \$1,000 (Child Only)	
Dental Plan Reimbursement Level								
Benefits Reimbursement Level	Fee Schedule	Fee Schedule	MAC	MAC	Fee Schedule	Fee Schedule	Fee Schedule	90th Percentile
Required Participation	<i>Current</i>		<i>2 enrolled</i>		<i>75% of eligible employees</i>		<i>Greater of 20% or 3 lives</i>	
Rate Guarantee	<i>Expires 9/30/2023</i>		<i>Expires 9/30/2025</i>		<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>	
Rates	<i>Lives¹</i>							
Employee	4	\$37.02	\$35.31	\$35.31	\$37.08	\$37.08	\$45.64	\$45.64
Employee + Spouse	1	\$74.05	\$70.63	\$70.63	\$73.29	\$73.29	\$91.44	\$91.44
Employee + Child(ren)	2	\$106.61	\$88.82	\$88.82	\$92.21	\$92.21	\$120.84	\$120.84
Employee + Family	2	\$146.88	\$124.13	\$124.13	\$138.64	\$138.64	\$166.64	\$166.64
Monthly Premium	9	\$729	\$638	\$638	\$683	\$683	\$849	\$849
Annual Premium		\$8,749	\$7,653	\$7,653	\$8,200	\$8,200	\$10,188	\$10,188
Annual \$ Increase/Decrease		N/A	-\$1,096	-\$1,096	-\$550	-\$550	\$1,438	\$1,438
Annual % Increase/Decrease		N/A	-12.5%	-12.5%	-6.3%	-6.3%	16.4%	16.4%

¹ Lives from July Invoice

City of Pahokee
Renewal & RFP Evaluation - Dental HMO
Effective Date: October 1, 2023



		Current	Renewal	Alternate #1	Alternate #2
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	Humana Dental Prepaid HS210	Guardian Managed Dental Care N300M	The Standard Solstice S700B
Plan Basics	Code	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Calendar Year Maximum					
Office Visit	D9430	\$10	\$10	\$0	\$0
Periodic Exam	D0120	\$0	\$0	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$0	\$0	\$0
Restorative Services (Fillings)					
Amalgam - 1 surface	D2140	\$20	\$20	\$8	\$0
Resin - 1 surface - anterior	D2330	\$35	\$35	\$20	\$30
Anesthesia/Nitrous Oxide	D9230	\$30	\$30	\$25	\$20
Crowns					
Porcelain fused to High Noble Metal	D2750	\$350	\$350	\$375	\$245
Full Cast High Noble Metal	D2790	\$350	\$350	\$375	\$245
Endodontics (Root Canal Services)					
Anterior	D3310	\$135	\$135	\$120	\$110
Bicuspid	D3320	\$240	\$240	\$140	\$195
Molar	D3330	\$310	\$310	\$180	\$245
Periodontics					
Gingivectomy (per quad)	D4210	\$135	\$135	\$125	\$175
Scaling and Root Planning (per quad)	D4341	\$70	\$70	\$50	\$50
Extraction Services (Oral Surgery)					
Single Tooth	D7111	\$0	\$0	\$12	\$50
Partial Bony Impaction	D7230	\$85	\$85	\$80	\$65
Complete Bony Impaction	D7240	\$105	\$105	\$110	\$80
Orthodontia					
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,195	\$1,895	\$2,250
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,195	\$2,195	\$2,350
Required Participation		Current	Current	2 enrolled	60%
Rate Guarantee		Expires 9/30/2023	Expires 9/30/2024	Expires 9/30/2024	Expires 9/30/2024
Rates		Lives¹			
Employee	8	\$12.95	\$12.95	\$13.48	\$14.23
Employee + Spouse	3	\$25.91	\$25.91	\$26.94	\$24.90
Employee + Child(ren)	4	\$29.14	\$29.14	\$27.96	\$30.83
Employee + Family	1	\$46.89	\$46.89	\$43.75	\$39.13
Monthly Premium	16	\$345	\$345	\$344	\$351
Annual Premium		\$4,137	\$4,137	\$4,131	\$4,212
\$ Increase / (Decrease)		N/A	\$0	-\$6	\$75
% Increase / (Decrease)		N/A	0.0%	-0.2%	1.8%

¹ Lives from July Invoice

City of Pahokee
Renewal & RFP Evaluation - Dental HMO
Effective Date: October 1, 2023



		Current	Alternate #3	Alternate #4	Alternate #5
SCHEDULE OF BENEFITS		Humana Dental Prepaid HS210	MetLife MET335	Principal Solstice S800B	Lincoln DentalConnect S700B
Plan Basics	Code	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>	<i>In Network Only</i>
Calendar Year Maximum					
Office Visit	D9430	\$10	\$0	\$5	\$0
Periodic Exam	D0120	\$0	\$0	\$0	\$0
Full Mouth X-rays (Bitewings)	D0210	\$0	\$0	\$0	\$0
Prophylaxis (Cleaning)	D1110	\$0	\$5	\$0	\$0
Restorative Services (Fillings)					
Amalgam - 1 surface	D2140	\$20	\$12	\$16	\$0
Resin - 1 surface - anterior	D2330	\$35	\$12	\$37	\$30
Anesthesia/Nitrous Oxide	D9230	\$30	\$15	\$20	\$20
Crowns					
Porcelain fused to High Noble Metal	D2750	\$350	\$335	\$290	\$245
Full Cast High Noble Metal	D2790	\$350	\$335	\$290	\$245
Endodontics (Root Canal Services)					
Anterior	D3310	\$135	\$130	\$240	\$110
Bicuspid	D3320	\$240	\$215	\$250	\$195
Molar	D3330	\$310	\$305	\$350	\$245
Periodontics					
Gingivectomy (per quad)	D4210	\$135	\$150	\$182	\$175
Scaling and Root Planning (per quad)	D4341	\$70	\$60	\$80	\$50
Extraction Services (Oral Surgery)					
Single Tooth	D7111	\$0	\$5	\$65	\$50
Partial Bony Impaction	D7230	\$85	\$65	\$107	\$65
Complete Bony Impaction	D7240	\$105	\$135	\$162	\$80
Orthodontia					
Comprehensive Treatment - Child (<19)	D8080	\$2,195	\$2,410	\$2,775	\$2,250
Comprehensive Treatment - Adult	D8090	\$2,195	\$2,410	\$2,875	\$2,350
Required Participation		<i>Current</i>	<i>5 enrolled</i>	<i>Greater of 20% or 5 enrolled</i>	<i>2 enrolled</i>
Rate Guarantee		<i>Expires 9/30/2023</i>	<i>Expires 9/30/2024</i>	<i>Expires 9/30/2024</i>	<i>Expires 9/30/2024</i>
Rates		<i>Lives¹</i>			
Employee	8	\$12.95	\$11.67	\$11.15	\$15.57
Employee + Spouse	3	\$25.91	\$23.92	\$19.52	\$27.25
Employee + Child(ren)	4	\$29.14	\$27.01	\$24.16	\$33.74
Employee + Family	1	\$46.89	\$40.32	\$30.67	\$42.82
Monthly Premium	16	\$345	\$313	\$275	\$384
Annual Premium		\$4,137	\$3,762	\$3,301	\$4,609
\$ Increase / (Decrease)		N/A	-\$376	-\$837	\$472
% Increase / (Decrease)		N/A	-9.1%	-20.2%	11.4%

¹ Lives from July Invoice

**2023-2024
Vision Renewal
Evaluation**

SCHEDULE OF BENEFITS	Current		Renewal		
	Humana		Humana		
Examination	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam Copay	\$0	Up to \$30	\$0	Up to \$30	
Materials Copay	\$0	Varies	\$0	Varies	
Retinal Imaging	Up to \$39	Not Covered	Up to \$39	Not Covered	
Frequency					
Examination	Every 12 months		Every 12 months		
Lenses or Contact Lenses	Every 12 months		Every 12 months		
Frames	Every 24 months		Every 24 months		
Lenses					
Single	\$0	Up to \$25	\$0	Up to \$25	
Bifocal	\$0	Up to \$40	\$0	Up to \$40	
Trifocal	\$0	Up to \$60	\$0	Up to \$60	
Lenticular	\$0	Up to \$100	\$0	Up to \$100	
Standard Progressive	\$0	Up to \$40	\$0	Up to \$40	
Frames					
Retail Allowance	Up to \$200 + 20% off retail	Up to \$100	Up to \$200 + 20% off retail	Up to \$100	
Contacts Lenses					
Elective	Up to \$200 + 15% off retail	Up to \$160	Up to \$200 + 15% off retail	Up to \$160	
Non-Elective (Medically Necessary)	\$0	Up to \$210	\$0	Up to \$210	
Fitting and Evaluation (Standard)	\$0	Up to \$30	\$0	Up to \$30	
<i>Minimum Participation</i>	<i>Current</i>		<i>Current</i>		
<i>Rate Guarantee</i>	<i>Expires 9/30/2024</i>		<i>Expires 9/30/2024</i>		
Monthly Rates	Lives ¹				
Employee	8	\$9.83		\$9.83	
Employee + Spouse	5	\$19.66		\$19.66	
Employee + Child(ren)	6	\$18.68		\$18.68	
Employee + Family	3	\$29.36		\$29.36	
Monthly Premium	22	\$377		\$377	
Annual Premium		\$4,525		\$4,525	
\$ Increase /(Decrease)		N/A		\$0	
% Increase /(Decrease)		N/A		0.0%	

¹ July Invoice

2023-2024 Life & Voluntary Life RFP Evaluation

	Current	Renewal	Renewal - Negotiated	Alternate #1
Schedule of Benefits	Humana	Humana	Humana	The Standard
Life and AD&D Benefit				
Eligibility	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life	\$25,000	\$25,000	\$25,000	\$25,000
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit
Features				
Portability/Conversion Privilege	No/Yes	No/Yes	No/Yes	Yes/Yes
Waiver of Premium	Included	Included	Included	Included
Age Reduction (Reduces By)	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85
Accelerated Death Benefit	50% of the Basic Life Benefit	50% of the Basic Life Benefit	50% of the Basic Life Benefit	80% of the Basic Life Benefit
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2024	Expires 9/30/2024	Expires 9/30/2026
Rates	Lives*			
Volume	30			
Basic Term Life Rate / \$1,000	\$741,300	\$741,300	\$741,300	\$741,300
AD&D Rate / \$1,000	\$0.280	\$0.350	\$0.290	\$0.230
Total Life AD&D Rate / \$1,000	\$0.030	\$0.030	\$0.030	\$0.030
	\$0.310	\$0.380	\$0.320	\$0.260
Monthly Premium	\$230	\$282	\$237	\$193
Annual Premium	\$2,758	\$3,380	\$2,847	\$2,313
\$ Increase /(Decrease)	N/A	\$623	\$89	-\$445
% Increase /(Decrease)	N/A	22.6%	3.2%	-16.1%

*Lives and volume from July invoice

	Current	Alternate #2	Alternate #3	Alternate #4
Schedule of Benefits	Humana	Lincoln	Guardian	The Hartford
Life and AD&D Benefit				
Eligibility	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life	\$25,000	\$25,000	\$25,000	\$25,000
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit
Features				
Portability/Conversion Privilege	No/Yes	No/Yes	Yes/Yes	Yes/Yes
Waiver of Premium	Included	Included	Included	Included
Age Reduction (Reduces By)	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 60% at age 70 75% at age 75	35% at age 65 55% at age 70 70% at age 75 80% at age 80	35% at age 65 50% at age 70
Accelerated Death Benefit	50% of the Basic Life Benefit	75% of the Basic Life Benefit	50% of the Basic Life Benefit	80% of the Basic Life Benefit
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2025	Expires 9/30/2025	Expires 9/30/2025
Rates	Lives*			
Volume	30			
Basic Term Life Rate / \$1,000	\$741,300	\$741,300	\$741,300	\$741,300
AD&D Rate / \$1,000	\$0.280	\$0.237	\$0.290	\$0.316
Total Life AD&D Rate / \$1,000	\$0.030	\$0.038	\$0.020	\$0.033
	\$0.310	\$0.275	\$0.310	\$0.349
Monthly Premium	\$230	\$204	\$230	\$259
Annual Premium	\$2,758	\$2,446	\$2,758	\$3,105
\$ Increase /(Decrease)	N/A	-\$311	\$0	\$347
% Increase /(Decrease)	N/A	-11.3%	0.0%	12.6%

*Lives and volume from July invoice

	Current	Alternate #5	Alternate #6	Alternate #7
Schedule of Benefits	Humana	Beam	Principal	Unum
Life and AD&D Benefit				
Eligibility	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week	All active employees working 30 hours/week
Basic Term Life	\$25,000	\$25,000	\$25,000	\$25,000
Basic AD&D	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit	Equal to Life Benefit
Features				
Portability/Conversion Privilege	No/Yes	No/ No	No/Yes	Yes/Yes
Waiver of Premium	Included	Included	Included	Included
Age Reduction (Reduces By)	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85	35% at age 65 60% at age 70 75% at age 75 85% at age 80	35% at age 70 55% at age 75	35% at age 65 50% at age 70
Accelerated Death Benefit	50% of the Basic Life Benefit	50% of the Basic Life Benefit	75% of the Basic Life Benefit	100% of the Basic Life Benefit
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2024	Expires 9/30/2025	Expires 9/30/2025
Rates	Lives*			
Volume	30			
Basic Term Life Rate / \$1,000	\$741,300	\$741,300	\$741,300	\$741,300
AD&D Rate / \$1,000	\$0.280	\$0.330	\$0.348	\$0.450
Total Life AD&D Rate / \$1,000	\$0.030	\$0.023	\$0.025	\$0.030
	\$0.310	\$0.353	\$0.373	\$0.480
Monthly Premium	\$230	\$262	\$277	\$356
Annual Premium	\$2,758	\$3,140	\$3,318	\$4,270
\$ Increase /(Decrease)	N/A	\$383	\$560	\$1,512
% Increase /(Decrease)	N/A	13.9%	20.3%	54.8%

*Lives and volume from July invoice

City of Pahokee

Renewal & RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2023



	Current		Renewal		Alternate #1	
Schedule of Benefits	Humana		Humana		The Standard	
Eligibility	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week	
Employee	Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary		Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary		Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary	
Guarantee Issue	\$75,000		\$75,000		\$150,000	
Spouse	Increments of \$1,000 up to \$500,000		Increments of \$1,000 up to \$500,000		Increments of \$1,000 up to \$500,000	
Guarantee Issue	\$35,000		\$35,000		\$10,000	
Child	15 days - 6 months: \$500, 6 months and older: \$10,000		15 days - 6 months: \$500, 6 months and older: \$10,000		Live birth - age 25: \$10,000	
Guarantee Issue	\$10,000		\$10,000		\$10,000	
AD&D Benefit	100% of Life Benefit		100% of Life Benefit		100% of Life Benefit	
Age Reduction (Reduces By)	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%		Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	
Portability/Conversion Option	Yes/Yes		Yes/Yes		Yes/Yes	
Minimum Participation	Current		Current		Greater of 38% or 10 lives	
Rate Guarantee	Expires 9/30/2023		Expires 9/30/2024		Expires 9/30/2026	
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)
<25	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
25 - 29	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
30 - 34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
35 - 39	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090
40 - 44	\$0.140	\$0.140	\$0.140	\$0.140	\$0.140	\$0.140
45 - 49	\$0.220	\$0.220	\$0.220	\$0.220	\$0.220	\$0.220
50 - 54	\$0.350	\$0.350	\$0.350	\$0.350	\$0.350	\$0.350
55 - 59	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550
60 - 64	\$0.780	\$0.780	\$0.780	\$0.780	\$0.780	\$0.780
65 - 69	\$1.280	\$1.280	\$1.280	\$1.280	\$1.280	\$1.280
70 - 74	\$2.490	\$2.490	\$2.490	\$2.490	\$2.490	\$2.490
75 - 79	\$4.810	\$4.810	\$4.810	\$4.810	\$4.810	\$4.810
80+	\$8.980	\$8.980	\$8.980	\$8.980	\$4.810	\$4.810
Child(ren) - per \$10,000	\$2.000		\$2.000		\$1.700	
AD&D - Employee/Spouse	\$0.030		\$0.030		\$0.030 (Child AD&D Included)	

City of Pahokee

Renewal & RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2023



Schedule of Benefits	Current	Alternate #2		Alternate #3		
	Humana	Lincoln		Guardian		
Eligibility	All active Full Time employees working 30 hours/week	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week		
Employee	Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary	Increments of \$10,000 to the lesser of \$120,000 or 5x salary*		Increments of \$10,000 to maximum of \$250,000		
Guarantee Issue	\$75,000	\$50,000		Under 65: \$100,000 65-70: \$50,000 70+: \$10,000		
Spouse	Increments of \$1,000 up to \$500,000	Increments of \$5,000 up to \$60,000 , not to exceed 50% of employee election		Increments of \$5,000 up to \$250,000 , not to exceed 100% of employee election*		
Guarantee Issue	\$35,000	\$10,000		Under 65: \$25,000 65-70: \$10,000 70+: \$0		
Child	15 days - 6 months: \$500, 6 months and older: \$10,000	1 day - 14 days: \$1,000 14 days - 6 months: \$5,000 6 months - 26 years**: \$10,000		Birth - 14 days: \$500 14 days 26 years**: \$5,000 or \$10,000		
Guarantee Issue	\$10,000	\$10,000		\$5,000 or \$10,000		
AD&D Benefit	100% of Life Benefit	100% of Life Benefit		100% of Life Benefit		
Age Reduction (Reduces By)	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	Age 65: 35% Age 70: 60% Age 75: 75%		Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80%		
Portability/Conversion Option	Yes/Yes	Yes/Yes		Yes/Yes		
Minimum Participation	Current	Greater of 25% or 10 lives		Greater of 43% or 10 lives		
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2024		Expires 9/30/2025		
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)
<25	\$0.060	\$0.060	\$0.107	\$0.107	\$0.121	\$0.121
25 - 29	\$0.060	\$0.060	\$0.128	\$0.128	\$0.121	\$0.121
30 - 34	\$0.070	\$0.070	\$0.171	\$0.171	\$0.127	\$0.127
35 - 39	\$0.090	\$0.090	\$0.194	\$0.194	\$0.168	\$0.168
40 - 44	\$0.140	\$0.140	\$0.215	\$0.215	\$0.249	\$0.249
45 - 49	\$0.220	\$0.220	\$0.322	\$0.322	\$0.398	\$0.398
50 - 54	\$0.350	\$0.350	\$0.493	\$0.493	\$0.653	\$0.653
55 - 59	\$0.550	\$0.550	\$0.923	\$0.923	\$1.051	\$1.051
60 - 64	\$0.780	\$0.780	\$1.417	\$1.417	\$1.640	\$1.640
65 - 69	\$1.280	\$1.280	\$2.726	\$2.726	\$3.214	\$3.214
70 - 74	\$2.490	\$2.490	\$4.421	\$4.421	\$6.134	N/A
75 - 79	\$4.810	\$4.810	\$4.421	\$4.421	\$6.134	N/A
80+	\$8.980	\$8.980	\$4.421	\$4.421	\$6.134	N/A
Child(ren) - per \$10,000	\$2.000	\$2.130		\$1.490		
AD&D - Employee/Spouse	\$0.030	\$0.038 / \$0.069		\$0.033 (Child AD&D Included)		

*For EEs 70+, max coverage is \$50,000.
**26 if full time student.

*Spouse coverage terminates at age 70.
**26 if full time student.

City of Pahokee

Renewal & RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2023



Schedule of Benefits	Current	Alternate #4		Alternate #5		
	Humana	The Hartford		Beam		
Eligibility	All active Full Time employees working 30 hours/week	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week		
Employee	Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary	Increments of \$10,000 to the lesser of \$250,000 or 3x salary		Increments of \$10,000 to maximum of \$200,000		
Guarantee Issue	\$75,000	\$100,000		Under 70: \$50,000 70+: \$0		
Spouse	Increments of \$1,000 up to \$500,000	Increments of \$5,000 up to \$25,000 , not to exceed 50% of employee election		Increments of \$5,000 up to \$25,000 , not to exceed 50% of employee election		
Guarantee Issue	\$35,000	\$25,000		\$25,000		
Child	15 days - 6 months: \$500, 6 months and older: \$10,000	15 days - 6 months: \$500, 6 months- 19 years*: \$10,000		Increments of \$2,500 to maximum of \$10,000		
Guarantee Issue	\$10,000	\$10,000		\$10,000		
AD&D Benefit	100% of Life Benefit	100% of Life Benefit		100% of Life Benefit. AD&D not Included for Dependents.		
Age Reduction (Reduces By)	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	Age 65: 35% Age 70: 50%		Age 65: 35% Age 70: 50%		
Portability/Conversion Option	Yes/Yes	Yes/Yes		No/No		
Minimum Participation	Current	43% of eligible employees		5 lives		
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2025		Expires 9/30/2024		
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Employee age)	Employee	Spouse (Based on Spouse age)
<25	\$0.060	\$0.060	\$0.094	\$0.094	\$0.124	\$0.095
25 - 29	\$0.060	\$0.060	\$0.068	\$0.068	\$0.124	\$0.095
30 - 34	\$0.070	\$0.070	\$0.078	\$0.078	\$0.136	\$0.107
35 - 39	\$0.090	\$0.090	\$0.106	\$0.106	\$0.194	\$0.165
40 - 44	\$0.140	\$0.140	\$0.158	\$0.158	\$0.276	\$0.247
45 - 49	\$0.220	\$0.220	\$0.248	\$0.248	\$0.427	\$0.398
50 - 54	\$0.350	\$0.350	\$0.381	\$0.381	\$0.674	\$0.645
55 - 59	\$0.550	\$0.550	\$0.562	\$0.562	\$1.058	\$1.029
60 - 64	\$0.780	\$0.780	\$0.774	\$0.774	\$1.549	\$1.520
65 - 69	\$1.280	\$1.280	\$1.122	\$1.122	\$2.433	\$2.404
70 - 74	\$2.490	\$2.490	\$1.946	\$1.946	\$4.230	\$4.201
75 - 79	\$4.810	\$4.810	\$5.317	\$5.317	\$7.884	\$7.855
80+	\$8.980	\$8.980	\$5.317	\$5.317	\$7.884	\$7.855
Child(ren) - per \$10,000	\$2.000	\$0.960		\$2.420		
AD&D - Employee/Spouse	\$0.030	\$0.033 (Child AD&D Included)		Included in above Employee rate.		

*25 if full time student.

City of Pahokee

Renewal & RFP Evaluation - Voluntary Life and AD&D

Effective Date: October 1, 2023



Schedule of Benefits	Current	Alternate #6		Alternate #7		
	Humana	Principal		Unum		
Eligibility	All active Full Time employees working 30 hours/week	All active Full Time employees working 30 hours/week		All active Full Time employees working 30 hours/week		
Employee	Increments of \$1,000 to the lesser of \$1,000,000 or 7x salary	Increments of \$10,000 to maximum of \$300,000		Increments of \$10,000 to the lesser of \$500,000 or 5x salary		
Guarantee Issue	\$75,000	Under 70: \$100,000 70+: \$10,000		\$50,000		
Spouse	Increments of \$1,000 up to \$500,000	Increments of \$5,000 up to \$100,000 , not to exceed 100% of employee election		Increments of \$5,000 up to \$500,000, not to exceed 100% of employee election		
Guarantee Issue	\$35,000	Under 70: \$25,000 70+: \$10,000		\$15,000		
Child	15 days - 6 months: \$500, 6 months and older: \$10,000	Birth - 14 days: \$1,000 14 days and older: \$10,000		Live birth - 6 months: \$1,000 6 months - 19*: Increments of \$2,000 to max of \$10,000		
Guarantee Issue	\$10,000	\$10,000		\$10,000		
AD&D Benefit	100% of Life Benefit	100% of Life Benefit		100% of Life Benefit		
Age Reduction (Reduces By)	Age 65: 35% Age 70: 55% Age 75: 70% Age 80: 80% Age 85: 85%	Age 70: 35% Age 75: 55%		Age 65: 35% Age 70: 50%		
Portability/Conversion Option	Yes/Yes	No /Yes		Yes/Yes		
Minimum Participation	Current	Greater of 20% or 5 lives		Greater of 20% or 10 lives		
Rate Guarantee	Expires 9/30/2023	Expires 9/30/2025		Expires 9/30/2026		
Rates per \$1,000	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)	Employee	Spouse (Based on Spouse age)
<25	\$0.060	\$0.060	\$0.089	\$0.089	\$0.130	\$0.100
25 - 29	\$0.060	\$0.060	\$0.089	\$0.089	\$0.130	\$0.112
30 - 34	\$0.070	\$0.070	\$0.100	\$0.100	\$0.171	\$0.156
35 - 39	\$0.090	\$0.090	\$0.150	\$0.150	\$0.256	\$0.239
40 - 44	\$0.140	\$0.140	\$0.232	\$0.232	\$0.369	\$0.339
45 - 49	\$0.220	\$0.220	\$0.373	\$0.373	\$0.604	\$0.546
50 - 54	\$0.350	\$0.350	\$0.595	\$0.595	\$0.919	\$0.834
55 - 59	\$0.550	\$0.550	\$0.921	\$0.921	\$1.328	\$1.220
60 - 64	\$0.780	\$0.780	\$1.410	\$1.410	\$1.728	\$1.673
65 - 69	\$1.280	\$1.280	\$2.316	\$2.316	\$2.235	\$2.191
70 - 74	\$2.490	\$2.490	\$3.938	\$3.938	\$4.095	\$4.013
75 - 79	\$4.810	\$4.810	\$3.938	\$3.938	\$13.757	\$13.484
80+	\$8.980	\$8.980	\$3.938	\$3.938	\$13.757	\$13.484
Child(ren) - per \$10,000	\$2.000		\$2.000		\$3.930	
AD&D - Employee/Spouse	\$0.030		\$0.025		\$0.059 EE and Spouse, \$0.086 Children	

*26 if full time student.

Dental Geo Access Reporting

City of Pahokee
Dental Provider Geo Access Analysis

Guardian - PPO - DentalGuard Network

Guardian - DHMO - Enhanced DHMO Network

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Population with Access	Average Distance to Provider (miles)	Population without Access
General Dentist	1 in 10 miles	100.0%	5.0	0.0%	89.3%	8.0	10.7%

The Standard - PPO - Ameritas Classic Network

The Standard - DHMO - Solstice Network

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Population with Access	Average Distance to Provider (miles)	Population without Access
General Dentist	1 in 10 miles	100.0%	9.4	0.0%	82.1%	7.7	17.9%

MetLife

Principal - PPO

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Population with Access	Average Distance to Provider (miles)	Population without Access
General Dentist	1 in 10 miles	Did Not Provide			100.0%	7.4	0.0%

Beam - PPO

Unum

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access	Population with Access	Average Distance to Provider (miles)	Population without Access
General Dentist	1 in 10 miles	28.6%	Not Provided	71.4%	Humana has 476 in-network dentists in the area. Unum has 539. Of those 423, overlap with Humana's network.		

Ameritas

Provider Type	Standard	Population with Access	Average Distance to Provider (miles)	Population without Access
General Dentist	1 in 10 miles	100.0%	9.4	0.0%

