



CITY OF STEPHENVILLE - MAY 1, 2021 EFFECTIVE DATE

MEDICAL PLAN ANALYSIS - BLUE CROSS BLUE SHIELD

	CURRENT/RENEWAL PLANS		CURRENT PLANS REVISED FINAL		CURRENT PLANS W/ PERF. FUNDING		BCBS OPTION 1 - Premium Tax Removed		3.25% DISC W/ DENTAL/LIFE/VISION	
	UHC ANDQ EPO	AGYB HSA EPO	UHC ANDQ EPO	AGYB HSA EPO	UHC ANDQ EPO	AGYB HSA EPO	BCBS	BCBS	BCBS	BCBS
Coinsurance	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Deductible Ind/Fam	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
Office Copay	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD	\$0/\$100	20% AD
RX Copay	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD	\$5/\$50/\$100/\$250	\$10/\$35/\$60 AD
RX Deductible	\$250	\$3000/\$6000								
Urgent Care/ER	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD	\$50/\$250+20%	80% AD
Coinsurance/ OOP Max	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700	\$6500/\$13,000	\$6350/\$12,700
Total Employee Count:	130		130		130		130		130	
Employee Only	52	58	52	58	52	58	52	58	52	58
Employee Spouse	2	1	2	1	2	1	2	1	2	1
Employee Child(ren)	8	4	8	4	8	4	8	4	8	4
Employee Family	3	2	3	2	3	2	3	2	3	2
	65	65	65	65	65	65	65	65	65	65
Billed Rates:										
Employee Only	\$569.33	\$534.80	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$457.73	\$421.37
Employee Spouse	\$1,401.37	\$1,316.37	\$1,193.99	\$1,099.12	\$1,231.79	\$1,133.92	\$1,164.53	\$1,072.01	\$1,126.68	\$1,037.17
Employee Child(ren)	\$1,004.01	\$943.12	\$855.44	\$787.48	\$882.52	\$812.42	\$834.33	\$768.06	\$807.21	\$743.10
Employee Family	\$1,835.71	\$1,724.37	\$1,564.06	\$1,439.79	\$1,613.57	\$1,485.38	\$1,525.47	\$1,404.27	\$1,475.89	\$1,358.63
Total Percent Change										
Total Monthly Premium	\$45,947.11	\$39,555.99	\$39,147.84	\$33,027.94	\$40,387.33	\$34,073.80	\$38,181.83	\$32,212.95	\$36,940.67	\$31,166.29
Total Annual Premium	\$551,365.32	\$474,671.88	\$469,774.08	\$396,335.28	\$484,647.96	\$408,885.60	\$458,181.96	\$386,555.40	\$443,288.04	\$373,995.48
Combined Annual Premium	\$1,026,037.20		\$866,109.36		\$893,533.56		\$844,737.36		\$817,283.52	
City Annual Premium	\$882,898.08		\$726,663.60		\$749,673.60		\$708,731.40		\$657,337.20	
City HSA Cont. \$600	\$46,800.00		\$117,000.00		\$117,000.00		\$117,000.00		\$117,000.00	
Total Cost to City	\$929,698.08		\$843,663.60		\$866,673.60		\$825,731.40		\$774,337.20	
Change in City Cost			-14.80%	-16.50%	-12.10%	-13.86%	-16.90%	-18.56%	-19.60%	-21.21%
Employer Monthly Cost by Coverage Tier										
Employee Only	\$569.33	\$534.80	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Spouse	\$682.16	\$631.68	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Child(ren)	\$628.26	\$585.40	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Family	\$741.04	\$682.24	\$485.08	\$446.54	\$500.44	\$460.68	\$473.11	\$435.52	\$421.37	\$421.37
Employee Cost Per Month										
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.36	\$0.00
Employee Spouse	\$719.21	\$684.69	\$708.91	\$652.58	\$731.35	\$673.24	\$691.42	\$636.49	\$705.31	\$615.80
Employee Child(ren)	\$375.75	\$357.72	\$370.36	\$340.94	\$382.08	\$351.74	\$361.22	\$332.54	\$385.84	\$321.73
Employee Family	\$1,094.67	\$1,042.13	\$1,078.98	\$993.25	\$1,113.13	\$1,024.70	\$1,052.36	\$968.75	\$1,054.52	\$937.26



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DENTAL PLAN ANALYSIS

	CURRENT/RENEWAL - UHC		MARKET 1	MARKET 2	MARKET 3	MARKET 4	MARKET 5
Benefits	UHC	UHC	BCBS	Unum	Dental Select	Cigna	Principal
Annual Deductible (single/family)	\$50/\$150	\$50/150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Preventive Care	100%	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%	50%
Endodontics / Periodontics	80%	80%	80%	80%	80%	80%	80%
Orthodontics	50%	50%	50%	50%	50%	50%	50%
Annual Max Per Member	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Child Orthodontics	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19	Child up to 19
Orthodontics Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Out of Network Benefits	90th %	90th %	90th %	90th %	90th %	90th %	90th %
Waiting Period	None	None	None	None	None	None	None
CarryOver Benefits	N/A	N/A	N/A	CARRYOVER	MaxRewards	N/A	N/A
Rate Guarantee				2 year	2 year		1 year
EMPLOYEE COUNTS:							
Employee Only	105	105	105	105	105	105	105
Employee & Spouse	11	11	11	11	11	11	11
Employee & Child(ren)	14	14	14	14	14	14	14
Employee & Family	23	23	23	23	23	23	23
TOTAL EMPLOYEE COUNT	153	153	153	153	153	153	153
BILLED PREMIUM:							
Employee Only	\$25.30	\$25.30	\$24.04	\$18.98	\$21.25	\$22.78	\$19.70
Employee & Spouse	\$55.90	\$55.90	\$53.11	\$41.94	\$46.96	\$55.34	\$43.53
Employee & Child(ren)	\$64.82	\$64.82	\$61.58	\$48.62	\$54.45	\$58.37	\$50.47
Employee & Family	\$98.22	\$98.22	\$93.31	\$73.68	\$82.51	\$88.45	\$76.48
Total Monthly Premium	\$6,437.94	\$6,437.94	\$6,116.66	\$4,829.56	\$5,407.84	\$5,852.17	\$5,012.95
Total Annual Premium	\$77,255.28	\$77,255.28	\$73,399.92	\$57,954.72	\$64,894.08	\$70,226.04	\$60,155.40
City Cost	\$46,450.80	\$46,450.80	\$44,137.44	\$34,847.28	\$39,015.00	\$41,824.08	\$36,169.20
TOTAL \$ Change in Premium		\$0.00	-\$3,855.36	-\$19,300.56	-\$12,361.20	-\$7,029.24	-\$17,099.88
TOTAL % Change in Premium		0.0%	-5.0%	-25.0%	-16.0%	-9.1%	-22.1%
Employee Cost Per Pay Period (24pp)							
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Spouse	\$15.30	\$15.30	\$14.54	\$11.48	\$12.86	\$16.28	\$11.92
Employee Child(ren)	\$19.76	\$19.76	\$18.77	\$14.82	\$16.60	\$17.80	\$15.39
Employee Family	\$36.46	\$36.46	\$34.64	\$27.35	\$30.63	\$32.84	\$28.39

Declined to Quote:

Standard, Delta Dental, UCCI Dental (uncompetitive)



CITY OF STEPHENVILLE - MAY 1, 2021

VISION PLAN ANALYSIS

	Current/Renewal	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5	Plan Option 6
	UHC	BCBS	Aetna	Cigna	Mutual of Omaha	Principal	Unum
Network						VSP Choice	Unum VisionCare
Benefit Frequency	12 / 12 /24	12 / 12 /24	12 / 12 /24	12 / 12 /24	12 / 12 /24	12/12/24	12 / 12 /12
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Frame Allowance	\$150 Allowance, 20% off balance	\$130 Allowance, 20% off balance	\$120 Allowance, 20% off balance	\$150 Allowance, 20% off balance	\$150 Allowance, 20% off balance	\$130 Allowance, 20% off balance	\$150 Allowance, 20% off balance
Contacts Allowance	6 Boxes/150 Benefit Allowance	6 Boxes/150 Benefit Allowance	\$150 Allowance, 15% off balance	6 Boxes/150 Benefit Allowance	6 Boxes/150 Benefit Allowance	\$130 Allowance, 15% off balance	6 Boxes/150 Benefit Allowance
Medical necessary Contacts	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Contact Fitting Fee Allowance	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40	Up to \$40
Single vision	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Bifocal	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Trifocal	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Lenticular	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Standard Progressive	\$25 Copay	\$25 Copay	\$90 Copay	\$25 Copay	\$65 Copay	\$25 Copay	\$70 Allowance
Rate Guarantee	2 Years Remaining	4 Years	4 Years	2 Years	2 Years	2 years	4 years
EMPLOYEE COUNTS:							
Employee Only	48	48	48	48	48	48	48
Employee + 1	23	23	23	23	23	23	23
Employee & Family	32	32	32	32	32	32	32
BILLED PREMIUM:							
Employee Only	\$7.26	\$7.60	\$6.52	\$6.23	\$7.26	\$5.69	\$5.82
Employee & Spouse	\$12.36	\$14.44	\$12.39	\$12.46	\$12.36	\$12.19	\$9.90
Employee & Child(ren)		\$15.20		\$12.59		\$9.04	
Employee & Family	\$18.18	\$22.35	\$18.08	\$20.09	\$18.18	\$16.23	\$14.54
Total Monthly Premium	\$1,214.52	\$1,412.12	\$1,176.49	\$1,228.50	\$1,214.52	\$1,072.85	\$972.34
Total Annual Premium	\$14,574.24	\$16,945.44	\$14,117.88	\$14,742.00	\$14,574.24	\$12,874.20	\$11,668.08
TOTAL \$ Change in Premium		\$197.60	-\$38.03	\$13.98	\$0.00	-\$141.67	-\$242.18
TOTAL % Change in Premium		16.3%	-3.1%	1.2%	0.0%	-11.7%	-19.9%
Employee Cost Per Pay Period (24pp)							
Employee Only	\$3.63	\$3.80	\$3.26	\$3.12	\$3.63	\$2.85	\$2.91
Employee + 1	\$6.18	\$7.22	\$6.20	\$6.23	\$6.18	\$6.10	\$4.95
Employee Family	\$9.09	\$11.18	\$9.04	\$10.05	\$9.09	\$8.12	\$7.27



CITY OF STEPHENVILLE - MAY 1, 2021

BASIC LIFE / AD&D - EMPLOYER PAID

	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5
Rates	BCBS	BCBS	Cigna	Hartford	Hartford
Life Rate per \$1,000	\$0.116	\$0.111	\$0.160	\$0.155	\$0.155
AD&D Rate per \$1,000	\$0.031	\$0.031	\$0.030	\$0.030	\$0.030
Combined Life/AD&D Rate per \$1,000	\$0.147	\$0.142	\$0.190	\$0.185	\$0.185
Total Monthly Volume	\$3,743,750	\$7,487,500	\$3,743,750	\$3,743,750	\$7,487,500
Total Monthly Premium	\$550.33	\$1,063.23	\$711.31	\$692.59	\$1,385.19
Total Annual Premium	\$6,603.98	\$12,758.70	\$8,535.75	\$8,311.13	\$16,622.25
Benefits					
Class 1 Description:	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees	All Eligible Employees
Life Amount	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
AD&D Amount	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
Maximum Benefit	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
Age Reduction Schedule					
First Reduction	35% at age 65	35% at age 65	35% at age 65	35% at age 65	35% at age 65
Second Reduction	50% at age 70	50% at age 70	50% at age 70	50% at age 70	50% at age 70
Conversion / Portability	Included	Included	Included	Included	Included
Waiver of Premium	Included	Included	Included	Included	Included
Elimination Period	9 months	9 months	9 months	9 months	9 months
Maximum Age Duration	To Age 65	To Age 65	To Age 65	To Age 65	To Age 65
Accelerated Benefit	50% of Benefit	50% of Benefit	50% of Benefit	50% of Benefit	50% of Benefit
Maximum Benefit	\$12,500	\$25,000	\$12,500	\$12,500	\$25,000
Enhanced Product Services					
Travel Assistance Services	Included	Included	Included	Included	Included
Employee Assistance Program	Enhanced (5 Face to Face)	Enhanced (5 Face to Face)	Included	Included	Included
Beneficiary Resources Services	Included	Included	Included	Included	Included
Temporary Layoff / Leave					
Rate Guarantee	2 yr Rate Guarantee 2 yr Rate Guarantee				



CITY OF STEPHENVILLE - 2021-2022 PLAN YEAR

Third Party Administrators

	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4
ADMINISTRATIVE SERVICES	TASC	WEX (Discovery Benefits)	InfiniSource	Alt Bentley Yates
COBRA ADMINISTRATION				
Initial Notification	X	X	X	X
Qualifying Event Notification	X	X	X	X
Premium Collection	X	X	X	X
Reports - Status Changes, Remittance	X	X	X	X
Member Portal - Online Elections	X	X	X	X
		Discovery Marketplace		
Administrative Fees - PPPM	\$1,000	\$0.700	\$0.650	\$0.650
Minimum Monthly Fee	\$50	\$85	\$50	\$35
Initial Setup Fee	\$50 (Annual Renewal Fee)	N/A	Waived	\$100 (MultiPlan Discount)
COBRA Open Enrollment Packets	\$30/packet		\$12/packet	\$15/packet
Number of Eligible Employees	153	153	153	153
Number of Covered Employees	131	131	131	131
Estimated Annual Fees	\$1,572.00	\$1,100.40	\$1,021.80	\$1,121.80
		<i>4 year rate guarantee</i>		<i>3 year rate guarantee</i>
HSA ADMINISTRATION			Not Quoted	
Administrative Fees - PPPM	\$3	\$2.25		\$4.25
Minimum Monthly Fee	\$75	\$25		\$65
Initial Setup Fee	\$100 Annual Membership Fee	\$100 (Annual Renewal Fee)		\$100 (Annual Renewal Fee)
Section 125 Plan Documents	Included	Included		\$250 (Multi-Plan Discount)
Limited Purpose FSA for dental/vision	Included			
Dependent Care Account	Optional*			
	\$25,000 Identity Theft included			
Eligible Employees	153	153		153
Number of HSA Participants	52	52		52
Estimated Annual Fees	\$1,972.00	\$1,350.00		\$880.00
FSA ADMINISTRATION			Not Quoted	
Administrative Fees - PPPM	\$4.25	\$4.15		\$4.25
Minimum Monthly Fee	\$75	\$50		\$65
Initial Setup Fee	\$100 Annual Membership Fee	\$100 (Annual Renewal Fee)		\$100 (Annual Renewal Fee)
Section 125 Plan Documents	Included	Included		\$250 (Multi-Plan Discount)
Limited Purpose FSA for dental/vision	Included	Available		
Dependent Care Account	Optional*	Available		
	\$25,000 Identity Theft included			
Eligible Employees	153	153		153
Number of HSA Participants	23	23		52
Estimated Annual Fees	\$1,273.00	\$1,145.40		\$880.00
PREMIUM ONLY PLAN (POP)	Free with HSA or FSA Admin	Free with FSA Administration		
Initial Setup Fee	\$500	\$450	\$450	\$350 (Wellspring Discount)
Annual Renewal Fee	\$50	\$450	\$450	\$250

**Unlimited accounts available:
Tuition Reimbursement, Student
Loan Reimbursement, Parking,
Wellness Rewards*